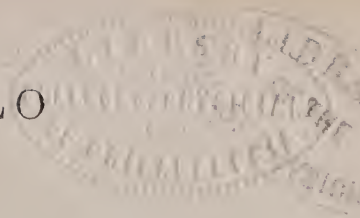


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MEDICAL AND SURGICAL JOURNAL.

EDITED BY JULIUS F. MINER, M. D.,

*Professor of Special Surgery in the Buffalo Medical College; Surgeon
to the Buffalo General Hospital, etc., etc.*

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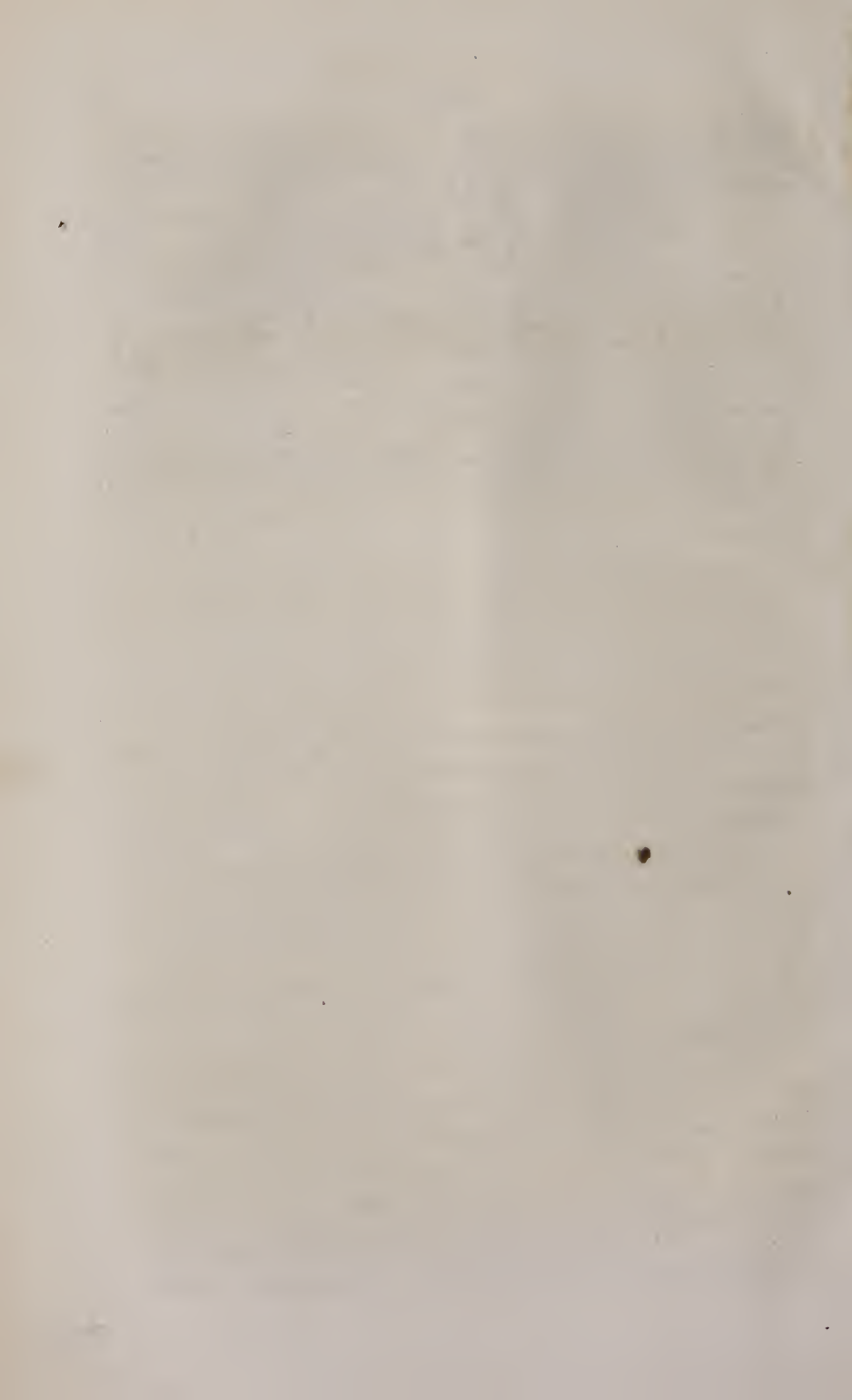
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Medical and Surgical Journal.

VOL. X.

AUGUST, 1870.

No. 1.

Original Communications.

ART. I.—*Medical Progress.—An Oration, delivered by A. N. BELL, M.D., on the 47th Anniversary of the Medical Society, of the County of Kings, Brooklyn, April 27, 1870.*

(CONCLUDED.)

At about the beginning of the 18th century, the spirit of enquiry was severely contesting authority in everything. And in medicine particularly, numerous important facts were in process of discovery. Great names had lost their potency, and inquirers after truth were gradually working into the necessity of self-reliance. Many well conducted experiments and accurately observed phenomena had been wrought out by enthusiasts in quest of shadows; but there were some reflective minds who made it their purpose to acquaint themselves with all the facts that had been adduced, for strictly utilitarian purposes. Foremost among these were Sydenham and Boerhaave. Although they were not wholly free from the hypothetical doctrines of the time, these were never allowed to gain such ascendancy over their minds as to interfere with a sound judgment. With them, experience, based on accurate observation, always took precedence of theory. Their uncommon sagacity in the diagnosis of disease and discrimination of remedies, was due to a determined subordination of theories to facts, and not facts to theories.

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They were both not only learned in their profession, but in its collaterals; and they possessed in a high degree the faculty of availing themselves of the knowledge of their contemporaries, and of so utilizing it as to increase the resources of medicine. With unselfish devotion and industry that never contemplated less than a knowledge of everything conducive to the successful application of their profession, they impersonated in an extraordinary degree the qualities essential to a sound progress. To Boerhaave, especially, are we indebted for the permanent revival of clinical instruction. This means of improvement was first practiced in the latter part of the sixteenth century, at the Hospital of St. Francis, Padua; and subsequently by Sylvius, at Leyden, whose clinics were held in high repute, and caused him to be regarded as the founder of this mode of instruction. But his successors let it fall into disuse for more than forty years, when it was revived by Boerhaave, who became so renowned that auditors attended him from all parts of Europe. And, owing to his success, clinical instruction was speedily established among all civilized nations.

The interval from Harvey to Boerhaave is particularly notable for the number and industry of its laborers, and the number of isolated facts brought to light. By the increase of anatomical knowledge, the publication of hospital reports, essays and treatises, operative surgery, especially, and the treatment of injuries, advanced to a high degree. Post-mortem examinations had occasionally been made from the earliest times,* but they had not earned a name. No records of such examinations seem to have been preserved until from about the beginning of the sixteenth century of the Christian Era. A. D., 1507, Antony Benivieni, of Florence, prosecuted post-mortem examinations, extending even to the practice of other physicians. Eustachius, also pursued the same course, and thus made many important contributions to anatomy. But much prejudice existed against the practice, and great perseverance was necessary to overcome it. Among those who made the most progress in this direction was Marcellus Donatus. "Let those," said he, "who interdict the opening of bodies well understand their errors. When the cause of disease is obscure, in opposing the dissection of a corpse

* Pliny.

which must soon become the food of worms, they do no good to the inanimate mass, and they cause a grave damage to the rest of mankind, for they prevent the physicians from acquiring a knowledge which may afford the means of great relief eventually to individuals attacked by a similar disease. No less blame is applicable to those delicate physicians, who from laziness or repugnance, love better to remain in the darkness of ignorance than to scrutinize laboriously, truth; not reflecting that by such conduct they render themselves culpable towards God, towards themselves, and towards society at large.”*

For nearly a century subsequent, superstition outweighed the efforts of physicians to gain information by the opening of the human dead body. And although a number of medical philosophers from time to time assayed to improve their knowledge by this means there was no substantial progress. A sagacious mind was wanted who might rehearse, collate and classify the material facts that had been discovered in the progress of anatomical researches, and so generalize them as to induce truth.

Haller, the pupil of Boerhaave, trained from early age to the habit of close observation and study, entered upon the investigation of anatomical facts and physiological phenomena with a clearness of perception and judgment which led him to reject all mere matters of opinion and to receive nothing without personal verification. He pursued his investigations with characteristic patience in connection with well directed researches and experiments, and induced from the facts he had verified, irritability and sensibility as specific properties of all the muscular and nervous systems; that to either one, or both of these properties jointly, may be attributed all vital phenomena. He also traced out and discovered the process of developement of the fœtal heart and circulation, and originated the science of teratology. Indeed, his labors contemplated a reinvestigation of all that had been previously made known in the progress of anatomy and the functions of the human organism. “It can be shown,” he remarked, “even by positive calculation, that it is not possible in twenty years to work out thoroughly all parts of the human body. Animals must be dissected, but it is by no means

* Marcellus Donatus, *Medica Historia*, lib. IV. Renouard, p. 305.

sufficient to dissect their dead bodies; they must be vivisected. In a dead body motion is wanting. It is necessary, therefore, if we would witness motion, to observe the living animal.”*

The example of Haller in carefully abstaining from all speculative opinions and of confining his researches exclusively to experiment and observation, was scarcely less beneficial than his material improvements. He, in this way, gave a new impulse to science by the spirit with which he conducted his investigations. Cullen, the cotemporary of Haller, pursued the same philosophical spirit. He estimated the properties of medicines by careful and almost skeptical observations, by which he avoided errors and inconsistencies, and distinguished the effects of remedies from physiological phenomena. His *vis medicatrix naturæ* expresses his appreciation of the specific effort of the natural powers of the organism to resist and overcome disease, and an intelligent recognition of the importance of accurate knowledge of morbid phenomena.

From Haller to Bichat was but a single step. The ancients imagined that every solid organ was reducible to what they called elementary fibre—a compound of earth, iron and oil, and everywhere the same. Haller’s conception of this elementary fibre was, that it was to the anatomist what the line is to the mathematician. His genius endowed it with a quality only; of its substance he was ignorant. Following Haller’s minute dissections, a number of investigators recognized the resemblance of certain membranes in different parts of the organism which previously had been regarded as independent structures. One of the earliest of these observers was Andrew Bonn, who published a Thesis in 1763, entitled, “*De Conditionibus Membranarum.*” Fifteen years later, Carmichael Smyth, read a paper on Inflammation, wherein he attributed the causes of the specific distinctions in the various forms of inflammation, to the differences in natural texture. He cites examples of inflammation of the mucous membranes, serous membranes, muscular fibres, etc., in each of which the inflammation is distinguishable by peculiar characters—though in different parts.† This appears to have been the earliest effort to classify disease according to the

* Preface to *Elements*.

† Medical Communications, Vol. II, p. 163

structure of the organ or tissue in which it exists. About the same time Baillie and Pinel each adopted a similar method of designating diseases according to organic structure. Insignificant as these beginnings in the study of structural anatomy now appear, they were the preludes of the most important discovery in the progress of medicine. The ideas of Bonn, Smyth, Baillie and Pinel, were seized upon by Bichat and elaborated into a substantial organic basis of a new science. Devoting himself with almost unparalleled patience to the investigation of minute anatomy, Bichat sacrificed every thing else to the advancement of the object of his research. Some notion of his ardor and industry may be formed from the fact that in the short space of six months he personally examined over six hundred human dead bodies.* His indomitable energy was but the counterpart of a genius worthy of the task he undertook. Verifying all that was known before, he grasped the residue, and from it accomplished the brilliant achievement of separating the human body into its elementary tissues. And these he not only defined and described in a morphological point of view, but in detail—in their physiological functions and morbid conditions; in such wise as to render them easily recognizable by fixed properties under whatever circumstances and wherever they may be found. The elementary tissues so well described by Bichat, are the origin and foundation of Histology in all its phases, and the scientific basis of modern medicine.

For the next thirty years after the discovery of Bichat, many anatomists occupied themselves in rehearsing his researches in quest of new truths, in projecting instruments, and in experimental inquiries and clinical observations on the functions of organic life. The examination of the elementary tissues of animals, found analogous researches into the tissues of plants. Robert Brown, Slack and others published important observations on the elementary structures and physiology of plants; and Schleiden, penetrating still further in a paper entitled "Phytogenesis,"† pointed out small sharply defined granules, generated in a granular substance surrounded by cell nuclei or cytoblasts, which he likened to granulous

* Notice Historique sur Bichat. Maingault, Edition of the Gen'l Anat.

† Muller's Archiv fur Anatomie.

coagulations around the granules. These observations were communicated to Schwann, who was struck with similar appearances in animal tissues, and thereupon conceived the idea that the same character of developement which Schleiden had discovered in plants would be found equally true of animals. From this time Histology made rapid progress, and in no other way can we so well present this most important step in medical progress, as in the words of Kolliker, one of its greatest promoters, "In the year 1838, the demonstration of Dr. Thomas Schwann of the perfectly identical cellular composition of all animal organisms, and of the origin of their higher structures from these elements, afforded the appropriate conception which united all previous observations, and a clue for further investigations. If Bichat founded Histology more theoretically by constructing a system and carrying it out logically, Schwann has by investigation afforded a basis of facts, and has thus won the second laurels in the same field. What has been done in this science since Schwann, has been indeed of great importance to physiology and medicine, and in fact of great value in a peculiarly scientific point of view, inasmuch as a great deal which Schwann only indicated or shortly adverted to as the genesis of the cell, the import of the nucleus, the developement of the higher tissues, their chemical relations, etc., has received a further development, but all this has not amounted to a step so greatly in advance as to constitute a new epoch. If without pretensions to prescience, it be permitted to speak of the future, this condition of Histology will last as long as no essential advance is made towards penetrating more deeply into organic structure, and becoming acquainted with the elements, of which that which we at present hold to be simple is composed. If it be possible that the molecules which constitute cell-membranes, muscular fibrils, axile fibre of nerves, etc., should be discovered, and the laws of their apposition and of the alterations which they undergo in the course of their origin, the growth and the activity of the at present so-called elementary parts should be made out, then a new era will commence for Histology, and the discoverer of the law of cell-genesis, or of a molecular theory, will be as much or more celebrated than the originator of the doctrine of the composition of all animal tissues out of cells. * * * * *

As regards the general positions of Histology, the science has made no important progress since Schwann; however much has been attained by the confirmation of the broad outlines of his doctrines. The position that all the higher animals at one time consist of cells, and develop from them higher elementary parts, stands firm, though it must not be understood as if cells, or their derivatives were the sole possible or existing elements of animals. In the same way Schwann's conception of the genesis of cells though considerably modified and extended, has not been essentially changed; since the cell-nucleus still remains as the principal factor of cell-development and of cell multiplication. Least advance has been made in the laws which regulate the origin of cells and of the higher elements; and our own acquaintance with the elementary processes which take place during the formation of organs, cannot be regarded as very slight. Yet the right track in clearing up these points has been entered upon; and a logical investigation of the chemical relations of the elementary parts, and of the molecular forces after the manner of Donders, Dubois, Ludwig, and others, combined with a more profound microscopic examination of them, such as has already taken place with regard to the muscles and nerves, and further, a histological treatment of embryology, such as has been attempted by Reichert, Vogt and myself, will assuredly raise the veil and bring us step by step nearer to the desired, though, perhaps, never to be reached end."*

Of the *nature* of disease and its discovery, the ancients for the want of anatomical knowledge regarded all morbid phenomena or symptoms as evidences of something that had entered into or grafted itself upon the body. Hence their treatment consisted in an effort to dislodge it, and chiefly consisted in the use of evacuants. For this reason the introduction of Peruvian bark and some other useful remedies in the treatment of disease were opposed on the ground that they produced no sensible evacuation, and were therefore inconsistent with accepted theory—that no disease was curable without the expulsion of bile, phlegm or other humors. The Stahlites regarded fever as a natural and salutary effort of the soul to free itself from an injurious substance; to arrest it was contrary

* Introduction to Manual of Human Histology.

to the vital principle and therefore likely to do more harm than good. The Arabians held that small pox was innate to man; and therefore to prevent its development was to oppose the action of nature, and to keep the enemy in his place. By the improvement of modern times, disease is known to consist of an intrinsical change in the structure of the organism. The name of a disease may, and usually does express some important fact or characteristic, but this is only an integral part of the existing change. The symptoms present indicate the nature of the changes produced and these changes (not the symptoms), constitute the disease. And, inasmuch as no single organ can undergo a change of structure, or function depart from its healthy standard, without corresponding changes in all the rest, it is apparent that the foundation of the medical art must be laid in an accurate knowledge of the structure and functions of the human body. It may be safely stated in this connection, that not a single remedy for any disease whatever, has ever been discovered by following a theory or hypothesis. But, on the contrary, as truly remarked by Virchow, "the history of medicine teaches us, if we will only take a somewhat comprehensive survey of it, that at all times permanent advances have been marked by anatomical innovations, and that every more important epoch has been directly ushered in by a series of important discoveries concerning the structure of the body.*" The maxim that "knowledge of disease is half its cure," was appreciated, however, though it may not have been expressed, even before the era of Histology. Pathology had already involved the fundamental art of diagnosis as the foundation of all enlightened practice. But the means of exercising the art of diagnosis were far more limited; and the practical results correspondingly inefficient.

The eighteenth century closed with a concurrence of effort on the part of a number of individuals all tending to the same goal—to lift the medical art out of the conjectural hypotheses of ages and establish it upon a scientific basis. The great achievement of Bichat, as already shown, was not accomplished single-handed. Others had begun to clear the way. The young giant quickly ran his brilliant career, but left behind him worthy followers. Laennec, the pupil

* Cellular Pathology.

of Corvisart, while attending his master's lectures at La Charitè, became strongly impressed with the importance of discovering internal lesions by external signs. As early as 1763, Avenbrugger, a German physician, had introduced percussion as a means of diagnosis, but it had been rejected by the profession and was not again revived until by Corvisart, thirty years afterwards. Boyle, a fellow student with Laennec, applied his ear to the chest, while attending Corvisart's lectures. Laennec followed suit, and conceived the idea of increasing his powers of discrimination by artificial means. May 14, 1815, fifteen days after having read a paper on his favorite study (before the Societe de l'Ecole), he added the stethoscope to his means of diagnosis. He was shortly afterwards appointed to the Hospital Beaujon, and soon after to the Necker, which afforded him abundant means for the cultivation of his ear, and the verification of his diagnosis. After three years assiduous study, he published his treatise on Mediate Auscultation. Louis, Andral, Cruveilhier, Meckel, Abercrombie, Mayo, Hope, Carswell, and others progressed in the same direction as Laennec, by diligently studying all the functions of the human body during life, and examining all the organs after death.

Bichat condensed anatomical knowledge into a grand reservoir that ever since his day has been overflowing its banks and fertilizing a continuously expanding field of scientific culture.

Willis, Cabanis, Camper, and other collaborators of Bonn, Smythe, Pinel and Bailie, investigated the nervous system, and were the first to regard the brain as the viscera of the understanding, with special functions in communication with different parts of the organism. The first to discover a difference in the functions of the different roots of the spinal nerves, was Alexander Walker,* and shortly after him, Sir Charles Bell published his "Idea of a New Anatomy of the Brain," showing a difference between the nervous elements employed in the different functions of the nervous system. Subsequently he showed that the nerves of motion were distinct from those of sensation, and *suggested* that the posterior or ganglionic roots of the spinal nerves are nerves of sensation, while the

* Archives of Universal Science, 1809.

anterior roots are nerves of motion. This suggestion was taken up and first claimed by Magendie, and subsequently adopted by a number of anatomists, who have since demonstrated that the difference in the nerves of motion and nerves of sensation as first discovered by Bell, finds its true distinction in the grey and white matter;—the former being the principal conductor of the sensitive impressions, and the latter, impressions of motion. The demonstration of this truth, and still further the decussation of the conductors of sensitive impressions in the spinal cord, and the decussation of the conductors of motive impressions in the medulla oblongata, with elaborate pathological conclusions, have been the result of vivisections and clinical observation.

The discovery of physiological tissue genesis by Schwann, was followed by the still more profound researches of Johannes Muller* establishing pathology on the same basis; in determining the fundamental law of similarity between pathological and physiological tissue development, which has since been so abundantly verified by Wedl, Virchow and others. Vogel, Lebert, Rokitsansky, Paget and others, have elaborated morbid Histology in the same vein. Meanwhile the *free* cell-development of Schwann or blastema formation, has been investigated anew by Reichert Henle, Maudl and Remak; the last of whom in 1852, declared *free* cell-development an error, and announced "*Omnis cellula in cellula*,"* as the true conception of cell growth. Two years later Virchow echoed the same doctrine in "*Omnis cellula e cellula*,"† which is now well nigh the accepted basis of cellular pathology. Virchow's writings are so recent and of such easy access that an attempt to state his doctrines is unnecessary. With a profound respect for the past, he uses the deficiencies of his predecessors as means of improvement for himself, while he enhances their excellences by presenting them in a more favorable aspect. Virchow's labors from the first have been characterized by the same generous spirit. A truth was no sooner known to himself than it was communicated to the profession. And his name is identified in the progress of medicine for the last twenty years to a degree scarcely equalled by any other. By this means his discover-

* Bau der Krankhaften Geschwulste.

* Muller's Archives, 1852.

† Beitr. 2 Spec. Pathologie und Thuapie, 1854.

ies and views have been subjected to examination from all quarters. The result has been that when the time came for him to consolidate his writings, as in the several volumes which he has published during the last ten years, he had the benefit of all his collaborators, and he has so compacted their and his own labors together, and so connected them with the past as to present the sum of anatomical improvement acquired during the present century.

The sum of medical progress now rests upon :—

(1.) An *anatomy*, which in a descriptive point of view is perfect and thoroughly worked out, and structurally nearly so.

(2.) A *Physiology* comprehending not only an accurate knowledge of the functions of the chief organs and tissues which constitute them, but of the molecules of less than one twenty-thousandth part of an inch in diameter, and almost the process of their development. The growth, contractility and movements of the living molecules, being demonstrable by means of the microscope with the same degree of accuracy as the largest cells and fibres; and these molecules are known to possess independent vital actions,—to produce nuclei, cells, fibres, tubes and membranes which unite and form the various tissues and organs of the body.

(3.) A *Pathology*, which determines after death the relations of morbid conditions and the symptoms of the diseases that cause them, in the same manner as the healthy body is explored with a view to a knowledge of its structure—and no less completely. Indeed as descriptive anatomy is perfect, to the same degree is pathology—uniting with anatomy and physiology, to constitute *Histology*, the highest mark of medical progress.

(4.) A *Diagnosis*;—Aided by the Microscope, Stethoscope, Laryngoscope, Ophthalmoscope, Endoscope, Spectroscope, Thermometer, Sphigmograph, Dynamograph, and various other speculi and instruments, by means of which the chemico-physiological and pathological changes are studied and recognized. Elementary forms and deposits, amorphous granules, crystalline structures, simple and organized cells—capable of growth or otherwise; granules fibres and compound corpuscles; exudations of every degree of consistence; pigments of various shades—all, in their healthy or morbid states, discoverable, countable, definable. No amount of professed experi-

ence merely, exclusive doctrine or speculative theory can withstand the logical facts elucidated by these means. And they not only doom to inevitable oblivion existing fallacies, but they are a bulwark for the future. Standard specimens of organic forms which compose all the textures of the human body, are now within the reach of every student. And most of the recent works on practical medicine, surgery and histology, are illustrated by the arts of the engraver with what may be deemed standards of comparison for verifying the accuracy of observations by the aid of instruments.

Chemistry and Philosophy, are also instruments of diagnosis. By means of these, plants and animals are transformed in all stages of growth and development; the relations between them and the atmosphere determined; the nature of all substances—organic and inorganic, solid, liquid, or gaseous—are ascertained with precision. Physical and vital actions, chemical, electrical and mechanical influences—are utilized in diagnosis, and among the means at our disposal.

THE PRESENT STATUS OF MEDICINE, and the means by which it has been attained, distinctly point to the source of all future progress. It is in the field of exact scientific investigation into questions and problems which the most recent advances have opened to view. Each new fact, patiently grounded on exact knowledge and established beyond question, though it may for a time appear to be an idle and useless addition, may eventually fructify into some useful generalization applicable in the most unexpected and startling manner to the prevention or cure of disease, and the promotion of human happiness.

THERAPEUTICS.

THE ART OF THERAPEUTICS, comprehending the treatment of disease is commonly considered the rear rank of medical progress. With a brief glance at this, and I will tax your patience no longer. It should be borne in mind that this branch of medicine is not only the most difficult, but that it is, rationally, at least, always the junior. When we reflect upon the number of asserted remedies, the pretended discoveries, the healing arts, the certified effects and the grave-yard certificates of universal cures as the fruit of credulity and other obstacles with which we have to contend; and when

we consider how recently the auxilliary sciences of Botany and Chemistry have made their chief advances; the still imperfect state of meteorology, and other sciences and arts upon which our knowledge of therapeutic means so much depends—the wonder is that the uncertainty is not much greater than it is, instead of being marked, as the relative progress of therapeutics certainly is, by the most signal triumphs in the history of medicine. The art of therapeutics consists in the application of natural and artificial products from all sources to the preservation of health and the cure of disease, hence this branch of medicine must of necessity always remain incomplete.

Many remedies known to be directly curative of certain diseases, such as cinchona and its salts, sulphur, mercury, cod-liver oil, lemon juice, etc., are the result of empirical observation. And so too with regard to the specific effects of such agents as anæsthetics and vaccinia. By accident or experiment, it is discovered that a certain substance is of use in a particular disorder. The same remedy is subsequently and repeatedly administered in like condition, and upon a number of such data an empirical system is established. This kind of practice is in accord with the vulgar acceptance of the practice of medicine, and requires but little knowledge. Those who accept it as the sum of medical knowledge stand in the same relation to modern medicine as the ancients. And by a precipitation of judgment common to the unenlightened, they assert remedies of whose properties they know nothing—for diseases of which they are equally ignorant, and call themselves physicians. But however limited the knowledge, and extensive the danger of such practitioners, the physio-pathological phenomena in the application of remedies, empiracally, are valuable, because their utility is made known by therapeutical proof. Indeed every effort to alleviate human suffering, however humble, is worthy of the attention of the enlightened physician. And we should remember that the powers of mankind in this direction are not wholly limited to the votaries of science. Improvements have frequently been derived from most humble sources, or seized upon under the most fortuitous circumstances. And medical progress as a whole, is the result of the succesful labors of many individuals. While a few persons may be identified

with certain improvements of their time, it is none the less true, as a general rule, that such persons deserve credit for only a part of the progress made under their names. Indeed, silent workers often render the most efficient service, confirming or refuting the published accounts of the few. The final establishment of important truths are usually to be recognized in the co-ordinate experiences of many observers. And every single step in the direction of prevention and cure, is progress.

Referring to modern improvements, in an address before the British Medical Association, recently, Sir William Jenner makes the following remarks :

“ Who that has suffered from a painful local affection can think of the alleviation of his sufferings which follows from the subcutaneous injections of an anodyne, without gratitude ? Who is there that has had to submit to the knife of the surgeon whose heart does not overflow with gratitude to those who introduced and perfected anæsthesia ? The electric telegraph, the greatest marvel of our time, was a thing which in a rough way scientific men had long thought possible ; but to cut for stone, and to know nothing of the agony, to have a leg removed and smilingly to ask when the operation is over—when are you going to begin ?—these are marvels of which no one dreamt ; no exaggerations of fiction equal this reality. The discovery of the value of subcutaneous injection of anodynes, and local anæsthesia by ice, ether spray, and of general anæsthesia by ether, chloroform, and nitrous oxide, are advances in alleviate medicine worthy to rank with the advances in preventive, curative and prolongative medicines.”

It well becomes us to be cautious in the adoption of new remedies, and to accept those only which will admit of logical conclusions, based upon accurate knowledge of the nature of the remedy and the state of the organism at the time ; involving an accurate knowledge of both structure and function. With such knowledge there is quite as much certainty in medicine as in any other science or profession. And he who reproaches physicians with differing more than other men in identical pursuits, or charges them with being more uncertain in their conclusions than other professions—he who asserts or accepts such propositions has neglected his edu-

cation. Physicians are far from assuming that their profession is perfect. Well do they know indeed, that the pathway to scientific truth is beset with many doubts and clogged with incessant obstacles. The enjoyment of health and long life are recognized by all men as among the greatest boons of human aspirations. The best way to promote these blessings—how to relieve pain, to cure and to prevent disease—are objects worthy of the highest ambition and of the noblest contest. And we maintain that in the exercise of these efforts as a profession, no human pursuit surpasses medicine, either in the certainty of its conclusions or in its positive and increasing blessings to mankind. What, indeed, are the certainties and emblems of progress in other professions and sciences that the reproach of being uncertain and stationary should specially apply to medicine? The law, we are told, is the perfection of human reasoning—its doctrines are confined to questions of right and wrong; in which the whole moral faculties of man instinctively lead the judge to decide aright. Besides, lawyers and judges render their opinions with the utmost deliberation after the amplest opportunity for research. But where are the clients who are satisfied with the unerring opinions of lawyers or the unappealable judgments of courts? The law pleads defectiveness of evidence in extenuation of such uncertainties. But is there any one within my hearing that does not know that the interpretations of organic law, which are wholly free from such questions, are not equally uncertain? Physicians are expected to be in a constant state of readiness to decide upon the most difficult question's at a moment's warning—but who that is informed on these matters will say that their decisions are less certain than the lawyers? Of statesmen;—on manufacturing, tariffs, internal improvements, educational systems, citizenship, banks, legal tenders and gold payments—are opinions unanimous and certain on these questions? Mathematics—that certain science from which engineers and architects with the amplest data for the most precise investigation, are they all of one opinion on the great East River Bridge, or other like structures? And, how will physicians compare with theologians? Are these latter all agreed on the most direct road to the Celestial World? or even on the meaning of words and the interpretation of phrases derived from the same sources of knowl-

edge; or on confessions of faith, administration of ordinances and church government? And, as to being stationary.—Early in the history of mankind, physicians were of those only who occupied the highest social status, and did most for the promotion of the general welfare. And the middle ages were lighted up by stars devoted to medicine, whose constellations uncovered the darkness of superstition. Physicians in all ages have attended at the birth of philosophy and learning—have nurtured them in youth, maintained them in manhood and supported them in declining years. In the progress of modern civilization which took its rise some four centuries ago, who among the learned men of the time excelled Linaere?

We have already shown that Bacon had his peer in Harvey. Newton in the discovery of the universal law of gravitation, also had his cotemporary and equal in Haller, who discovered the laws and special forces of organic life. An hundred years ago the law gave to enlightened nations a Blackstone, but medicine gave them a Jenner! And what language is there that can supply the words to express the blessings he conferred on mankind! The beginning of the present century produced many statesmen, philosophers and scientists—but who among them all is comparable to Bichat! And more recently, of the discovery and application of anesthetics—peerless and alone! The whole world, I fear, will long remain our debtor. Medicine uncertain and stationary indeed! These are no gleanings. But only a few of the stars of the first magnitude in the midst of a galaxy that illumine the civilization of mankind the world over.

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ART II,—*The Febrifuge Action of Cold Water used internally.*

By JAMES S. BAILEY, M. D., Albany, N. Y.

During the late war, while standing in a Southern Depot, I was attracted by the groans of a man lying upon the floor in the corner of the room apparently suffering much. It was evident that he had had a chill, closely approximating congestion, and now, that reaction was established, in the delirium of fever he was muttering incoherently. I handed him a pint cup full of water which he drank much to the relief of his parched throat; I gave him another, which seemed to slake his thirst; a third cup was handed

him, and with a little persuasion he drank it also, but in a few moments all three were vomited. I then insisted upon his taking the fourth cupful, when he again vomited the water, with large quantities of dark ropy bile. He was soon bathed in a profuse perspiration, the circulation became equalized, and there was an abatement of fever. I then prescribed Sulph. Quinine grs. v, and Sulph. Morphia gr. 1-16; Pulv. Ipecac gr. 1-4—every three hours. By the next morning he was enabled to resume his duties.

Within the last month I was called to prescribe for a young lady (A Louisiana Creole) who had just arrived in this city from Aspinwall, after a residence of twelve months in that locality. She was suffering from an attack of miasmatic fever, and represented the anemic appearance so common among persons whose blood has been thinned by a long residence in a warm climate. The spleen was much enlarged and congested, and consequently there was considerable tenderness and pain over this region. The nausea was successive, and she vomited considerable blood, with matter deeply tinged with bile; her pulse numbered 120 and was small and thready; the countenance wore a peculiar pinched expression; skin dry and hot, and thirst excessive. Such was her condition when I first saw her. I immediately prescribed the free use of cold water internally; when she had drank about three pints she vomited copiously, which produced relaxation of the system and she perspired freely. The temperature was soon reduced, and she passed into a quiet and refreshing sleep. By the use of autipenodics and tonics she was soon sufficiently improved to resume her journey homeward.

I mention these cases to illustrate the febrifuge action of cold water. There is nothing in this stage of fever which acts so charmingly; it not only allays thirst, but unlocks the secretions, causing copious perspirations, reducing the temperature of the body, and equalizing the circulation in a degree which nothing else so effectually accomplishes.

The practice of causing a patient with fever to abstain from the use of water is cruel in the extreme, and very unnecessary; a full draught of cold water will not produce congestion of the stomach and bowels, but will produce the effects just described.

The absorbants in fever are not so active as in health, and the water in contact with the fevered surface of the stomach soon becomes heated and is rejected, which is followed by relaxation and a determination of the blood to the surface, which is a desirable result.

Cold water under proper restrictions is applicable to every stage and form of disease. If it acts, otherwise such cases are the exception, not the rule. Water as a therapeutic agent may be abused, every remedy is liable to misuse, but we cannot think that the thoughtful physician will attempt to ride this as a hobby to the exclusion of reason and common sense.

The physician accustomed to observe the workings of nature in health and disease, never fails to be admonished by the cravings of the system. The internal use of this remedy is just as necessary and satisfactory, as is its use externally in quieting and reducing the temperature of the system. The broad extended views of the educated physician are not hampered by isms and pathys, but he is at liberty to embrace and use all of nature's curative agents which are calculated to aid in the alleviation of suffering and disease.

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

BUFFALO, AUGUST 2, 1870.

The Vice-President, Dr. THOMAS M. JOHNSON, in the chair.

Members present—Drs. WHITE, MINER, JOHNSON, ROCHESTER, GAY, BARNES, SAMO, POTTER, GOULD, PHELPS.

The minutes of the last meeting of the Association were read and approved.

The application of Dr. GEORGE D. SLOCUM for membership was received, and under the rule, laid over till the next meeting.

Dr. BARNES read the following report of a case of retro uterine hæmatocle, which was operated on by Prof. WHITE, on the 28th of May last.

The subject of the operation was a Mrs. FRY, aged 34, a resident of this city.

The previous history of the patient, so far as it relates to the disease in question, is as follows:—She had been accustomed to hard work, and much exposure to vicissitudes of temperature. She had

been married nearly twenty years, and had given birth to six children. Her last labor, two years ago, had been an unusually protracted one, but finally terminated, through the efforts of nature, in the birth of a dead child. Previous to this occurrence her health had been remarkably robust, but was less so afterwards.

One year ago, at a menstrual period, after exposure to cold, she was seized with very severe pains, of an expulsive nature, so characteristic that both she and her medical attendant thought at first that she was about to abort; but no clots were passed, nor was there other evidence of the expulsion of a product of conception.

From this time forward her health rapidly and progressively failed. The menses recurred at uncertain intervals, and the flow was diminished in quantity and duration; a sense of fullness and weight, which finally became oppressive, was experienced in the pelvic region, together with tenderness and more or less constant pain, which was increased in walking. The abdomen became notably enlarged; sympathetic derangements of the digestive system ensued, frequent nausea and vomiting, defective appetite and assimilation of food, with rapid emaciation and loss of strength. There was also mechanical interference with the performance of the functions of the rectum and bladder. From these causes the patient finally became so reduced as to be unable to leave her bed. It was in this condition—when she had just passed a period of flowing lasting seven weeks—that she was first seen by Dr. White.

An external examination showed the abdomen to be enlarged, the upper portion somewhat tympanitic, while the hypogastric and right iliac regions were occupied by a tumor, which could be easily felt by the hand. A vaginal examination disclosed a large, smooth-rounded tumor, moderately firm in consistence, descending to and occupying the pelvic brim. The finger could be readily passed around this tumor posteriorly, but not around it on its right side, where it seemed to extend over into the iliac region. The uterus was displaced forward and upwards, so that no trace of it could be discovered, except by passing the finger up closely under the symphysis pubis, when the os uteri could with some difficulty be recognized. The fundus of the uterus could be felt above the pubic bone. A rectal examination still further disclosed the shape and consistence of the tumor.

The diagnosis was retro uterine hæmatocle, and it was determined to evacuate the tumor by puncture through the vagina. The wall of the sack was first pierced by an exploring trochar, from which there issued drops of thick, dark blood, at once confirming the diagnosis. A full sized trochar and canula was next introduced, and the trochar being drawn, a large quantity of the same dark blood passed by the channel thus furnished. A small flexible bougie was then passed through the canula into the cavity of the tumor, and over this the canula was withdrawn, leaving the bougie in position: With this as a guide, a pair of long bladed forceps was next inserted, closed, as deeply as possible, and the blades being then separated, and firmly held, the instrument was drawn quickly out, enlarging the opening in its exit by laceration, so that a finger could be introduced, and a large quantity of clotted blood removed. A still further enlargement of the opening by the knife was deemed necessary, after which the operation was concluded by breaking down and removing the remaining clots. More than twenty ounces in all were taken from the sac.

A flexible catheter was inserted into the wound, and fastened to the thigh to facilitate drainage, with instructions to remove in case it produced irritation. A compress was laid upon the abdomen, and a bandage applied as after parturition. Half a grain of morphine was given, to be followed by the same quantity in six hours.

The subsequent history of the case is briefly as follows: On the day following the operation the patient presented a favorable appearance. There had been a liberal drainage of dark colored blood during the night. The cavity was gently but freely washed out with tepid water, by means of a Davidson's syringe, with long tube, which brought away considerable clotted blood. Pulse 80. The diet was not limited by instructions, but she took beef tea, rice and milk. On the third day, the discharge having become slightly fetid, the Liq. Sodæ Chlorinat was added to the water used to clean the cavity, and the same was continued until the discharge ceased. As the patient complained of the canula, it was removed. On the fifth day the bowels were moved by an enema. On the ninth day, a vaginal examination showed that the large tumor had disappeared, its anterior wall having so far receded that the extremity of the finger, with difficulty, reached the now greatly contracted orifice, through

which the contents of the tumor had escaped. The discharge had become small in quantity, thin, and nearly colorless. The uterus had resumed its normal position, and the rectum and bladder performed their functions spontaneously, and without pain. The speculum, which could now bring the cervix plainly into view, disclosed the existence of a chronic inflammation of the membrane lining the neck and body of the womb. The patient could walk a little about the room, and on the thirteenth of June, the sixteenth day after the operation, she walked to my office, a distance of more than half a mile.

The above case is a good example of a form of disease which, although no longer new to the profession, is not yet so generally familiar as to be without interest.

The tumor is caused by an effusion of blood, either into the peritoneal cavity, or externally to the peritoneum, into the loose tissue connecting the pelvic organs. A ruptured ovary is most frequently the source of the hemorrhage, though it may come from any of the pelvic vessels, or by flowing backwards from the womb, may escape from the fimbriated extremity of the fallopian tube. Anything causing extreme pelvic congestion or mechanical obstruction to the menstrual function may determine the effusion.

DR. WHITE would only add to the above narration that the tumor was mostly confined to the upper part of the pelvis. This was also the fact in one of his earlier cases, that of a woman from St. Louis, upon whom he performed a similar operation. He much prefers the vagina to the rectum, as the channel through which to reach the tumor. An experience of twenty-four cases has convinced him that when the operation is made through the rectum it is very likely to be followed by a fistula, and the sack also may become filled with fecal matter. The operation is somewhat more difficult to perform, and presents no advantages over that through the vagina.

The diagnosis is attended with no difficulty when the trocar is used, as it always was by him. Without it much difficulty would be experienced, and a positive knowledge in some cases met with, would be impossible.

The sack is filled with blood, more or less mixed with other fluids, and sometimes with serum alone, as occurred in the case of a patient from Pennsylvania, which proved to be an ovarian cyst

which had fallen down behind the womb, and had not been attended with inflammation. This case was treated by evacuating the serum, and by injecting tr. iodine into the sack with a good result.

In some patients, as in the case which Dr. BARNES has related, the os-uteri does not present itself to the speculum, and cannot be seen.

The tumor should be opened as soon as discovered. Having with Simpson's large trocar evacuated all that can be passed through, it should be withdrawn, and some instrument, as the forceps, passed into the sack, and, the blades being open, drawn out so that the opening may be enlarged by being torn. The sack can then be entirely emptied, and its ragged edges will prevent the opening from closing as soon as it otherwise would. Should it close, the operation must be repeated, as occurred in a patient on whom he operated for Dr. Fuller, of Le Roy, the wound having closed from the after directions not being perfectly understood.

Dr. ROCHESTER related a case of retro uterine tumor which came to him, in which the exploring needle was used, which led him to suppose the tumor to be fibrous, being as hard as scirrhus growth; it interfered greatly with defecation on account of its size and hardness. She was taken to the hospital, and suppuration took place, with great relief. He again saw her with Dr. Brown, and could still detect a hard, large tumor. The needle was introduced, and a pint and a half of glairy fluid drawn out; and the cavity was injected with carbolic acid in the proportion of two grains to the ounce. Dr. R's experience of twelve cases led him substantially to agree with the treatment narrated this evening, and would lay great stress on the large opening, and would use no tube, as it is often followed by great irritation.

A fistula resulted in a case under his care, which remained undisturbed, as the patient would not submit to any treatment. Eight months of good health, however, cured the fistula.

Dr. MINER said this subject had before occupied the attention of the association, and been pretty thoroughly discussed. It was a well-established fact that collections of pus in the pelvic cellular tissue generally if they burst spontaneously, burst into the bowel. This had happened in three cases that had come within his knowledge: it was

the exception to the rule when they opened spontaneously into the vagina. Following the indications of nature, thus plainly manifest, he had opened *such* collection by way of the rectum, and with good result; no fistula followed, and no accumulation of fecal matter in the emptied sack was noticed. It had some advantages, the most notable being the retention by the splincter of the pus in the bowel after it had left the sac, where it can remain until emptied from time to time, as in defecation, thus being much more cleanly and comfortable to the patient than is the case when discharging through the vagina. He did not mean to say that he would always operate through the rectum, but if the fluid collected be pus, and could as well be evacuated that way as any other, he would prefer it. In haematocle, he would prefer the vagina to the rectum, as he might not feel warranted in making as large an opening in the bowel, as would sometimes be necessary in such cases.

Dr. ROCHESTER said that even collections of pus do not always open into the bowel, as he saw in consultation with Dr. MACK, of St. Catharines, in which it found exit through the walls of the abdomen.

Dr. MINER said that he would not wait for spontaneous evacuation of pus, but only wished to express his opinion as to the best way of evacuating it.

Dr. ROCHESTER, in presenting two gall stones to the examination of members present, said that they were taken from the body of Mr. Thomas E. Young, at a *post mortem* examination. The patient died after an illness of four days of localized peritonitis, resulting from inflammation of the *appendix vermiformis*, caused by the gall stones which I have exhibited. Perforation occurred twenty-four hours before death, and one of these stones was found at the opening in the appendix. I look on this case with interest, as it confirms an opinion which I have for years held, that the foreign bodies which are so frequently said to have caused death by slipping into the appendix are not seeds, pits, &c., &c., but are gall stones, and consist as does this one of cholestein. Rokitsansky says that the disease in the outset is a catarrhal affection, which dilates the orifice, and allows the gall stones to fall into the appendix.

Dr. MINER said he was deeply interested in the *post mortem* examination of the case related, which he was favored with the opportunity

of witnessing. He had admired the sagacity which Professor Rochester had shown in being able to give just as full and perfect an account of the causes and conditions of Mr. Young's death before, as after, the examination. He asked if it was not common to find foreign substances in the appendix, which were not the cause of inflammation,—if they did not, sometimes, at least, remain harmless? He noticed the opening into the appendix in this case was very small, and did not appear likely to admit any foreign substance, unless it was forced into it; was surprised at the minuteness of the orifice through which such substances had passed.

Dr. ROCHESTER explained that Rokitansky says that as a result of the catarrhal affection, the opening from the colon to the appendix becomes unnaturally large, and at such times the stones gain access to the appendix. Inflammation is then set up, which closes the opening by swelling, and this is its condition at death, which explains the smallness observed at *post mortem* examinations. This opinion is supported by occurrence of the diarrhœa which such cases, as a rule have, for some time previous, been liable to. In the case of Mr. Young this was a well marked symptom, as he had a diarrhœa for ten days previous to the peritonitis. Rokitansky had, he believed described cases where similar substances had apparently remained harmless.

Dr. WHITE wished to bear testimony to the accuracy and acuteness of Dr. Rochester in the diagnosis of disease of the appendix, of which he had seen many proofs before the present case. He had seen him express a positive opinion in obscure cases, as though the walls of the abdomen were transparent, and these opinions had always been confirmed by *post mortem* examinations.

Diarrhœa, infantile diseases and disorders of the bowels were reported as prevailing.

Dr. MINER wished to call attention to the proper food for infants. He had lately observed a great deal of suffering in infants, from all sorts of food, which, in his opinion, added largely to the mortality of that class of patients, such as sago, tapioca, rice, crackers, corn starch, oatmeal, &c., and was of opinion that in almost all cases where the mother's milk was not sufficient, cow's milk and water should alone be substituted.

DR. WHITE said that Dr. MINER had opened an important subject, and hoped that some evening would be devoted to the consideration of it. He would say that mother's milk, when present, should be the great bulk of the child's nourishment. When artificial food must be relied on, cow's milk, diluted about one half with water, and sweetened with sugar, is the proper food. No farinaceous article of diet should be given.

Adjourned.

WM. C. PHELPS, Secretary.

Correspondence.

COLLEGIATE HONORS.

CANISTEO, July 22, 1870.

MY DEAR DOCTOR:

Having received the within business card from Philadelphia and in order to obtain "additional particulars," written immediately to H. J. Hale, M. D., 214 Jacoby Street, Philadelphia, and, as yet receiving no farther notice from him, and feeling a *peculiar disappointment* in consequence thereof, I inclose the card, thinking, perhaps, you may have been slighted by the gentleman. On the next page is a copy of my letter, and I think you will agree with me that Dr. Hale should have sent the particulars before this date, seeing I only asked him to attain just *one* degree.

This letter was designed for Dr. J. P. White, but thinking of my indebtedness to the *Journal*, I enclose \$6.00, and change the direction, so you may see how a credit looks opposite my name on your book.

Truly Yours,

C. P. CHAMBERLAIN.

COLLEGIATE AGENCY.

"This Agency has been established for the purpose of giving such information as is generally necessary before entering upon a Collegiate Course of Study, or taking any of the learned Degrees."

"Books, Medicines, Instruments, &c., will also be sent C. O. D., at market rates, upon receipt of orders."

"Physician's Practices sold on accomodating terms."

"Through the recommendation of this Agency, Physicians, Lawyers, Clergymen and Teachers can obtain the Honors of all the Universities in the United States, such as the degree of A. M., A. B., M. D., S. D. D., D. D., LL.D., &c. For additional particulars, address

A. J. HALE, M. D., 214 Jacoby Street, Philadelphia.

Canisteo, Steuben Co., N. Y., July 15th, 1870.

A. J. HALE, M. D. :

Dear Sir,—Your card is received, and I hasten to address you for “additional particulars.” I am about to change my residence to North Carolina, and should very much like to know how to attain the degree of A. M. before I make the exchange. If the Diplome won't cost more than from \$200 to \$250, I think it will be a paying thing for me in my new place of residence.

Hoping to hear from you soon, I am, dear sir,

Yours Respectfully,

C. P. CHAMBERLAIN.

Canisteo, July 25th, 1870.

Dear Doctor.—I was premature in my judgment.

The Doctor had furnished the “additional particulars.”

I think, since he offers references and a guarantee of satisfaction, it will be well for me to *modestly* request him to furnish them before closing this rare bit of correspondence.

Inclosed herewith is his generous offer. If you do not wish any further knowledge of *my Collegiate Agent*, I will not trouble you ; but I'm in for the “references,” etc. What say you.

Truly, &c.,

C. P. CHAMBERLAIN.

Philadelphia, July 22nd, 1870.

DR. CHAMBERLAIN.

Dear Sir,—Yours of the 13th inst. received. The honorary degree of A. M. will not cost you so much as you stated.

The same can be conferred upon you, through my recommendation, for \$220, all complete, and in perfect order, and sent to your address by express, C. O. D. References furnished, and satisfaction guaranteed in all cases.

When you order, your full name will be required, and such date as you desire mentioned.

Very Respectfully,

A. J. HALE, M. D.

It is sufficient comment upon the rascality of the “Collegiate Agent” to publish his card. We must not omit saying that our Correspondent was unable to obtain any “*further particulars*.”—ED.

Miscellaneous.

Belladonna in the Treatment of Typhoid Fever.

By Dr. B. KELLY, Dublin.

Without entering into the fruitless question as to whether fevers be due to specific germs, or to pythogenic fluids or gases, all of which, up to the present, have failed to be detected by the microscope and the most searching chemical tests, I would merely state that my own convictions lean strongly to the theory that this class of diseases owe their origin to the introduction into the circulation of septic vapors or gases, and that these subtle agents (fomites) are not unfrequently developed on the surface of the bodies of the individuals subsequently tainted by them. Hence the prevalence of these maladies among the poor, and all those who from ignorance or other circumstances ignore the practice of frequent ablutions and personal cleanliness. But more, there must exist, as a *sine qua non*, a predisposition on the part of the patient, as well as an exciting cause for the effectual production of fever. Now, of all the predisposing elements, there is none, perhaps, more powerful than poverty, with its concomitant train of filth, squalidness and misery.

The treatment of fever has been as conflicting and diversified as have been the opinions of physicians respecting its pathology. When the inflammatory theory was in vogue, bleeding, blistering and purging was pressed into service with terrible effect, as shown by the awful mortality which attended this form of treatment. And it has not seldom happened that the disease had been mistaken by a similarity in outward appearance with the phenomena of some local phlegmasia, and doctored accordingly, as we have good reason to suppose, judging from the lesions presented in *post mortem* examinations. No one can read the clinical works of Broussais without being seriously convinced of the truth of this statement. Now that the zymotic, or putrid and germinal theories reign supreme among the more orthodox members of the profession, the antiseptic plan of medication, based, as I believe it to be, upon sounder pathological doctrines, has superseded the more heroic method alluded to, and, comparing the results of both, with decided benefit to patients.

The treatment which I now propose has neither been predicted by the inflammatory nor yet by the zymotic nature of the disease, and consequently cannot be styled antiphlogistic or antiseptic, at least in the ordinary acceptation of these terms; and yet, viewing it in the light of its action in preventing congestions and inflammations, and dissipating the putrid epiphenomena of fever, it well deserves the title of both.

Nearly six years have now elapsed since I recommended, on phy-

siological grounds, belladonna in the treatment of enteric fever. During this time ample opportunity has been given me of testing its therapeutic virtues. Believing firmly, as I did, in the correctness also of the pathological deductions upon which the new treatment was especially based, I entered, I must confess, upon the trial with rather sanguine hopes of success. Never, I can say, have expectations been more fully realized or crowned with happier results. Indeed, the greatest difficulty I now find is to speak of it in such a way as not to detract from its merits by false moderation, or, by falling into the opposite and equally reprehensible extreme, to puff it up with unbounded praise. Suffice it to say that not more effectually is the tetanic action of strychnine on the system neutralised by tobacco and woorari, or paludal fever combated by quinine, or anæmia removed by chalybeates, than is the poison of typhoid counteracted by belladonna. It completely changes the whole character and outward manifestation of the disease. Delirium, coma and subsultus quickly vanish, and are succeeded by calmness and clearness of the intellect, by natural sleep, and complete control of all the voluntary muscles. Diarrhœa is checked, and healthy consistent evacuations are established. The appetite, if excessive or deficient, is restored to something like a normal standard. The pulse, from being frequent, fluttering and compressible, is rendered slow, strong and equable. The morbid temperature of the body—the *calor mordax* of Roman, the *causus* of Greek physicians—falls to a natural level. The vital changes induced in the blood, glandular and other organs, as shown by passive hemorrhages, tenderness of the abdomen, hypostatic congestions and ulcerations, are all arrested in *limine*; and the deranged functions of the economy return to their original equilibrium, and are performed with the same regularity as in health. The patient, after an inconceivably short space of time, usually from twenty-four to forty-eight hours, after the first administration of the remedy, wakes up, so to speak, and pronounces himself as well as ever; and indeed, to look at him, he really appears so. If, however, the physician be not thoroughly on his guard, and do not keep the patient quiet in bed pending the ordinary course and duration of the disease, serious consequences will almost inevitably follow. This precaution is all the more necessary, as both the patient and his friends often become clamorous, and, unless gifted with more than a usual share of charity and subordination, may impute sinister motives to the ill-starred medical attendant. Under such circumstances he should never neglect to impress upon them the important fact that, favorable appearances to the contrary notwithstanding, the disease must run a certain limited course; and that relapses, always dangerous in themselves, are only to be prevented by watching the patient closely, and combating untoward symptoms as they arise. These tactics I have never known to fail. Now a word as to the proper time and mode of administering belladonna.

When called to see a patient in fever, I usually wait, if it be yet

in its incipient stage, till all or most of the prominent symptoms are well developed before I venture to prescribe the drug. By doing so, I have had the advantage and gratification of witnessing its effects in all their physiological force, while I avoid the possibility of making a mistake in diagnosis. If the patient be an adult, and vigorous, I do not hesitate to give from twenty to twenty-five drops of the official tincture of the British Pharmacopœia every four hours. This dose must necessarily vary to suit individual ages and constitutions. The following is the formula I generally employ:—
 ℞. Tinct. belladonnæ ʒ ij., syrupi aurantii ʒ ss., aquæ menth pip. ʒ vijss. Ft. mist. Dosis: Pars sexta omni quarta hora sumenda. As the whole of this mixture is usually consumed in twenty-four hours, and as it is repeated with little or no variation day after day, for generally not less a period than two weeks, we may well imagine the enormous quantity of the narcotic that may be used with impunity, especially when the system is fully under the influence of an agent like the poison of typhoid fever. I have never known anything more serious than moderate dilation of the pupils (which I look upon as an admirable criterion of the safety of its therapeutic action) and slight dryness of the fauces to attend its administration.

The most remarkable effects of belladonna, perhaps, are shown by the suddenness with which the patient recovers his intellectual faculties, and the full power and control of his muscles. The latter he often takes pleasure in exercising by rapidly flexing and extending his arms—a circumstance which he adroitly wields as an argument in his appeals to the physician to allow him to get up and resume his ordinary vocation. All this was well exemplified in a stalwart Englishman, a patient of Dr. Samuel Giles, of New Cross, Deptford, whom I attended as *locum tenens* a little over a year ago.

As belladonna completely prevents the specific lesions in all the tissues and organs of the body naturally consequent upon the absorption of the typhic poison, it becomes an important question to decide whether the patient is rendered obnoxious or not to subsequent attacks. This is an enigma which neither experience or observation, so far, has enabled me to solve. Reasoning, however, from analogy, we may expect the disease to reappear, if at all, under a modified and milder form.

When is it safe to withhold the belladonna from the patient? As nervous symptoms resembling those following the sudden suspension of an habitual stimulant are apt to supervene upon the abrupt cessation of the drug, I deem it prudent, after the disease has continued about twenty-one days, and the eruption and other accidents have entirely disappeared, to diminish the dose, and extend the intervals of its exhibition gradually. This may be safely and conveniently done during the whole period of convalescence.

As regards the matter of stimulants, I absolutely interdict them in every form and shape to patients while under the treatment of

Belladonna, as one of my objects is to see that neither its action is masked, nor its virtues rendered doubtful, by the complexity of remedial agents. I occasionally permit a teaspoonful or so of milk punch to be given at long intervals, certainly not with a view of thereby benefiting the patient very materially, but as a *placebo* covertly addressed to the minds of over-anxious friends.

The regimen of patients, while under treatment, should be attended to with the most scrupulous care, as the slightest excess, either in eating or drinking, is sure to be followed by an attack of indigestion, and an aggravation of all the febrile symptoms. I have found the following bill of fare to answer admirably in most cases:—A quart of soup, made from cow-heel and a pound of beef; a pint of milk boiled with arrow-root; an ounce of cocoa, prepared in a pint of milk. These, together with a slice of toast, and a little salt and pepper, constitute the ordinary daily rations for an adult. The proportions must of course vary in many cases, but the articles themselves will be found well adapted to the debilitated powers of digestion commonly arising in the course of continued fever.—*Medical Times and Gazette, Feb. 5, 1870, p. 146.*

BRAITHWAIT'S RETROSPECT.

————:o:————

Strychnia as an Antidote to Chloral.

M. Liebreich, after a number of experiments upon rabbits, arrives at the conclusion that strychnia, administered hypodermically, acts as an antidote to poisonous doses of chloral.—*The Pharmacist.*

————:o:————

The Poisonous Dose of Chloral.

We have received the following important note from Dr. J. R. Reynolds:

“I was called to see a lady of middle age, who had, for the relief of neuralgia, taken hydrate of chloral.

“On the third day before my seeing her, she had taken gr. 10 and gr. 15, and had found much relief. On the day before, she had taken a larger dose, with good effect.

“On the day of my being summoned, the dose had been increased to gr. 45 or gr. 50, and there had followed complete relief of pain; but in the course of an hour, some ‘faintness’ was felt, and when I saw the patient this had increased to an alarming degree. Two hours had passed since the last dose was taken, and I found the patient with cold extremities, an excessively rapid, weak, irregular and intermittent pulse, jactitation of limbs, an intolerable sense of sinking, and oppression at the pit of the stomach; gasping breathing, and confusion of thought.

“I observed at this time, and for three-quarters of an hour subsequently, that the radial, temporal, and tibial pulses were all of the character I now describe—frequent, weak, irregular in both force

and rhythm, and frequently intermittent—but that the heart was acting regularly, although with increased frequency and diminished force.

“Stimulants, with white of egg, was administered freely; warmth was applied to the extremities, sinapisms were put on the cardiac region, fresh air was introduced plentifully into the room, and, at the end of an hour from my first seeing the patient, the pulse had become much steadier, though still very frequent and very weak. The syncopal feeling had diminished, the feet were warm, and there was a tendency to sleep.

“This state of comparative freedom from urgently dangerous symptoms lasted for longer than an hour, when—without any apparent cause—they returned with increased severity. The patient now seemed in the gravest danger. The superficial pulses were almost imperceptible; and, when they could be detected, presented the character I have described. Still the heart was regular in its beat, although feeble, and intensely rapid in its pulsations. The mind wandered much; there was utter prostration of muscular strength, the limbs being extended, the head low, and the aspect was, at times, that of impending dissolution. There was a great dyspnœa, a sense of suffocating oppression at the base of the chest (in front), and urgent thirst.

“The treatment previously adopted was again pushed vigorously, and, at the end of an hour and a half, relief was obtained, and sleep followed.

“The next morning I found the pulse quite regular, and of its normal frequency,

“I have written this hastily, but pray put it in your own way, and make any or no use of it, as you think best.

“The points of interest that occurred to me were: 1st, the dose; 2nd, the time between its administration and the appearance of symptoms; 3rd, the recurrence of symptoms after their temporary cessation; 4th, the curious effect on the vessels, which was obviously not due to effect on heart; 5th, the relief by food and stimulant. I found that the albumen (of two eggs) was that which was followed by a calming effect, and a tendency to sleep.”—*London Practitioner*.—*Baltimore Reprint*.

————:o:————

Treatment of Uterine Catarrh by Internal Application of Carbolic Acid.

By W. PLAYFAIR, M.D., Physician to King's College Hospital.

In a large proportion of old standing cases of uterine catarrh it is hopeless to effect a permanent cure by any means which do not act directly on the seat of the disease, which is the lining membrane of the cavity of the uterus and cervical canal beyond the external os, accompanied, of course, with secondary morbid states of the body

of the uterus and cervix, such as hypertrophy, congestion, &c. Rest, applications to the exterior of the cervix, and general treatment will unquestionably cause a temporary improvement, but on a recurrence to the old habits of life all the old symptoms return. There are serious objections to intra-uterine injections, unless the os is first dilated with laminaria tents, as they are apt to bring on severe uterine colics. By means of fine probes of whalebone or flexible metal, round which a thin film of fine cotton-wool is wrapped, alterative applications can readily be made to the interior of the uterus, without pain or danger. In the very numerous cases in which this plan of treatment has been carried out, in no single instance has anything but the greatest benefit accrued. It is no doubt advisable to select the cases judiciously, and where there is much uterine tenderness, intra-uterine treatment should be postponed until this has been diminished by rest, leeching, &c.; but with proper precautions the treatment is perfectly safe. A concentrated solution of carbolic acid, eighty parts to twenty of water, is used; and it acts so well that for a long time nothing else has been employed. After the first application the discharge is sometimes increased, but after the second or third it is generally greatly diminished, and a single application is often sufficient to cure superficial erosions of the cervix. As a rule, there is no difficulty in passing the probes, as in true uterine catarrh the os is invariably patulous. As the case improves the patulous state of the os diminishes, and this is found to be one of the most certain signs of improvement.—*Medical News and Library.*

Editorial Department.

Antiseptic Treatment of Wounds.

Numerous inquiries, as to the possibility of obtaining direct union in lacerated wounds, and if so, of the best methods of procedure to obtain such results, lead to a very brief review of this subject, and reply to these important surgical questions. The foreign Medical Journals have been filled with reports of cases treated "antiseptically," with especially favorable results; and the American Periodicals also contain similar views, or reprints of the same. JOSEPH LISTER, of the Edinburgh Royal Infirmary, in a recent lecture, published in the *Lancet*, relates cases of compound dislocation of the ankle, and compound fracture, treated antiseptically, with very favorable results; but these results, favorable as they are, are not better, or in any respect unlike those often observed where no such parade of treatment is adopted. It may be that his plan, modified to suit the views of different practitioners, has its advantages, and, with a view of placing it before our readers, we make as con-

densed an abstract as consistent with an understanding of his views and plans of procedure.

Speaking of a case of compound fracture of the tibia, and dislocation of the ankle joint, he says: "For the purpose merely of facilitating the return of the protruding end of the fibula, I nipped off a portion of it with cutting pliers, and, with the same object, enlarged slightly with scissors the lower end of the rent in the skin, which opposed a barrier to its passage. But to all intents and purposes the dislocation was simply reduced. The case, however, was treated antiseptically. Watery solution of carbolic acid, as strong as it can be made (one part of the crystals to twenty of water), was thrown into the joint with a syringe, the edges of the skin being held together to prevent its escape, and cause its penetration to all the internal recesses of the wound; and this was further promoted by free manipulation of the injured part while the fluid was still in the interior. There was a time when we should have thought that to introduce an irritating liquid like this, into the ankle-joint, would be to take an unwarrantable liberty with the articulation. But we now understand that the transient irritation caused by the antiseptic lotion is nothing compared with the abiding influence of the far more acrid products of putrefaction. But when the injury has been received some time before you see the patient, and inflicted, as in the present instance, in a rude way, involving the chance of foreign material having been introduced and mixed, perhaps, with clots of blood lying in inaccessible recesses of the wound, it seems wise to employ as strong a solution as water will produce. The liquid introduced having been squeezed out, the process of injection and manipulation was performed a second time for greater security, and the skin in the vicinity having been previously well washed with the lotion, to destroy organisms adhering to it or the hairs, an external dressing was applied. Lac plaster was wrapped in two layers round the limb, from three or four inches above the upper extremity of the wound to as far below the lower end—that is to say, extending well up the leg, and embracing the heel and instep, the foot meanwhile being held in good position. A cloth to absorb the blood and serum which would be discharged from beneath the margins of the plaster, was then bandaged on, and a splint applied to the inner aspect of the leg and foot. A well overlapping cap of lac plaster, in double layer, was then applied surrounded by a cloth, to absorb discharge, secured by bandage and pins. I cannot too strongly impress upon you the importance of having the plaster extend freely beyond the wound at every part, so that the discharge may have to travel a considerable distance beneath the impermeable antiseptic layer before reaching the sources of mischief externally. It is only in this way that you can guard securely against the spread of the putrefactive fermentation into the wound. Yet there is nothing in the antiseptic treatment that I find more apt to be neglected."

This may be, and we have no doubt is, a good method of treatment in the injury described, but the advantage seems to be greatly over estimated, not

only by Mr. LISTER, but by others who have recently become so greatly enamored with carbolic acid, which, like nearly all other therapeutical agents, stimulates the highest expectations upon its first introduction to the notice of the profession. As a deodorant and disinfectant it certainly seems to have marked virtues, and in weak, watery solution makes, perhaps, one of the very best lotions for moistening the dressings in all wounds with lacerated incisions or broken surfaces. The question to be determined is,—will carbolic acid, injected into lacerated wounds, like those produced by compound dislocations and fractures, prevent “putrefaction,” as Mr. LISTER calls it? and convert them into simple granulating surfaces. While we are very favorably impressed with the virtues of carbolic acid, and believe it is capable of doing much as an antiseptic, still we are not ready to conclude that lacerated wounds, even of the gravest character, depend upon its application for the very most favorable results. Who has not seen compound fracture heal as kindly and as early as even the most favorable cases of simple fracture? Who that has treated compound dislocation of the ankle joint with no attempts as disinfection, but has seen the most rapid recoveries? It is not uncommon to see all the injuries narrated as proving the sovereign power of carbolic acid, terminate as favorably under simple dressings as they are reported to terminate under the best directed antiseptic plan of procedure. Mr. SYME said, that on looking into the Hospital record, the last fourteen cases of compound fracture into the ankle joint, all terminated fatally. He, therefore, regarded amputation at the ankle as the best treatment in most cases; he, however, modified his treatment in some cases to sawing off the end of the tibia, making excision of the ankle. Such practice prevailed at one time, and amputation was made much more unhesitatingly than now. Ample experience has again and again demonstrated the propriety of returning compound dislocations and compound fractures, in almost all cases, and in the great majority of instances the results will be favorable. This was demonstrated before carbolic acid came into use, and would remain true, if carbolic acid should become unknown, so that the antiseptic treatment of lacerated wounds, and the protection it affords, cannot be placed as a reason for the safety and propriety of such practice.

In saying this, we are not to be understood as opposing the use of antiseptics in the treatment of lacerated wounds, or of carbolic acid, as a valuable agent for that purpose. We desire to place our therapeutics upon the basis of exact truth, unwilling to allow ourselves to be mistaken as to the true sources of our safety and strength in the treatment of this formidable and dangerous class of injuries.

Books Review

Third Annual Report of the Metropolitan Board of Health.

This invaluable report should be in the hands of every physician, indeed of every citizen. We will not now occupy space in a general description of the numerous subjects discussed, but will quote a single paragraph of immense interest to the inhabitants of cities, and hope hereafter to speak of the report more fully. We have also on our table the Report of 1869. The Metropolitan Board of Health are conferring upon humanity an unspeakable blessing in their reports upon Sanitary Science.

THE APPLICATION OF DISINFECTANTS.

The summer of 1869 was remarkable for its continued high heat and great humidity, conditions favorable to the rapid changes of organic matter, and very unfavorable to the health of cities not thoroughly and daily cleansed of all filth. After nearly a month of excessively damp and hot weather, the death rate of New York began to increase in the early part of July at such a rate as to awaken public anxiety. In the week ending July 11th there were 614 deaths; the mean temperature had been eighty degrees for more than two weeks, and the atmosphere was excessively damp, and the earth and all surface filth were completely saturated with moisture. In the following week ending July 18th, the heat increased to eighty-eight degrees, and the weekly mortality mounted up to 1,142, or nearly to that of the fatal week which ushered in the cholera of 1866.

While the death rate was somewhat increased by the direct effects of heat, the reports of the Registrar of Vital Statistics showed that the excess of mortality was largely, if not principally, due to diarrhoeal diseases, and further investigation proved that the highest sickness and death rate was in those localities where there was the largest accumulations of street, alley and house filth. In many sections of the city low forms of vegetable growth covered the stagnant and putrescent pools of water, and lined the gutters, curbstones and alleys. At this period also an increasing number of sudden deaths with choleraic symptoms were reported by the Registrar, and the evidences of the immediate danger of an outbreak of cholera were so apparent to the army medical officers that all recruiting was suspended, and the movement of troops in and through New York prohibited. To meet the exigencies of the public health the following measures were adopted by the Board.

1. The more thorough and repeated cleansing and disinfection of all sources of domestic filth by citizens was recommended. To accomplish this object the Board ordered the publication of a tract containing simple rules for the use of disinfectants prepared by the Registrar, Dr. Harris. This tract was widely circulated and very many of our citizens faithfully followed the advice given.

2. The more thorough and efficient employment of disinfectants by scavengers in removing the contents of privies, and subsequently the entire cessation of the work of scavenging except in urgent cases.

3. The application of most powerful disinfectants to the streets and gutters. Up to this period the only disinfectant employed for street gutters and surface filth had been chloride of lime. This material had already been freely used in the most filthy streets, but owing to its feeble antiseptic properties and the difficulty of so applying it as to spread it effectually over large surfaces, and to make it penetrate masses of filth, the Board decided to resort to carbolic acid and copperas, which were recommended by the chemist, Prof. Chandler, as effectual disinfectants for such general use known to sanitary chemistry.

The work of street disinfection was begun on the 24th of July, and prosecuted at first with a large number of carts both night and day. The wards selected were the eleventh and twentieth, but afterward the work was extended to other wards where diarrhoeal diseases were most prevalent. It was continued for about two weeks with a diminished force, and was suspended by the occurrence of heavy rains.

The effect of the disinfectants upon the organic matter of the streets where they were employed was proven by Prof. Chandler to be the complete arrest of all putrescent changes, and this effect continues for upward of a week, or until another layer of filth was deposited. The people of the districts where the sprinkling was done spoke approvingly of the measure, and expressed their pleasure at the change of the odors of street filth to that of carbolic acid.

The most important result of this work, however, is seen in the mortality records of diarrhoeal diseases as exhibited by the records of the Registrar:

The total number of diarrhoeal diseases in the week ending July 4th, was,.....	51
The total number of diarrhoeal diseases in the week ending July 11th, was,.....	176
The total number of diarrhoeal diseases in the week ending July 18th, was,.....	416
The total number of diarrhoeal diseases in the week ending July 25th, was,.....	366
The total number of diarrhoeal diseases in the week ending Aug. 1st, was,.....	345
The total number of diarrhoeal diseases in the week ending Aug. 8th, was,.....	325
The total number of diarrhoeal diseases in the week ending Aug. 15th, was,.....	255

From this table it appears that there was a steady decline of deaths from that class of diseases produced by septic organic matter, from the commencement of the larger employment of disinfectants.

In reviewing this work and its results, the Board has reason to believe, that an important step has been taken in this country toward controlling a source of unhealthiness, which sanitary authorities, as in this city, frequently have no power to remove. Although, from the limited territory to which disinfectants were applied, the necessarily imperfect methods of distribution in this first effort, and the brief period during which the work was continued, the results as regards the effects upon mortality are not as demonstrative as could be desired, yet they were sufficiently marked to prove the value and necessity of the work."

Facts and Remarks concerning Idiocy. By EDWARD SEGUIN,
M. D.

This author treats his subject in a masterly manner; the address is full of truth, philosophy and sense: the best compliment we can give it. Read what he says in his first paragraph on the causes of mental idiocy.

Then, what is the matter? The gist of the matter seems to be: "Betier," said *Enfantin* and *J. S. Mill*, "if women could tell it themselves;" that with more subjects of gratification of mind and body to-day than in the past centuries, women are uneasy, unhappy, because they do not feel themselves adequate to their task. Their education—a jumble of that which has made all the male *inutilities* we have known—has not taught them an iota of womanhood. Their hygiene and habits have disqualified them for motherly functions; city and house narrowness do not offer more room for a new-comer than their slender pelves; their tastes run toward niceties incompatible with married life; fecundation is the result of *maladroitness*; its product, unwelcome, ill-fed, ill-treated before as after birth, conceived in apprehension, remains a nervous ruin, or disappears in a storm of some sort. At this spectacle we can sorrow, but not wonder. Can we expect woman to know what she has not learned, or to resent feelings whose warmth never descended into herself? How, besides can she conceive and nurture, with a living enthusiasm, a child she has no strength to carry, no room to grow, no substance to feed, no idea how it is to be handled, cared for, etc.? The heaviest task when it is not the dearest, she shifts it off, coming out from the struggle with a sad countenance and emaciations foreboding early degeneracy of some vital organs. To be frank, we physicians, teachers and parents are more culpable than herself.

History of nine cases of Ovariectomy. By Prof. T. GAILLARD
THOMAS, M. D.

The first case was a large single cyst, of eighteen months standing: recovered. The second case was believed to be ovarian tumor, by all physicians who examined it in connection with *Dr. Thomas*. The operation was made in *Bellevue hospital*, in presence of *Drs. Peaslee, Budd, Loomis*, and the *House-staff*. It proved to be a fibrocystic tumor, weighing seventeen pounds. Patient died in forty hours from shock. On two other occasions he has been similarly deceived; one in connection with *Dr. Peaslee*, the other, *Dr. O. Reilly*. The third case proved to be *Alveolar Cancer* of left ovary. Patient died on the eighth day, from *Septicæmia*. Case fourth was multilocular ovarian cyst; pedicle ligated with silk, and returned into abdominal cavity. Patient recovered. The fifth and sixth cases were similar, only the pedicle was treated with clamp. The seventh case was a multilocular tumor; four fifths of the sac removed: pedicle and ligatures left in vagina: death from peritonitis. The eighth case proved to be cancer of both ovaries; pedicles treated by actual

cautery: death from peritonitis. The last case was a multilocular cyst, containing many large cysts; pedicle treated by clamp: recovery.

These reports are interesting and instructive in the highest degree, and physicians interested in the subject of ovaritomy will be under many obligations for the details of the conditions, modes of treatment, and results in these cases.

Specialism in its relations to practical Medicine. By G. S. HUBBARD, M. D., New Haven, Conn.

In a most truthful and well written paper on this subject, read before the Connecticut Medical Society, Dr. Hubbard says:

"Within the last twenty or thirty years, practical medicine in this country has made greater advance in all its departments, than in the two generations previous; in consequence, as I believe, of the superior quality and wider range of the medical education afforded, and the greater demands made upon medical men by a higher civilization—but mainly because of the assiduous cultivation of distinct sub-divisions of medical science, by men who, in greater numbers, have devoted themselves exclusively to the study of them.

The mature results of their labors have been freely given to the profession in systematic treatises, monographs, and papers of less pretension, and as freely appropriated and assimilated by us, until they have become a very large and important portion of the common stock of professional knowledge.—Nearly all the important improvements in operative surgery, the accepted methods of treating diseases of the eye and ear—the skin, the kidneys—diseases of the nervous system, and of the thoracic organs—diseases of the male and female generative organs—the best means of exploring cavities, and indeed nearly our entire knowledge of the structure and physiology of the organs themselves, we owe to the labors, often unrewarded, of a class of men, who, having devoted themselves to the study of a single department, or a sub-division of it, are properly called "specialists."

Medico-Legal Study of the case of Daniel McFarland. By WILLIAM A. HAMMOND, M. D.

We had supposed that the plea of insanity by McFarland was a mere "dodge," but the following paragraph from this pamphlet leads us to think it might have been founded in some truth. Dr. Hammond, in connection with his study of McFarland's case has furnished a valuable paper upon Insanity. But to the evidence of insanity.

"It is in evidence that the accused, who was a married man, was devotedly and passionately attached to his family; that he had intercepted a letter from the deceased to his wife, which was calculated from its sentiments to arouse the most powerful emotions in the human mind; that his wife had left him, taking with her both the children; that he had instituted legal proceeding to

obtain the possession of his offspring; that he was opposed by his wife and deceased, the latter supplying the funds for the resistance of the father's efforts; that these troubles partially unsettled his reason, so that several persons who knew him and were thrown into contact with him remarked that he was incoherent, rambling, excited, and the thought of his domestic difficulties was almost continually present, as shown by his conversation and actions; that he was unable to sleep; that he wandered through the streets at night in all kinds of weather, talking of his troubles to policemen and others; that he could not by reason of his mental condition perform properly the duties of the office he held under the Government of the United States; that various powerful medicines, such as morphia, Indian hemp, hyoseyamus, and bromide of potassium, had been prescribed for him in large doses by his medical attendants; that for several days previous to the homicide he had taken large quantities of morphia; that during this period, and even before, his pulse was never below 104 per minute, and was frequently much more rapid; that his face was flushed, that there was involuntary twitching of the facial muscles; that his eyes were suffused and his pupils contracted; that he had flashes of light and dark specks before his eyes; that he suffered from vertigo; that his head was painful and hot; that he had frequent outbursts of excitement; that he had hallucinations and delusions; that he had doubts as to his identity; that he had threatened to commit suicide; that his memory was impaired; that while in this condition he heard that a divorce had been granted to his wife in the State of Indiana, on *ex parte* statements; that the symptoms of mental disorder then became greatly aggravated; and that on the afternoon of the homicide he was met in the street by a friend who remarked his wild expression, and who was convinced that he was not in his right mind.

“It is also in evidence that a first-cousin of the accused died insane, and that the resemblance of the latter to him in features and manner is very great.”

Report of the Committee on the relations of Alcohol to medicine. By
JOHN BELL, M. D., Chairman.

This report is probably the best, most truthful and trustworthy statement of the total uselessness of alcohol as food or medicine ever published. Physicians have endorsed it as useful in low forms of disease in consumption, etc., etc., but they have thus conferred upon mankind a greater curse than they are ever likely to prove a blessing. Where it has relieved or benefited one patient, it has proved more injurious and dangerous to thousands than the malady for which it was prescribed. This report should be placed in the hands of every physician, and indeed of every body, since it shows how wholly useless for good alcohol may be considered to be. Spirituous and fermented liquors exceed in their ill effects upon mankind all other maladies combined, and cause more misery, disease and death. To annihilate it from the world would be a blessing, which we hope this committee and Dr. John Bell, in particular, may live to see bestowed.

Medical opinion of CHARLES A. LEE, M. D. Case of CARLTON YATES.

This pamphlet, of about thirty pages, contains a complete *resume* of the law and evidence on the case of Carlton Yates, together with the conclusions of the author, Professor Charles A. Lee, who says that his opinion has been deliberately and conscientiously formed, from a knowledge of the entire testimony offered in this case, all of which has been heard or carefully read; also from intimate acquaintance of over twenty years. He says that Carlton Yates labored under confirmed insanity for at least the last year of his life, and probably for a much longer period; that the form of mental disease was that which usually goes under the name of *monomania*. The article comprises a very careful, comprehensive, and well arranged review of the case, and will be regarded as a valuable contribution to Medico-Legal insanity.

Gynaecological Society of Boston :

We have received the By-laws, Constitution List of Officers. etc., etc., of this society. It is plain to see, by its monthly journal, its valuable contributions and reports, and by its general activity and prosperity that this organization is, and is to become a great power, situated at the "hub," which will make its influence felt for progress and reform.

Books and Pamphlets Received.

- Dr. Costa's Medical Diagnosis.—Third edition.
 Archives of Ophthalmology and Otology.—Vol. 1, No. 2.
 Theory and practice of Obstetrics. By William H. Byford, M. D.
 The Physical Exploration of the Rectum. By William Bodenhamer, M. D.
 Life at Home. By William Aikman, D. D.
 Basham, on Rectal Diseases.
 Report to the Faculty of the Medical Department of the University of Louisiana, in regard to the Convention of Medical Teachers, lately held in Washington City.
 Saint Louis College of Physicians and Surgeons.
 Health Officer's Annual Report of the City of Rochester, for the year ending March 31, 1870. By Bleeker L. Hovey.
 Harvard University.—Eighty-seventh Medical course.
 Purulent Otitis Media, caused by the Nasal Douche, and accompanied by Double Hearing. By H. Knapp.
 University of Michigan.
 Hæmatoma Auris. By E. R. Hun, M. D.
 The Origin of Diabetes, with some new experiments regarding the Glycogenic Function of the Liver. By W. T. Lusk, M. D.

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Original Communications.

ART. I.—*The Annual Address delivered before the Niagara County Medical Society, June 7th, 1870, by A. W. TRYON, M. D., President.*

(PUBLISHED BY REQUEST OF THE SOCIETY.)

MR. VICE-PRESIDENT AND MEMBERS OF THE SOCIETY :

Time, in his onward flight, has again brought the day of our annual meeting; and, according to the requirements of the by-laws of this organization, the duty devolves upon the retiring President to address the society before vacating his chair for his successor.

The cyclical year of our association, that is brought to a close by our meeting of to-day, may be called a very good one. Certainly the society has cause for thankfulness in not being called to mourn the absence of any of its members by death. The "grim monster" has not ventured to enter our circle. Though time is flinging out the white flag of truce from full many a *pull*, yet, with feelings of gratitude, do we still observe the full vigor of action, and the firmness of footstep of all our members. May the coming year be as merciful to us, and when the next annual meeting shall take place, may the same feelings of joy over an unbroken circle prevail.

The past year has been one of general healthfulness. No devastating epidemic has been permitted to spread sorrow in our midst. Yet it has not been so pitifully healthy that the doctors have suffered materially.

There has been performed in this city, during the past year, several of the major operations of surgery, one of which, for its success, deserves at least a passing notice. It was the removal of a goitrous gland from the neck of Miss Merinda Davis. This tumor had been many years in growing, and had become of such monstrous size as to seriously threaten life. The removal of it, it seemed, would inevitably cause death from hemorrhage, either primary or secondary. In fact, all medical advisers discouraged the operation. But the heroic lady resolved upon having it done; and Professor WILLIAM WARREN GREEN, of Portland, Maine, was selected to perform the operation. Miss Davis, with unexampled fortitude, fully realizing all the peril of life in the case, after commending her soul to God, laid herself upon the operating table with a calm resignation to her fate, most beautiful to behold, because of this implicit trust in a higher Power, that "holdeth us, as it were, in the hollow of His hand," and "doeth all things well." The tumor was successfully removed, and by faithful and careful after attention, the lady is blessed with a full recovery. Thanks to the skill of the honored member of the profession, who so skillfully performed the operation. Thanks to the lady's noble fortitude and heroic courage; the highest thanks to Him who keeps his promise to hear, and answer the believing prayer, another laurel chaplet is laid upon the altar of our profession—another pure and holy life has been prolonged, and made of greater usefulness upon the earth.

There are other items of practice and experience that your speaker would like to recount, believing they would be of general interest but he must hasten to what he desires to be the subject of his address.

THE STANDARD OF THE MEDICAL PROFESSION.

There has been enough written to convince all of what ought to be the true standard of the scientific school of medicine. That it requires as extensive preparation in informing, and disciplining the mind, in training the hand and practicing the eyes, that it demands as much purity of character, as high social qualifications, all of that fine, electrical, life-inspiring influence, carrying healing in its mere presence, to adorn and qualify its practitioner, as it does in any other profession, is conceded by all. Hence, the profession of medicine should stand equal to any other calling in civic honor, and

public regard. The degree of Doctor of Medicine should be a title of honor, of the highest distinction, all over the land; and every one who dares to take it, should be made to feel that his life was consecrated to the highest uses of society. There should be a divinity to shape the ends of Doctors, rough hew them how they will, and that to the nobler purposes only.

But let me ask, is this the case? Does the title of Doctor of Medicine confer any special regard, giving social position, public estimation above the ordinary level of common life? I am afraid that it does not. Yet many are the individual cases where men have worked out a name and fame that ennoble them, and ought to hallow the calling in the estimation of the world.

Let us examine the status of the medical profession from a few different stand points, and try to calculate what is its true grade of esteem. And, by the "Medical Profession," I most certainly do not intend to include all that rabble of *pathists* denominated Allopathist, Homœopathist, Hydropathist, Eclectic, etc. But that class of practitioners only as represented by our County and State Medical Societies, and the teachers in the leading colleges of medicine.

In this state, under the statute law, they are now on the same level with all quacks, charlatans, mountebanks, empirics, &c. There is no distinction for them. The impostor has the same protection, same privileges, rights and demands. The diploma of our highest schools, in the courts, give no precedence, no higher position to protect the true physician from the false pretender. Now the common law is the outgrowth of the wants and demands of society. It is not the work of a day or of a single mind, but the slow accretion of ages, shaped, altered, and adapted to the desires of the people. Can it be our law-makers finally came to see no difference in those who practiced the healing art, and thus placed them before the law, on one common level?

Let us take another view of our subject from the standpoint of society at large. Where do the masses of the people go for help in times of sickness? Certainly it is not to those who truly represent the profession. If they did there would not be so many quacks, flaming out with their advertisements, or so many patent medicines sold, warranted to cure anything and everything, but are, in reality, "sovereign cures for empty pockets, and of no peculiar efficacy for

any thing else." But let us look closer still. Do we find among the masses any special regard for the regular practitioner, any particular estimation of his worth above the common mountebank? Some may answer, yes. In their extremity, when they become dangerously ill, they go for him then. True. But do they not, in their extremity, when dangerously ill, as often leave him to employ this same quacksalver?

Again the reply may be, this employment of quackery is confined to the lower classes, to the poor and the ignorant. Is it? Do not many of the families of this very city, distinguished for social position, wealth, and even education, employ quackery for their family physician? Is not this the case throughout the land?

Thus we find before the low, among the masses, and among the better classes of society, there is no well established, prevailing, dominant belief in, or recognition of, any superiority of the true medical practitioner over the charlatan and quack. Homœopathy, to-day, has men of the most eminent distinction as its patrons, and yet every truly scientific man, who looks into it, knows it to be a humbug, a false pretense, a mere theory, founded upon one of the hugest absurdities, which its most determined champions do not follow in practice.

That all are interested in this subject of professional standing scarcely needs discussion. Let every individual do what he will, the time will come, in all probability, when he shall need the advice of a physician, and no one can over-estimate how truly his life or happiness may depend upon that advice. How important then, that it should be based upon a true scientific knowledge of his condition. He rightfully demands that there should be no chicanery, no imposture practiced upon him now. Therefore it certainly does follow that no one can have any intelligent desire to encourage, or any true interest in resorting to any false, or doubtful, system of practice. But the larger portion of mankind does, and the law, that leaves them unprotected, is a wrong; and those who induce them to it, should not escape the criminal responsibility of their deeds.

Why is it a profession which, for their important interest, ought to be so sacredly guarded in its practice, so highly revered and respected by the people, does, after all, actually possess so little public esteem?

I will endeavor to enumerate a few of what I deem to be prominent causes, which lead to so deplorable a result.

The low standard of qualification required by our schools, which confer the degree of Doctor of Medicine, their total indifference to the moral quality of the character, and the limited general education of their graduates.

The admission of such poorly prepared creatures to the high title and sacred principles of M. D., soon destroys all confidence and prestige in the profession. It lowers its standard at once, and becomes a fruitful source of quackery and imposition, as too many of them strive by such means to make up pecuniarily for what they have not the ability, or time, to honestly and honorably earn. This class of graduates compose far too large a portion of that throng which our medical schools annually turn loose upon the world. They go forth into society, and educate the people in the knowledge of disease and the healing art. Few of them ever study their text books further. The rest of their acquirements are gathered from the world around them, and are taught by sharp experience and surface observation; a school not well adapted to develop a very high standard of scientific knowledge in their profession, but certainly apt to draw them into methods of practice, which lack a high sense of honor, and a fine moral point. They make us think of the poor woman that St. Luke tells of. "A woman having an issue of blood twelve years, which had spent all her living upon physicians, neither could be healed of any."

Are we not sometimes a little undeservedly severe in our comments upon patients of this class, who consult many physicians? Oliver Wendell Holmes quaintly tells of a lady he saw, who, in talking of an illness, told him she had consulted twenty-six different doctors in succession, and was then in search of the twenty-seventh. He says: "I recommended a great master in of the specialties, then residing in the neighborhood, who, I thought would understand her case better than any body else, and she should stick to him and his prescriptions, and give up this butterfly wandering from one chamomile flower of medicine to another."

But why should there be this long search for a physician who can satisfy such cases? Does it not often depend upon the different diagnoses made, the tempting promises held out to effect just

such changes? She goes to one of these long-billed physicians, and he tells her "her liver is badly affected." "She is a great sufferer from liver complaint." "That her liver must be attended to at once." "Oh, doctor, can you cure it?" she asks in great trepidation over these sad and awful announcements. "Oh, yes, my good woman, most certainly, but it will take a long time, and require a great deal of medicine." She is now profoundly impressed with her dreadful and precarious condition, but feels a great degree of consolation, and much thankfulness, for finding such a noble, kind hearted and skillful physician, who is so ready to promise her *so* much. How faithfully she swallows the disgusting compounds he gives; and how liberally she pays for them. But this wears out after a while, and being worse rather than better, she seeks No. 2, and learns from him how she has been imposed upon by No. 1. She has no "liver complaint;" it is her heart. "My good woman, your heart is badly affected; you have heart disease, and it should be attended to at once." "Oh, dear, doctor, can you cure it?" "Certainly, but it will take a long time, and require much medicine." The dosing and liberal remuneration are repeated, and she is no better. No. 3 is consulted. "My good woman, your lungs are badly diseased; you have had lung fever, and one lung is nearly gone." "Oh, doctor, is my heart affected too?" "Not at all, madam." "Oh, that scoundrel, how he deceived me; he said I had heart disease." "He was an impostor, madam, and you should not have gone to him." The cure is again promised, and the liberal pay again dealt out. *She still lives*, and is no better, and No. 3 plays out. No. 4 is consulted. Her case, to herself, has now become enveloped in great mystery, and she is pretty thoroughly convinced her disease is "extensive and complicated." No. 4 tells her, after a careful examination of the vital organs, and a history of her case: "Madam, I find your lungs, and heart, and liver are all sound. I do not think there is much the matter with you. If you will lay aside all medicine, be careful in your diet, and take some exercise in the open air daily, you will soon find yourself quite well." This time she is disgusted with the ignorance of doctors. She is offended at being told there is nothing the matter with her. Her feelings too plainly contradict that. No. 4 is a humbug, and she will have nothing more to do with him. But

I forbear. You are too familiar with the history of these cases.

Now, is it difficult to see where the wrong is? That woman believed the story of the first, and of the second, and of the third of these villains, and, becoming bewildered, felt very sure something was seriously the matter with her, and of course she could not believe the truth when it was told to her.

Are the weakness of this class left entirely as game for these leeches? Suppose I should dare to enter the circle of the medical profession, and look a little closely at the practice, which is covered by a medical diploma, might I be a little puzzled to tell where quackery and mountbankery ceased, and the high honor of our noble code of medical ethics began? Would there be any difficulty in discerning whether all that practice, which depends upon boasting one's own cures, and denying the ability of others, whether all the backbiting, slandering, ignoring, insinuating talk lay entirely outside of that circle? In fact where should I be compelled to draw the line which marks true scientific attainment, and high unspotted honor, that now stooped to meanness, from that varying species of quackery known under a hundred kaleidoscopic names?

But it is far easier to criticise than to point out the remedy. "Physician heal thyself!" We all love our noble profession, and would be glad to see it receive its due measure of praise and esteem. We would all rejoice in the purity and honor of its noble brotherhood. Let us then stand united, heart and hand, pledged to a holy support of each other in the cause of justice, and in all works of mercy. The code of medical ethics, that forms our written rule of conduct, is a noble monument both to the head and heart of our profession. Its sentiments should burn in words of living light in the heart of every true member of our band, and shine out in joyous expression in all his conduct.

Suppose there was a community that had a School of Medicine, which was composed only of men who stood foremost in the ranks of true scientific attainment, their minds well stored with the winnowed lore of the past, disciplined to clear and accurate observation, and anxious only for truth, of high moral culture, and a grand, fine sense of honor; determined that their ranks should only be increased by men who had come up to an equal profession of culture, virtue and honor; and equally determined to

eliminate any member who might fall from their proud eminence. Suppose they made it part of their life-work to teach the people the pure love of health, and a knowledge of the human system and leading types of disease. Would not such an association rapidly build itself up to the highest attainment in public estimation? Its opinions would carry both weight and conviction with them. Its teaching would soon become the law and gospel of medicine for that community. Quackery, in all its various forms, would die out in that land. The place on the shelf in that community, which has known the patent medicine bottle for so long, would know it no more for ever. True hygienic principles would be disseminated among the masses. Increased happiness would follow. A stronger, better, nobler people would grow up. There would be a gradual development of the race upward toward the source of all Truth; and then would be instituted true scientific progress of the race along the line of the finite towards the Infinite.

“Behold how a little leaven leaveneth the whole lump.”

But where is the leaven?

—————:o:—————

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

The President and Vice-President being absent, Dr. P. H. STRONG was invited to take the chair.

Dr. MINER had invited a patient of his to be present, in order to show a remarkable recovery after compound fracture of the lower ends of the tibia and fibula. Twelve weeks since, the patient was caught in a boat line, and the two bones separated at their lower epiphyses, and driven through the soft parts upon the inner side of the leg, making great laceration and contusion of the muscles, and denuding the protruded portion of the bones of periosteum. The patient was directed to him for the purpose of amputation, as the injury was such that no expectation of saving the leg was entertained. Supposing that the circulation might not be greatly interfered with by the injury, he concluded to replace the bones, and wait for indications. About two weeks after injury, no severe constitutional symptoms having been developed, and

finding that portion of the bones denuded of periosteum, in a bare and carious condition, he made exsection of two inches in length of the bones, dividing them with chain saw in healthy portion. The leg was laid in natural position, and carbolic acid lotions constantly applied. No unpleasant symptoms occurred, and the recovery had been as rapid as in any case of compound fracture: indeed the leg is now as strong and useful as is common at the same period after simple fracture. He said the most remarkable feature of the case is the small amount of shortening after exsection of two inches of bone. The best measures show shortening of only one inch, and the pelvic compensation is so complete, that the patient scarcely shows the loss, in his gait; will not show it at all after a little time. This must be due to deposit of new osseous material, compensating for one half of the portion removed. He thought the separation of bone at the epiphysis would more likely be followed by such compensation than in fracture proper. The young man was eighteen years old, and the bone does not become completely ossified until the twenty first or twenty-second year, hence the diastasis instead of fracture.

The case appeared interesting, mainly, since 1st—Such injuries were formerly subject to amputation, and but little trial made with a view to save the leg. 2nd—The amount of shortening being but one half of the exsected bone. 3rd—The rapid recovery, and present good use of the leg; and 4th—The slight amount of deformity, and perfect motion preserved in the ankle joint.

Dr. STRONG spoke of the conservatism of the present practice of surgery, as compared with the past, and believed great progress had been made in this respect. A mere glance at the leg was sufficient to show an unusually satisfactory result. He believed that formerly such injuries were almost uniformly doomed to amputation, and that even now, many surgeons would advise amputation. Such cases would go far to establish the rule, never to amputate for injury to bone when the integrity of the circulation was perfect.

Dr. PHELPS related the following case:—On the morning of the 1st of June last, I was called to visit Joseph Lynch, aged eighteen months, who had the preceding evening fallen from a window, in the third story of the Union Block, on Commercial Street, striking

the left side of his head on the stone flagging which composed the sidewalk. He was at once carried in an insensible condition to the residence of his parents, and two physicians called. They were of opinion that the child could live but a short time, and not thinking it advisable to use any means for his restoration, went away. During the night there was no perceptible change in the condition, but as he was still alive in the morning, the father called me to see him.

I found the left parietal bone fractured, but not depressed, and there were none of the usual symptoms of compression of the brain. There was a large swelling of the integument at the seat of fracture. The condition of the patient was that of great shock. Evaporating lotions, and other measures to limit inflammation, were directed, and the patient was soon convalescent, but his sight was totally destroyed. There was nothing abnormal in the external appearance of the eye, and to discover the cause of blindness, Dr. Abbott was requested to make an ophthalmoscopic examination of them. Nothing abnormal was discovered by this examination, all the parts composing the interior of the eye being entirely healthy. The seat of the injury, therefore, which caused the loss of sight, is posterior to the eye—probably in the brain—being due to the great concussion which it sustained by the fall. Aside from the loss of sight, the child is now in excellent health.

Dr. MIXER exhibited a tumor, which, assisted by Dr. Dayton, he had removed from the orbit the day previous. It was found in a healthy man of about thirty-five years of age. It was not attended with pain; was of two years standing, and before being placed in alcohol, was about the size of the globe of the eye. It was found to occupy the place of the globe, and to have displaced the eye upwards, so that the eye was entirely crowded out of its normal position. Vision remained enough to be able to determine light, and to show that the integrity of the nerve and retina was not wholly destroyed. Ophthalmoscopic observation was not made, as the organ was not in position to allow it, and the lower portion of the cornea, which might have been reached, had become opaque, from not being covered or washed by the lids.

The removal of the tumor was accomplished by dividing the conjunctiva and sub-conjunctival tissue of the lower lid, down to

the tumor, extending the incision through the outer canthus. The growth was then carefully separated from the parts with the handle of the scalpel and finger, and removed but with little dissection of fibrous attachments, with scissors. The hemorrhage was profuse at first, but soon ceased, and was not very troublesome. The question of removing the globe, in order to remedy deformity, and insure the safety of the other eye, was considered, but by unanimous consent of all present, it was left, with the view that if it did not resume its normal position, or should in other respects prove unsafe or objectionable, it could be as safely removed at a subsequent operation. The lids were now drawn as fully over the globe as possible, and retained by adhesive plaster and compress, and water dressings applied.

The tumor is remarkable in its appearance, and one might, by superficial examination, have a wrong impression of its nature. Its history and defined border indicated that it was not malignant; but in order to determine its true nature, he had asked Prof. Hadley to make microscopic examination of it, which, being very carefully conducted, showed it to be fibrous in character. It might then be regarded as a specimen of fibrous tumor of the orbit, a form of disease described by all authors upon orbital tumors. He thought malignant growths, having their origin in, or first appearing from the orbit, the most common, as he had met with several cases. The fatty and fibrous growths were also occasionally met by surgeons, but it was by no means a common site for either of these growths.

The amount of vision which would be present, or that the globe would fully return to its normal place, could not yet be determined; a few days, however, would settle both these questions.*

Dr. ABBOTT remarked upon the rarity of such growths, and the various points of interest in the case, approving of the plan of leaving the eye to return to its normal position, or, if found necessary, to remove after its necessity was fully apparent.

Dr. MINER then presented an eye which he had enucleated for sympathetic ophthalmia. It was removed from a gentleman from

* The globe at the present time, ten days after the operation, has resumed its natural position. The exact amount of vision has not been noted, but he says "he can see objects distinctly," and that he could "make his way in the world with that eye alone." The cornea is now fully covered with the lids, and its transparency is being rapidly restored.

North East, Pa., who had received a blow two months before, immediately destroying vision. The globe had softened and sensibly atrophied, and been the seat of a low form of inflammation, in all its tissues. The healthy eye had become also the seat of a very low form of inflammation, which had not greatly impaired the motions of the iris, or perceptibly changed the structure of the retina.

The injured eye was hopelessly lost, and all effort was now to be directed to the protection of the sound one. Photophobia, lachrymation, slightly changed iris, and dimness of vision were symptoms too indicative of sympathetic inflammation to be neglected, and the importance of removing the injured eye was urged upon the patient. He said he had too frequently and too recently urged upon the members of the society the importance of early recognising and properly treating such cases, to make it proper to again present the subject in such detail as its importance would otherwise demand, he would, therefore, only show the condition of the enucleated eye, and suppose that "a word to the wise would be sufficient." Upon section of the globe (now hardened by having been placed in equal parts of alcohol and water for twenty hours), may be seen the changes which the injury produced in the organ. The vitreous body had changed into a thin straw colored serum, the globe was thus softened, and atrophied. The pupil was closed by inflammatory products, and there was a very extensive effusion of blood between the choroid and retina, separating these two membranes throughout nearly their entire extent. A moment's observation of the enucleated globe would show the propriety and absolute necessity of its removal to preserve unimpaired vision in the healthy eye.

Adjourned.

WM. C. PHELPS, *Secretary.*

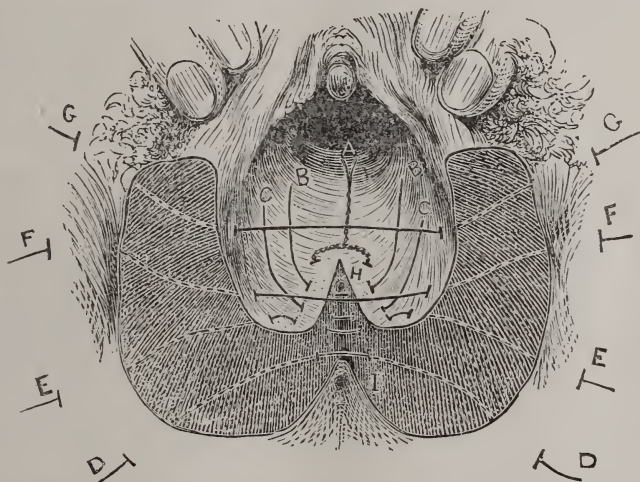
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ART. III.—*Operation for Complete Laceration of Perinæum.* By
C. C. F. GAY, M. D., *Surgeon to the Buffalo General Hospital.*

Laceration of the perineum is complete when the recto-vaginal septum to a greater or less extent is destroyed. It is complete when the laceration is so great as to throw the rectal outlet and

the vaginal inlet into one cavity. I have endeavored to represent in process of repair the appearance of the parts after this injury in the accompanying diagram. The cut represents the recto-vaginal septum torn through, leaving the anus obliterated.

I, represents the normal location of the anus, but now, after the rupture, if the parts are examined by the fore finger, it will be found necessary, in order to find an opening into the rectum, to glide the finger along the rupture upwards, for an inch or two inches, when an opening will be felt, which might be mistaken by the inexperienced for a fistulous opening through the vaginal walls, but this is the outlet now of the rectum. Its location I have represented in the diagram by a point made at *H*.



This laceration is a most serious injury of parturition, and while it cannot always be avoided by the most careful accoucheur, it may always be mended by the skill of the surgeon.

Before the operation, the bowels should be well evacuated by a dose of castor oil.

The patient, anaesthetized, lies upon the back, in position for operation for lithotomy. An assistant upon each side the patient supports the limbs with one hand, and with the fingers of the other hand keeps open the labia.

The end of the left fore finger of the operator, with its palmar aspect upwards towards the uterus, is thrust into the opening of

the rectum, for the purpose of holding the parts to be denuded of mucous membrane tense. Sharp pointed scissors makes the best instrument to use for denuding the bowel portion, and no difficulty will be experienced in readily preparing a raw surface upon either side the fissure, and which should rise up to a point a half inch or more above the point of opening into the bowel, with three eighths or one half inch of denuded surface on either side.

This accomplished, the next step in the operation is to denude the labial portion; for this purpose either the scissors or knife may be used. The scar of the lacerated surface will serve as guide somewhat in scarifying; and in scarifying it is better to begin below, so as not to be embarrassed by the dripping of blood from above. More tissue should be removed than the line of the cicatrix would call for, or extended over a greater labial than the original perineum, and the width of raw surface should measure one half inch at least. A greater width would be desirable.

In denuding the opposite side, the parts should, from time to time, be brought together, to see that both are equally pared, so that the coaptation of scarified surface be perfect. The next step in the operation is to bring the parts together and secure them with silver wire. The diagram will give a better idea than I can convey in any other way, of the manner of introducing the sutures. No quill sutures, as recommended by Baker Brown, or Dr. Gross, are required; neither is it necessary to divide the sphincter, as recommended by these gentlemen.

In the accompanying diagram the granulated surface represents the surface scarified.

A, the first suture, passed and twisted near the mouth of the uterus; *B* and *C* sutures passed, but not twisted. *D* the first perineal suture passed along the edge of the anus.

E, near the same, or first suture; *G* and *F* cross from one side of the vagina to the other.

The dotted lines show the continuation of the sutures within the tissues. The sutures should not be twisted tightly, but only sufficiently tight to coaptate the parts; subsequent swelling of the parts will tighten the sutures; they should, therefore, be but loosely twisted, or, more properly, I should say, the surface should be loosely brought together. The vaginal sutures, after twisting, should be

turned upwards, in the direction of the axis of the vagina, left about one inch long, and the end mashed, so that they may not injure the surface of the vaginal walls. The perineal sutures are left about the same length.

The latter may be removed about the eighth day after the operation; the former should remain eighteen or twenty days, and can best be removed by the aid of vaginal speculum. After the operation, the knees are held loosely together by a bandage, cold water dressings applied to the wound, and the bowels constipated by just sufficient opium to accomplish this purpose, and should not be allowed to move for eight or ten days. The use of the rectal tube is quite important, as it enables the flatus to escape without passing between the wounded surfaces, and thus tending to prevent union. The urine should be drawn off by the catheter.

Miscellaneous.

A Lady on Lady Doctors.

TO THE EDITOR OF *The Lancet*.

Sir,—I notice in several papers advertisements to the effect "that Mrs. Henry Kingley will supply ladies with forms" for an appeal to Parliament for the admission of women to the medical schools.

Now, judging from the opinion of every lady with whom I have ever spoken upon the subject, I should say it would be more probable that applications for these "forms" would be numerous if the "appeal" were exactly the reverse of what it is.

Conscious of some presumption on my part in attempting to appropriate any but a very small portion of your valuable space, and even with some misgiving as to a lady correspondent being admissible in your pages at all, I wish to concentrate as much as possible what I have to say on the subject. Setting aside more uninviting views of the matter, there are several strong reasons against the creation of female M. D.'s.

No woman, in any dangerous crisis calling for calm nerve and prompt action, would trust herself in the hands of a woman.

Physically, women are not fitted to be doctors, for this very coolness and strength of nerve are wanting, or, from the constitutional variations of the female system, at the best are uncertain and not to be relied upon. Morally, women are not fitted to be doctors, because they cannot (even the best of them) hold their tongues. Who can forbid to the fair doctress, that one dearest friend, to

whom, "in confidence," the interesting case of Mrs. M. or Mrs. N. could be duly "talked over;" and in process of time communicated to every lady within a radius of several miles?

With the weightier reasons against the admission of women to the medical schools I am almost afraid to deal; there is something repugnant in even the discussion of them. But all honor to those gentlemen who boldly defend for women the modesty and delicacy they seem incapable of defending for themselves.

There are many curious questions which might be put as to these proposed fair practitioners.

Are they to be vowed vestals? or is their being condemned to a state of single blessedness taken to be *cela va sans dire*, because no man would care to try to make them change it? Character might be irreprouchable, but there is such a thing as *virginité de l'ame*, and it is a purity men love.

But granting (as we must) the privilege of matrimony to these aspiring ladies, how then? Under certain resulting conditions, what is to become of the patients? Is a nursing mother to suckle her babe in the interval snatched from an extensive practice? or is the husband of "the qualified practitioner" to stay at home and bring up the little one with one of those "artificial breasts," so kindly invented to save idle and selfish women from fulfilling the sweetest and most healthful duties of maternity?

A man's *home* should be to him also a *rest*. Will it be much of this with his wife in and out all day, called up all night, neglecting the household management, and leaving the little ones to the care of the servants? I think not. Granted, then, that married doctresses will not answer, we have only the maiden students to fall back upon.

To think of single women studying the medical profession at our schools and colleges, having the *entree* to dissecting rooms, &c., &c., is, as a French surgeon remarked on a late occasion in his own hospital, "*vraiment un peu trop fort*." Will the few (*very* few I am thankful to see) medical men who advocate the system of lady doctors, be ready and willing to admit them to the friendship and intimacy of their daughters?

I would that some united impulse should actuate the whole medical profession in England to "stamp out," as they would some loathsome disease, this spirit of—what shall I say?—*indecenty* that seems running riot in the present day among women. I would that letters from ladies (?) on the Contagious Disease Act should be rigorously excluded from all papers, medical or otherwise, that women should be ashamed into feeling the degradation of such strange want of reticence.

As nurse in a sick room or in the wards of an hospital, woman is seen at her holiest and best work. The Queen visiting her sick soldiers at Netley is pleasant to us to think of. Eugénie in the cholera hospitals of Paris touches our hearts, more deeply than by all her grace, talent and beauty. Mrs. Gladstone cheering and com-

forting the poor sufferers in the London Hospital—among all the claims a position like hers must entail, finding time to read to the blind, to aid and assist any good work among the sick poor, and to spend hours in the wards among the sick and dying—this makes us think of her, though we never saw her, as one worthy of all reverence and love; nay, the humblest sister of mercy, doing her work faithfully and well, claims our peculiar respect and reverence.

Let women then be nurses, tenders of the sick, free from the very faintest taint of prudery or affectation in anything and everything that comes in their way when helping and sustaining the sufferings of those around them; but let there be a line beyond which they shrink from treading.

We, the wives and mothers of England, do not want any change. Nothing can, by any possibility, exceed the kindly care, the scrupulous delicacy, the thoughtful consideration of medical men in our hours of anguish and danger. "The doctor" is our best friend, and with him all is held sacred, even the little tempers displayed to himself, in the impatience of suffering.

I am, Sir, your obedient servant,

MATER.

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Poisonous Effects of Carbolic Acid.

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The *Edinburgh Medical Journal* says: Professor Bardeleben found that when externally applied in surgical cases, carbolic acid was absorbed, and acted poisonously in about one case out of ten. This poisonous action was revealed often so early as the second day, by a peculiar effect on the urine, which, pale at first, became gradually darker on standing. No albumen was present in the urine, but the patients lost appetite and strength. He recommends as a substitute the sulphocarbolate of zinc, first employed by Wood. Mr. Lister states that he has never observed the peculiar dark urine since the paste was replaced by the lac plaster.

Dr. J. Wallace applied carbolic oil (1 to 8) to an abscess connected with morbus coxæ, in a child aged five. In about two months' time it was remarked that vomiting and dysphagia invariably followed each dressing, and on examining the urine, he found it to possess a dark smoky tint, very similar to the appearance of the urine in bad scarlatinal nephritis. Nitric acid added to the boiling urine threw down a heavy dark precipitate. No trace of albumen. This deposit of pigment invariably appeared after each dressing with the carbolic acid, and disappeared again in a few days. A fortnight after the above symptoms were noted, he adopted Prof. Lister's most recent method of carbolic dressing by oilskin, coated with dextrine and shell lac, and carbolic acid plaster; matters became more favorable, and the urine resumed its normal appearance. (*British Medical Journal*, April 30th). Dr. Lightfoot, in the same

Journal, reports a case in which alarming symptoms, resembling those of pyæmic poisoning, clearly resulted from the application of a weak aqueous carbolic lotion (1 to 50). The symptoms were developed three successive times when the lotion was employed, and gradually subsided on its removal. Vomiting was dangerously severe, so that the patient's life was almost despaired of, but the urine was not darkened in color. Numerous observers have recently met with cases of poisoning in connection with the use of carbolic acid, and it is very necessary to observe caution as to the too free external use of this agent. The *black* or darkened urine, which is the most constant symptom, has been shown to occur in an equally marked form, whether tar, or some colorless preparation of it be the agent employed. The exact cause of the coloration is still an open question, but it is at least probable that the coloring matter is not derived from the blood. The constitutional disturbance is sometimes very grave, and seems to bear some connection with different forms of solution of carbolic acid, the lac plaster appearing to be the safest, while a weak watery solution, freely used, apparently involves the most risk.—*Medical and Surgical Reporter*.

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Nitrous Oxide Gas in Surgery.

Dr. Chas. J. Fox, in the London *Lancet*, for July, advocates the use of nitrous oxide gas in general surgery, for the following reasons:—

1. Its safety.
2. The rapidity with which anæsthesia, can be induced, viz., from 50 to 100 seconds.
3. The readiness with which a patient can either be kept for a prolonged period in the anæsthetic state, or, if the surgeon so wills, can be promptly and thoroughly awakened.
4. Because it is actually pleasant to the patient to inhale, and, therefore, much fright and mental distress is avoided, diminishing the danger of death by syncope.
5. Because recovery is usually bright, pleasant and complete, any after discomfort being extremely rare.
6. Because sickness has never, to my knowledge, occurred during the administration of this anæsthetic, and but *rarely* afterwards.

He uses the gas in the form of a solution, known as "Coxeter's Liquid Gas."—*Michigan University Medical Journal*.

Air in Wounds.

Mr. SKEY expresses very reasonable doubts of the injurious influence of atmospheric air in wounds. In the case of compound fractures, he attributes the slowness of the healing process, and other untoward symptoms, rather to the laceration and contusion of the structures than to the admission of air; adding that in operations for empyema and hydrothorax, he has never made any attempt to exclude air, and quoting one case in which he and the late Dr. Todd intentionally admitted air enough to take the place of six pints of serous fluid, without the slightest evil result.—*Medical Gazette*.

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The Action of Urine on the Tissues.

Professor G. Simon, *Deutsche Klinik*, has made experiments on this subject. He remarks that it has been a dogma in surgery, that urine, whatever may be its reaction, has a destructive action on tissues not protected by an epithelial covering. He injected subcutaneously in rabbits pure acid urine. It was absorbed without any apparent bad effect. Operation wounds, moistened with fresh urine, healed by primary intention. When ammoniacal urine was injected, even though it had been filtered, abscesses were formed, and the skin over them became gangrenous. In view of these results, the gangrene which appears so rapidly in cases of infiltration of urine, must be ascribed to the mechanical action of the fluid driven forcibly among the tissues, so as to tear or compress the blood-vessels. In plastic operations on the urinary or sexual organs, therefore, it is unnecessary to leave a catheter in the bladder, so long as the urine is acid, whilst such operations should not be performed, if possible, when the reaction is alkaline.—*Medical Press. Dominion Medical Journal*.

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A Simple and Efficient Substitute for the Stomach Pump.

Prof. John T. Hodgen states (*St. Louis Med. and Surg. Journ.*, July, 1870) that about a year ago he had a case of stricture of the œsophagus, so narrow that his patient could not swallow even liquids. "To sustain life I resorted to a small stomach tube (a gum catheter, in fact); as a means of injecting liquid nourishment; to this I fixed the elastic tube of one of Davidson's syringes.

On one occasion the vessel containing the liquid happened to be higher than the patient's stomach, and I observed while the syringe was not being used, that the liquid continued to flow into the stomach—the action being that of a syphon. I at once, to test the

syphon, substituted a simple elastic tube for the syringe, and found the stomach could be as readily emptied as filled. Thus I conceived the idea of using a syphon instead of a stomach pump, and have used the same in a case of poisoning, recently, with the most complete success.

I attach four feet of india-rubber tubing to a stomach tube, fill both with water, by simply dipping it into the liquid, end first, then compressing the elastic tube between the thumb and finger, to keep the fluid from running out; introduce the stomach tube; lower the outer end of the elastic tube, and the contents of the stomach pour out as readily as if from an open vessel. When the fluid ceases to flow, I dip the outer end of the tube beneath the surface of water, elevate the vessel containing it, and the stomach is soon filled; lower again the outer end of the tube, and the stomach is emptied. This can, of course, be repeated as often as is necessary.

The advantages claimed for this simple contrivance are, that it may be almost always improvised, is of speedy and easy application, has no valves to become obstructed or deranged, and is less expensive than a stomach pump.

The same principle may be applied in injecting fluid into the bowels, as indeed it has been for injecting into the bladder, uterus, and vagina."—*Medical News*.

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Rectal Diagnosis in Women.

Rectal diagnosis subdivides itself at once into a three-fold group: namely,

1. The diagnosis of disease strictly rectal;
2. The diagnosis of rectal disease as originating, aggravating, or otherwise modifying uterine disorder; and
3. The diagnosis of rectal disease as the result of outlying pelvic or pelvi-abdominal lesions.

For every one of these groups, and in every instance, a direct digital examination is absolutely indicated. It should never, under any circumstances, be dispensed with.

1. The diagnosis of disease strictly rectal. For the examination of the rectum, as is well known, a variety of instruments have been employed. These have been, in the main, of two classes,

a. Dilators, two, or three, or many-branched, and dating back to a great antiquity; bronze instruments of the kind indicated having been found in Roman excavations; and,

b. True specula, of metal, or of silvered glass; these also being sometimes several-bladed.

The latter of the above classes is that most frequently employed at present. Of the several forms of instrument, Fergusson's is in the possession of almost every surgeon, and by every one, so far as

I know, it is considered indispensable in practice.

I trust I shall not be considered an idol-breaker, or an enemy to our useful coadjutors, the instrument-makers, when I say that, for purposes of diagnosis, I have long since thrown the anal speculum aside, and this no matter what its material or form. For examination of the rectum in men, the speculum is required; for examination of the rectum in women, this is not the case, and under some circumstances, just as obtains with the vaginal speculum in reference to uterine disorder, it is worse than useless, as tending to divert attention from more important points than those striking the eye.

Let me explain what I have said respecting the non-necessity of the anal speculum in women as compared with men.

By passing the finger into the vagina, and pressing it backward and downward over the levator ani, the rectum can be everted through its sphincter, like the finger of a glove. This can ordinarily be done to a very great degree; it can always be done to a certain extent. Should the sphincter be unusually irritable, and spasmodically contracting with violence when touched from below, or thus from above, it can be forcibly distended by the thumbs, and temporarily ruptured, as I am in the habit of doing in such cases; the procedure above indicated thus becoming easy. We can in this manner ascertain the presence of chancre or chancroid, the character of polypi, the extent and number of internal hæmorrhoids, the position of the inner orifice in fistula, etc., with far greater certainty and alacrity than by the speculum, or can be done in the male, while the mere eversion process, provided rupture of the sphincter is not necessary, is attended by very little pain.

So far as I am aware, this suggestion of rectal eversion for diagnosis, though so simple and so effective, is an original one. It may, however, be very familiar to some of my readers, and may have been mentioned by writers. In this matter of method, every old procedure is new to many minds, or has been forgotten, and every new suggestion seems but the rediscovery of something already well known. All that I can say about it is, that I have practiced this measure for many years, that I have shown it to a great many physicians who have been present at my examinations and operations, and that none of them ever saw or heard of it before. Eversion of the recto-vaginal septum through the vulval orifice, by pressure from within the rectum, is partially possible, and a modification of it is familiar to those accoucheurs who are accustomed to hasten a foetal head delayed at the outlet, by a finger within the mother's anus; and to some gynecologists, who have had to remove a tight fitting foreign body from within the vagina, or a three-winged intra-uterine pessary from within a nullipara. In the latter instances, one great advantage of this procedure has been by the finger in the rectum, to fix the body to be removed, and prevent its rotation during attempts at its direct grasp. The same effects have been sought, with the addition of preventing their escape upward,

toward or into the sigmoid flexure, in the case of foreign bodies within the anus, by digital pressure upon the rectum from within the vagina. Mr. Clay, of Manchester, lays much stress upon this procedure, and withal urges caution, lest by thus pressing downward, the sphincter ani should be ruptured. I shall hereafter show that this is precisely what should be sought rather than avoided in such cases. These it will be perceived are different procedures from the rectal eversion from above, for diagnosis, that I have described, which in practice will be found alike effectual and gratifying, and equally so, in many cases, during operative interference. Regarding rupture of the sphincter ani, where indicated by forcible distention, I shall speak hereafter, merely premising that, to Van Buren, after Récamier, we are indebted for certain of the indications of this very valuable, and at times indispensable, proceeding.—H. R. STRONG, M. D., in *Am. Journ. Obstetrics*.

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Autoplastic Treatment of Severe Burns.

In the service of Prof. Gosselin, at the Hospital of the Charity, has been, for the last six months, a man about forty years of age, who had the whole of his right leg severely burned about two years ago, for which, at that time he entered a hospital, and remained for six months. There being left a wound, about five inches long and one wide, which would not heal, he was then sent to Vincennes, where there is a hospital for men, convalescent, from all the hospitals of Paris. Having remained there a month or six weeks, and feeling strong, he resolved to leave the hospital and begin work. The little wound, still remaining open, now began to enlarge, and finally became so troublesome that the patient sought aid from Prof. Gosselin. This celebrated surgeon, from the beginning of last October till the middle of March, tried everything possible to make the wound heal. He finally gave up in despair, telling the patient he must leave the hospital, as he could do nothing for him. One of the internes of the service then proposed to try the autoplastic method, but in a new way. This latter consists in taking, with a lancet, little pieces of the patient's skin, or of another person's, and putting them on to the wound, where they soon begin to granulate, and around them the skin begins to grow, forming, as it were, little islands of true skin in the midst of the wound. The pieces of skin taken are not larger than the heads of two or three pins taken together, and just thick enough to cause a little bleeding of the part from which they are taken. I examined this patient's leg this morning, and found that the large exposed surface is nearly covered with true skin; and in a very short time he will be completely well, and out of the service. The patient said he felt nothing in the wound. All goes perfectly well.

In doing this little operation, which is certainly much to be recommended, care must be taken that the cut surface of the skin is placed on the surface of the wound, and there maintained with a strip of diachylum till it has formed a union with the part. The ordinary dressing may be placed over the adhesive strip of plaster and rest of the wound.

The interne, who appears to be the originator of this process, informed me that he had healed, in this manner, several wounds which had been considered hopeless. Prof. Gosselin has given him three or four patients in his private practice to treat, on whom he had been long uselessly trying to heal their wounds.

I saw, two days ago, Prof. Richet, ordering the same treatment for one of these indefinite wounds, result of a burn. He, also, has been trying for months to make the wound heal, and at last gave it up. Being told of this new treatment, he resolved to try it.

It is almost needless to state that, before applying these little pieces of borrowed skin, the wound should first be brought into as healthy a condition as possible; that it would be useless to apply them while the suppuration is very profuse.—*Paris Cor. Chicago Med. Jour.*—*N. Y. Med. Jour.*

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Dr. T. CLIFFORD ALLBUTT writes to the *Lancet* in earnest advocacy of the open-air treatment of disease, more especially as regards the management of typhus. He states, that while in charge of the Fever Hospital, at Leeds, his experience led him to increase ventilation, until at last the windows were nailed open, so that during a winter epidemic of typhus, "the nurses had to wear bonnets, or other head-coverings, and the breezes played freely about the beds." The mortality was greatly lessened, and there were no pulmonary or other internal complications. Dr. Allbutt regards the open-air treatment as of more importance than that by cold water. "It probably acts somewhat similarly, and it is easy of management, while the cold water system presents almost insuperable difficulties in extensive hospital practice."—*Med. Gazette.*

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Hydatids in Bone.

At a meeting of the Berlin Medical Society, Dr. Kuster related, with full details, a case of echinococci in bone. The patient was a laborer, of twenty-two, who fractured his humerus, about the middle of the shaft, when twelve years old; good union took place. About ten years afterwards he was knocked down by a bull, and suffered a fracture of the same bone, just above the condyles. A plaster-of-Paris apparatus proved of no avail, a second was not more successful, and he was sent to the hospital. The surgeons at

first considered that the former bandages had not been sufficiently tight; rubbing of the ends of the fragments was effected, and the arm and shoulder well secured. This first dressing turned out fruitless, as also did two subsequent ones; and Dr. Wilms, who had charge of the case, resolved to use ivory pegs. The gimlet, with the slightest effort, sank freely into the bone, and pus issued from the opening thus made. The idea of inserting pegs was therefore given up, and the arm kept quiet. Feverishness and severe swelling ensued, and Dr. Kuster was obliged to make two lateral incisions, which freed some pus and peculiar-looking membranous shreds. These turned out to be portions of hydatid cysts. A drainage tube was then inserted, and on each dressing vessels of echinococci were discharged, varying in size from a flax seed to a goose's egg. This escape of hydatids lasted about four weeks, when both echinococci and pus disappeared. The limb was now attacked with erysipelas, at the termination of which the ends of the fragments remained bathed in a sanious fluid. Soon afterwards the elbow joint inflamed, and unmistakable symptoms of pyæmia set in. Dr. Kuster now disarticulated the limb at the shoulder-joint. On an examination of the part, an extensive purulent infiltration of the intermuscular cellular tissue, up to the shoulder, was discovered. A large sac, full of pus, surrounded the ends of the ununited fragments. In this pus, cysts, varying in size from that of a cherry to a nut, floated about. In the surrounding muscles, about twenty small cysts were detected, some the size of a pin's head, others as large as peas, and everywhere a communication with the principal purulent sac could be made out. The author states that no case of hydatids in *muscles* have been recorded since Dupuytren observed them in a case of hydatids of the humerus. On making a longitudinal section of the bone, the medullary substance was found to have been destroyed, a complete vacuum being observed in its stead. Such a case shows plainly how we may be far from the mark when we attribute non-union to some defect in the constitution, to malposition, to imperfect treatment, to a piece of membrane or muscle between the fragments, &c., &c. Dr. Kuster has taken the trouble to collect the cases of a similar nature scattered in books and periodicals. He finds only 21 or 22, one case being doubtful. Tibia, 5; cranium, 4 (1 doubtful); spinal column, 3; pelvis, 3; humerus, 3; femur, 2; phalanx of finger, 1. In five there was fracture; non-union, of course, ensued, but there had mostly been some swelling of the bone, which broke on the slightest provocation. In most cases there were no symptoms leading to the suspicion of hydatids. The case of Messrs. Dickenson and Crompton is quoted (where is it consigned?) where a girl broke her humerus by a fall on the staircase; non-union was treated by a seton, and the pus contained hydatids. (Could not the latter have been found in the pus independently of the fracture?—*Med. Centr. Zeitung*, April 2nd, 1870).—*Lancet*.

On the Reproduction and Reunion of Divided Tendons.

By M. DEMARQUAY.

From the researches of M. Demarquay, it results that neither the blood, nor the plastic lymph, nor the blastema, which have been in succession invoked as elements of reparation, play the part that has been attributed to them.

From these researches the following conclusions have been derived :—

1. That the tendon is regenerated by the proliferation of the elements which are found on the internal surface of the sheath of the divided tendon, the two ends of which are retracted.

2. That the external portion of the sheath remains perfectly indifferent during this phenomenon, except it be that the vessels which it supports become more voluminous and increase in number.

3. That the proliferation which takes place on the internal surface of the sheath takes place at the expense of the cellular elements of this part, which at the end of the eighth or tenth day become confounded with the cellular elements springing from the extremity of the divided tendon.

4. That the regeneration of the tendon is so much the more rapid as the sheath of the divided tendon is more vascular; in fact, while the tendo Achilis is repaired by the twentieth or twenty-fifth day, the ligamentum patellæ requires a more considerable time.

5. That the phenomenon which constitutes the reproduction of tendon is, in all points, conformable to that which takes place in the reproduction of bone from periosteum, a phenomenon which has been well studied by MM. Flourens, Ollier and Sédillot.—*Half Yearly Abstract.*

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Notes on the Dematophytæ.

The part played by fungi in causing disease is daily becoming more clearly recognised. Few now deny the vegetable nature of many cutaneous diseases, but as may be expected there are still very various and conflicting opinions in our modern school of dermatology. For example, no less than four dogmas are held to be indisputable by their various supporters, which may be divided, as correctly remarked by a reviewer in a late number of the *Glasgow Medical Journal*, into—1st. Those who agree with Erasmus Wilson, in denying altogether the parasitic nature of the so-called fungus, and, instead, hold the belief of a granular or phytiform degeneration. 2nd. Those who, like Hebra, consider that a parasite may occasionally be present, when it is an accidental complication. 3rd. Those who, with Tilbury Fox, believe that the cause of these diseases is the presence of a fungus, the differences ob-

served in the appearances of each affection being due to the state of the growth of the cryptogam, soil and patient's constitution. 4th. Those who, with M'Call Anderson, think that soil and constitution have little influence upon the growth and development of the parasite. Every one has noticed the low forms of vegetable growths to be found on old bread, cheese, ink, books, &c. This fungus is known as the *Penicillium Glaucum*, and has certain analogies to another, the *Botrytes Bassiana*, which frequently attacks the silk-worm, producing the disease called *Muscardine*. The most favorable condition for the growth of these, as of all other fungi, is the presence of damp. Another circumstance favorable to their development, is the presence of a certain quantity of oxygen, which they readily absorb, giving off carbonic acid. It is a fact worthy of note that the vegetable moulds assume various forms, according to the localities and circumstances in which they are placed. For example Dr. Tilbury Fox placed a hair taken from a patch of tinea circinata in sugar and water, when it was observed that after a few days the spores become larger, and linked together after the manner of the achorion *mycelium* (favus); and he further informs us that "favus has been known to spring up in a patch of tinea circinata, and a clue to a proper explanation is afforded by the fact that the fungus takes on an active state of growth and sprouting from a favus cup. We must look for an explanation of the differences between the varieties of tinea, not so much in differences of fungus as of soil and seat upon which they grow." Any one engaged in a large cutaneous practice must have observed, especially on the body, the occasional occurrence of tinea circinata and favus. I have met with three such cases during the last two years, the notes of which have been published. I may, however, briefly mention that in one case, that of a boy, aged seven years, admitted February 8th, 1868; tinea circinata existed on the neck and chin. In the centre of one of the rings, which were all fading, there were several well-marked favus cups. On the chin the disease had assumed a tubercular character: the affection on this part, if covered with hair, would probably have been called sycosis parasitica.

Many cases similar to the above have been recorded, and we must consider the occurrence together of the two diseases to be more than a mere coincidence. Mr. Law, professor of Veterinary Anatomy in Cornell University, when residing in Belfast, experimented upon some rabbits with the fungus taken from an apple, upon which the achorion had been transplanted. Mr. Law at the same time was experimenting on the inoculation of rabbits with tubercle, and, strange to say, it was only on two of those which had become tuberculous that the fungus flourished. Of course many failures took place before this desirable end was accomplished. The part where they had been inoculated, the inside of the ear, became, after some time, from one week to three, red and scaly, and took on the appearance of tinea circinata. Suffice it to say, that on microscopic examination, some of the scales and hair taken therefrom,

first treated with liquor potassæ, and then with ether, showed numerous sporules. By this simple experiment, we can easily account for the occurrence of favus in mice and cats. The mice during their rambles come in contact with a fungus, most probably the *Penicillium Glaucum*, growing on old wood, for instance. In the natural state of affairs, they are caught by the cat, which then becomes attacked in turn, always on the fore paws and face, owing to the manner in which they kill their prey. I have seen a little girl with favus on the arm, owing to nursing a cat similarly affected. Dr. Purser, of Dublin, has published a case of tinea circinata occurring in a female, who contracted the disease from a cat, the subject of favus on one of her paws. No doubt the ordinary forms of "ringworm"—viz., tinea circinata, tonsurans and sycosis are due to the same parasite, the trichophyton tonsurans. This fact is conceded by all parties, and Dr. McCall Anderson groups these diseases together in his last edition on Parasitic Diseases, under the name, tinea trichophytina. If we take a step further, and acknowledge the achorion to be a more natural form of the trichophyton, growing on a more favorable soil, I think that we will not be far from the truth. The researches of Tulasne and de Barry, quoted by Dr. Tilbury Fox, have "contributed to the establishment of the doctrine of polymorphism, which implies that one fungus may pass through a cycle of development, and in its different stages give rise to many different forms, originally regarded as distinct species."—*Journal of Cutaneous Medicine, Sep.* 1870.

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Special Diseases from Mental Strain.

According to B. W. Richardson, M. D. (*Am. Jour. of Insanity*) diseases following upon mental shock or strain, are divisible into two classes. There is a *primary* class in which the mental shock stands out as the direct and only cause of the malady, and there is a *secondary* class in which the mental shock or strain appears only to increase or exaggerate symptoms of disease which pre-existed.

In the first class the diseases produced are the same as those which sometimes follow upon the receipt of physical injury to the nervous centres. The most distinct forms of disease of this nature with which he is familiar are, diabetes, paralysis (local or general), intermittent pulse, and arterial relaxation with arterial murmur. Diabetes from sudden mental shock is a true type, a pure type, of a physical malady of mental origin.

The class of cases where the symptoms due to nervous mischief are secondary, include, according to his views, syphilis, some chronic eruptions on the skin (psoriasis especially), cancer, epilepsy, and insanity itself.

Thus the symptoms of tertiary syphilis will recur on venereal excess, without any introduction of new venereal poison; thus eruption on the skin will recur from nervous shock; thus cancer

so frequently shows the first signs of its presence in mental anxiety ; and in two cases of persons predisposed to epilepsy, the first seizure was clearly traced to mental prostration.—*Med. Record.*

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Experiments on the Absorbent Power of the Bladder.

Physicians and physiologists are by no means agreed on the power of absorption possessed by the mucous membrane of the urinary bladder. While some assert that the excrementitious substances of the urine would constantly be carried back to the circulation if this absorption took place, others deny this fact. M. Beclard asserts that the fluids contained in the excretory reservoirs (the urinary and biliary bladders) are in the process of absorption. We should remember that the epithelial lining membrane of these viscera consists of stratified layers of pavement epithelium, which is less easily traversed by fluids than the simple membrane of the serous cavities, Nevertheless a slight absorption takes place in these organs. The morning urine, which has remained a part of the night in the bladder, is of a darker color than the urine of the day, and also than that which has been passed after taking fluids.

Recent experiments of Bert and Joylet confirm those of M. Ségalas, and demonstrate the fact that the bladder, in health, rapidly absorbs certain substances introduced into it. A solution of strychnia, one part in one hundred, was carefully injected into the bladders of several rabbits, causing their death at the end of four minutes, although a few milligrammes only of the salt had been introduced, and a part of this had been removed by injections of water on the first appearance of symptoms of poisoning. Autopsy showed that the mucous membrane of the viscus remained healthy. Injections of a solution of atropia did not kill the animal, or sensibly diminish the pupil.

The possibility of causing certain substances to be absorbed by the healthy bladder offers a therapeutic resource of considerable importance ; in cholera, for instance, where medicine cannot be absorbed by the stomach and intestines, advantage can be taken of the circumstance that the bladder is habitually empty, for the injection of certain solutions which experience has shown to be absorbed. During an epidemic of cholera, M. Brown Séquard injected into the bladder of several patients laudanum and alkaline carbonates, and he was convinced that these substances were absorbed in considerable amounts. Experiments of a similar character have been tried in Germany and Italy.—*L'Union Med. Med. and Surg. Journ.*

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The Therapeutics of Chronic Constipation.

Dr. J. K. Spencer, of Bath, England, in a paper upon this subject contributed to the *Medical Times and Gazette*, says :

The plan which I propose comprises four therapeutics factors; (a) minute and frequent doses of watery extract of aloes, very rare-ly of extract of colocynth; (b) a dose of sulphate of iron (gr. jss or ij) always combined with each dose of the direct aperient; (c) regulation of the diet; (d) constitutional exercise. I have to write chiefly of factors (a) and (b). The quantity of extract of aloes, in all but extraordinary cases, should not exceed one grain. It is conveniently given in the form of a pill. With this pill there should always be mixed a dose of sulphate of iron varying from one to three grains; this is the essential point of the treatment. any other tonic of the neurotic kind cannot supply the place of iron; for the purpose I am now relating, iron is not only *facile princeps*, but is not interchangeable by anything else. Extract of nux vomica may be added, if the prescriber pleases, as an ornamental appendage or as a means of blending the other constituents together; and belladonna is a remedy of definite auxiliary power, but both these drugs, *quoad* constipation of the bowels, are uncertain or unsatisfactory, and rarely do permanent good. I begin, then, by desiring an adult patient to take a pill composed as above three times a day, immediately after the principal meals. He is cautioned that at first there will be probably no apparent effect, and that two or even three days may pass before any medicinal evacuation of the bowels takes place, perhaps even then difficult and discomforting. But within the next forty-eight hours there will be most likely an evacuation of the bowels once, or possibly twice in the day; *but nothing approaching to purgation ought ever to be permitted*, and therefore the patient must be instructed, on the occurrence of the first loose motion, to withhold a pill, and to take only one in the morning and one in the evening. He then continues for a time his morning and evening pill, and is pleased to discover that so slender a medicament has such a decided effect. Not improbably, at the end of another week or fortnight he is compelled, by the same reason as before, to drop another pill, and the same result is now brought about by one pill daily, as was originally produced by three pills. Within another month, he may reduce his allowance of medicine to a single pill once or twice a week; and, finally, his whole scheme of medical treatment becomes merely preventive in its design and scope, and he takes a pill occasionally for the sake of maintaining health and warding off old troubles.—*N. Y. Med. Jour.*

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Amputation during Anæsthesia with Chloral.

Dr. Noir (of Briude, France,) has published in the *Gazette des Hôpitaux* of December 23, 1869, the case of a man aged sixty-four, suffering acutely from osteosarcoma of the leg. The patient was very anxious to have the limb taken off; and, as a trial, he took about sixty grains of chloral, dissolved in two ounces of simple syrup, at 8 A. M. Up to nine o'clock, he frequently made efforts at

vomiting, and had defective vision ; after this came violent excitement, which lasted two hours ; he then fell asleep, and soon was so insensible that he could be moved about without waking. This sleep lasted about an hour and a half, and the patient, on coming to his senses, said he felt very well, and asked for food. Pain had of late deprived him of sleep, and he was overjoyed to have had some rest.

Two days after this, the man took seventy-five grains of chloral at eight in the morning, and was uncomfortable for two hours, when he fell into a deep slumber, and underwent amputation of the leg without moving or uttering a sound. After being placed in bed, the patient sank into an alarming coma for one hour ; after which, on waking, he was seized with violent delirium and severe vomiting. These fearful symptoms lasted about seven hours, when the poor man passed into a state of complete prostration, and recovered his senses ; but did not recollect anything of what had passed, and could hardly speak or move. He took some beef-tea, had a sleepless but quiet night, and the next day all the effects of the chloral had passed off.

Dr. Noir remarks that, in this case, delirium, prostration, and coma, were so alarming that it would be imprudent to use chloral as an anæsthetic in operations if further experience prove that these dangerous symptoms regularly present themselves. There can however, be no doubt, he adds, that insensibility was complete during the operation.—*Lancet*, January 1, 1870.

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Subcutaneous Division of the Thigh-Bone.

Subcutaneous surgical practice has made a remarkable advance during the present month. In the latter part of November a man was admitted into the Great Northern Hospital under the care of Mr. Wm. Adams, with ankylosis of the hip-joint, the result of a rheumatic fever suffered seven years ago. The limb of the patient being so deformed as to be utterly useless, Mr. Adams determined to make a subcutaneous division of the neck of the thigh bone, within the capsular ligament. He performed the operation on the 1st of December, piercing to the bone with a long small knife, and dividing the bone itself with a fine saw. The leg was brought, immediately after the division of the neck of the bone, into a straight position, and fixed into a long splint, and the case has progressed with not one bad symptom, and the wound has closed without any inflammatory action or suppuration. The splint has been removed, and the man can move the thigh to a limited extent. Whether motion of the limb can be preserved remains to be proved, and, if it cannot, the limb will be transferred from a useless to a useful condition ; but the great value of the case is that it establishes as a fact the possibility of performing so important an operation subcu-

taneously, and without an untoward symptom as a result. The operation will be a mark, in the year now nearly over, of the triumph of subcutaneous surgery.—*Lancet*.

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Animal Quinine.

Mr. Jabez Hogg, in his pamphlet on cataract, informs us that "the extraordinary rapidity with which the nutritive processes are carried on in the body is beautifully exemplified under certain conditions in the refracting media of the eyes. Dr. Bence Jones found that a small dose of lithium in the course of a few minutes passed through the circulation into every part of the body, even into those parts most distant from the central blood supply. The living eye gives the earliest indication of the presence of this remedy. When sulphate of quinine is administered like lithium, and other substances, it rapidly passes from the blood into the textures of the body. Within a quarter of an hour, increased fluorescence is noticed in the nervous texture, in the aqueous humor and in the lens. This observation led to the discovery that a substance resembling quinine is always present in the animal body. It is believed that this animal quinine is descended from albumen, and doubtless is an alkaline fluorescent substance of the utmost importance in the animal economy."

Editorial Department.

Local Causes of Disease.

WE have been observing the prevailing diseases of Buffalo for the season thus far as a test of the generally received hygienic laws which are supposed to govern the health of cities. Sewerage exposed to evaporation during the hot season, street and out-house accumulations, and similar decomposing and offensive sources of atmospheric contamination are now universally believed to be fruitful sources of disease, and as we have had the most favorable opportunities for testing the soundness of this opinion, during the past few months, it would be proving ourselves untrue to hygienic science if no record is made of the observation. The sewerage of nearly one-half of the city has for years passed through an uncovered canal extending for a mile or more in the very heart of the city. For the past season the offensive smell from this canal has been generally perceptible over a considerable portion of the more thickly settled part of the city, while in those parts immediately contiguous it has been almost insufferable; the atmosphere hardly capable of sustaining animal life.

Believing that facts would certainly support our hygienic theories, we naturally looked for the visitation of a plague that should depopulate all that portion of the town and extend its ravages to citizens who resided elsewhere but

were doing business near the plague spot. Mankind can live and be healthy in the vilest places, inhaling continually the most offensive and disgusting vapors, or a great number of our people are, have been, or will be sick. We *must* be sick in Buffalo, very sick indeed, or must re-write our principles of hygiene, either of which is attended with serious objections. The question then hinges upon facts and the inquiry is made: Has the effluvia of said canal produced any noticeable and manifest disease? Has it increased the usual death rate, and have the inhabitants of this portion of the city suffered any more from disease than other and apparently more healthy portions of the city?

From personal observation we believe typhoid fever more prevalent than usual, but we look for the official record of diseased, and the observation of others to determine whether the great fountain of all uncleanness has really been productive of any disease whatever. The general and unusual prevalence of typhoid fever cannot probably be attributed to this cause, since cases are as common elsewhere as in the immediate vicinity. Has it been productive of diarrhœa or dysentery or any other form of disease? What have the profession to say about it?

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Lectures in the Bellevue Hospital Medical College.

The Faculty of the Bellevue Medical College have secured the services of Professor James P. White, M. D., of Buffalo, as Lecturer upon Obstetrics and Diseases of Women and Children, and Clinical Midwifery, for the coming session, rendered necessary by the illness of Professor George T. Elliot, M.D., the incumbent of the chair. With the view of not interfering with the course of lectures in Buffalo, arrangements have been made by which Professor White's course will be given in New York, commencing October 13th, to be completed in time to commence his usual course in Buffalo, December 26th.

In making this announcement, we are able, at the same time, to say that Prof. White has already assured the Faculty of the Bellevue Hospital College, that nothing but death could take him permanently from Buffalo, so that his friends may rest satisfied that he will not entertain the idea of permanent removal. He has accepted this position, which, in its bestowment, is as high a compliment to his professional standing and attainments as this country could offer, from regard to the wishes of his friend, Prof. Elliott, and other members of the Bellevue Faculty, with some of whom he has been previously and very pleasantly associated in teaching.

We most heartily congratulate the Bellevue Medical College in obtaining the services of so able and distinguished a teacher. He may go with them, for we know he will "do them good." All we ask is, that they use him carefully and return him safely. He is the "Nestor" of the profession in Western New York.

Complimentary to the Albany Medical College.

WE notice with surprise and disgust the following paragraph going the rounds of the Albany daily papers. If it was written by any of the well-wishers of the Institution, we think the Faculty might properly unite in prayer that God would "save them from their friends:"—

"THE WORLD MOVES.

LIBERALITY OF THE ALBANY MEDICAL SCHOOL—FRATERNIZATION OF ALLOPATHIC AND HOMŒOPATHIC PHYSICIANS.

The Hon. Ira Harris delivered the opening address at the college yesterday morning. The address was noble and interesting, and we were pleased to see many homœopathic physicians in attendance. Mr. Harris is a firm believer and patron of homœopathy, and fills a chair in the college. It is indeed gratifying to know that the barriers which have hitherto divided the two schools of medicine are being removed, and to see our college taking the initiatory step towards such a desirable achievement. We believe this is the only allopathic medical institution in this country that possesses views sufficiently liberal to allow any of the chairs to be filled by men who firmly and practically believe in the homœopathic doctrine. It is also pleasant to know that several of the trustees of the college are firm believers in homœopathy."

The Albany Medical College has been "kept before the people" for the past year to a remarkable degree; its history has been recorded, its struggles published, and its beauties shown with wood-cut illustrations, so that nothing can be more obvious than that its attractions have been presented to the popular view, but we cannot suppose that facts would warrant the above scandalous and disgraceful libel upon its previous good name and character.

Professors Quackenbush, Vanderpool and Mosier have resigned their professorships in this college, it is said, partly on account of conditions imprudently expressed in this newspaper item. If it is true that the Albany Medical College is in part homœopathic, and that such worthy and honorable men as those who recently resigned connection with it, did so from unwillingness to associate with, or in any way encourage such quackery, then we hope the next issues of the daily press will announce the general facts, and if they please, illustrate with original device, the union of rational medicine with the absurd and exploded dogmas of homœopathy.

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Buffalo Dispensaries.

There seems to be an active competition in the Dispensary business in Buffalo, a new competing line being now under consideration. If the entire medical business of the city should hereafter be conducted through this system, it would not be so great an innovation as might at first thought be supposed.

All our profession have, during the entire history of the town, kept open, at all hours of the day and night, a "free dispensary," where all who asked it were gratuitously prescribed for and carefully attended; and most of the members of our profession have furnished gratuitously from the present dispensary all medicines required by patients asking to receive them. Poor people have been, and now are, able to select their own physician, and receive both his services and necessary medicines gratuitously. We cannot see what further advantages they can desire, unless they are to receive pay for taking the medicines when thus furnished. Neither can we see any adequate advantages to be received by physicians, since patients who obtain the services of physicians gratuitously, when poor, when fortune changes avoid them, and prefer others who have not known them in the time of want. Indeed patients rarely prize services for which they pay nothing; they generally regard them as worthless. Physicians sometimes complain of their lot, and represent the business as unremunerative, arduous and thankless. True and strange if it were otherwise. Our charities are too numerous. We value our services at too low rate; we give our advice in many instances to those who, rather than follow it, go elsewhere and pay liberally for that which is really worth less.

We would suggest the indefinite expansion of our present institution, and an addition to its medical staff of all physicians willing to serve, with offices, at numerous stations, and urgent invitations to all to call early and take advice.

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Items, Selections and Remarks.

BY W. W. MINER, A. B.

Dr. G. C. S. Choate has resigned his position as Superintendent of the State Lunatic Asylum, at Taunton, Mass., and Dr W. W. Gooding, of the U. S. Hospital for the Insane, at Washington, has been appointed to the same.—Dr. Alexander Russell Simpson, nephew of the late Sir James Y. Simpson, has been appointed his successor in the chair of Obstetrics at the University of Edinburgh.—Rokitansky has recently been elected Corresponding Member of the Academy of Sciences of Paris. The names of Lebert and of Donders were also considered at the election.—Dr. Luther Parks has retired from the editorship of the Boston Medical and Surgical Journal, and Dr. Francis H. Brown is his successor.—Prof. Hamilton has resigned the chair of Surgery at Long Island Medical College, and Prof. Alpheus B. Crosby, of the University of Michigan is appointed to that position.—Prof. W. T. Lusk, of Long Island Medical College, has been appointed to deliver the course of lectures on Physiology at Harvard Medical College, the ensuing Winter.—Sir William Ferguson, Bart., has been elected President of the Royal College of Surgeons, London.—The New York State Hospital for Diseases of the Nervous System,

situated at the corner of second Avenue and St. Mark's Place, New York City, was opened to the public in July. Drs. Hammond, Vance, Flint, Elliott, Wood, Sayre, and Cross, constitute its Board of Medical Officers. It is desired that this institution shall be entirely a gratuitous one and connected with it, is to be an out-door service in which patients are treated at their homes. No incurable cases are to be admitted to the Hospital. The Trustees, in a circular addressed to the public, state that the cost of the yearly support of one bed is estimated at \$350, and contributions of permanent funds by individuals, are earnestly desired.—A Pathological Laboratory has been opened at Bellevue Hospital where students may receive a thorough course of instruction in Pathological Anatomy and Histology. The instructors are Drs. Janeway, DeLafield, Lusk, and Buck.—A call has been issued by the regular practitioners of California for a meeting at San Francisco, October 16th, for the purpose of re-organizing the State Medical Society.—A Hospital for Diseases of Women is to be erected in honor of the memory of the late Sir James Y. Simpson; and it is to be planned in accordance with the views Prof. Simpson lately expressed respecting the arrangement of a hospital system.—A work entitled "Ovarian Tumors, with special reference to Ovariectomy," by Prof. E. R. Peaslee, M. D., is soon to be published by Appleton & Co.—The fourth German edition of Prof. Billroth's Lectures on General Surgical Pathology, has been translated by Chas. E. Hackley, M. D., of New York, and is about to be issued from the press of D. Appleton & Co.—Prof. Wm. A. Hammond has written a work on "Diseases of the Nervous System, which is now in press.—A work on Epilepsy, by Prof. Echeverria, of New York, is soon to appear.—I r. J. C. Dalton's work on Physiology and Hygiene, has been translated into French.—Dr. N. S. Davis, in his address before the Medical Journal Association, states that of the thirteen or more medical periodicals now being published in the United States, only thirteen have been published more than a single decade.—Dr. Loebel, of Vienna, in a patient suffering from dyspnoea in pericarditis tapped the pericardium and removed about three ounces serum, which afforded great temporary relief. Hydrothorax soon supervened and on the twelfth day he made a second puncture and removed an equal amount of fluid. The patient, sixty-eight years of age, died the next day and hydrothorax was found on both sides, but the pericardium contained very little fluid and no traces of blood or lesion of the heart itself could be found.—The well-known gynecologist, Dr. Gunning S. Bedford, died in the early part of the present month at his residence in New York City.—Dr. Syme, of Edinburg and one of the colleagues of the late Sir James Y. Simpson, has recently died.—Sir James Clarke, physician to the Queen, died in London, June 20th, at the age of eighty-two.—The death of Prof. Albrecht Von Graefe, the distinguished ophthalmologist and one of the brightest stars of the profession, occurred at Berlin in the latter part of July.—James Copeland, M. D., F. R. S., widely known as the author of the "Encyclopædic Dictionary of the Medical Sciences," died at London, July 12th.—German papers say that in New York, in the case of a criminal

who appeared to be insane, chloroform was given and the feigned character of the insanity became apparent.—Prof. N. S. Davis, of Chicago Medical College, announces that female matriculants will no longer be received at that institution, since that, “although the ladies were well treated by the young men, and no serious difficulty occurred, yet the patients objected to appearing in the clinic before mixed classes.—The Royal College of Surgeons, London, has decided to recognize certificates of medical education from the schools of medicine in New York, Boston and Philadelphia.

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A New Medical Journal.

We have received, from J. B. Lippincott & Co., publishers, the first number of the “*Medical Times*,” a semi-monthly Medical Journal, containing sixteen double-columns quarto pages of reading matter. The publishers announce a very formidable list of contributors, embracing the names of many very well known physicians of Philadelphia, and other cities, and the first number fully answers the highest expectations of the projectors of the enterprise.

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Archives of Ophthalmology and Otology.

We have received the No. 2 of the Archives of Ophthalmology and Otology. This number, as the first, contains many valuable original contributions to Ophthalmic and Aural surgery. Many of them are also most beautifully illustrated with chromo-lithographic plates and wood cut illustrations. The following is the contents of the second number:—

Purulent Otitis Media, caused by the Nasal Douche, and accompanied by Double Hearing.—By H. Knapp, of New York. The Influence of Spectacles on the Optical Constants and Visual Acuteness of the Eye.—By H. Knapp. Large Cyst of the Iris, cured by operation.—By H. Knapp. A Case of Extirpation of a Canceroid Growth of the Inner Canthus and Eyelid.—Blepharoplasty by Sliding Flaps.—By H. Knapp. On the Measurement of the Prominence of the Eye.—By P. Keyser of Philadelphia. A New Form of Wire Snare for the Removal of Aural Polypi, modified from that of Wilde.—By C. J. Blake, of Boston. Report of a Case of Detachment of the Choroid from the Sclerotic, after an Operation for Cataract, with Partial Loss of Vitreous Body.—By George Reuling, of Baltimore. The use of Acetic Acid in Affections of the Conjunctiva and Cornea.—By B. A. Pope, of New Orleans. Anæsthesia of the Cornea, and Concurrent Diminution of the Action of Atropia on the Iris.—By J. S. Hildreth, of Chicago. Contributions to Physiological Optics.—By B. A. Pope of New Orleans. Recovery of Complete Nervous Deafness.—By S. Moos, of Heidelberg. Melanotic Sarcoma of the Ciliary Body and

adjoining Choroid.—By H. Knapp. On the Pathology of the Vitreous.—By H. Pagenstecher, of Wiesbaden. Injury of Left Eye; Sympathetic Ophthalmia of the Right; Loss of Vision in the Eye secondarily affected: Vision retained in the Injured Eye.—By Thomas R. Pooley, of New York. Serous Accumulations in the Tympanum.—By S. Moos. On the Mechanism of the Ossicles of the Ear.—By Albert H. Buck of New York. Historical and Critical Remark concerning the Deafness following Meningitis Cerebro-Spinalis.—By S. Moos. Sudden Hemorrhage into the Right Tympanum, accompanying Angina Diphtheritica. Protracted Recovery.—By S. Moos. A Case of Idiopathic Diphtheria of the External Meatus.—By S. Moos. Cysticercus Intra-Ocularis.—By J. Hirschberg, of Berlin. Granulation Tumors of the Iris.—By J. Hirschberg, of Berlin, and Dr. Steinheim, of Bielefeld. Do the eyes perform any Rotation on the Optic Axes in Lateral Inclinations of the Head.—By Joseph Aub, of Cincinnati. The Mechanism of the Organ of Hearing.—By H. Kaiser, of Dieburg. The Diagnosis of Intra-Ocular Sarcomata.—By O. Becker, of Heidelberg. A Preliminary Notice on the Anatomy and Physiology of the Eustachian Tube.—By S. Moos. Explanation of Plates. General Alphabetical Index of Volume I.

Books Review.

Da Costa's Medical Diagnosis: third edition. By J. B. LIPPENCOTT & Co., Philadelphia, 1870.

It is quite unnecessary for us to speak in detail of the excellencies of this work, which is now so favorably known, and thoroughly appreciated by the profession. The modestly author speaks of it as designed to furnish advanced students a guide that might be of service to them in their endeavors to discriminate disease. While it is admirably calculated to do this, it is yet, if possible, better suited to the wants of the active practitioner, neither burdened with unnecessary minuteness, or wanting in precise and practical knowledge.

The third edition is revised, extended and improved, but still the progress of the art will not permit of many important additions in the short time which has elapsed since its first appearance. This is a work which has every where been received with great favor, and has thus passed very early to third edition. It is unsurpassed in its style, matter and method, and is really as comprehensive and complete as the science of medicine will at the present time permit.

Medicine and Morals: An Address before the Onondago Medical Society, at Syracuse. By J. A. MOWRIS, M. D.

Dr. Mowris is fearfully abusive of the speculum, and those who use it. From his account it does appear that Syracuse is pretty thoroughly speculated, but we think the Doctor carries his war too far. There may be dishonest Doctors who speculate for money, and for all the other purposes he mentions; but when he

writes the following paragraph he shows some personal hatred, not born of love to science or humanity. We think, after reading the paper a second time, that it contains some truth, but it cannot be said to be impassionate.

“Those medical gentlemen who seem to fancy that the circulation of the speculum was the chief end of their creation, have seemed impatient to know to what extent I endorse their hobby. I would prefer to define my position on this point in a *paper* rather than in a paragraph, but that they may have no further pretext for misrepresenting me, I will briefly explain.

The Uterine *Speculum*, I believe, was invented in the interest of medical science. I *know* that there are cases in which the instrument is valuable as a means of diagnosis. In the same time concerning the *Specialty* I as firmly believe that its *cultivation* never was conducted by clean hands, that *practically*, if not *inherently*, it is the *child of corruption*, the most *illusive, insidious, and effective demoralizer of the present day*; that it needlessly deflorates the virgin, favoring her ruin, or, escaping, it brings her nuptial bed under the cloud of unjust and cruel suspicion.

Aye sir, and *more* than this, it has become to the WIFE—to her who alone of all her sex, is commissioned for that consigning embrace which lights the lamp of the soul, to *her* it has become the extinguisher of maternal affection. On a former occasion I characterized it the rampant Herod of the nineteenth century. Let me now, sir, be just to the ancient dead. The jealous king came with that merciful instrument, the sword, which did *not* debauch woman—which, while indeed it laid low the innocents, left woman uncorrupted, unpolluted, untouched. For amid the desolation, thank Heaven! there yet was Rachel, in the sublimity of true motherhood, weeping for her children, refusing comfort.

Sir, the Uterine Specialty is no common evil. It subverts the foundations of civilization, and pollutes the fountains of public virtue. Its direct antagonism to the spirit and design of our high calling is too conspicuous, too flagrant to escape the reproof notice of the profession. The vital question is inevitable. It urges itself on the mind and judgment, aye, sir, and better still, on the *conscience* of every physician present.

Shall we longer suffer this scourge to devastate under the banner of our beneficent profession?”

Fluid Extracts.

We have received specimens of Fluid Extracts, from G. W. Hazeltine, manufacturing chemist and pharmacist, Jamestown, N. Y., which appear to be unsurpassed for purity and excellence. We believe that Jamestown and vicinity can safely and profitably rely upon home manufactures, and believe that the earth furnishes nothing better.

The Preventive Obstacle, or Conjugal Onanism. By L. F. E. BERGERET. Translated from the French by P. DE MARMON, M. D. TURNER & MIGNARD, 109 Nassau Street, N. Y.

This appears to be a truthful and well written book, setting forth the dangers and physical evils of sexual frauds. As this whole matter of sexual connection is now being published freely, in all forms, it is doubtless much better to make the truth available rather than shut it out, thus giving error and inconsistency the whole field.

This work is designed for the profession, but cannot fail to reach the popular eye; if so it will be an instruction and a warning.

Life at Home: or the Family and its Members. By WILLIAM AIKMAN, D. D. SAMUEL R. WELLS, New York, 1870.

We are not much accustomed to reviewing "Family Books," yet finding so much in this work to commend, and little to oppose, we conclude to say of it, that it is *first rate*, that it contains the true principles of love and good will; that it warns, instructs, encourages, strengthens, and protects the "life at home." So far as we are able to judge of a series of discourses upon marriage, husbands, wives, children, etc., etc., they are instructive, and well adapted to the family circle.

On the relative action of Calomel in disease. By FREDERICK D. LENTE, M. D., Coldspring, N. Y.

This is a paper read before the Dutchess County Medical Society, in January last, and consists of a very well written argument for large doses of calomel, twenty to sixty grains, frequently repeated, in the treatment of dysentery and croup. The safety and efficacy of the plan is shown by well reported cases, from which it appears that calomel is really the only reliable medicine in these and similar diseases, and is capable of affording relief after all other plans of treatment have failed. Its beneficial effects are attributed to a "sedative action this drug in large doses has upon the system."

Report upon the best methods of treatment for different forms of Cleft Palate. By WM. R. WHITEHEAD, M. D.

We have perused this paper with considerable care, for many surgeons believe that Staphylorrhaphy is an operation so difficult to make in many cases, and in all, or nearly all, so uncertain in its results as to scarcely merit trial.

This report illustrates most beautifully the *best* methods, and is certainly very interesting and instructive; it will do something towards encouraging renewed trial.

A Statement of the Case of the People against Elisha B. Fero. By CHARLES H. PORTER, M.D., Albany, N. Y.

By this "statement," Dr. Porter makes a very valuable contribution to medical jurisprudence. He also shows how important it is that physicians, when called as witnesses, give a rational reason for their opinions. When they turn advocates, or become partizans, they are out of their natural elements.

Pathology of BRIGHT'S disease. By WILLIAM B. LEWIS, M. D.

This is a most instructive and valuable lecture upon the pathology of Bright's disease, and is illustrated by wood cuts, showing the microscopic appearances very satisfactorily. The student of the microscopic pathology of venal diseases will be deeply interested in the paper; indeed all general practitioners of medicine will be instructed by a careful perusal.

Physiological action and therapeutic uses of "Acidum Phosphoricum Dilutum." By JUDSON B. ANDREWS, M. D.

This paper is an attempt to demonstrate the physiological action of phosphoric acid, by the traces of the sphygmograph. It is an ingenious and instructive paper, and well worth perusal.

Three cases of imperforate Anus, with remarks. By J. H. POOLEY, M. D., of Yonkers, N. Y.

Dr. Pooley reports three very interesting cases of imperforate Anus, with the operations made for relief, which terminated favorably in two of the cases, while the third, from its nature and extent, proved fatal. His remarks upon the nature and modes of treatment are correct and sensible.

Books and Pamphlets Received.

The Practice of Medicine. By Thomas Hawkins Tanner, M.D., F.R.S. Fifth American, from the sixth London edition, enlarged and thoroughly revised.—Philadelphia, Lindsay & Blakiston, 1870. Received through and for sale by Breed, Lent & Co.

Constitution and By-Laws of the Medical Society of the district of Columbia, with the Act of Incorporation and List of Members.—Washington: W. H. Moore, 511 Eleventh Street.

A Guide to the Examination of the Urine.—By Dr. Wickham Legg.

BUFFALO
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No. 3.

Original Communications.

ART. I.—*Proceedings of Medical Societies.*—*Report of Committee on New Remedies, to the Muskingum County, Ohio, Medical Society for October, 1870.* By Z. C. McELROY, M. D., Zanesville, Ohio.

Veratrum Viride as antidote for over-dose of Opium. Possibilities and impossibilities in therapeutics; flooding the system with tepid water as a therapeutic measure, with report of case; changes in the telluric forces and results in organic life, &c., &c.

One of the most noticeable announcements of a new use of an old remedy during the past month, is that of Veratrum Viride in large doses, for over doses or so-called poisoning from over doses of opium. This use of Veratrum is, however, only backed up by one clinical case. Yet it is an empirical fact that opium is the so-called antidote to the so-called poisoning of Veratrum Viride; and, *cæteris paribus*, they must be mutually antidotal. They both operate by diminishing the velocity of chemical changes in the tissues. Opium generally without elimination, and Veratrum Viride in large doses with very active elimination. The number of deaths, recorded and unrecorded, from opium are legion; while no solitary record of a case of death from Veratrum Viride has been found after very careful search of text-books and medical journals. And these facts cover explanations of the *modus operandi* of many so-called poisonous agents. Deaths are in several instances recorded from Aconite and Gelseminum, agents which retard motion, or chemical changes in the tissues, without elimination. Death from chloroform, and all the so-called anæsthetics, are far too numerous, and will most

likely and unavoidably occur from chloral, for like reasons, that it is not followed by elimination.

The very frequency of sick stomach following the administration of opium, and more particularly in cases with so called idiosyncrasies forbidding its use, is the exact reason why deaths from opium are not more frequent in general practice. Looked upon ordinarily as a calamity, it is rather the surety that fatal results shall not follow its use under these circumstances.

The recognition that there are in practical therapeutics, probabilities and improbabilities, possibilities and impossibilities, will do something towards evoking order out of existing confusion; for these have an undoubted existence in any scheme of scientific medication. No impossibilities have ever been recognized by the profession in any age, though impossibilities are numerous and prominent. The possibility that every form of so-called disease will ultimately be controlled and cured by therapeia is, perhaps, very nearly universally recognized by the profession at the present moment; though disappointment have closely followed practice and experiment for twenty-five centuries.

Thus, any claim set up that a particular medicine, or plan, or scheme of medication has ever cured a case of so-called fever, must be regarded as doubtful; even in the so-called periodical fevers, for relapse, after so-called cures is the rule, to which, however, there are occasional exceptions. The power to interrupt the phenomena of periodical fevers possessed by Quinia, and certain other agents, as arsenic, no one acquainted with the facts will question, or doubt; but the immediate return to so-called health is the exception and not the rule, circumstances being equal in all cases. The admission of improbabilities and impossibilities as factors in practical therapeutics will get rid of a vast amount of needless medication, some of which cannot be otherwise than damaging. Fixing some limitations to probabilities, and possibilities will go a long ways towards reducing practical therapeia to scientific order.

The law to which your attention was called in last month's report, that "function is form or structure speaking," is, so far as your Committee can see, as absolute as the law of gravity itself; and must be a prime factor in any scientific pathology. The number of so-called functional diseases or states, will ultimately be found

very small, if indeed, as at present understood, they do not wholly disappear before scientific scrutiny of structure. And the non-recognition of impossibilities and improbabilities by the profession is the foundation of the gigantic traffic in patent medicines in our times.

One of the most remarkable summaries for our guidance in the remedial management of any pathological state is that of Dr. Thomas Inman, of Liverpool, in the *Medical Mirror*, published in that city. Referring to Phthisis and general debility, he says his favorite formula is, "Keep the stomach for food; the rectum for physic; and the skin for oil."

The system of extra stomachic medication inaugurated by the hypodermic syringe, and lung inhalation, is still in its infancy, and will doubtless be extended to the remedial management of more states than consumption and general debility. Were it not for the prejudice in our own country against the use of rectal syringes, a very large amount of discomfort and actual pain could be wholly avoided, reference being had to the so-called pathological states of the genetalia, of both male and female. A really good hypodermic syringe, skilfully used to relieve pain, is rarely objected to by any person, after the first time it is used. A flexible rubber syringe is kept in my own water-closet, with a jar of water, all the year round, save in freezing weather; and hardly a day passes during which it is not used;—result, no piles, constipation, or any of their sequelæ in my person.

Your attention is invited to the use of tepid water, which, for the want of a more suitable name, I designate "flooding the system with water." Its purpose is to fill the blood vessels, quicken the circulation, and all the molecular operations of the body, and as it were, washing out of it effete matter. Its use may be illustrated by the following case, treated since our September meeting:

September 7.—Mrs. Mosgrove, aged 28, mother of three children: A delicate woman in every respect; has been under treatment for a week or more for general debility, using agents increasing motion in the interest of repair; but is still almost without appetite, and has to force into her stomach most of what she does eat, against her taste in the matter; has had backache and headache a great deal; complains of great weakness, and is now sick at the stomach. Her

color is not good; pulse small and theady; surface cool; pupils large, temperature barely natural; is pale and careworn; face wrinkled and dry; but she is up most of the time caring for her family.

My conclusion was that she had not fluids enough in her body to carry on the molecular changes necessary for her to feel well. The ideal may be differently expressed by saying that her blood was too thick to circulate. I told her to bring me a pitcher of warm water, holding two quarts, with a tumbler and slop-bucket. She promptly brought a two-quart tin pan as full as she could carry it, and a pint bowl, and then inquired what I was going to do with it. On being told that it was for her to drink, and that she could drink this pan, and another full, despite her bad feelings, she burst into a laugh, and declared she never could drink one bowl full. I remarked cheerily to her that she would be surprised at how much she could drink, if she tried, and would be more surprised and gratified at the relief she would get from it. The first bowlful was swallowed with much difficulty; the second more readily, and no further trouble was encountered in getting all of the first panful down, which was something more than three pints. Her pulse rose in volume considerably during this time, and she felt uncomfortably full. Noticing that her clothing fitted closely, she was requested to remove it, which she did, and felt more comfortable. The second panful, at her request, was made quite warm, and after some delay it was all swallowed, the total quantity something over three quarts. About two pints were returned by spitting out mouthfulls, and partial vomiting during the time. All the time she was taking it she was urged not to vomit it up. Her face had now become quite ruddy, and glowing with color, pulse full and bounding; sick stomach, as well as headache and backache, all gone; surface warm and moist. As it was near dinner time I left her, requesting her not to throw up any more if she could prevent it, but when the sense of fullness subsided, to eat her dinner, and to continue her medicine. She was not seen again till late in the afternoon of next day. On opening the door to admit me, she burst into a hearty laugh, and asked me if I had come to give her more water. In answer to my inquiries, she stated that a good while after I left her yesterday she threw up a great deal, felt better, eat a hearty dinner,

and had not felt so well at any time during the last five years as she had done since, and did not care a fig for any doctor that day. And her improvement has been permanent, for when last seen, near the close of September, she was quite well for her. I should have mentioned that the great bulk of the water retained appeared at the bladder during the night.

This is by no means a solitary case. Your whole time at this meeting could be occupied in detailing cases more or less similar.

My mental conceptions leading to this use of water are, that the body is like the physical world in the midst of drouth, and flooding it with water is followed by the same delightful effects as rain in the physical world. And bearing this idea in the mind, but little difficulty can be encountered in determining when it is indicated as a therapeutic measure. And as a measure so potent for good, without any danger of doing mischief, it is the peer of Chloral, Chloroform and the hypodermic syringe.

Your Committee desire to call your attention to the remarkable disturbance of the telluric forces accompanying, and succeeding the storm of wind and rain on Friday afternoon, 9th Sept., ult. The effects of this disturbance began to be felt in organic life within three days, and by Thursday, 15th, a very large proportion of our population were more or less affected; some by what they called bad colds; sneezing, coughing, and large discharges from the mucous surfaces. In others, by sore throat, swelling of the glands about the neck, preceded by chilliness, and followed by mild febrile paroxysms, with headache, slight nausea, or positive sick stomach, capricious appetite, fetid breath, and in many instances bowel complaint with bloody discharges, particularly in children. In others, rheumatic pains about the back and loins, muddy complexions, and more or less fever. In others, again, erratic pains about the chest, asthmatic difficulties, with more or less difficulty in breathing. In other cases, again, eruptions on the cutaneous surfaces, or abscesses, more particularly in children, and in some children phenomena closely resembling cholera infantum. The disturbances of the reparative processes were very conspicuous, and the amount of discomfort in consequence very large.

More than half the people, of all ages, with whom I came in contact on the 19th, 20th and 21st days of the month were

more or less unwell from one or more of these several results. Not many were confined to the house, or bed; and comparatively few of the total number disabled sought professional advice, though a good many sought relief from domestic remedies of various kinds. I suffered severely myself with the catarrhal phenomena, had frequent sneezing, some sore throat, cough and fever. I could neither read nor study, with any comfort, though my appetite scarcely failed me, except that I wanted dainties and knick-knacks, rather than good wholesome protoplasm. The only death occurring in my practice during the past season, took place on Friday evening, 16th ult., hastened as I believe by these changes in the physical forces, though probably not due to them wholly, for the patient was under treatment for the sequelæ of scarlet fever, and was in a very precarious state with unfavorable prognosis.

A very brilliant display of the aurora borealis occurred on Saturday evening, the 24th. The 22d and 23d days of the month were unusually warm, the thermometer ranging between 80° and 90°. But after the aurora the temperature sunk down, ranging between 70° and 80° the remaining days of the month, with a noticeable increase in the disturbances of organic life, and particularly of periodic types. Some rain fell on the 26th, 28th, 29th and 30th. Fires in houses became very comfortable during many of these days.

These disturbances of the physical forces and organic life are facts, and facts having some relation to each other beyond all doubt; for they have been thus recognized and accepted as cause and effect from the remotest antiquity; but they have remained unexplained until our own times. More conspicuously now than ever before is man, or the physical body of man, studied through the things of earth which lead up to it; and a very recent writer* declares that whoever does not do so, "will enter in a labor which, if not a sorrow to himself, will assuredly be sorrow and vexation of spirit to others."

There were not wanting, however, in the not very remote past, far-seeing men, who obtained mental glimpses of what science now demonstrates in this connection. Thus, Mulder, a German physiologist, declared, half a century since, that material, form and

* Maudsley, *Gulstonian Lectures*, 1870.

function were the unities of organic life, and were always and inseparably associated. Accepting this as true, and science demonstrates it physically now, there was still a mystery in regard to function. But modern science clears this up by showing that force is stored up in the organs and tissues themselves; that function is performed at the expense of substance; that for each mechanical result, as the heaving of the chest, contraction of the heart, or other muscle; or for each act of vision, hearing, touch, taste or smell; or for each emotion, as loving, hating, etc.; or for the maintaining of the temperature at, above or below the normal standard; or for each chemical metamorphosis of food through any of its stages to solid tissue; or each act of intellection there is, for each, and all, changes of matter; that is, for each act of a living body, portions of complex matter have been reduced to simpler chemical states; and finally, that for the evolution of any life phenomena, physiological or pathological, matter must be worked up with a definite form; and chemical changes must take place in the molecular structure of the form, as an indispensable condition for the performance of a function; and as form is changed or lost, so is function, and in any given case, to the extent of the change or loss, forever suspended.

Function is, then, form or structure speaking, and is therefore the basis of all pathology. Is function annihilated, as in the case of vision; then the molecular form of the eye has been lost. Is it changed; then behind the change, alterations of molecular motion or form will be found. Studying the human body through the things of earth which lead up to it, the results of the changes in the physical forces, culminating in the storm of Friday, 9th Sept., become intelligible. Were organic forms or structures interfered with? Let the account of changed functions submitted to you a few moments since reply. Let the increased mortality in our midst since then, and it has been very large, have its due weight in forming conclusions. Stated differently, the earth sickened, and its organic life sickened with it. Nor were these influences confined to human life, nor animal life; they extended even to inanimate machinery. The foliage of the earlier deciduous trees prematurely fell, so that many of them only presented to vision naked branches, long before the close of the month. And the premature appear-

ance of the magnificent autumn tints peculiar to our forest trees are evidence that some unusual influences have been at work. And one of the superintendents in the large railway shops located here tells me that the press on them for repairs is greater now than at any time during the past year. Watches and clocks of the finest construction, which ran evenly with each other during the summer, present much variation in their seconds now.

But for the disturbances in the physical forces during the greater part of last month these things would not have occurred as they did and when they did. It would only be dodging the question to say that these changes were in consequence of the season. It is these disturbances in the physical forces which make seasons. Such a disturbance occurring in the middle of June, extending through a similar length of time, would occasion, in addition to these wide-spread and immediate results, a partial famine by arresting, or blighting vegetable growth, upon which all animal life is ultimately dependent for the material with which to construct their tissues.

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

BUFFALO, October 4th, 1870.

The meeting was called to order by the President.

Dr. George D. Slocum was duly elected a member of the Association.

Dr. Potter read the following:

BUFFALO, Sept. 26, 1870.

PROF. JAMES P. WHITE:

Having now assisted you in five cases of ovariotomy, I would be much pleased, with your permission, to report the same at the next meeting of the Buffalo Medical Association.

Respectfully your obd't. serv't.,

M. G. POTTER.

BUFFALO, Sept. 26, 1870.

DR. M. G. POTTER:

I have no objection to your reporting the cases of ovariotomy in which you have assisted me, if you desire to do so. The cases

referred to are in my second series of cases, the 12th, 13th, 14th, 15th and 19th. You will please so number them, and oblige

Yours very truly, JAMES P. WHITE.

CASE 12.—Acute multilocular ovarian disease; once tapped. Operation August 2, 1869, at Middleville, Herkimer County, N. Y. Recovery.

Mrs. A. T., Aet. 32; is the widowed mother of one child, now ten years of age. Until within the last six months she has been an unusually healthy and vigorous woman. In January, 1869, her abdomen began to increase in size at its lower portion, the enlargement being about central. This enlargement increased with great rapidity. On the 22nd day of May, 1869, it is said by Dr. Bushnell, of Little Falls, to be about the size of a "foetal head, and hard." At the date of the operation, about two months later, she is much larger than a woman at full term of pregnancy. In the meantime, viz.: on the 25th day of June, 1869, she was tapped, drawing off about eight ounces of fluid. Her general health was not much impaired until about the middle of March, when she had an attack of peritonitis, lasting two weeks. Two months later she suffered from a similar attack, having a similar duration. From this time forward her health has been gradually failing. She has a strong constitution, resolute will, is determined to get rid of her burden and to survive ovariectomy.

Diagnosis, Acute Multilocular ovarian tumor; a favorable case for operative interference.

Operation August 2, 1869, at Middleville, N. Y. Physicians present: Drs W. B. Schermerhorn, attending Physician, and Verner, of Middleville; Drs. Bushnell and Sharer, of Little Falls; Millington, of Poland; Davenport, of Herkimer; Walker, of Illion and Strong, of Westfield. The anæsthetic was administered by Dr. Sharer, anæsthesia being produced by chloroform, and maintained throughout the operation by ether. An incision $4\frac{1}{2}$ inches in length was made in the linea alba, through the peritoneum. An examination with the finger showed that the parietal attachments were not very firm. A presenting cyst was tapped, and through this opening another larger cyst was evacuated. The fluid from the smaller cyst was rather thick and of a lightish color, while

that from the larger one presented altogether a disintegrated and acrid appearance. It caused the hands of the operator to feel, for 24 hours, as if they had been immersed in a strong alkaline solution, and some of it, which was thrown into the yard, chanced to be eaten by some chickens, causing their instantaneous death. It is to be regretted that no particular examination was made of this fluid, as its absorption may have caused the failing health which characterized the case during the few weeks prior to the operation. The cysts having been evacuated, the adhesions were torn away, the tumor turned out, and found attached to the left ovary by a very vascular pedicle. The clamp was, however, applied and the pedicle slowly burned off with the red hot iron. Upon loosening the clamp no hemorrhage was perceptible. The abdominal cavity was then thoroughly sponged out; the pedicle returned, and the wound closed by deep sutures of silver wire and superficial sutures of silk. The usual bandage, consisting of several strips of adhesive plaster, each two inches in width and about four feet in length, was then applied and the patient carried to her bed with a pulse 98 per minute, two less than an hour before the operation. Time occupied, an half hour. Weight of tumor 35 pounds.

August 5.—Since the operation pulse has ranged from 100 to 120 per minute, regular and soft. Patient has been kept so well under the influence of opium that she has experienced no pain in the abdomen.

August 6.—Pulse 104 per minute; tongue clean; no abdominal pain; patient cheerful; kidneys acting well.

August 7-8.—Pulse 92 to 96 per minute; patient cheerful; superficial sutures removed.

August 9.—Pulse 120, soft and regular; strong inclination to evacuate the bowels, with considerable pain in the lower part of the rectum. This, upon examination, was found blocked up with impacted feces, which copious injections succeeded in removing, much to the relief of the patient; no abdominal pain.

August 11.—Pulse 120; bowels slightly tympanitic. \mathcal{R} Olei Ricini \mathfrak{z} ss. Silver sutures removed; union complete.

August 12.—Pulse 98; no tympanitis; tongue clear; no abdominal pain; urine normal.

August 18.—Pulse for the last four days 80 per minute; tongue

entirely clear; patient cheerful; no abdominal pain. "In fact," says Dr. Schermerhorn, from whose letters to Prof. White the history of the case after the operation, is taken, "Mrs. T. has a better looking tongue and a better pulse than she has had at any time during the last three months." Her appetite is good.

September 27, 1870.—In a letter to the writer, bearing this date, Dr. Schermerhorn says, that "Mrs. T. entirely recovered from the operation in four weeks, and has since been in almost perfect health."

CASE 13.—Multilocular Ovarian Tumor; strong adhesions; tapped six times; pregnancy existing. Operation September 16, 1867. at Batavia, N. Y.; miscarriage on the tenth day. Recovery.

Mrs. D., aet. 42, was born in Germany. She is the mother of six children, youngest 8 years old. Her menstruations have always been regular and normal. She has, for the most part of her life, been healthy, vigorous and strong. Four years since, in the summer of 1865, she began to have frequent headaches, and was at the same time afflicted with severe pain in the right side. Upon examination she discovered a tumor in the right lumbar region. Soreness was at all times present in this region, and not infrequently the pain there was excruciating. For some months the patient could not determine whether the tumor increased or not. At the expiration of a year, however, it became evident to her that it was slowly becoming larger. During the next year its increase in size was still more perceptible, when she applied to a medical gentleman for relief. From this time until the spring of 1869, Mrs. D. took various prescriptions from various physicians. The tumor enlarged quite rapidly. It began to interfere with respiration. It had given rise to several attacks of peritonitis, some of which had been quite severe. Until June, menstruation had been regular and normal. In June, 1869, she was first tapped by Dr. Ganson, of Batavia, 13½ pounds of a thin, aqueous fluid escaping. From this time until September, 1869, Dr. Ganson repeated the operation four times, each time removing about the same quantity of fluid; its color and consistency, however, varying considerable. At about the first of September Mrs. D. came to Buffalo for the purpose of placing herself under the care of a German quack, residing in the suburbs of the city. While there she became very

much worse and was induced to discharge the quack and apply to Dr. Tobie, who visited her on the 9th day of September and tapped her, but did not succeed in removing much of the fluid; he therefore advised variotomy. Accordingly, Prof. White was called upon.

Diagnosis: Multilocular tumor of right ovary. Operation at Batavia, September 16, 1869, at 5 P. M. Physicians present: Drs Tozier, attending Physician; L. Cotes, John Cotes, Benham, Clark and Ganson, of Batavia; Cleveland and Williams, of LeRoy; O. R. Croff and G. Croff of Bethany, and Tobie, of Buffalo.

The temperature of the room having been raised to 99° F., the patient was brought slowly under the influence of chloroform by Dr. Cleveland. Anesthesia was maintained, however, during the operation, as in all the operations for variotomy, by Prof. White, with ether. An incision four inches in length was made in the linea alba, and carried through the peritoneum. The parietal attachments were numerous but could be readily torn away. Three cysts were then in turn evacuated, which so reduced the tumor that it could be turned out and found attached to the right ovary by a long and very vascular pedicle. A small clamp was applied and the pedicle brought to the lower angle of the wound. The abdominal cavity was then gently sponged out, with as little interference as possible with the gravid womb. The wound was closed by four deep sutures of silver wire, and three superficial sutures of silk. The usual bandage was then applied, the patient carried to her bed and morphine administered subcutaneously. Time occupied, 30 minutes; weight of tumor, 37 pounds.

As consciousness returned, the patient experienced considerable pain in the abdomen, rendering the frequent repetition of the anodyne necessary. At 10 P. M. she has taken two grains of morphine since the operation, and the pain continuing the following was prescribed by Dr. Tozier, who assumes subsequent management of the case: Morphiæ Sulph. gr ss. every hour till sleep is produced. Pulse 120. ℞ brandy ℥ss every three hours.

September 17, 8 A. M.—No sleep during the night; pain diminished in severity; vomiting has occurred; pulse 114; brandy and morphia omitted. ℞ Bismuthi Sub. Nitratis gr.v every hour.

12 M.—Pulse 114; no vomiting since last night; brandy and morphia resumed.

8 P. M.—Pulse 136; has slept well.

September 18.—Pulse 126; tongue clear; takes nourishment well; brandy discontinued.

September 19.—Pulse 130, full and soft; no vomiting.

September 21.—Since last report, pulse has remained at 126 per minute; tongue clear; has passed a good night; adhesive plasters and a portion of sutures removed; union by first intention throughout the portion of the wound not occupied by the pedicle.

September 22.—Pulse 120; has slept well; retains nourishment; tongue clean.

September 23, 9 A. M.—All dressings and remaining sutures removed; union complete; plasters reapplied.

6 P. M.—Has had a chill; pulse 140; vomited three times during the day. She is given a subcutaneous injection of morphine, and ordered Quiniae Sulp. gr. ij. every four hours.

September 24, 9 A. M.—Pulse 142; has vomited many times during the night. The retching has burst open the wound, and considerable hemorrhage has resulted; wound again closed by silk sutures.

September 26.—Has vomited most all night; pulse 150, small; has had a slight passage from the bowels; miscarried at 4 A. M. with but few pains and little flowing.

September 27.—Condition much same as at last report; considerable tympanitis. From this date the patient continued slowly to improve, complete recovery, however, not taking place till two months after the operation. In the meantime she had considerable peritoneal inflammation, attended by an irritable stomach and more or less prostration.

November 11.—Patient about the house attending to her household affairs. Recovery established.*

CASE 14.—Multilocular tumor of left ovary. Firm adhesions. Operation October 25, 1869. Recovery.

Mrs. B., residing in Wallace, Steuben County, N. Y., first consulted Prof. White, July 26, 1869, in company with her son, Dr. Brasted. She stated that she was 57 years of age and the mother of 11 children, having given birth to the youngest at the age of 42.

* Since writing the above I learn from Prof. White that Mrs. D. died on the 27th day of February, 1870, after an attack of Peritonitis of four [4] weeks duration.

fifteen years since. She last menstruated at the age of 44. In the summer of 1868 she experienced considerable pains and tenderness in the lower portion of the bowels, which she attributed to the care necessarily bestowed upon her invalid husband. In July, 1868, she detected a small tumor in the left inguinal region. As the tumor increased in size the soreness increased in severity. She first consulted her family physician in February, 1869. From this time the tumor has given rise to a great deal of pain, and she is just recovered from an attack of peritonitis, effecting chiefly the right lumbar region. She has an ulcerated os uteri, with two polypi upon it. These are removed and local treatment administered to the ulcerated surface. She is now about the size of a woman seven months pregnant.

Diagnosis: Multilocular tumor of the left ovary.

September 26, 1869.—Prof. White received a letter bearing this date, stating that the tumor was rapidly increasing in size, and asking for its removal.

October 8.—Patient has just recovered from a second and much severer attack of peritonitis, and consults Prof. White in company with her attending physician, Dr. R. F. Parkhill. She is now much larger than a woman at full term of pregnancy, so rapid has been the growth of the tumor during the last $2\frac{1}{2}$ months. That portion of the tumor occupying the left and central portion of the abdomen is hard, and yields very slightly, if at all, to pressure from without. The portion occupying the right part is softer, and presents every appearance of a large cyst filled with fluid. She is at this time seen by Drs. Gray, of Utica, and Miner, of Buffalo, who chanced to be present when she called. These gentlemen concur with Prof. White in the opinion that the case is not in every respect favorable for a successful operation, so probable is it that a large portion of the tumor is hard, and that firm adhesions attach it to the abdominal parietes and viscera. They agree, likewise, with him in the propriety of commencing ovariectomy by making an exploratory incision and if, upon examination, the adhesions can be overcome and the hard portions of the tumor can be removed, to enlarge the incision and accomplish their removal. The patient feeling that she could not long survive in her present condition, was anxious to avail herself of the only

chance of life, and therefore earnestly requested the operation. Preparatory to the operation the following was prescribed: ℞ Tr. Ferri Chloride, ℥i; Sat. Sol. Potassæ Chloratis, ℥v; Sig. ʒi 4 times daily; nutritious diet was enjoined.

Operation October 25, 1869, 10 A. M.; patient cheerful; pulse 96 per minute. The following Physicians were present: Drs. R. F. Parkhill, attending Physician, and D. C. Parkhill, who administered the chloroform; Patterson of Avoca, Black of Bath, Brasted of Pultney, and Edget of Howard. The temperature of the room was raised to about 97° Fahr. Anesthesia was induced by chloroform and maintained by ether. An exploratory incision 3 inches in length was made in the linea alba, a small amount of ascitic fluid escaping. The adhesions are not so firm but that they can be readily broken away so far as the finger can reach them. A large cyst at the right of the incision, and a smaller one below, were tapped and their contents evacuated. The remaining mass was then examined and found composed of an infinite number of minute cysts, each filled with a thin, straw-colored fluid. It was, indeed, a perfect honey-comb in structure. The primary incision was then enlarged, both upward and downward; the remaining portion of the tumor so reduced in size by enucleation that it could be turned out of the abdominal cavity. It was attached to the left ovary by a thick and vascular, but not broad, pedicle. The clamp was applied; pedicle cut across and cauterized, by slowly searing it off. Upon loosening the clamp hemorrhage followed. The pedicle was, therefore, firmly enclosed in a cat-gut ligature and brought well out of the lower portion of the wound, to which it was attached by sutures in such a manner that the ligature was left on a level with the cutaneous surface. The wound was then closed by deep sutures of silver wire and superficial sutures of silk. The usual bandages of strips of adhesive plaster was then applied, the patient carried to her bed and an anodyne administered. Time occupied, 25 minutes. 3 P. M.—Pulse 92 per minute; no abdominal pain.

October 27.—Vomited three times during last night, and twice during the day; pulse 90.

October 28.—No vomiting; no tympanitis; gases escape freely

from the rectum; pulse 85; tongue clean; retains nourishment well.

October 30.—No vomiting since last report; pulse 115, and soft; tongue slightly furred; kidneys acting well; urine normal.

November 1.—Pulse 100; tongue furred, but moist; discharges have loosened the adhesive straps at the lower portion of the wound; they are removed to allow free exit to the matter.

November 2.—Pulse 90, and soft; tongue clean and moist.

November 3.—Condition unchanged; wound united; superficial sutures removed. From this date forward the patient made a rapid and complete recovery.

December 7.—She is dismissed by Dr. Parkhill

In a letter to the writer, of September 20, 1870, Dr. Parkhill states, "the case of Mrs. B. was a complete recovery. She is now in perfect health."

CASE 15.—Multilocular ovarian disease; firm adhesions; tapped seven times; one or more of the cysts ruptured in a fall five years since; death in thirty hours.

Mrs. M. G. B., aet. 57, mother of four children. Last menstruated at the age of 45. The outline of the various cysts could be defined with the eye. It has a feel like a ripe water-melon.

In the winter of 1860 and 1861, Mrs. B. was afflicted with a great deal of pain in the epigastrium, which was accompanied with more or less nausea and vomiting. The following spring she first detected a small tumor in the left lumbar region. The gradual development of the tumor was accompanied with a continuation of the pain in the epigastrium, but no pain or tenderness was perceived in the location of the tumor. This condition of gradual growth of tumor, with epigastric distress, continued until November 23, 1865, when the patient experienced a severe fall, striking upon her abdomen; which, at that time, was irregularly enlarged and not quite the size of a woman at term. Immediately the whole shape of the abdomen was changed; the enlargement becoming uniform, the umbilical region becoming flattened and soft, instead of round and hard, as it had previously been. This was followed by an attack of peritonitis, from which she barely recovered. In February, 1866, she was first tapped, 8 quarts of a fluid resembling beef-brine escaped. From that time till Dec. 3, 1869, the

operation had been repeated six times; the fluid at the subsequentappings resembling that of the first in color, and only differing from it in having, at times, considerable consistency.

Following the first five operations there were no symptoms developed which were particularly unfavorable. Following each of the last two, however, which occurred October 8, and December 3, 1869, she became almost completely collapsed, the prostration following the last operation, particularly, being so extreme that no hopes were entertained of her recovery. This was attended at first, and its duration undoubtedly prolonged, by an excessively irritable stomach.

January 5, 1870.—Abdomen irregularly enlarged, so that the general outline of various cysts can be defined by the eye. To the feel the tumor is peculiar; having been, not inaptly, compared by Prof. White to that of a ripe water-melon. Pelvis free; patient rapidly failing in health and spirits. Her discomfort is immense. She is conscious that, unless in some manner relieved, she must soon succumb, but is extremely hopeful of recovery by an operation.

Diagnosis: Multilocular ovarian disease involving the left ovary, and accompanied by adhesions possibly so strong that it may be impossible to detach them. Ovariectomy advised only as a dernier resort. Indeed the shock following the later operations of paracentesis was so immense as to prove well nigh fatal, and it could scarcely be expected that the prostration following ovariectomy would be less, unless the removal of the pressure caused by the tumor, and the consciousness on the part of the patient of its removal, should in some manner avert the prostration or counteract it.

Operation, January 5, 1870, the following physicians being present: Drs. Wm. H. Reynolds, S. C. Endress, Z. H. Blake and F. M. Perine. Anæsthesia produced by chloroform and maintained by ether. An incision four inches long was made in the linea alba and carried through the peritoneum, which was so altered by the repeated attacks of peritonitis as to become fully one-sixth of an inch in thickness. A presenting cyst was evacuated and this exposed another, which was also tapped. The adhesions on the anterior and lateral aspects of the tumor were so extremely firm and extensive that it was necessary to enlarge the incision, both

upward and downward, in order to detach them. They were, even then, detached with the utmost difficulty, well-defined thick bands of tissue uniting the tumor to the abdominal walls so that, after the tumor was turned out, the parietal layer of the peritoneum presented a very ragged aspect. Enucleation was accomplished, and, though there was no hemorrhage, it was thought safest to cauterize the extremity of the pedicle, as there were large vessels in it. Cauterization was followed by a complete arrest of the oozing. The oozing consequent upon detaching the tumor was considerable, but readily controlled by pressure and exposure. The abdominal cavity was then thoroughly sponged out, and there being absolutely no hemorrhage, the pedicle was returned and the wound closed as usual, by deep sutures of silver wire and superficial sutures of silk. The usual bandage of strips of adhesive plaster was then applied and the patient returned to her bed, with a pulse scarcely more feeble than when the operation began. Time occupied, 45 minutes; weight of tumor, 43 pounds. As anæsthesia disappeared the patient conversed as freely as her attendant would allow. During the first twelve hours she was fully as comfortable, and her symptoms were reported by the attending physician, Dr. Perine, as favorable as they had been after the last tapping. Vomiting then began and was accompanied with so great prostration that she gradually sank, and died thirty hours after the completion of the operation. There was, perhaps, something in the nature of the tumor which might have contributed to the fatal issue in this case, though no microscopic examination was made of it. Its inner walls were uneven. Dr. Perine, in a letter dated January 7, 1870, writes: "The tumor, on careful examination, presented very much the appearance of scirrhus. This opinion is concurred in by the other medical gentlemen who examined it with me."

Probably the shock attendant upon detaching the tumor contributed most largely to the fatality of the result.

CASE 19.—Unilocular ovarian disease. Abdomen immensely enlarged; extensive adhesions; patient two years confined to her bed. Operation, September 1, 1870, at Newport, R. I. Recovery.

Mrs. F., æt. 53, has been measurably healthy for the most of her life, though never very robust. She has been troubled with enlarging abdomen for about ten years. During the first eight years the

enlargement was gradual, and did not occasion very much inconvenience; but during the last two years it has been more rapid, and on account of the immense weight of the abdominal contents she has been confined to the bed and to a position on her side. She is now feeble and emaciated. Her normal weight was about 87 lbs. The enlargement is symmetrical. Fluctuation is perfectly distinct throughout the entire abdomen in every direction. No hard portion of a tumor is anywhere perceptible. She has never been tapped. Has had considerable pain at times, but no severe peritonitis.

Diagnosis: Unilocular ovarian disease, without ascitic fluid. Operation performed September 1, 1870, 11 A. M., at Newport, R. I., by invitation of Dr. King, attending Physician. Physicians present: Drs. King, Watson and Engs, of Newport. The temperature of the room was raised to 90° Fahr. The usual anæsthetic was administered by Dr. Engs. An incision three inches in length was made in the linea alba and carried through the peritoneum, no fluid escaping. The attachments were then separated as far as the finger could reach, the cyst was tapped, and so much of its contents evacuated as to enable the operator to turn it out through the small incision made. The adhesions, though nowhere very firm, were unusually extensive—attaching the sac everywhere to the parietal layer of the peritoneum and the intestines. These were slowly and carefully detached, the sac everted and found attached by a very broad, but thin and vascular, pedicle to the right ovary. Enucleation was accomplished and, although the pulsations of an artery could be distinctly felt in the pedicle, no bleeding was present. The clamp was, however, applied and the pedicle burned across. Upon loosening the clamp hemorrhage began, and it was found necessary to place a silver wire around the artery referred to. Oozing still continued from the abdominal walls, where the adhesions had been detached. This was arrested by pressure and exposure. The abdominal cavity was then sponged out, and, the bleeding having entirely ceased, the wound was closed in the usual manner—by sutures of silver wire and silk. The usual bandage of strips of adhesive plaster was then applied, the patient returned to her bed and given morphine—half grss. by the mouth. Time occupied, 35 minutes; weight of tumor, 84½ pounds. The tumor consisted of a single immense sac filled with a thin, aqueous fluid.

1 P. M.—Two hours later. Beyond a slight nausea from the anæsthetic, the patient is entirely comfortable. The pulse is stronger and less frequent than before the operation was commenced.

September 3.—Patient doing well; no pain.

September 5.—Continues comfortable; cheerful and sleeps well; pain readily controlled by anodynes.

September 7.—Improvement continues; rests well; takes beef tea and milk freely.

September 11.—Dressings removed; wound united; only very slight abdominal tenderness.

September 12.—Sutures removed; bowels moved by enema.

September 24.—Miss F. is gradually improving. She sits up an hour or more per day for the last three days, and can bear her weight on her limbs.

Dr. Rochester, in remarks concerning the diagnosis of ovarian dropsy, said that he had observed that in cases of ascites there is always resonance above the fluid, due to the intestines being crowded up under the diaphragm, while in severe cases of ovarian dropsy there was dullness over the whole of the abdomen.

Dr. White said that in some cases a spontaneous cure occurs—the contained fluid being absorbed. Mrs. Cook, of Collins, some time since came to him, having ovarian dropsy well developed. Drs. Eastman and Rochester also examined the case, and it was the opinion of all that it was a true case of ovarian disease, and should be operated on. While waiting for better weather the abdomen became less extended, and finally entirely disappeared. Dr. W. also related another case which recovered without an operation, the cure following a fall on the doorstep and was undoubtedly due to a rupture of one of the sacs which contained the fluid.

Dr. Rochester said that the above cases as reported, presented many points of interest and were well worth the attentive study of the profession. The first point was the acrid character of the fluid in the first case, which was unusual; and he should not have expected as pleasant results in such a case as in one where the fluid is bland and unirritating. The next point was the existence of pregnancy in the case which occurred at Batavia, and recovery after the abortion, which certainly was not a desirable complication. And lastly, that hardness of the tumor, which is considered

an unfavorable feature when an operation is to be attempted, as is shown by the excellent recovery made by another patient. Dr. R. also reported an interesting case which shows the results which sometimes follow abortion. He was called to see a woman who had formerly been a patient of his, and whom he had delivered of children. She became tired of raising a large family, and, being pregnant, had brought about an abortion, by some means, which was followed by metritis, phlegmatia dolens and pyæmia. When called to the case he was assured by the attending physician that it was one that from the severity of the symptoms, which indicated disease of the knee-joint, required amputation. Dr. R. diagnosed the disease as an abscess forming in the tissues of the thigh, which was soon confirmed by the pointing of an abscess, at the upper part of the thigh, which was opened; and it also opened spontaneously between the anus and vulva. This case adds additional proofs to the evidence already before the profession, of the extreme danger attending procured abortions.

Dr. White said that a large proportion of the diseases of women which he is called on to treat, are due to procured abortions—hypertrophy and ulceration being very common—was called on to see a case of abscess posterior to the womb, which was caused by an abortion. It is a great evil, particularly among Americans, and is steadily on the increase. Many plans have been adopted to stop it, but none that have proved effectual. The fault is in the depraved *morale* of society, which law does not and cannot reach. Although willing to do all that was in his power to abate this great crime, he was not able to suggest a remedy.

Typhoid fever, scarlatina, dysentery and bowel complaints were reported as prevailing.

Dr. White offered the following resolution, which was adopted:

Resolved, That all members of this Association be urgently requested to prepare and read essays on medical subjects at its meetings.

Adjourned.

WM. C. PHELPS, Secretary.

ART. III.—*Axillary Aneurism ; Absence of diagnostic signs ; Ligation of the left subclavian artery. Recovery.* By C. C. F. GAY, M. D., *Surgeon to the Buffalo General Hospital.*

George Saltzman, aged 26 years, was admitted into the surgical ward of the Hospital on August 26th, 1870. He was wounded in 1864 by the accidental discharge of a pistol, the ball entering the front of the left shoulder. Search was made for the ball in vain. Immediately after the accident a small tumor was observed in the axilla. The fore-arm and arm became partially paralyzed. For the past six or eight months the tumor has been growing very rapidly, until it has now attained to nearly the size of a child's head. The tumor occupies a position just anterior to the axilla, or at the sub-clavicular region, feels hard, is movable, and lately has become pointed like an abscess about to break, feels soft, and fluctuates over a space one inch and a half in diameter. There is no pulsation, either in the tumor or at the wrist. On applying the stethoscope no thrill is detectible; neither is the size of the tumor diminished by pressure.

The patient has consulted many surgeons and physicians of this city, and also of Detroit, and been advised—on account of the uncertainty in diagnosis—to let the tumor alone; but latterly it has become so troublesome he has entered the Hospital with the determination to have something done, regardless of consequences. Accordingly, I invited my colleagues, both of the surgical and medical staff, to meet me on Aug. 30th. As no one present was able to say, unequivocally, that the case was one of aneurism after having resort to all the known means of diagnosis, I introduced the exploring trochar into the tumor, drawing off a small quantity of thick and blood-colored fluid; carrying the point of the trochar into the middle of the tumor no fluid escaped. Next I introduced at the same point an ordinary trochar and obtained more fluid, but as there was so little of it, and it had ceased to run, it was concluded that the fluid that escaped occupied the superficial portion of the tumor, which fluctuated to the touch. On consultation it was deemed advisable to make an exploratory incision over the tumor, and if it could be ascertained that it was other than aneurismal, to remove it. Accordingly chloroform was administered, when I made, with great caution, an incision about eight inches in

length—over the tumor—and came down upon a bluish-colored surface, upon which I made gentle pressure with the handle of the scalpel when the aneurismal sac burst. Instantly I tore open the sac in the line of incision made, turned out the coagulum, seized the axillary vessels, suppressing the hemorrhage and holding on firmly until the subclavian could be compressed, then withdrawing the hand I assigned this position to two assistants and proceeded at once to ligate the subclavian artery. The operation lasted one hour, and was interrupted and prolonged by the necessity of administering stimulus on the approach of syncope. Ether was then given in the place of chloroform and the operation completed.

The artery was ligated at the junction of the second and third portion of its course. Considerable hemorrhage followed the operation, proceeding apparently from the surface of the aneurismal walls, necessitating the plugging with sponges dipped in Sol. Ferri Persulphas. The patient was placed in bed and whisky again given with an anodyne.

On the night of September 5th, secondary hemorrhage supervened, but was at once arrested by the house physician and his assistants.

The axillary wound was firmly tamponed with sponge, wet with the solution of iron, and the plug allowed to remain for three days, on the removal of which there was not so much as any oozing, even, of blood from the wound. The ligature came away spontaneously on the 17th day after the operation.

On October 11th, six weeks from the date of the operation, the patient is up and dressed, having a good appetite and feels well. The wound is closed, but there remains a partial paralysis, and there is still no pulsation in the radial artery.

My obligations are due to my colleagues and other medical gentlemen present for their assistance, cheerfully and ably rendered; and especially due to the assistance rendered to the patient at night by the house physician, Dr. Kitchel, and the assistant house physician, Mr. Harrington, medical student, without which my patient must have perished from secondary hemorrhage.

ART. IV.—*Clinical Lectures upon Surgical Cases in the Buffalo Hospital of the Sisters of Charity* By. Prof. J. F. MINER, M. D.
REPORTED BY W. W. MINER, A. B., MEMBER OF THE CLASS.

GENTLEMEN—In inviting your attention to the cases which may present themselves at the Hospital, it may be well to remind you of a truth as yet but partially appreciated;—that Clinical observation is essential to surgical education. Whatever may be your theoretical knowledge you cannot be regarded as surgeons until you have had also some opportunities of practical observation. For the present, your stock of practical knowledge must depend upon such opportunities as are afforded in the College course. With this view every effort has been made to make this source of instruction ample and satisfactory; both of our Hospitals are open to you, and many cases of disease, as well as most of the operations made by surgeons, will be presented and the operations made in your presence. It is greatly to be desired that you lose none of these opportunities of observation, since this will constitute for the present an important part of your available surgical knowledge. The minor operations, and the less important cases in one sense, claim your closest attention, since it is to this class that you are to mainly devote your attention and obtain your surgical standing. It is not in operations for stone, or tumors, or aneurism, that you are to commence your surgical reputation; but rather in your ministrations to the lesser ills which maim mankind. Hoping that you will appreciate the importance of the most trivial cases, as well as the attractions of the major operations, and having thus briefly introduced the general subject, permit me to invite your attention to

CASE I.—*Pterygium*.—P— D— has upon the inner angle of the eye a small, elevated growth, which is seated in, or just beneath, the conjunctival membrane, and whose border is of triangular outline. Severe pain exists in the eye at times, and the apex of the growth is gradually advancing upon the cornea, so that if it is allowed uninterrupted progress it will eventually interfere with vision. Closer examination shows the growth to be thickly traversed by a net-work of blood vessels, giving the whole a reddish tinge. The case presents the characteristic features of pterygium as to its vascularity, triangular form and location in the inner quadrant of the eye. The only way to get rid of pterygium is by means of an operation for which there are different methods. In the present case, the body of the growth is seized and hooked up by the forceps, while by means of a curved scissors the forward part is dissected up from the cornea and the remaining portion divided close down upon the sclerotic coat. The wound is not of large extent, and the eye will be dressed with a simple wet compress.

CASE II.—*Granular Lids*.—As I evert the upper lid you can see the reddened appearance of its lining membrane. Observing it closely you can see that it is studded with red elevations, which are very sharp and pointed. These granulations roughen the naturally smooth surface of the lid, and every time

the lid is closed, or the globe moved, friction is made upon the delicate membrane of the cornea; it is thus rendered vascular and opaque. Almost always, when this disease has continued for any length of time, we have first, the granular lids; and then, as you see in this case, the vascular and opaque cornea. The condition of the cornea is the source of danger, and to it you are to direct attention. I say, direct attention, but not treatment. To judge of the severity of disease and the probable result, you are to observe the cornea; if any dangers to vision are present they are to be found in the condition of the cornea, and not to any changes which may have taken place in the lining membranes of the lids. A great variety of collyria have been recommended, and many plans of procedure proposed, but modern experience justifies the conclusion that a crystal of sulphate of Copper applied to the granulations every day, or every other day, in the manner that you now observe me make the application—by everting the lids and drawing it smoothly and lightly over the surface, is the most satisfactory and successful method of treatment. Nothing but want of perseverance and lack of thorough application can cause failure. You may, in such cases, apply it and nothing else; never being discouraged or deviating for a better remedy, for if properly applied it will certainly effect a satisfactory result. It is a safe, certain, and satisfactory remedy.

CASE III.—*Amputation of Foot*.—The patient had his feet frozen some thirty years since, and has lost the phalangeal extremities of both feet. There is now an ulcer seated in the cicatrix on the right foot, which gives the man great pain and uneasiness, and seriously interferes with the use of the limb. The vessels of the leg are varicose, which shows that the general circulation of the extremity is somewhat impaired, while circulation in the cicatricial tissue—which is the seat of the ulcer—is, of course, not so vigorous as would be in normal parts. Stimulating applications are often made in such cases—probably have been in this; but the idea at present is to obtain healthy flaps in normal tissue and secure, if possible, their union by first intention. Hey's operation by separating the tarso-metatarsal articulation, is found to leave too much bone for the flaps which the foot affords; therefore, the first and third cuneiform bones are sawed off even with the second cuneiform and the cuboid, thus giving an opportunity to nicely approximate the edges of the flaps. At a period two weeks after, the object of the operation appears to have been attained.

CASE IV.—*Injury of the Eye*.—A boy, aged ten years, has lost the integrity of his left eye from having had brick-layers' mortar thrown into it some three months since. The cornea may have been pierced at the time of the injury, or an ulcer of the cornea may have resulted in the perforation which is now apparent, and through which the iris is seen protruding, forming what is improperly called hernia of the iris. Vision in the eye is altogether lost, and in order to promote the healing of the parts the protruded portion of the iris is snipped off and removed with the scissors, and the eye dressed with a light compress.

Miscellaneous.

Pathology and Treatment of Scarlet Fever.

Dr. Renfrew, of Glasgow, read a paper on this subject before the British Medical Association. He stated that scarlet fever is one of the zymotic diseases, which diseases are produced by an organized substance entering the body, which has the power of multiplying itself. In multiplying itself the blood is disordered, the nervous system deranged, the circulation quickened, and the secretions and excretions are changed. The poisons of the zymotic disease are not thrown off by the usual eliminating organs, but each poison is eliminated by a particular part of the body—smallpox by the skin, cowpox at the point of introduction, enteric fever by the lower part of the ileum, scarlet fever by the fauces and nose. When the poisons are thrown off there is always irritation and inflammation. As the poison of scarlet fever is thrown off by the fauces and nose, a large portion must pass into the stomach to be reabsorbed, intensifying and prolonging the disease. The remedies given in scarlet fever should be those that will destroy the poison; moderate and assist physiological changes. To accomplish these ends a mixture of chlorate of potash and tincture of steel is given, which contains chlorine, muriatic acid, iron, and chlorate of potash. The chlorine destroys the poison; the acid supplies acid to the blood, which is in a subacid condition; the iron improves the red disks, which are in a black and melanosed condition; the chlorate of potash supplies oxygen, to assist in oxidizing the disintegrated material that is floating in the blood.—*Lancet*, August 20, 1870.

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A Case of Psoas Abscess.

UNDER THE CARE OF MR. GEORGE F. ATCHLEY.

The treatment of psoas abscess is in general of a most unsatisfactory nature; for the patient usually lies upon his back for many weeks, perhaps, without much actual pain, though with great mental anxiety, the effect of long-deferred hope. When at length the abscess breaks, there is rarely any expectation of a favorable termination of the case; on the contrary, a more or less speedy death from exhaustion may be anticipated. The following short notes of a case of this kind indicate a plan—an adaptation of Prof. Lister's practice—which may reasonably be expected, Mr. Atchley thinks, to furnish a more successful result.

W. H——, aged twenty-eight, a country laborer in good condition, was admitted on the 5th of March, 1869, with a large fluctuating tumor in the upper and fore part of the left thigh, communicating, under Poupart's ligament, with another similar swelling, extending

into the abdomen, along the line of the psoas muscle. The patient was unable to bend any of the lumbar and two or three last dorsal vertebrae. After resting in bed six weeks, the tumor was found to be considerably increased in size, and the contents appeared to be making their way to the surface.

The following plan was then carried out. The patient was put into a warm bath, to which was added a solution of carbolic acid sufficient to give off a very perceptible odor (about two pints of solution 1 to 30). A valvular incision was then made under the water, over the most prominent part of the swelling, and the evacuation of the contents of the abscess aided by slight pressure. As the water became opaque by the discharge of the pus, it was partially turned off, and more water and more carbolic acid added as required. Lint, saturated with the same acid and oil, was then applied to the wound, and the part bandaged, and great care taken to maintain the part under the carbolic bath throughout the operation. The wound healed in a few days. The abscess subsequently twice refilled, and a similar procedure was effected on each occasion. After the third evacuation the wound discharged small quantities of perfectly sweet matter for three weeks, and then healed permanently, and was followed by no refilling of the abscess.

The patient was discharged, well, on August 30th, just four months and a half after the first operation. He was seen a few weeks ago, when he was in full work and apparently perfect health.
--*London Lancet.*

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The Local Treatment of Croup.

BY ADOLPHE WEBER, M. D.

A knowledge of the power possessed by lactic acid to dissolve fibrinous exudations, induced the author to try it in cases of croup. At first he used it only after the operation of tracheotomy, partly with a view to keep the tracheotomy tubes clean, and partly hoping that the lactic acid might affect the membranes which extended downwards into the bronchi. The results were so favorable in both respects that he proceeded to try it in severe cases of croup before having recourse to tracheotomy. Since then he has not once had occasion to operate, and has not lost a single case of croup. In some very severe cases in which inspiration and expiration were equally obstructed, and the condition of the fauces indicated an abundant fibrinous exudation in the trachea, the difficulty of breathing was completely relieved within seven to ten hours of using this remedy, and two or three days after no trace of the local affection remained.

During the treatment there was not, as is generally the case, an expectoration of tough membranous sputa, but gradually the whistling, barking inspiration and expiration were replaced by distinct rattling noises; the voice before, quite suppressed, began to

assume a hoarse timbre, and considerable quantities of loose white frothy phlegm were expectorated during the fits of coughing, until at last the struggle for breath quite ceased, and the disease assumed more the character of a catarrhal affection of the throat.

The treatment consists in the local application of the remedy to the windpipe by means of inhalation. The patient is made to inhale a solution of lactic acid (15 to 20 drops in half an ounce of water) at first every half-hour, and afterwards, when the respiration improves, every hour or every two hours a solution of 10 to 15 drops in half an ounce of water.

The inhalation is discontinued as soon as the dyspnoea has subsided, and to promote expectoration chamomile tea is exhibited.

In using the inhalation care must be taken that the vapor does not affect the eyes or face.

With this treatment was conjoined the internal exhibition of carbonate of soda every half-hour or every hour, which was thought to exert a beneficial effect upon the exudation.—*Medical Times and Gazette*, January 22.—(*Half-Yearly Abstract*.)

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On the Combined Action of Morphia and Chloroform.

BY PROF. CLAUDE BERNARD.

In his very interesting lectures before the College of France, Professor Claude Bernard points out some remarkable and valuable effects which may be obtained by combining the actions of morphia and chloroform (*Revue des Cours Scientifiques*; and *Bulletin General Therapeutique*, Sept. 30. 1869, p. 241). Some years ago, Dr. Bernard had occasion to administer a dose of morphia to a dog recovering from the effects of chloroform, and he was surprised to observe that the morphia reproduced the anæsthetic effect of the previous dose of chloroform. More recently this experiment was modified, so that a dog narcotized by morphia was completely and quickly anæsthetized by a quantity of chloroform very much smaller than would have been necessary to produce this effect in a dog in normal condition. It was further found, that when the anæsthesia had nearly disappeared, a second dose of morphia almost immediately reproduced it. It is well known that anæsthesia cannot be induced by morphia. This alkaloid exalts the sensory excitability, and induces torpor and narcotism; it never destroys sensibility. Chloroform, however, rapidly suspends the sensory excitability. It is, therefore, somewhat remarkable that the anæsthetic action of chloroform should be increased and prolonged by morphia. Dr. Bernard believes that this can be explained only by supposing that the action of the one substance is superimposed on that of the other. When an animal is recovering from chloroform-anæsthesia, the quantity present in the blood is insufficient to completely suspend sensibility, although it is sufficient to greatly diminish it; but as morphia blunts the nervous sensibility,

it aids the action of the chloroform, and thus a quantity of the latter, in itself insufficient to produce complete anæsthesia, becomes sufficient to do so when assisted by morphia. Bernard points out that this combination admits of several valuable applications, and that, indeed, it promises to be the best method of inducing anæsthesia. By administering a dose of morphia before commencing the inhalation of chloroform, anæsthesia is induced without any initiatory stage of excitement and without incurring the risk of those accidents which are occasionally caused by a large dose of chloroform.—*Jour. Anat. and Phys.*, Nov. 1869.—(*Half-Yearly Abstract.*)

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Causes of Puerperal Fever.

At a meeting of the Obstetrical Society in London, in March, this subject came up for discussion (*British Medical Journal*, March 19, 1870):

Dr. Wynn Williams said that the parturient female, if exposed to the influence of the scarlatina poison, might become affected with the disease, which would be modified and rendered more fatal by the peculiar condition of the patient. As to the second class of cases, he was rather skeptical as to their being affected with the scarlet fever itself. During the prevalence of scarlet fever, the atmosphere is not only impregnated with impure air, but also with toxic septic emanations from the putrid throats of the patients. Should these emanations be brought into contact with the discharges of the parturient female, they would act as a kind of ferment. Offensive discharges from the vagina must be treated locally. Dr. Wynn Williams preferred a solution of iodine, as by its volatility, increased by the heat of the body, it was more likely to be brought into contact with any septic poison lurking, it might be, in the folds of the mucous membrane. The same observations would apply to the other classes enumerated by Dr. Hicks—erysipelas, diphtheria, etc. Any putrid emanation brought into contact with the discharges of the parturient female would act as a ferment and produce septic poisoning. Dr. Barnes said that puerperal fever was pre-eminently a disease that called for the application of sanitary laws with a view to prevention. This disease still destroyed more lying-in women than any other, probably in England, certainly on the continent, where it killed so many women in lying-in hospitals. The classification of causes pursued by Dr. Hicks resembled that adopted by himself, of dividing puerperal fever into two great classes, the *Autogenetic* and *Heterogenetic*. His own experience coincided with that of Dr. Hicks as to the frequency of scarlatina among lying-in women. It was propagated by foul linen, by sewage emanations, and by direct connection. Dr. Hicks had noticed the frequency of puerperal fever in new houses. Dr. Barnes' former experience as a medical officer of health enabled

him to explain this. Builders dug out the gravel, sold it, and filled in with the foulest putrifiable rubbish.

Where scarlet fever broke out on the second or third day after delivery, he had seen reason to infer that the poison was inoculated at the time of labor. But, in many cases, the mother was subject to the influence of the poison before labor. During pregnancy, especially if she had had scarlatina before, she shared in the power which most had of throwing off the poison. It was only when the excretory organs were once charged with the double work of dealing with the products of gestation and with the poison, that the system broke down, and puerperal fever was produced. The lying-in hospital was a propagating house for every form of puerperal fever. The forms chiefly prevalent in hospitals were scarlatina, erysipelas, and hospital gangrene. Considering the vast predominance of heterogenetic puerperal fever, the question arose whether there existed an essential puerperal fever, arising strictly out of the puerperal state, that could give rise to an epidemic. This he was inclined to doubt. The autogenetic forms proper—those, for example, arising from the decomposition of the retained placenta—did not appear to possess active powers of propagation. But we were rarely in a position in practice to distinguish the contagious from the non-contagious forms. The proofs of contagion were but too common. There were the frequent series of cases in the practice of one man, while neighboring practitioners were free; and he had noticed the sad fact that puerperal fever was usually common among the wives of medical men. Dr. Snow Beck had long been convinced that there was no disease peculiar to the puerperal period that could be called puerperal fever. But there was another class of diseases which were not epidemic and not infectious, and which were most important to be recognized, as that they were very fatal in their effects and yet remarkably amenable to treatment. These arose from the impregnation of the system from offensive or other discharges, and were known as septicæmia. This not unfrequently arose from the retention of coagula or portions of placenta within the cavity of the uterus. To admit this, the uterus must be imperfectly contracted; and this condition also allowed the sinuses to remain open, so as to permit absorption of offensive discharges. The treatment consisted in washing out the uterine cavity and all the passages with disinfecting solutions, and giving sulphites internally. A similar practice was equally efficacious in arresting the progress of phlegmasia dolens, which, in the majority of cases, arose from coagulation of blood in the veins, caused by the absorption of offensive discharges from the uterus. When these facts were more generally recognized, the supposed injurious effects of lying-in hospitals, of overcrowding, etc., would cease to have much influence.

Thoracentesis.

Mr. Berkeley Hill thinks operative procedure for the cure of pleuritic effusion has not received sufficient attention. In an article in the *British Medical Journal* he states that the following points demand consideration: (quoted in the *Medical Archives*).

1. The removal of fluid from the pleura need hardly ever cause much danger or suffering.
2. Whenever effusion is copious, it is prudent to withdraw it to relieve dyspnea and ward off a sudden fatal termination.
3. The usual mode of leaving chronic effusions to natural resorption may be advantageously replaced by tapping whenever the condition of the patient is stationary, and the pyrexia abated; the longer the fluid has existed the more urgent becomes the need of tapping, to enable the lung to expand before it has lost its power of doing so.
4. After tapping serous effusions the wound should always be closed, at least until repetition of the evacuations had shown that cure would not be so effected; then, to tapping, injection of iodine or other irritants should be added, but in these cases the admission of air should be scrupulously avoided.
5. Where the fluid is purulent, the admission of air is immaterial, provided a free and continuous exit is maintained for the pus; and this free drainage is a cardinal point in the cure. One case illustrates the benefit from continued drainage by a tube passed across the chest through two openings; the second, the benefit which even cases of long standing empyema, where the cavity will not contract, may obtain from frequent washing out with water or other injections. The third showed how readily a serous effusion may be absorbed, even during the progress of rapid pulmonary phthisis, and in this case evacuation gave temporary relief of a considerable amount, though it did not cure the effusion.

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The Hypodermic Syringe a Means of Diagnosis in Ovarian Disease.

BY HENRY F. WALKER, M. D., N. Y.

By aid of the microscope, with never so small an amount of the fluid contents of the tumor, a diagnosis can be made in every case. The means I would suggest, which possesses all the advantages of tapping with none of its hazards, is the hypodermic syringe, with the finest of needle points. This little instrument has often been used in diagnosing purulent from serous effusions in the pleural cavity and pericardium, in detecting pus in cases of doubtful fluctuation under deep tissues, but has never to my knowledge been employed as a means of diagnosis in ovarian disease until within a few days, in the case herewith detailed.

The advantages it possesses are these:—1st, efficiency; 2nd, harmlessness; 3rd, painlessness.

1st. Efficiency.—This is undoubted in determining the nature of the tumor, whether solid, cancerous, canceroid, or cystic. By

plunging in the needle and retracting the piston sufficient fluid will be withdrawn by the suction exerted for microscopical diagnosis, even though it be of the most adhesive form of colloid growth. If it be proved a cyst with fluid contents, the kind of cyst may be demonstrated in many instances, for by introducing the needle at different parts of the abdomen, and comparing the character of the fluids withdrawn, it can readily be determined whether they be drawn from a single cyst with uniform contents, or from a multilocular tumor, containing fluids of various density and composition. This tells more than the clinical history, palpation, and all other means of diagnosis combined, for it lets us look within the tumor itself.

2nd. It is harmless.—The fine needle of the hypodermic syringe can be introduced even into an aneurism without danger, while the wound it makes in the sac of an ovarian cyst is so small that nature ignores it. The usual trocar makes a rent; this dissects its way between the tissues, and their contractility closes the wound.

3rd. The painlessness of the operation is of less importance to the surgeon than to the patient; but to the latter, to whom the preliminaries of examination are often more irksome than the grand operation itself, it is very desirable that diagnostic procedures should be painless as well as harmless.

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Remarks on the Early Symptoms and Treatment of Pott's Disease of the Spine.

BY J. A. WOOD, M. D., NEW YORK.

Some years since (March, 1858,) I reported in the *New York Journal of Medicine*, several cases of Pott's disease of the spine, treated with mechanical appliances and the internal use of medical agents, to the entire exclusion of setons, issues, and every other form of counter-irritation, and regardless even of the recumbent position.

In that journal I also gave a description, with illustrations, of the apparatus used in the treatment of the cases, a majority of which recovered, with the curvature completely reduced, although quite prominent when the treatment commenced.

Some of the patients had been confined to the bed several months, totally unable to sit up, wearied and wasted from the effects of the disease. One of them, with a bold angular curvature of the spine, having for its centre the last dorsal vertebra, with severe bed-sores over both trochanters, had become very much emaciated, and could not be turned in bed without convulsions. So great was the irregularity of the surface from extreme emaciation that it became necessary to envelop the body in cotton before the apparatus, or corset, could be advantageously applied. No spasm ever occurred after its first adjustment, the bed-sores soon healed, the health,

strength, and flesh, were gradually restored, and the curvature entirely reduced.

The balance of the cases then reported were of longer standing, where a large amount of bony substance had been removed by disease, and consolidation to a considerable extent had taken place. Still, they were much improved in health, strength, and general figure.

Since that report, over four hundred and seventy additional cases have been treated in like manner, and generally with similar results. About eighteen per cent. of the whole number were affected with paralysis of the lower extremities, and nearly twenty per cent. with abscess, both occurring at an earlier or later stage of the disease, which is met with at all periods of life from early infancy to old age.

The oldest person, however, that has come under my observation, affected with this disease, was aged fifty-five years. Another, in reference to whose case I was consulted by letter, was sixty years of age, and formerly president of one of our Western colleges, and was discharging the duties of that office when attacked with the disease. A more recent case, in a person fifty years of age, is now under treatment.

It occurs more frequently, however, in children under ten years old; but from two to five years of age may be considered the period of its most frequent occurrence.

The disease was often preceded by scarlet fever, whooping cough or measles; and children who had suffered from a severe attack of the former are very liable to fall into a state of permanently impaired health, and become a prey to some of the various chronic forms of scrofula, among the more serious of which is caries of the vertebræ.

Measles, also, in children and young persons of a scrofulous diathesis, frequently awaken the slumbering germs of that fearful malady, Pott's disease; while whooping-cough acts only mechanically upon the system in developing more rapidly the disease already existing, but not detected, perhaps, by any of its characteristic symptoms when the cough commenced. In a few instances the disease succeeded severe and protracted typhoid fever; first manifesting itself when the system, from its reduced condition, was comparatively disarmed of all power of resistance to the development of any hereditary or constitutional taint that might exist, as is frequently the case with incipient phthisis.

From the commencement of the disease up to that period when the curvature first made its appearance (usually in the form of a small knuckle), the average length of time did not vary much from ten months, and was often characterized by paroxysms of most acute suffering. When paralysis of the lower extremities occurred, the recovery of the patient from his paralytic condition, under the treatment, was only a question of time, and that, often, of brief duration. When long protracted, it was more generally the result

of imprudence and sometimes obstinacy of the patient, in persisting in too much exercise upon the feet when first commencing to walk.

In one instance, the patient, of a restive habit, had nearly recovered from the second attack when he fell from a considerable height and became the third time paralyzed, from which he has not regained, and probably never will regain, the use of his limbs.

Paralysis did not, I think, exist in one instance where the disease was situated below the last dorsal vertebra; but it occurred in an increased ratio, proceeding upward from that point. Neither was there a single case of it in the upper extremities connected with *genuine* Pott's disease. Such cases are very rarely found on record. It did occur, however, in one or both arms in the case of the patient sixty years old already alluded to, as having caries in the cervical region, throwing the head forward and downward with the chin resting on the sternum. This deformity was attended with severe and incessant pain, over which opiates, as I was informed by the attending physician, although liberally administered, appeared to have little or no control.

The treatment in those cases, in addition to the mechanical support, consisted of dry friction applied to the back and limbs, with flannel, or the bare hand, and the use, sometimes, of the galvanic battery. The loss of the power of locomotion, as a contingent of this disease, may be viewed as comparatively of minor importance. The patient is very sure to regain the use of his limbs under treatment. With a restive disposition the paralysis sometimes proves an advantage, as too much exercise upon the feet interferes with the efforts to reduce the curvature, and renders the ultimate success of the treatment less certain.

Dr. Pott ascribed his success in the treatment of paralysis of the lower extremities in this disease to the use of issues applied near the affected portion of the spine, and recommended their continuance for several months after the patient had recovered from his paralytic condition. It may be well to consider whether the remedy here recommended possesses merit superior to every other in such cases. Of this there appears to be no direct proof; and if the fact cannot be clearly substantiated by practical results, such practice should be discarded and treated as a source of unnecessary pain and suffering to the patient.

Abscesses sometimes created but little constitutional disturbance; neither did they in many instances appear to affect materially the ultimate results of the treatment, as ten or twelve only of the whole number thus affected terminated fatally, and those were generally of a most decidedly strumous character. In some instances the abscess terminated by absorption. This was more frequently the case when their locality was such as to subject them to the pressure of the corset. That result is very desirable whenever possible to effect it in any way, as it saves the patient from much discomfort, and, at least, *temporary* physical prostration and the attendants from an unpleasant and protracted duty, as the dis-

charge seldom ceases until consolidation of the affected portion of the spine is far advanced. A premature use of the lancet, when abscess is the result of caries of the spine, is more frequently attended with serious constitutional results than when its contents are permitted to escape by a spontaneous opening.

If an abscess is quite painful it may be better, perhaps, to give early exit to the pus, even at a greater risk of constitutional irritation; and, if the surrounding tissues are likely to become too deeply involved by the further expansion of its walls, as is sometimes the case, the use of the lancet is imperative. Otherwise, it is better, usually, that the abscess should remain unmolested until its contents have approached near to the surface.

Very many of the cases presented for special treatment were of long standing, with marked deformity, impaired health, and general prostration, some having been subjected to one form of treatment and some to another. The seton, moxa, and various other forms of counter-irritation, had been resorted to, while in many cases the recumbent position was strictly enforced, in some instances, for a period of nine, twelve, and fifteen months, the patient not being permitted to rise from this position, even when taking nourishment.

But these different methods of treatment have all failed to accomplish what has often been effected, unattended with pain and suffering to the patient, by appropriate mechanical appliances in connection with a liberally sustaining diet and the use of such medicinal agents as the case appeared to demand, while the patient was comparatively unrestrained from air and exercise during the treatment.

Among the earlier symptoms of the disease is the manifest necessity for support, indicated by the patient's constant and instinctive inclination to seek it in leaning or throwing himself upon whatever may chance to come within his reach that will afford such support; and the more perfect is the design and adaptation of the support and the more promptly and skilfully it is adjusted and readjusted, the better for the patient, and the more successful and satisfactory will be the ultimate results of the treatment.—*N. Y. Med. Journal.*

Editorial Department.

Stimulants in the Treatment of Disease.

It is well known by the profession that not until within the last fifteen years was it common for physicians to prescribe stimulants in disease; it appears to have succeeded to the much more objectionable plan of depletion, low diet, sedatives, etc., so prevalent with the medical fathers of the present time in their earlier days. When it had become quite apparent that most patients would recover sooner and more fully if the depletive measures were omitted,

and generous alimentation substituted therefor, the second step, very easy and quite natural, was soon taken, and stimulants added, soon coming to be regarded as indispensable in some stages of nearly all forms of disease. Early in the history of the introduction of stimulants as a therapeutic measure, it was announced that whisky was a sovereign remedy for consumption. Unfortunately, for the early use of the remedy, it was said, that the cheapest, strongest-smelling, and most disagreeable, unrectified article, the "Irish whisky of forty rods," was the most useful in the treatment of this disease, and this operated to check for a time its use. But the "Best Rye" and "Kentucky Bourbon" early found advocates; when, by a general consent, all sick people commenced its use, and nearly all well people followed the example, believing it preventive as well as curative. From a very legitimate use of stimulus in conditions of great temporary depression, physicians extended the range of its usefulness indefinitely, and gave the sanction of their advice to the adoption of a measure when, as yet, there was no adequate evidence of its usefulness. It grew in favor with the profession and with the public from an inherent property, which has always lent to it an irresistible charm; and, sustained by professional approbation and popular favor it came to be the one all-controlling, everywhere-present, almighty "spirit" of good;—capable; of course, of some evil if misapplied, but in its proper use the universal restorer;—good for drink, for food, and for medicine.

At length, after irreparable injury, a few of the very observing men of the profession hesitate as regards its benign influence, and slowly and reluctantly admit the possibility of a mistake. The doubt being raised, the question is now fully open for discussion: Is Alcohol useful in the treatment of disease; and, if so, in what forms and to what extent?

We do not propose to definitely settle the question, but simply announce that it is open for consideration, believing that it will be eventually presented in all its bearings and that a more definite and truthful idea will be gained of the influence, usefulness and injury of stimuli in conditions of disease. For the last ten years, whisky has been the staple of treatment in consumption, and this is a period sufficient to afford some results indicating its true worth. It has been combined with Cod Liver Oil and with various inert compounds, and its effects alone have not been so much observed. Yet we cannot doubt that experience in the use of stimulants, as curative of disease, has already been quite adequate to the formation of some positive conclusions. Great differences of opinion are to be expected, and probably the profession cannot agree in the effects of this, any more than of other medicinal substances; still, we think it may be said, in all fairness, that we are not *certain* that anything has been gained. We have ourselves never observed carefully a single case, taken during the entire period of the disease, which we could think in the end benefited; while many, very many, have been compelled to abandon it altogether or to restrict its use to inappreciable quantities. The most common ill-effects observed is diminished relish and desire for food—which appears to be the

usual and almost uniform effects—an excited circulation, and an irritable condition of the nervous system. The habit of prescribing stimulus for invalids having symptoms of defective nutrition is almost universal, and is based mainly upon the general idea that Alcohol increases nutrition or is itself nutritious. Dr. Flint, in his *Physiology*, says: “That it may temperarily give tone and vigor to the system, when the energies are unusually taxed, cannot be doubted; but this effect is not produced in all individuals. The constant use of Alcohol may create an apparent necessity for it, producing a condition of the system which must be regarded as pathological.” Physiologists have thus far shown, so far as they have shown anything, that it is not an aliment, and is not essential to the highest state of nutrition. Dr. Hammond has made some very interesting experiments, going to show its effects upon nutrition; and if he has shown that it is increased by it, he has shown also that at the same time the health was impaired. After taking sixty drachms of Alcohol in five days, his weight had increased a little; he says: “during this time there was some disturbance of the general health. The pulse was increased in frequency; there was headache, and the mental faculties were not so clear as on the days when no Alcohol was taken.” But we have no time to answer the question that we ask. We leave the answer to the observation of the profession. Stimulus in disease, so far as our own observation extends, should be confined to conditions of temporary exhaustion, and cannot be relied upon as an efficient agent of repair. It is the fashionable remedy in consumption, and has thus been extended to all supposed—as well as real—cases of this disease. Some instances might doubtless be cited where at least it did no harm, but we have no doubt that it has done infinite injury, taking its use in the aggregate, partly perhaps from its abuse rather than its legitimate use. We have been led to these remarks mainly for the purpose of calling attention to this very important therapeutic agent, and possibly being thus able to collect the opinions of those whose opportunities of observing its effects have been sufficient to determine its value.

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Items, Selections and Remarks.

BY W. W. MINER, A. B.

In San Francisco, recently, the sudden and unaccountable death of a boy ten years of age, led at length to the arrest of his father on suspicion; when, by chance, the physician who conducted the autopsy, after its completion bethought himself to examine and remove the larynx, this organ was found to contain a large mass of meat, which produced death by suffocation. It appeared that the boy had in the night been awakened by an attack of vomiting, during which the meat became lodged in its position. The *Pacific Medical*

Journal gives an account of another case also, in which a patient who was put under the influence of chloroform, after having eaten a hearty meal, during an attack of vomiting lodged a portion of food in his larynx and was suffocated in spite of every effort.—One of the French journals says that a society has been formed in Paris, now numbering more than a hundred members, each of whom declare that it is their wish that their bodies, after death, be used for the promotion of anatomical science.

Division of structures, by means of the galvano-caustic wire, seems to be in vogue at present.—M. Baikow states that in set of experiments, twenty-eight in number, he has been successful in fourteen of them in producing bony substance by the insertion of marrow from a dog's femur, beneath the skin of his back, a method upon which M. Gonjon has heretofore experimented.—Prof. John T. Darby, of the University of South Carolina, has published a pamphlet on the use of liquid glass as a surgical dressing for fractures. He says that after an extensive use of plaster, starch, glue and dextrine, he is induced to place this substance above these for general usefulness. Six cases in which he made use of the soluble glass are given, which, together with the opinion of a number of surgeons, testify as to its superior utility.

The Wisconsin State Medical Society held its annual meeting at Milwaukee in June. Dr. H. P. Strong, of Beloit, was elected President of the Society for the ensuing year, and Dr. J. T. Reeve, of Appleton, Secretary.—The American Pharmaceutical Association met last month in Baltimore, holding a three days' session. Its next meeting will be held in St. Louis, in September, 1871. Its present officers are Richard H. Stubbs, of Virginia, President; John M. Maisch, of Philadelphia, Secretary.

M. Mehu, Pharmacist of the Becker Hospital, Paris, recommends, after several years' trial and experimenting, the following preservative fluid for anatomical specimens. It is especially valuable in not contracting the soft parts: Arsenious acid, 20 parts; crystalized carbolic acid, 10 parts; alcohol, 300 parts; distilled water 700 parts.—*N. Y. Medical Journal*.

In the *Dental Register*, for September, may be found an address delivered before the New York State Dental Society at its last annual meeting, by its estimable President, Dr. B. T. Whitney, of this city. From the address we learn that James Gardette, who came from France to America with a naval detachment of Lafayette's army in 1788, was the first to substitute gold clasps for ligatures of wire or thread in sustaining artificial teeth; thus enabling the patient to remove and cleanse them without the aid of a dentist. He was the first to support an artificial set of teeth by atmospheric pressure, which he did as early as the year 1800; artificial dentures were then made by carving them from blocks of ivory or the tooth of the hippopotamus. He was also the first to use gold plates as a base for teeth, in place of the clumsy carved pieces of perishable material, and was among the first to use gold foil in place of the lead and tin so generally used at that time.

Books Review.

The Practice of Medicine. By THOMAS HAWKES TANNER, M. D., F. L. S. *Fifth American from the Sixth London Edition. Enlarged and Thoroughly Revised.* LINDSAY & BLAKISTON: Philadelphia. 1870.

We are happy to announce the appearance of the Fifth American Edition of this most complete and valuable work upon the Theory and Practice of Medicine. Tanner's Practice of Medicine is now one of the standard works in this country, upon practical medicine, as well as in Europe; and each new edition enlarges and improves it, bringing it up with the constant advances which are being made in our knowledge of and modes of treating disease. It can hardly be necessary to speak in detail of a book which, in some of its editions, is in nearly every physician's library; it only remains for us to say, that the last edition is the most full, comprehensive and complete, fully representing the most recent views in pathology and therapeutics, and entitled to the highest rank as a complete work upon Practical Medicine.

Theory and Practice of Obstetrics. By WILLIAM H. BYFORD, A. M., M. D. WILLIAM WOOD & CO.: New York. 1870.

Byford's Obstetrics affords the Student and Practitioner the science and practice of the art in the most available and reliable form. It is complete, though not large; it is full and perfect, and still is comprised in comparatively small space. It contains what is known, and commends itself to the profession, and especially to medical students, by its plain, well-considered complete teaching. Everything that can be said in favor of any work on this subject can be said of it; and to this you may add that it is compressed to small compass, and beautifully bound. Students in our Colleges cannot but select it as best adapted to their wants; it is a book we cannot too highly commend.

Basham on Renal Diseases. A Clinical Guide to their Diagnosis and Treatment.

Those members of the profession who are turning their attention to the careful diagnosis of renal diseases, will be deeply interested in this work. It contains full directions for the most careful examination, both microscopic and chemical, of the urine; combining with it the general and clinical evidences present. We think it well adapted to the objects in view, viz.: "of promoting a practical and clinical knowledge of a class of diseases which are not without their difficulties in diagnosis, and of assisting both student and practitioner in their clinical observations." As a practical guide in the treatment

of the various renal diseases it will prove valuable, the general subject being presented with the skill and observation of a clinical teacher rather than from a purely chemical or microscopic observation.

Physicians Visiting List for 1871.

We have received from Lindsay & Blakiston their "Visiting List" for 1871. It has the usual table of contents and the unexceptional style of former issues. It is printed on fine paper, is substantially bound, and is in every respect a most complete "visiting list," comprising all the advantages these pocket companions can possibly contain.

Introductory Lecture in the Buffalo Medical College.

Prof. George Hadley will give the opening Lecture of the Course in the College Amphitheatre, Wednesday evening, November 2nd, at 7½ o'clock. The lecture will be of interest to the intelligent public, and all are cordially invited to attend.

Books and Pamphlets Received

- Hand-Book of Medical Microscopy. By Joseph G. Richardson, M. D., Microscopist to the Pennsylvania Hospital, etc.—Philadelphia. J. B. Lippincott & Co. Received through Breed, Lent & Co.
- Histology of Minute Blood-vessels: A Report to the Surgeon-General of the U. S. Army. By Brevet Lieut.-Col. J. J. Woodward, Assistant Surgeon of the U. S. Army, with 12 accompanying photo-micrographic plates.
- A Treatise on Physiology and Hygiene, for Educational Institutions and general readers. By Joseph C. Hutchinson, M. D., Member of N. Y. Pathological Society, etc.—New York: Clark & Maynard, 5 Barclay street.
- Transactions of the Pennsylvania State Medical Society at its Twenty-first Annual Session.
- The Raising and Education of Abandoned Children in Europe; with Statistics and Remarks. By Abraham Jacobi, M. D.
- The People's Literary Companion. A Large Illustrated Monthly, having the largest circulation of any literary publication in America. Published by E. C. Allen & Co., Augusta, Me. Terms 75 cents per year. A beautiful Engraving free to every subscriber.—"The Western Home," Chicago, Ill.—"American Grocer," New York.—"The Cosmopolitan," New York.—"Steiger's Literary Monthly," New York.—"Le Citoyen Americain," Syracuse.—"The American Messenger," "Amerikanischer Botschaffe" and "Child's Paper," New York: Tract Society.—"Zion's Herald," Boston.—"The Rapid Writer," Mendon, Mass.
- The Trustees of the Fisk Prize Fund offer a prize of one hundred dollars for the best dissertation on either of the subjects: "Ununited Fractures," or, "Hydrate of Chloral," sent to Dr. S. A. Arnold, Providence, R. I., before May 2nd, 1871.

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No. 4.

Original Communications.

ART. I.—*Notes of interesting Obstetrical Cases, with Remarks.*

By J. F. MINER, M. D.

CASE 1ST—Mrs. Mc M., aged 26, Primipara. Attended by Dr. Ayer, in natural labour. Child delivered at four o'clock: no symptoms of disease manifest, and the patient left in every respect comfortable. Called again about two hours later, and found patient in convulsions. These continuing, or appearing at near intervals, I was, at Dr. Ayer's request, invited to visit with him. Patient insensible with persistent convulsion; urine about normal in quantity, but albuminous in unusual degree; extremities anasarca to moderate extent. Dr. A. prescribed Croton oil, gtt. ij. every hour, until free operation. Patient died comatose six hours later.

CASE 2ND—Mrs. R., aged 28, Primipara. Attended by Dr. D. in natural labor, which terminated rapidly. But little anasarca, and no other symptoms of disease. Seized in convulsion about four hours after delivery, which terminated in profound coma and death in six hours. Attempts were made to obtain hydragogue catharsis, but to no effect; coma was too profound to allow the satisfactory administration of medicine. Urine three-fourths albumen.

CASE 3RD—Mrs. ——. Attended by an irregular practitioner. Labor said to have been normal; had complained of not being well, and entertained the conviction that she should not survive her confinement. Was visited by her medical attendant after con-

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vulsion was present, and received from him powders of sugar and morphine.

After his dismissal I was called to prescribe. Learned that the convulsion appeared three or four hours after termination of labor; seemed comfortable and cheerful, and made no complaint until a few minutes before she was seized with convulsions, when she complained of severe pain in the head. Anasarca well marked, feet very much distended. Bowels had moved before labor; no urine had been known to pass after completion of labor; introduced catheter, but obtained no urine—not a single drop. Attempted to obtain hydragogue catharsis, but without effect. Patient died in about six hours after commencement of convulsion.

It will be observed that my notes of these cases are incomplete; this grows out of the circumstances of observation. In no case was the physician aware of the presence of any symptoms of derangement or disease; was called simply to attend in labor, and wholly unaware of danger. The examination of urine was also imperfect, as no time or opportunity offered for careful chemical or microscopic observation. These three cases came under observation during the last month,* and were all in the same neighborhood, almost within the same square; and to this list I propose to add another, which resembles them in some respects, but which I regard as entirely unlike, yet also occurring in the same vicinity. Uræmic poisoning is perhaps more frequent than is generally supposed, and is associated with pregnancy in a manner which is but imperfectly understood. It seems to me, judging from my own experience alone, that such disease is vastly more common than formerly, but there are so many sources of error in this, that my observation is of no real value. The best statistics now show its presence in the ratio of one to twenty-three, appearing more frequently in primiparæ.

These cases were not observed by any physician until the very termination, and consequently the report is quite unsatisfactory. They are published more for warning than instruction.

* May, 1870.

It seems certain that pregnancy is an excitor of albuminuria in persons previously healthy, and that it aids in developing those morbid conditions, when otherwise they might have remained latent for a long period, or might have wholly disappeared.

The presence of albumen in the urine of pregnant women is of uncertain import, since not only may it be present, but casts such as are recognized in Bright's disease, even in advanced stage, may also be plainly observed, and after labor these conditions may entirely disappear. This appears to be fully sustained by the most careful observation. Notwithstanding this, albumen, when present in the urine, and especially if associated with renal casts, is of grave omen, and sufficient to show the intelligent physician that the danger is imminent. The frequency of this condition in pregnancy, and the obscurity often of its general symptoms, should show how very important it is that the condition of the patient during pregnancy be carefully watched, and especially so in primaparæ; the victims of uraemic poisoning are already much too numerous, since early detection would, in many instances, enable us to avoid a fatal issue.

To the foregoing record of observation, I desire to add another case, and make a remark or two, though I do not think I am recording a case which resembles the first three in any important particular, except the termination.

Mrs. S., aged 35, was delivered in natural and easy labor of a small, delicate child; doubtful whether it had reached full time. Mother and child well; mother very cheerful and happy, complaining of no unpleasant symptoms. Thirty-six hours after delivery she wakened her nurse with a sudden cry of pain in the head; asked that her husband be called, and with great difficulty made known some of her wishes. In a few minutes I was at her bedside, and found complete paralysis of right side. She could still make herself understood a little, but could not articulate words distinctly. Pupil of one eye dilated; all sensation and motion on the affected side lost; was still conscious, and understood what was said to her; deglutition not quite impossible, but very difficult. But a short time elapsed before she was perfectly unconscious, breathing stertorously and sinking rapidly. Died in about

four hours after first attack. The bowels had moved freely, and the urine had been copious and easily voided.

The diagnosis, to my mind, was positive, and entirely satisfactory. This patient undoubtedly died from apoplectic effusion, though the case did in some respects resemble uraemic poisoning. Uraemic poisoning does not produce paralysis; can never have so sudden an appearance; is always attended by precursory symptoms. The stertorous breathing was too deep for puerperal eclampsia, unless in the advanced stage, when great congestion, or actual effusion had taken place.

These cases, taken together, constitute a remarkable obstetric record for the time and location; and occurring thus, awakened, in some instances, fear and anxiety in those expecting soon to be in labor. So far as uraemic poisoning is concerned, the fatal issue possibly might have been prevented or delayed by timely interference, but the apoplectic effusion was perhaps an accident, against which we could not guard.

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ART. II.—*Clinical Remarks on Diphtheria and on Lead Colic*, by
Prof. THOMAS F. ROCHESTER, M. D.

REPORTED BY F. BRADNACK, MEMBER OF THE CLASS.

Diphtheria is essentially a blood disease, a general disorder, with local manifestations in the throat, around the tonsils, fauces, and hard palate. It, in some cases, though rarely, travels through the eustachian tube to the ear; in the female it may appear in the vagina, or upon the vulva, but as a general rule the local manifestation is confined to the fauces. Occasionally a cut on the hand or some other portion of the body, will take on a diphtheritic appearance; this fact would indicate that the malady is a blood disorder. The danger in diphtheria is three-fold; (1) the danger of suffocation, should the exudation extend to the trachea; (2) the danger of pyemia, from absorption of the poison; (3) the greatest danger is from prostration by exhaustion. Diphtheria may continue a longer or shorter period; it may, though it seldom does, last a year. A first attack predisposes to a second. In the case of a person greatly prostrated by an eruptive disease, diphtheria is very apt to supervene. Once in a great while a rash

accompanies this disease. It is a malady quite distinct from scarlet fever, although attempts have been made to show the contrary. Diphtheria is communicable. It is conveyed by contact, or breathing, or by inhaling the exudations. It is sometimes accompanied by an offensive odor, but not necessarily so. The exudation forms in layers, until it becomes a thick membrane. The sequelæ are sometimes fatal, and are often as much to be feared as the disease. One of these sequelæ is albuminuria; another is paralysis. The latter may be local or general, with impossibility of deglutition. When there is difficult deglutition, it is often a precursor of paralysis. Contrary to popular notion, the exudation and danger are not proportionate; in fact, patients with the largest amount of exudation generally get well. Diphtheria is a treacherous disease. Patients sometimes die from hemorrhage from the bowels. The disease requires very close attention. As regards its treatment, the medication should be general, rather than local. It should also be sustaining. The diet should be nutritious; stimulants are often indicated. Iron is almost always needed. It prevents hemorrhage, and thus closes one avenue of danger. The tincture of the chloride is the most eligible preparation. Lime water is also very efficacious. It dissolves the exudated membrane more quickly than anything else. The membrane should never be torn off, nor should any effort be made to disengage it, unless it comes away spontaneously. An excellent method of local treatment is by vaporization, using lime water. This often proves a valuable plan of treatment, the lime water being resolvent, antiseptic and detergent.

Lead Colic is induced by exposure to the influence of lead, in some form or other. Some persons are more susceptible to its influence than others. In some individuals the disease is produced after being subjected for a very short period of time to the fumes of lead. Painters, and those engaged indoors in compounding or using lead, are more apt to take the disease than those who use paint out of doors. When paint is mixed with turpentine it is more apt to affect the organism injuriously than when mixed with oil.

As illustrative of the extreme susceptibility of some persons to poisoning by lead, an instance is cited in "Watson's Practice of Medicine," of a lady who suffered an attack of lead colic from sleeping in a room wherein hung a newly-painted birdcage! The poison of lead is often communicated through the medium of water, lead being most frequently found in rain water, this latter being often conveyed through leaden pipes into dwellings and other buildings. In the case of an artisan working with lead in a close room, the poison would be taken both by inhalation, and by absorption through the skin. In this disease, the pain is of an intermittent character, and is greatest at the umbilical region. The pains are those ordinarily defined as colicky. The gums should always be examined for what is known as the "lead line." This line (which is a blue mark around the edge of the gums) is more apt to be seen in persons who are habitually uncleanly, and to whom the tooth brush is an unknown implement. The explanation of this linear discoloration is found in the fact that the sulphuretted hydrogen (generated of uncleanliness) combine chemically with the lead introduced into the system. In persons of scrupulous cleanliness the lead line is not discoverable. In the treatment of this disease, the first indication is to allay the pain by the administration of an anodyne. It is generally bad practice, and also prejudicial to the patient, to give cathartics. There are advantages in giving the anodyne subcutaneously, one of which is the prevention of vomiting. Washing the body will often remove much of the lead, and should never be omitted. After the pain has been quieted by the anodyne, free evacuations will often take place from the bowels, without the use of cathartics, by reason of the general relaxation of the system which has taken place. Should no catharsis occur, castor oil may be administered, or sulphate of magnesia. It is imagined by some that there is a great point gained by giving this latter remedy, it being asserted that the sulphate of magnesia combines chemically with the lead, thus forming an inert salt, but the notion is far-fetched and unsubstantiated; and the castor oil is therefore preferable. In poisoning by lead, when a large quantity has been accidentally swallowed, the sulphate of zinc, combined with ipecachuanha, and used as an

emetic, is very advantageous. In this case the sulphate of lead is formed in the stomach, which is not so dangerous as that which it replaced. Afterwards, give sulphate of magnesia. In local poisoning, small doses of iodide of potassium given three times a day act well, the lead passing from the system as iodide of lead. In answer to the question, how can this disease be prevented—what is the best prophylactic treatment—it may be summed up in the word “cleanliness.” Let baths be freely used, and garments constantly changed, for the disease is produced far more by absorption than by inhalation of the metal. In some white lead manufactories “sulphuric acid lemonade” is given to the workmen, and, as a prophylactic, often works well.

ART. III.—*Clinical Lectures on Surgical Cases in the Buffalo Hospital of the Sisters of Charity*, by Prof. J. F. MINER, M. D., reported by W. W. Miner, member of the Class.

CASE V.—*Hip Joint Disease*.—Within the last ten years, great and important changes have taken place in surgical teaching and treatment respecting this disease. It was formerly supposed that patients who suffered from hip disease were scrofulous or tuberculous in constitution, and that a fatal result was generally to be looked for. You will find it said in one of the most comprehensive of our recent surgical works, that whatever inflammation is present in these cases, “we have always to bear in mind that it is of a low character, and controlled or modified by the constitutional condition; it is to the relief, therefore, of the constitutional condition that our treatment has to be mainly directed.” Accordingly, Cod Liver Oil, Whiskey, and the combinations of phosphorus were the agents mainly relied on by physicians in their method of treatment. But these cases do very often recover, and in fact I do not recollect of a fatal case of simple hip-joint disease, where a rational method of treatment was employed. We see men walking the streets every day who are recoverers from hip-joint disease and of which the only apparent result is the slight degree of lameness it has left. The impression that hip-joint disease has

any necessary connection with tuberculosis or scrofula is unfounded, as these numerous cases of recovery sufficiently attest.

The little girl who is presented before you has the characteristic features of the affection, which are flexion, together with slight adduction of the femur, with a disposition to let the muscles of the thigh remain as nearly uncontracted as possible. The weight of the body can generally be borne by the affected limb, but not without more or less pain. It is a physiological fact that pressure in the region of the hip, upon the nervous trunks supplying the knee, will cause a pain which is referred to to the knee. We should take care not to be misled on this point which forms a prominent feature in the diagnosis of these cases, and avoid the error of locating the trouble at the knee.

Hip disease occurs generally in young persons. This would not be the case were the affection tuberculous in origin. It occurs as the result, I am led to believe, of direct injury to the joint structures, such as is likely to happen to swimmers while bathing, or to one who is taking violent exercise. From the low sensibility of the joint tissues, injuries done them may not be recognized at first, while from their slow disposition to take on an inflammatory condition, changes which are taking place may pass for some time unnoticed or unheeded, till the severity of the symptoms restrain the patient from accustomed pursuits.

The diseased condition may involve the articulating extremity of either bone of the joint or its articular cartilage and synovial membrane. We find that there are two well marked stages in the progress of the affection. The first is termed acute, and is characterized by the activity and severity of the inflammation which is present. The second stage is one of less active symptoms, in which it is supposed that the processes of suppuration of injured parts and their repair, is in full progress. Abscesses may burrow their way and appear at the surface in the vicinity of the joint, through which nature endeavors to discharge the products of suppurative inflammation. The point at which these abscesses reach the surface gives very little information respecting the precise point whence they proceed, or the exact location of the diseased structure. The extent of the pathological change varies with the severity of the

original injury and the care with which the suppurating structures are treated.

The treatment of diseases of the hip-joint as recommended by surgeons, to-day, is mainly local: it is *rest and relief of pressure*. By this is not meant rest from bodily activity, as those who become afflicted with this disease are oftentimes remarkably healthy and active in constitution, and it is not till the diseased condition has progressed considerably that they become emaciated and care-worn. By *rest* is meant the avoidance of active exertion of the affected extremity, and of continual motion of the diseased joint surfaces upon each other, whereby injury may be inflicted to the diseased structure, which will in the severity of its results equal that originally received, or such constant irritation and inflammation may be kept up, as will indefinitely prolong the suppurative process. In order to secure freedom from this source of injury and irritation, the patient may be kept in bed, and the affected parts be gently relieved of pressure by the keeping up of a sufficient degree of extension upon the limb, by means of a weight over a pulley. In this way the conditions of the treatment will be admirably fulfilled: the diseased surfaces relieved of pressure will cause the patient comparatively little pain, while circumstances favorable to the recovery of the affected parts will thus be obtained. It is not well to keep up very great force of extension upon the muscles of the thigh, as this may tend to their irritation and spasmodic contraction, but simple enough to relieve that tonic contractile force which would otherwise have to be sustained by the sensitive and disorganized joint structures. Though this means is very effectual, and may be employed for a limited period, still the close confinement, to which the patient is quite unaccustomed, will soon have a very depressing effect upon his general health upon which the suppurative process is also of course making a great demand. It is then that tuberculosis, perhaps, may appear, and that tonic remedies are of use.

Happily we can secure rest of the limb and relief of pressure upon the diseased surfaces by making use of the extension splints, which have recently been introduced. They are all similar in construction to the instrument I now show you. It consists of simply

a firm rod, of sufficient length to reach from the crest of the ilium nearly to the outer malleolus, to the upper portion of which is buckled a firm elastic strap, which is passed underneath the perineum, and constitutes the point of counter-extension, while to its lower extremity is buckled the ends of adhesive straps, which are wrapped spirally upon the leg, from the knee downwards. When this is applied the patient may walk about on crutches. By this excellent instrument we gain exactly what is secured by keeping the patient in bed, while the ill effects of close confinement are altogether avoided. These instruments, simple in construction, are of immense advantage, and experience has proved their worth.

Notwithstanding the value and importance of correct information concerning this affection, surgical authors have so far neglected mention of what seems to me the only rational method of treatment. Even in the most recently revised work on surgery, to which my attention has been called, I find leeching, cupping, and caustic issues unhesitatingly enjoined in the treatment of this disease, and this in conjunction with the internal administration of mercury with chalk, the mild chloride of mercury, or the bichloride, with sarsaparilla and bark. Such advice is plainly at variance with pathological fact, is for the most part useless, still further, is injurious, painful, and, in short, barbarously absurd.

If collections of pus can be found in these cases, where they can be evacuated, they should be opened. Should you have a case in which the whole head of the femur becomes carious, it may be excised, and I have specimens to show you of this bone thus removed, whose removal was followed by recovery.

CASE VI.—*Resection of Bone after Amputation.*—The young man whose right arm you notice has been amputated in its upper third, now has protrusion of the end of the humerus, through the surrounding integument. The cause of this unfortunate result may be due to there having been an insufficiency of flaps afforded at the amputation, so that on account of the increased tension the tissues were afterwards called upon to bear, they were forced down about the bone; or the extremity of the bone left may have been so sharp edged as to cut its way out. In making amputations it is of course necessary not only to have sufficient

tissue left to cover the bone, but to make allowance for the tension which subsequent inflammation will cause, when the closing stitches are liable to be torn out, and such pressure of the tissues upon the end of the bone used as will occasion such a result as is here seen. Another important fact to be regarded is that in sawing of the bone great care should be taken not to detach the periosteum from that portion of the bone which is to be left, as otherwise exfoliation is the consequence. It is also quite necessary to ream off the sharp circumference of bone which the saw leaves, as may be done by means of sharp bone forceps. Great importance is to be attached to this point, and the careful surgeon will not neglect to take the necessary pains it involves. I have found by experience that efforts in the careful removal of all acutely projecting points or edges, of bone, are amply rewarded. Though nature ultimately rounds off the sharp corners, still it is much better to assist the process yourself, and at once be rid of one great cause of delayed cicatrization and of tender stumps. In the present case, section of the cicatrix is made, a small portion of exfoliated bone taken out, and the unnecessary portion of the humerus removed by the chain saw.

ART. IV.—*Medical Society of the County of Albany, Annual Meeting, November 8th, 1870.*

REPORTED BY JAMES S. BAILEY, M. D.

The Society met at the City Hall, on the second Tuesday in November, at 3 o'clock p. m.

There was an average attendance, over fifty members being present.

Dr. William H. Craig, president, in the chair.

The minutes of the Semi-Annual Meeting were read and approved.

The chairman of the Censors, Dr. Chas. A. Robertson, reported favorably upon the following named physicians for members :

DR. WILLIAM GEOGHEGAN.

“ JAMES D. FEATHERSTONAUGH.

“ WILLIAM D. WHEELER.

“ CHAD. F. SCATTERGOOD.

“ WM. H. F. REYNOLDS.

They were accordingly elected members.

The treasurer, Dr. Andrew Wilson, then read his report, which was accepted.

The president, Dr. Wm. H. Craig, delivered the following annual address:—

GENTLEMEN,

I crave your indulgence while I endeavor to fulfil the task imposed upon me by the By-laws.

A community forms its opinion of a profession, first by its usefulness, and second by the character of its representatives.

The legal profession is judged by the equity of the law, the fidelity of its advocates, and the probity of the judiciary.

The religions of the day are estimated by the morals of the people, and the zeal and faithfulness of the clergy. So with the profession of medicine; it derives its status from the skill of the physician, and the benefits it confers in promoting the health of a community. And thus the standing of our profession is constantly before the public, and necessitates an interest in its progress, which is generally admitted to have equalled, if not excelled, the other modern sciences. As examples of this may be adduced, the marvellous changes which modern pathology has made in our knowledge of the nature and cause of many diseases, together with the valuable contributions which have been made by the various special departments of medicine. The activity with which modern operative surgery has undertaken and rendered successful operations, which a few years ago were counted unjustifiable is worthy of all praise, yet, notwithstanding all the evidence we have of the great strides this science has made in alleviating human suffering, is there not indication of a great want of confidence in the regular profession of medicine, as manifested by the increasing demand for patent nostrums, and the popularity of the irregular kinds of practice.

Now, is it not fair and just for every physician to ask himself what are the causes of such want of confidence, and what should be the remedy. Is not the profession partly responsible for this condition of its science. Are there not obstacles to its advancement which it lies within the power of its followers to remove? A refer-

ence to the past history of medicine will show that it has always been characterized by extremes, one system of speculative ideas following another in rapid succession. The past two thousand years have advanced such widely varying theories as Naturalism, Empiricism, Eclecticism, Stimulism, Vitalism, Chemicism, &c. Coming down to the cellular pathology of our own times, which, together with therapeutics, undoubtedly forms the true principles of modern medical practice, the modern theory of investigating diseases, now in vogue for about half a century, and for the last twenty-five years occupying almost exclusively the mind of the great men in the profession, appears the true system of tracing disease through its organic changes and causes, from the healthy to the diseased condition. The energy with which this modern system of pathology has pushed its investigations, aided by the microscope, sphygmograph, thermometer, etc., together with the books, general and special on the subjects, with societies and associations, reports and journals, is worthy of all praise. It has been the theme of many glowing encomiums, and I would not say a word to detract from the great benefit it has conferred on science in the treatment of many diseases, as well as the aid it affords to a correct diagnosis. Yet I am disposed to say that it has not accomplished what its advocates had hoped for, in alleviating and eradicating those diseases generally considered incurable.

What interest is it to the victim of disease to know that the physician is able, by means of physical signs, to tell him the organic changes which have taken place in the lungs in phthisis pulmonalis, or by microscopical or chemical examination, that he has scirrhus, or Bright's disease, unless he is able to point the means of relief, or by some treatment to prevent or eradicate those diseases which are the great enemies of humanity, numbering their victims yearly by thousands?

Does not this indicate that medicine has been more theoretical than practical in our time. Is it not a little remarkable that just in proportion as this theory has been promulgated, men of high reputation in the profession have lost confidence in therapeutics and therapeutic agents, and rely mostly on nature and

hygiene, which were the prevailing ideas of the treatment of disease in the days of Hippocrates, and have had such brilliant advocates recently as Sir John Forbes and Dr. Bigelow. The useless administration of medicines, in many cases, together with the diversity of opinion among physicians regarding the treatment of some diseases, may have caused a partial prejudice in this direction. Thus, in pneumonia, where the conditions are similar, one physician will follow the stimulating treatment, another the antiphlogistic, while still another will rely entirely on nature. Does not this contrariety of opinion serve to destroy the confidence of the public in the regular practice, and induce many to adopt the popularisms of the day.

While these may be some of the reasons that effect the status of the profession, yet I apprehend that the great fault has been in the tendency to advance medicine as a science rather than to make progress in it as an art. To day, while the science of physiology and pathology is constantly undergoing investigation, so that the works on these subjects have to be constantly revised, to keep up with the changes and new discoveries, yet in therapeutics we are satisfied with the old and absurd nomenclature of Cullen, such as lithor-thyptics, deobstruents, &c.

Is it not remarkable how little real persistent scientific effort there has been made to determine the therapeutic effect of agents within the past thirty years, while the pharmacist and chemist have performed such laudable work in the discovery of new remedies, and in furnishing pure and reliable articles of medicine. I except in these reflections the scientific efforts made by the late Dr. Tulley, whose investigations gave promise of important contributions to the *Materia Medica*. In view of the great light which physiology has thrown on the nervous system within the past few years, would it not stimulate to more investigation in this direction. Is not modern chemistry becoming every day synthetical as well as analytical. May we not reasonably look in this channel for the means of counteracting the horrors of hydrophobia, penetrating the mysteries of Bright's disease. and checking the fearful fatality of phthisis.

Are not the elements susceptible of accomplishing this work

all around us in nature, and simply awaiting the genius of the "coming man" to discover them.

A few years since, when the scientific naturalist supposed their work about completed on the subject of the *fennue genera*, Prof. Agassiz made his celebrated visit to the great River Amazon, where, in a few months, he discovered more than three times the number of species of fish than had been known before. So I believe the therapeutic department of medicine will be yet illuminated by like patient and bold research.

If a comparison were permitted of the relative benefits to the human race, what discovery has modern pathology made to equal the utility of anæsthesia. Yet twenty-five years ago the man that had asserted as possible, that which has been accomplished would have been laughed at as a madman.

I believe that we are on the eve of a great re-action in these departments of our profession, and that the next *decade* will develop many marvellous changes in our knowledge of therapeutics, in which practical medicine will become more demonstrative and less theoretical than heretofore.

The recent experiments made by Dr. Hughes Bennet and others on *animals* prove almost conclusively that mercury does not increase the biliary secretions; and yet this specific effect has been accorded to this agent more confidently than to any other article of the *Materia Medica*.

Without espousing the conclusions of these eminent scientists, it seems proper to assent that what the times, and the enlargement of our professional knowledge demands, is a more systematic and scientific effort to determine the true therapeutical relation of certain medicinal agents, with reference to modern discoveries in physiology and pathology; or in the language of another, "what we require is not unfounded assertion and vague speculation, but positive knowledge, something that will contribute to the science of therapeutics a more certain and less conjectural character."

I approach the second part of my subject with some hesitation, for it becomes necessary in defining the character of some of the representations of our profession to animadvert on certain practices that tend to lower them in public confidence, and exposes them at

times to seemingly merited censure, while the modern practitioner does not parade, as in former times, such fantastic *insignia* of his office, as the powdered wig and gold headed cane; nor affect a profound mystery while administering simple rhubarb pills or magnesia powders; yet there are those who bid for public notice as the especial champions of some popular remedy, such as cod liver oil or carbolic acid, or the hydrate of chloral, and laud these as the universal panacea for the cure of "the ills that flesh is heir to."

Can we refrain from condemning the inexperienced specialist, who, upon the mere suspicion of metritis, or other uterine disorder, rushes to the use of the speculum in wanton disregard of the most delicate sensibilities, a procedure which the honorable physician will only resort to when a correct diagnosis imperatively demands it. Or have we not reason to lament the too prevailing practice of professional experts appearing as medico-legal witnesses in courts of justice, who, for a valuable consideration, will discover a convenient *frenzy* as a justification to shield a criminal, and thwart justice.

And if you will permit a single word of criticism more, have we not sometimes reason to fear that the advertising in the public prints of cases treated, and of skillful surgical operations performed, may be deemed derogatory to professional dignity and honor.

Gentlemen, I would not have you think that I have no admiration for our profession because I have made mention of some of the causes which in my opinion impairs it in the public confidence, I still believe it noble in all its efforts to alleviate human suffering.

And while it may have its dark spots, like the great luminary of the universe, yet, like the sun, it warms and vivifies nature into bloom, health and beauty.

That modern medicine by its science of hygiene is preventing disease and is promoting the longevity of the human race, is entitled to more confidence and esteem than is commonly awarded to it. Only those persons who have lived in foreign countries, as in China or Japan, can rightly estimate or appreciate this truth.

The assertion which we frequently hear that medicine is not

one of the exact sciences, is not to be wondered at when we contemplate the vastness and magnificence of the laws that govern the human body, as well as the minutiae of the cells that constitute its tissues, for modern chemistry too, might exhaust the Greek alphabet for numerals to express the variety of substances which can be formed. "Berthelot makes a calculation of the number of combinations with acids of certain alcohols. He says, if you gave each a name, allowing a line for the name, then print 100 lines in a page, and make volumes of 1,000 pages, and place a million of volumes in a library. you would need 14,000 libraries for your catalogue."

Surely such a science might be said to approach the infinite, and to be above the comprehension of finite man, and demand the formation of special departments of study, these to be multiplied by the thousand, and then after patient years of investigation, comprehend all that may be evolved from so illimitable a field.

Does it not then become the representatives of a profession, with such a career of discovery and usefulness before it, to discard all effete and charlatan practices. And then may we not hope to elevate the profession of medicine so, that it may stand before the world like a temple illuminated in every part, and not resemble a house which reflects light from only a single apartment.

In closing allow me to congratulate you upon the interest and zeal which have been manifested in our society during the past year. Besides the Semi-Annual Meeting, there have been held other meetings in the evening, usually at intervals of two weeks, the average attendance at which was 29. Although so frequently occurring, a decided interest was manifested in them from first to last; this interest was shown not only by the numbers present, but also by the numerous reports, and the great variety of subjects that were discussed relating to the different departments of medicine and surgery, as well as to the medical ethics. In the number and character of the reports of medical and surgical cases there has been a decided improvement over any previous year. Indeed during these meetings between 70 and 80 cases have been presented, most of them in detail, and accompanied with pathological specimens. Many of these reports were the occasion of useful and interesting discussion.

I have still a painful duty to perform. All are not here to-day who were with us a year ago. We miss the familiar face of our associate, Dr. Alfred Wands, of Cohoes, an old and esteemed member of this society. Although I had known Dr. Wands for several years, yet my relations with him were not as intimate as many of our brethren of Cohoes, where he spent most of his professional life, and succeeded in building up a large practice, and enjoyed the confidence and esteem of all who knew him. His death, in the prime of life, is the cause of sincere mourning, and has severed ties, to family, profession and community, which can never be restored.

At the conclusion of which, Dr. Levi Moore moved that the thanks of the Society be presented to Dr. Craig, for his able address, and that he be requested to furnish a copy, to be forwarded to the State Medical Society, for publication in its transactions.

It was adopted unanimously.

The balloting was then proceeded with, and the following named gentlemen were elected to the offices mentioned:—

DR. WM. H. BAILEY, President.
 “ ANDREW WILSON, Vice-President.
 “ C. H. PORTER, Secretary.
 “ D. V. O’LEARY, Treasurer.

DR. MILTON M. LAMB,	}	Censors.
“ J. R. BOULWIN,		
“ STAATS WINNE,		
“ J. P. WHITLERETE,		
“ JNO. F. CROUNSE,		

DR. AMOS FOWLER,	}	Delegates to American Medical Association.
“ HENRY MARCH,		
“ JOHN FERGUSON,		
“ JOSEPH LEWI,		

The following gentlemen were proposed for membership:—

DR. W. H. MURRAY,
 “ LORENZO HALL,
 “ J. H. FRENCH.

Dr. A. A. Edmeston offered his resignation to the Society as delegate of the N. Y. State Medical Society, stating that his health was such as to render him unable to properly represent the County Society in that body.—Accepted.

Dr. John P. Whitley was nominated and elected to fill the unexpired term, made vacant by Dr. Edmeston's resignation.

Dr. D. T. Crothers read an interesting paper on the therapeutic power of oxygen gas.*

Miscellaneous.

Extension in Hip Disease.

Dr. Clinton Cushing, of California, concludes an account of two cases of hip disease, as follows: 1. Perfect rest, as near as possible, is of the first importance in the treatment of hip disease, at whatever stage. 2. The best way to secure this is by moderate extension, by means of a weight and pulley. 3. By this means the opposing diseased surfaces are kept asunder, and by the same means the patient is allowed to move about on the bed quite freely, without aggravating the disease of the joint. It is surprising to see how well children will bear confinement to a bed in the manner indicated, and how readily they accept the situation when they are free from pain. He thinks that a tonic course of treatment is demanded in every case, at whatever stage; and is a firm believer in the virtues of counter-irritation in this disease, thoroughly applied.†—*Pacific Medical and Surgical Journal*.

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Bromide of Potassium.

Dr. Wm. R. Whitehead, of New York, says: "There is no remedy which deservedly enjoys a higher repute than the bromide of potassium. In sthenic forms of headache, and in a number of conditions intimately associated with uterine complaints, this substance is invaluable, and an extended experience of it in these circumstances has thoroughly established my faith in its efficacy. But I am convinced that the bromide of potassium, like many other valuable remedies, is occasionally incautiously used. The indications for its administration would at first sight appear very plain, should the physiological dogma concerning it invariably obtain, namely, that the bromide of potassium diminishes cerebral

*A synopsis of this paper will be published in our next number.

† A thorough disbeliever, and if vigorously applied, barbarous. [Ed. Buffalo Med. Journal.]

congestion. It is necessary to add, I think, that this remedy also produces cerebral congestion. The enormous doses which are sometimes given should excite the fear that an opposite effect from that intended might be induced, and that rapidly. The bromide of potassium should be given only in moderate doses to obtain the full therapeutic effect for the relief of cerebral congestion; that the primary action of this substance is to diminish the amount of blood circulating within the cranium, but that subsequently, and particularly in very large or toxic doses, the opposite obtains; in other words, that intracranial congestion is induced. Indeed I am inclined to believe that the *sedative* effects of the medicine are always attended with more or less cerebral congestion."—*American Journal Medical Sciences*.

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On the Influence exerted by Chloral on the Pain of Parturition.

The *Edinburgh Medical Journal*, for August, 1870, contains an interesting article on this subject, by E. Lambert, Esq. The following are the author's conclusions:

1. Chloral is an agent of great value in the relief of pain during parturition.

2. It may be administered under favorable circumstances during, and at the close of the second stage, with the result of producing absolute unconsciousness in the same sense in which we understand unconsciousness under chloroform.

3. When thus given successfully, it has the advantage over chloroform, that it requires no interference with the patient.

4. It is desirable to retain chloroform in the position which it at present occupies in midwifery, and to reserve for the agency of chloral the first stage of labor. If, however, chloral, or some agent having analogous properties, is found successfully to relieve the pain of uterine contraction, the use of chloroform will be restricted to a lesser period of the duration of labor, or to the facilitation of manual or instrumental interference.

5. It is demonstrated that a labor can be conducted, from its commencement to its termination, without any consciousness on the part of the patient, under the sole influence of chloral.

6. The exhibition of chloral in no wise interferes with the exhibition of chloroform.

7. The proper mode of exhibiting chloral is in fractional doses of gr. xx. every quarter of an hour, until some effect is produced; and according to the nature of that effect, the further administration is to be regulated. Some persons will require doses of ʒj; and it is better to produce an anæsthetic effect ʒiij, by giving in the space of two hours, than by ʒj given singly.

8. The effects of chloral are continued beyond the period of completed parturition, and the repose experienced by the patient

after her labor, is one of the favorable circumstances to be noted in considering its application to childbirth.

9. Any stimulating effects, in the form of general excitability, occasionally observed during the administration, have passed away very rapidly.

10. Chloral not only does not suspend, but rather promotes uterine contraction, by suspending all reflex actions which tend to counteract the incitability of the centres of organic motion.

11. Labors under chloral will probably be found to be of shorter duration than when natural, for unconscious contractions appear to have more potent effects than those which are accompanied by sensation of pain.

12. Experiments are required in order to determine whether there exists the same antagonism between ergot and chloral, as is known to exist between strychnia and chloral.

13. The general conditions under which chloral is to be administered, are the same as those which regulate the administration of chloroform, and the rules laid down by Sir James Simpson, in connection with this subject, must be rigidly adhered to.—*American Journal of the Medical Sciences*, October, 1870.

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Plain Truth to Medical Students.

The medical student of 1870 enters upon a career beset with difficulties, but studded with rewards. The heir of centuries of research and devotion, he has to bear the weight of responsibilities ever increasing, and to uphold a standard which must be borne yet higher, and over steep and difficult paths. A higher national standard of education requires that he shall bring to his special duties the culture befitting a liberal profession; and the increasing application of exact modes of diagnosis and research in treatment demands, at his hands, an acquaintance with branches of science collateral to medicine, formerly not generally required. On this subject it is right to speak very plainly. Notwithstanding improvements in the standard of preliminary educational requirements, our licensing bodies are perforce at this moment with a second-rate standard of mere schoolboy requirements, which is by no means equal to the just demands of medical science, and which affords a very insufficient guarantee for the future of our profession in this country. The lamentable mediocrity of preliminary acquirements which they accept is the real hindrance to the progress of medicine as a science in this country. It is unnecessary to dissimulate the truth. The miserable inferiority in scientific research, the dearth of original work, the want of exactness, the poverty of physiological investigation, the ignorant impatience of "unpractical detail" which we all have to deplore so much in the mass of professional work at this day, are due to the

inadequate preliminary cultivation of our students, to their defective training in scientific method, the small base on which the pyramid of medical lore is made to stand. The solemn deprecation of excessive devotion to microscopic research; the empty sneer at chemical physics; the idle and mischievous disregard of instruments of precision—the sphygmograph, the thermometer, the laryngoscope, the ophthalmoscope—are all the expressions of a Philistine ignorance. There is one enemy against which the English student needs to be earnestly cautioned—it is what he calls his “common sense.” It is almost as dangerous at the outset as that nondescript cloak of contented ignorance which often makes him in after life an enemy to science and a danger to mankind, and which he then calls his “experience.” As a student, we beseech him to trust to nothing but hard-gaining laborious cultivated research and study. He cannot be too earnestly warned to fit himself for his work by a thorough mathematical training, by a sound knowledge of languages, by real mental discipline, acquired in a working devotion to natural science. It is on this basis that he must build his clinical aptitude and judgment. The inferiority of English to German medicine is due to the inferiority of preliminary training. We earnestly counsel all students into whose hands these pages will fall to ask themselves how far they are fitted to undertake the career which they they are about to enter.—*British Medical Journal*. *Boston Medical Journal*.

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Fever-Germs in Milk.

As a pendant to this, we subjoin a letter from Dr. Lawson Tait, to the editor of the *British Medical Journal*, on this subject, as follows:

SIR,—A note in your last issue, on the spread of scarlet fever by milk, leads me to hasten the publication of an observation and some experiments which I made in April last on this subject; and I do so partly that I may have some credit for an original observation, and partly to lead others to observe what I have scarcely time now to work out.

In the month of April last I was engaged, with my friend M. E. Naylor, veterinary surgeon, in examining the conditions attending the spread of the foot-and-mouth disease, in the West Riding; and, amongst other stations of suffering, we visited the farm attached to the West Riding Lunatic Asylum, under the superintendence of my distinguished friend, Dr. Crichton Browne. I had a long conversation with the intelligent farm bailiff, Mr. Turner; and, amongst other experiences, I tasted the diseased milk. I found that this had a peculiarly disagreeable smoky taste, and at first I rashly set this down as due to the disease of the cows. I found, however, that this smoky taint was by no means confined to the milk yielded by the affected animals; and Dr. Browne told me that he had sometimes occasion to send away milk and cream from his table, which was unfit to use on account of this smoky taste. A little examination further showed us that this flavoring was due to the recent asphalting which had been done in and near the milk-house. It at once flashed across my mind that, if milk acquired this tarry flavor from the absorption of the exhalations of asphalting, it was just possible that it might also acquire other things which were not so innocuous; and I at once

set going a series of experiments which have led me to the belief that milk is an extremely dangerous agent for the spread of contagion. I need not say that I did not try any experiments, as they were all personal, with contagious matter; but by enclosing fresh milk under bell-jars with tar, turpentine, assafœtida, fæces, urine, etc., I found that in most instances the milk became impregnated with the smell, and sometimes with that intensely disagreeable sensation which we know as the "taste like the smell" of the substances employed. The degree to which this was acquired seemed not so much to be in proportion to the amount employed either of milk or infectant substances, but to the amount and quality of the cream which rose to the surface of the milk; the oleaginous molecules seeming to act as the menstruum of contagion. This is not unlikely, when we remember that the best solvent for nearly all odoriferous principles is oil. Clinically, this question will be most difficult and dangerous to work out. For one I shall not attempt it. But, if we bethink ourselves of any instances of diseases which might in certain instances be communicated by milk, typhoid fever stands out with fearful probability. Enteric fever is nowhere more common nor more fatal than in country farm-houses, where means for the removal of the dejections are not sufficiently well adapted for security, and much too convenient for safety. Epidemics of typhoid fever break out in towns, limited sometimes to a house or particular family, in such way as to defy any explanation by deficiencies of drainage or water supply. I am certain that I have seen cases that might bear the explanation of milk-poisoning, although I have not had the opportunity of working out the facts—facts which, even if worked out, might be capable of other explanations. The question is a difficult one, but worthy of consideration; and the letter in the *Times* of Thursday last, to which you have alluded, as describing the possibility of the spread of the contagion of scarlet fever, by means of milk, strengthens the view I am inclined to hold—that such communication is rather common.

I am, etc,

LAWSON TAIT.—*Med. Gazette.*

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Relapsing Fever.

Philadelphia County Medical Society.

Conversational Meeting, held September 28, 1870, at 8 p. m.
Dr. Wm. H. Pancoast, President in the chair.

In reply to an inquiry as to the relapsing fever which has been prevalent in the lower section of the city, Dr. Welch (Attending physician of the Municipal Hospital) remarked, "Since I have had charge of the hospital, now about one month, twenty-five cases of this fever have been admitted. During the summer some hundred of cases were treated by my predecessor. The vast majority have been from the southern section of the city, and from the squalid poor. As they present themselves, they are in all stages, from the inception of the fever to the relapse. We find, on inquiry, that they have been suddenly attacked with a chill, followed by fever. The first stage, or that of the first pyrexia, continues about one week, during which the pulse varies from 90 to 140. The tongue is heavily coated in its centre, with clean, red edges and tip. The coating is white and moist at first, but as the disease progresses it becomes yellowish, and sometimes brownish. I have rarely found well marked that clean triangular space at the end of the tongue, which has been described by some authors.

"A yellowish hue of the skin, and of the white of the eye, is sometimes observed in white patients; but in negroes I have found well-marked yellowness of the eyes uniformly present.

"Irritability of the stomach and epigastric tenderness are frequently seen. Tenderness over the region of the spleen is common. Muscular pain is a very frequent attendant, especially about the neck and shoulders.

"The skin is hot and dry at first, but for from twenty-four to forty-eight hours prior to the cessation of the pyrexia, a profuse perspiration generally occurs. The pulse now falls suddenly to its normal standard, or even below.

"This second stage, or intermission, continues about one week, the patient being free from fever; the tongue is clean, appetite returns, he walks about and believes himself convalescent. But on or about the fourteenth day from the onset of the disease, all the symptoms return, though in a milder form.

"The third stage, or relapse, does not last, on an average, more than three days. The intermission again occurs, and convalescence rapidly ensues. Another relapse may occur, but, in my experience, this is not frequent.

"The negro is much more profoundly impressed by the disease than the white, and the mortality is correspondingly greater. With my limited experience, I do not feel myself able as yet to diagnose the affection with certainty in its earliest stage. There are certain circumstances which may suggest the nature of disease, as the residence, the heavily coated tongue, with red tip and edges, and the muscular pain; but the relapse is, above all, the distinguishing symptom.

"I have had two deaths, both negroes. In one an autopsy was held. He died under circumstances somewhat indicating yellow fever. A few hours before death, he vomited a thick grumous matter, and was without pulse at the wrist, though able to sit up. Soon this black vomit largely increased. Drs. E. Harris, of New York, and R. La Roche, of Philadelphia, were present at the examination. The liver was somewhat fatty, and was believed to be a "whiskey liver." The stomach was congested, and the spleen enlarged, weighing eleven ounces. This, with his history, and the absence of the lesions of the liver and stomach, found in yellow fever, sustained the diagnosis of relapsing fever.

"The treatment has been simple,—a febrifuge of solution of acetate of ammonia, with spirit of nitric ether and antimonial wine, turpentine, when the tongue was dry, and stimulants, if required. In the intermission, quinine only as a tonic. In a few cases, where there has been much jaundice, I have used calomel with benefit.

Dr. A. Douglass Hall inquired as to its resemblance to typhoid. He had seen one case in consultation, which at first sight reminded him of typhoid.

Dr. Welch had not been so impressed. The absence of diarrhoea

and nervous disorder, the typhoid tongue, iliac tenderness, and tympanites, and other symptoms of typhoid fever.

Dr. Atkin spoke of the differential diagnosis between relapsing fever and excluded the bilious remittent.

Dr. Welch.—“The most persistent bilious vomiting, and the remissions and exacerbations every day, or every other day, characterize bilious remittent, while relapsing fever pursues the course above detailed.”

Dr. Buch has seen a number of cases in the southern part of the city. He had noticed violent headache, and great irritability of the stomach. The relapse occurred on the seventh and fourteenth days; in the latter case it was very severe. He paid great attention, employing injections of beef tea, with pepsin and dilute muriatic acid, when the stomach was very irritable. He relied greatly on quinia. He had lost no cases. In conversation with Drs. W. Pepper and Shapleigh, he had been informed that they found small yellowish deposits in the parenchyma of different organs.

In this connection he would mention a singular case, which proved not to be relapsing fever, where at twelve o'clock, nearly every night, the patient, a boy seven years old, became insane; the insanity would pass off in the morning. At the end of two weeks death ensued. The bowels were regular, appetite good, no cough, to tympanites. He thought it a case of malarial fever.

Dr. Atkinson, though constantly attending cases throughout the infected district, had not seen a case of true relapsing fever. He had encountered several cases of fever which presented symptoms of such an attack, but were of an ephemeral nature, none lasting more than two or three days, and none suffering a relapse.

He mentioned a case which had just occurred in close proximity to the recent cases of yellow fever. It was marked by profuse epistaxis, frequently renewed, intense cephalalgia, great muscular pain and prostration, but with complete intermissions in the febrile movement. The patient rapidly convalesced under the exhibition of antiperiodic doses of quinine.

Dr. Fish narrated two cases, which tended to establish the contagious character of relapsing fever. He would ask Dr. Welch if his experience and observation at the Municipal Hospital had confirmed the contagiousness of the disease.

Dr. Welch had seen no case directly traceable to contagion.

Dr. Wittig made some remarks in regard to the fact that in many morbid conditions there is a tendency to recurrence of a relapse, soon after the primary attack, on re-exposure to the exciting cause.—*Philadelphia Medical Times*.

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Carbolic Acid Preparations.

Mr. T. A. Baldwin, in a paper read before the British Pharma-

ceutical Conference, gives the following as advisable proportions in the use of carbolic acid :

As a rule, it is better to dissolve the crystallized carbolic acid in the proportion of one part by weight of the acid to six of glycerine (carbolate of glycerine). In this state it can be diluted equally indefinitely.

In general, a dose of carbolic acid is 1 grain in an ounce of water.

As a gargle, 1 or 2 grains to an ounce of water.

As an injection 1 grain to 4 ounces of water.

As a lotion, 15 grains to an ounce of water.

As an ointment, 30 grains to an ounce of benzoated lard.

As a liniment, 1 grain to 20 ounces of olive oil.

As a plaster, 1 part of carbolic acid to 3 of shellac.

The crystallized carbolic acid to be used as a caustic.

The carbolate of glycerine, as above should be used in 1 or 2 drop doses.

Antiseptic oil for abscesses, 1 part of acid to 4 of boiled linseed oil.

Antiseptic putty, 6 spoonful of the antiseptic oil mixed with common whiting.

Aqueous solution of carbolic acid is 1 part of acid to 40 of water (1 ounce of acid to a quart of hot water, well agitated and filtered.)

Sick rooms to disinfect: place a portion of the dissolved acid in a porcelain dish, and float it in a larger vessel of hot water.

Disinfecting purposes generally: 1 pound of *crystals* to 6 gallons of water. *Fluid*, 1 part to 80 of water. *Powder*, 1 ounce of crystals with 4 pounds of slaked lime.

For drains: take 1 pound of the fluid carbolic acid to 5 gallons of warm water.

Toothache is often cured with 1 drop of carbolate of glycerine; and diarrhoea arrested in half an hour with 2 drops.

In all cases of parasitic life, it is advisable to commence with very dilute carbolate of glycerine.—[*Chemist and Druggist—Drug Circ.*

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Medical Prescriptions.

The New York Legislature has recently passed an act in reference to the compounding of physicians' prescriptions. By the terms of the law no apothecary is to permit any person in his employ to put up a prescription unless said person is a medical graduate, or has served an apprenticeship of two years in a drug store. Violations of the provisions of the act are to be deemed misdemeanors, and punished by a fine of \$100, or imprisonment for six months in the county jail. If death ensues, the offence is to be deemed felony, and punished by a fine of not less than \$100, nor more than \$500, and imprisoned in the State Prison for not

less than two or more than four years, or by both fine and imprisonment, at the discretion of the court.—*Saint Louis Medical Archives.*

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A Woman with Four Breasts.

A primiparous woman was admitted under M. Lorain, and was delivered next day of a dead premature child. She was found to have four breasts, two in the normal position, and with the normal puerperal appearances, and two which, from their position, might be called axillary, and attaining the size of a small orange. She menstruated at twelve, and at the periods she experienced pain in the small breasts. The colostrum also, which these contained, was small in quantity, and the granular bodies were less and transparent, while the milk-globules were fewer. The areolæ was also very small. In spite of an attack of fever, the lacteal secretion was regularly established in all the breasts, but the milk examined microscopically was found of a much poorer quality in the supplementary breasts.—*Revue Photographique des Hopitaux.*
—*New York Medical Journal.*

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The History of Anæsthesia.

Much has been said and written on this topic, and no small amount of angry controversy has for many years been expended upon it. A very decided and unfortunate impulse was given to the dispute by the unnecessary, as we have always considered it, attack on the late Prof. Simpson, by Dr. Bigelow, of Boston, and the *Journals*, both here and abroad, have rushed into the quarrel, taking one or other side, according as their information and predilections guided them. Although oceans of ink have been spilled in putting on record all these opposing opinions, we have nowhere seen the whole subject so neatly, and in our estimation justly and candidly, summed up, as by Dr. Bennett, the President of the Medico-Chirurgical Society of Edinburgh, in officially announcing to that body the death of Sir James Y. Simpson. Dr. Bennett was Secretary of the Society at the time of Simpson's investigations, which were first communicated to the Society. He was also at that time editor of the *Medical Journal*, and published therein a monthly record of the progress of etherization, and of the introduction of chloroform as a substitute for ether. He was also Chairman of the Committee appointed by the same Society to investigate the properties of chloroform, and in this official capacity he drew up the Chloroform Report, which was published in the *Edinburgh Journal*, January, 1848. His opportunities, therefore, for sifting the truth out of all this varied controversy have been unexceptionable, and we think he is entitled to speak with some

degree of authority thereon. His views of the share of credit which properly belongs to the three American claimants accord precisely with those we have always maintained, and which we venture again to lay before our readers:—

1. That numerous efforts in past times had been made and suggested for rendering persons insensible during pain, however produced. Physiologists had successfully used them when experimenting on the lower animals, and in medicine they were extensively employed. But all such efforts had been abandoned during surgical operations in man previous to 1844, as being either not practical or not safe.

2. In that year (1844), Dr. Horace Wells, a dentist, of Hartford, Connecticut, U. S., employed nitrous-oxide gas for extracting teeth, without pain, having, as he tells us in a pamphlet he subsequently published, been led to do so by observing that persons under the influence of that gas, or when greatly excited, as in battle, or from intoxication, were insensible to injuries inflicted upon them. It had, however, been recommended for this very purpose by Sir Humphrey Davy fifty years previously.

3. Dr. Wells communicated his ideas to the medical men of Boston, U. S., including Drs. Morton and Jackson, the former also a dentist, and a previous pupil and partner of his own. He endeavored to show the good effects of nitrous oxide gas, in the theatre of the Massachusetts General Hospital, but having withdrawn the bag containing it too soon, the experiment failed—a circumstance which discouraged for two years public efforts in this direction.

4. The vapor of sulphuric ether was first employed by Dr. Morton, in Boston, U. S., on the 30th of September, 1845, in the successful extraction of a tooth, without pain; and shortly afterward it was also successfully used in surgical operations, and became generally employed in America and Europe during the following November and December. It would appear, however, that this was done, if not altogether by the suggestion, at least with the advice and encouragement of Dr. Jackson, who subsequently disputed with Morton the honor of the discovery.

5. On the 19th of January, 1847, ether was first employed in a difficult case of midwifery, by Sir James Simpson, in the presence of Dr. Ziegler, Dr. Keith, and Mr. Figg. An important obstetrical operation was performed, and it was ascertained that this, the progress of the labor, and its successful conclusion, were accomplished without pain, the consciousness of the patient having been suspended for a considerable time.

6. We are informed by Prof. Miller, that on the 4th of November, 1847, chloroform was first tried by Sir James Simpson on himself, and on his assistants, Drs. Keith and Duncan; and, in the first paper Sir James published on the subject, he tells us that the drug was recommended to him for that purpose by Mr. Waldie, of

the Apothecaries' Company in Liverpool. On the 10th of that month, it was publicly made known at the evening meeting of this society. Many of the members inhaled it, and its agreeable odor, rapid and powerful effects as an anæsthetic, and general superiority to sulphuric ether, were at once admitted by those who tried it. The enthusiasm it created, and the remarkable aspect of a very crowded meeting, half of whom were temporarily excited and intoxicated by the drug, will not be readily forgotten by those who were present.

7. Up to this time the expressions etherization and narcotism had been correctly applied to the process and result of producing insensibility by means of these drugs, but Sir James Simpson now introduced the terms anæsthesia and anæsthetics, with a view of not alarming the public. It should be understood, however, that the effect is produced by suspending consciousness, and therefore sensation and volition, by acting on the brain and medulla oblongata in exactly the same manner, as is done by opium, alcohol, and other narcotics.

8. This is the more important to be attended to, as occasional deaths were soon reported as being caused by chloroform. These, it is true, are few, when compared with the many cases in which the drug was employed in dentistry, surgery, and midwifery, but have been in the aggregate sufficiently numerous to induce great caution, and a constant sense of anxiety among the profession at large. No fatal results, it is alleged, have been caused by the use of nitrous-oxide gas or sulphuric ether.

9. Other means of producing a true anæsthesia have been since sought after. Dr. James Arnot, of London, introduced powerful ice and frigorific mixtures, which, by freezing the part, admitted of operations being performed without pain. More recently, Dr. B. Richardson, of London, effected the same object, by pumping the spray of a pure ether on the part. It is to be observed, however, that the intense feeling of cold thus occasioned is disagreeable, often extremely painful, and that these methods, therefore, have never supplanted chloroform in dentistry and surgery.

10. During the last two years, nitrous oxide gas has again been introduced with great success in dentistry; its preparation and mode of administration having been much improved, principally through the efforts of Mr. Clover, of London. But it has not superseded chloroform in surgery, as it has not yet been considered safe to prolong sufficiently the effects it produces.

Lastly. Other narcotic agents have been employed, especially by Dr. Richardson, of London, to remove pain, such as the bichloride of methylene, the tetrachloride of carbon, the chloride and nitrate of amyle, with varying results. Only last year the hydrate of chloral was introduced as an hypnotic and anæsthetic, by Dr. Liebreich, of Berlin, and it is now being generally tried

and investigated by the medical profession. None of these agents up to this time has superseded chloroform.

From this record, it appears to me, as regards the three great anæsthetics which have been largely used, the first, nitrous-oxide gas, was suggested by Sir Humphrey Davy, and introduced into dental practice by Dr. Horace Wells; the second, ether, was recommended by Dr. Jackson, and first introduced into dentistry and surgery by Dr. Morton, and into midwifery by Sir James Simpson; and the third, chloroform, was suggested by Mr. Waldie, and applied to medical practice generally by Sir James Simpson.—*New York Medical Journal.*

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Trancendental Quackery.

Dr. Acworth, of Brighton, England, is a practitioner of high potencies, whose faculty of credulity has been developed to such an extent by his profound study of Hahnemannian metaphysics that he gravely publishes in the *British Journal of Homœopathy*, an "Account of Count Mattei's Marvellous Medicines," the following summary of which we extract from the *Chemist and Druggist* :—

Count Cæsar Mattei, we are told, is a wealthy nobleman of Bologna. He is an amateur physician, and having thoroughly studied the art of healing, throwing into it all his heart and soul, has now mastered it to such an extent as to leave far behind all the attainments and successes of every other school of medicine which has ever existed. His discovery consists of seven medicines for internal administration, and four for external application. The former are described as follows:—No. 1 cures all manner of coughs, catarrhal and bronchial affections, and incipient phthisis; 2 is a specific for intermittent fevers, and very useful in case of typhus; 3 sets right the circulating system if disordered, certain diseases of the heart, hæmoptysis, and many other complaints; 4 is termed *Anti-Canceroso*—this is one of the most completely triumphant of the series; "Count Mattei counts his cures (of cancer) by scores;" 5 is *Anti-Scrofuloso*; 6 *Anti-Venereo*; 7, *Anti-Verminoso*. (The last is a vermifuge, not a vermin killer). This completes the materia medica, as far as internal remedies are concerned. The doses are homœopathic, and the Count has found that the more infinitesimal the dose, the more wonderful is the effect. But the external remedies are by far the most miraculous. We said there were four; in reality they are only one in kind, but are supplied in four degrees of strength extinguished by various colors. Now the internal medicines are secret; the Count, for some philanthropic motive, which we do not quite understand, has sworn not to reveal the mode of preparation, "till their virtues shall be universally

acknowledged, and allowed to be superior to those of any now in use." But with the application he is less reticent; there is no secret in this; it is simply liquid electricity! It is quite immaterial to therapeutics, though it would be interesting from a scientific point of view, to be told how this electricity is got into the fluid state. Dr. Acworth has some of the marvelous article in his possession, and yet all the description of its physical properties which he vouchsafes to an inquiring world is that it is a "colorless fluid." The weakest kind sent out by the Count is of the natural color, but it may be had more condensed, and tinted red, green or yellow, to distinguish the various stages of strength. The yellow is a dreadful thing to have about you; we presume it is the essence of forked lightning; and we are cautioned under no circumstances to apply it to the head.

The fact that we are living in the nineteenth century might lead us at first to suppose that such an article written by a man who holds a medical degree, could only be intended as a pleasantly ironical way of describing the vagaries of a recognized lunatic, or the impostures of a self-convicted knave. But no; Dr. Acworth finds confidence in the circumstances that the Count has no mercenary motives

He is wealthy, and has built a hospital in Balogna especially to employ these medicines. When he first commenced to introduce them, he gave them away, and Dr. Acworth seems to think he intended to persist in this suicidal course, if it had not been for the conduct of certain wicked chemists who took advantage of the Count's liberality. "So now, to prevent their being tampered with, the medicines are sold in globules, at such low price that the poor can easily obtain them." Afterwards we learn that the electricity is sold at a hundred francs the litre, which, we expect, helps to defray the expenses of the hospital.

Twenty thousand cases, more or less, of desperate maladies are said to have been cured at the said hospital in the summer of 1867, of which 150 are recorded in a little book in Dr. Acworth's possession, and to which he attaches implicit faith on the strength of his own corroborative experience. In all the multitudinous cases treated, not a single failure is recorded, Count Mattei's Marvelous Medicines being in this, as in some other respects, on a par with the "University Remedies" evolved from the moral consciousness of our own city's modern "Great Unknown."

The only question of much medical interest in such a connection is whether it is Count Mattei or Dr. Acworth who is mad, or both or whether the favorite epithet of our temperate contemporary, the *Tribune*, should be applied to them, or either of them, separately or conjointly.—*Med. Gazette.*

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THE MASSACHUSETTS MEDICAL SOCIETY has struck out from its By-Laws the paragraph providing for the admission of medical

graduates of Harvard University without examination by the censors; and has further resolved that "the action of the American Medical Association, in effect imposing conditions upon the rights of this Society, was ill considered and unwarranted;" and "that no delegates from the Society be sent to the next Annual Meeting of the American Medical Association."

Editorial Department.

Report on certain points connected with the Histology of Minute Blood Vessels, to the Surgeon General of the U. S. Army, by Brevet Lieut. Col. J. J. WOODWARD, Assistant Surgeon U. S. Army, with eleven accompanying Photo-micrographic Illustrations. From the War Department Surgeon General's Office.

Our readers are already acquainted with the name, and with some of the previous efforts of the already distinguished author, who has had the honor, through the kindness of Surgeon General Barnes, of publishing this and other valuable reports to the professional world. Those who were present at the meetings of the American Association, in Washington, last June, will, doubtless, be familiar with the subject-matter of this report, as also with the excellence of the manner in which were presented to the Association a series of illuminated screen representations, being enlarged *fac-simile* reproductions of the microscopic appearances of certain histological preparations, which are deposited in the Microscopical section of the Army Medical Museum.

Surgeon Woodward, to whom the thanks of the Association were voted, has, by request, prepared duplicate sets of lantern slides, similar to those used before the Association, and these will be much desired by those who are interested in histological studies, and those who wish to present to students the results of late investigations in histology and surgical pathology.

Photographic copies on paper, from eleven negatives, selected from the number which have been prepared, are now issued from the Surgeon Generals' office, and these accompanying a brief, printed report, very concisely written, and from which we quote:

"Having recently been occupied in the critical examination of certain preparations, in the microscopical section of the Museum, illustrative of the minute anatomy of blood-vessels, I have thought that some of them threw so much light on certain points involved in the recent discussions with regard to the doctrine of inflammation, that a short account of them would be of interest, and might, perhaps, do good service in connection with the appreciation of the conflicting statements which have appeared in the Medical Journals since the publication of the paper of Dr. J. Cohnheim, on inflammation and suppuration. Perhaps the observation of Cohnheim must fairly be regarded as

observations of the previous experiments of Dr. Augustus Waller, but they certainly produced an impression upon the medical world far beyond that made by the papers in the *Philosophical Magazine*, and more or less complete account of conclusions arrived at by the distinguished Berlin observer have continued to appear, from time to time, in both foreign and American Medical Journals, ever since the publication of his papers in 1867.

After I had perused Cohnheim's paper, I carefully repeated many of the experiments described. I received the impression from what I saw, that Cohnheim was a most conscientious observer, who had described as faithfully as possible the impressions made upon him. Certainly the results I obtained, by following his methods of producing inflammation in the cornea, and mesentery of frogs, could be described in his very language, without drawing upon the imagination. It is simply my desire to contribute what is in my power towards the important object of arriving at certainty with regard to the facts on which our future theories of inflammation are to rest.

Most of the preparations here referred to, are examples of the results attainable by staining the tissues with a dilute solution of nitrate of silver. This reagent has been employed for various histological purposes during the last ten years, and has attracted attention especially in connection with the cornea, the various forms of connective tissue, the ultimate branches of the lymphatics and the boundaries of the cells which constitute epithelial surfaces. If a dilute solution of nitrate of silver is brushed over a clean epithelial surface taken from a recently killed animal, or is injected into the blood vessels, and the tissue after washing with distilled water, is exposed for a short time to the action of sunlight, it will be found on microscopical examination that a brownish black precipitate of silver has been produced at the boundaries of the epithelial cells, while the cells themselves are comparatively but little stained, or if the manipulation has been carefully conducted, are not stained at all. For this purpose I have most frequently employed at the museum, a solution made by dissolving one part of crystallized nitrate of silver in four hundred parts of distilled water, but considerable variation on either side of this strength does not much modify the result provided the solution is well washed off before the tissue is exposed to the light. It is often found advantageous to combine the silver solution intended for injection, with a certain amount of gelatine, by which the blood vessels are kept handsomely distended and the beauty of the preparation is much increased.

The silver staining having been successfully accomplished, the nuclei are tinted preparably by the solution of carmine in borax, described by Thiersch in his work on epithelial cancer. It is prepared as follows: Four parts of borax are dissolved in fifty-six parts distilled water, and one part of carmine added to the solution; one volume of this fluid is mixed with two volumes of absolute alcohol, and after crystals have formed the mixture is filtered. The filtrate may be used for staining, but if the crystals of carmine and borax

which remain on the filter are dissolved in a small quantity of distilled water, I find the solution thus obtained answers a still better purpose. The portion of tissue to be studied is soaked in this solution until it is colored deep red. It is afterwards treated with a saturated solution of oxalic acid in alcohol, by which all color is gradually removed, except from the nuclei. So soon as that is accomplished, the piece is to be carefully washed in alcohol, then soaked in absolute alcohol and finally mounted in a solution of dried Canada Balsam, in chloroform or benzole."

The various authors whose experiments have an important part in the history of the subject, are mentioned, and their writings referred to, while in the report may be found the full particulars in reference to the method of the preparation of the specimens. It may be here stated that by means of a camera arrangement attached to a microscope and with the help of the magnesium or calcium light, photographic negatives are obtained direct from the microscope and this process of obtaining photographs is called micro-photography. A full description of each of the photographs then follows, from which we mainly condense, as follows :

I. Photograph representing several venous radicals uniting to form a small vein in the muscular coat of the urinary bladder of a frog. Magnified 400 diameters and illuminated by magnesium lamp. The walls of the venous trunk and of those of its branches, which are in focus, are plainly seen to be formed of somewhat irregular epithelial cells, which vary in size, averaging 1-500th of an inch in length and 1-2300th in breadth. The boundary of each cell is indicated by a zigzag black line. In each of the cells which is accurately in focus, a smooth, oval nucleus, 1-2800th of an inch in length is visible. Two kinds of nuclei belonging to the muscular coat of the bladder, are also to be here seen.

II. A small vein from another portion of same preparation. Magnified 1000 diameters, shows several blood corpuscles.

III. Stomata between the epithelial cells of a vein 1-50th of an inch in diameter in the mesentery of a frog, magnified 400 diameters. These stomata are certain irregularly rounded forms, situated in the line of division between adjoining cells, and present an appearance similar to that of Wormian bones as they are situated in cranial sutures, and they vary in diameter from 1-10,000th to the 1-4000th of an inch in diameter.

IV. Stomata in a more minute vein than before, viz, 1-100th of an inch in diameter.

V. Stomata in a still more minute vein, viz., 1-1000th of an inch in diameter. Here several of the stomata present clear centres, while others are black and opaque throughout.

VI. A minute artery with part of the adjoining net-work of capillaries, from the muscular coat of the urinary bladder of the frog, magnified 400 diameters. The artery is 1-1700th of an inch in diameter. Its epithelial cells are longer

in proportion to their width than those of the venous epithelium. The epithelial cells of the walls of the capillaries are also plainly shown. In the intervascular spaces the nuclei of the muscle and connective tissue appear as in the first photograph.

VII. A portion of the same magnified 1000 diameters.

VIII. Small artery in the mesentery of the frog, magnified 500 diameters. The artery is 1-280th of an inch in diameter, and is marked by both transverse and longitudinal silver lines. The former are exterior to the latter, and indicate the boundaries of the circular fibres of the muscular coat, the latter that of the cells of the epithelial coat.

IX. Epithelium of a capillary 1-2300ths of an inch in diameter in the muscular coat of the urinary bladder of the frog, magnified 1000 diameters. The author then remarks upon the certainty and accuracy with which the cell boundaries are mapped out by silver, carmine, etc., and says that the question as to whether the discoloration is in the cell wall or in the cement or matrix by which the adjacent cells are held together, is one which he does not now propose to enter; it is enough for the purposes of the present paper to say that the peripheries of the cells, or the substance just external to them, does exhibit a more intense reaction with the nitrate than the cell contents do, hence must differ more or less from these in composition. Next, as to the stomata, he says that they, almost invariably are found in the boundary lines between adjacent cells, the exceptions, probably, being explainable, and that their centres being sometimes transparent, and from that varying to opacity, may be due to their being occupied by fluids of variable composition. From his studies he is inclined to regard with favor the opinion that stomata are actual openings in the epithelial layers.

X. Silver staining of the epithelium of the frog's skin, magnified 400 diameters. The cells are hexagonal in form, and average in diameter 1-5000th of an inch. Stomata 1-5000th inch in diameter are shown, some of which have dark centres, some transparent. It is known that through the external epithelium of a frog's foot, a rapid transudation of liquid habitually occurs. That stomata are pores through which pass the white blood corpuscles of the blood, seems to me not difficult of understanding. Balogh's objection that the stomata are usually only one-third the diameter of the corpuscles themselves, may be obviated, even if we discard the supposition that the stomata are capable of distension. One who has seen the extraordinary modifications of form which these little masses of protoplasm undergo in their so called "amœboid movements," would readily credit their capability of passing through such apertures. As the amœboid movement does not occur in the white corpuscles while rolled along in the torrent of the circulation, but only when the movement of the blood is arrested more or less completely, the fact that large numbers of white corpuscles do not habitually pass through the vascular wall into the tissues will not militate against the notion of patulous orifices. That a passage of the

white blood corpuscles through the vascular] walls does actually occur, is shown by the next photograph.

XI. White corpuscles in various phases of the amœboid movement, in the external coat of a small vein of the muscular coat of the Stomach of a mare magnified 400 diameters. The preparation is one of a number of sections made from the stomach of a mare, dead of gastro-enteritis. In these sections which are stained and with carmine and mounted in Canada Balsam after the method before described, it was found that many of the small veins of the sub-peritoneal connective tissues, and of the muscular coat were surrounded by white corpuscles fixed in all stages of amœboid movement. In a number of places where the sections pass transversely through the veins, the white corpuscles can be observed in the interior of the urine and in the vascular walls as well as in the adjacent tissue. The series of preparations give a satisfactory demonstration of the wanderings of the white corpuscles.

In conclusion, the author states that these studies as far as they go, confirm the statements of Cohnheim, but as to the doctrine of inflammation, and of the transformation of corpuscles into tissue, they rank as ingenious hypothesis not yet proved. The interesting and original manner in which the whole profession is now enabled to participate in the investigations of the foremost microscopists is sufficient apology for the extended notice here presented. Of the great excellence and superior merit of Surgeon Woodward's micro-photographs we wish our readers to be self constituted judges.

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NAVAL.—*Dr. Heman P. Babcock and Naval Rank.*

We are happy to see that our friend Dr. Babcock has settled down at Oakland, California. Dr. Babcock is a native of Buffalo, and a graduate of our Medical College. Shortly before the war for the Union, he entered the navy as assistant surgeon, and during the whole of the struggle his professional services were in constant requisition, and he always acquitted himself with great credit. Some two years since he resigned from the navy, and engaged as surgeon in the more pleasant and lucrative service of the Pacific Mail Steam-ship Company. He has several times made the transit between San Francisco and Japan, and now, after a large and varied experience, has very wisely determined to devote himself to private practice. Oakland is a pleasant and beautiful suburb of San Francisco, lying just across the bay, and we hope that Dr. Babcock will find it both a pleasant and profitable residence. We commend him to our *confreres* in California, as a very intelligent, energetic and honorable physician, and we shall hope to publish occasionally contributions from his ready and facile pen. Below we publish resolutions introduced by Dr. Babcock, at a meeting of the Alameda County Medical Association, held at its Rooms, in Oakland, October 17th, 1870, which were unanimously adopted:

WHEREAS, Of late, repeated and persistent insults have been offered our professional brethren in the U. S. Navy, by the authority of the Navy Department, degrading them in rank and position; lessening by example the respect due their profession, and contracting their sphere of usefulness; and

WHEREAS, In every civilized community throughout the world, save in our Navy, the profession of medicine is considered, at least, equal in dignity and respectability to any other profession; and

WHEREAS, In our service, the members of the medical staff are selected by competitive examination from among the graduates of our medical schools, while the line officers are selected to be educated at our country's expense from among the uneducated boys of the community, by favoritism, by relationship, or, as has lately been proven, by purchase; and

WHEREAS, Rank and command are distinct ideas, having no necessary connection; there being a recognized necessity for *one* commander in all military operations, to show to whom the other officers are subordinate for the time being; and

WHEREAS, If physical courage and personal exposure are the only tests of merit, no corps can show, during the late war for example, a larger proportion of killed by the enemy, by fire, by water, or by the more deadly and insidious foe—disease, than the medical officers of the Navy; therefore be it

Resolved, That we consider the stigma to which they have been subjected as applying to the profession at large, and, while it is unremoved, we consider that no young medical man, having a proper regard to his self respect, can accept an appointment in the medical corps of the Navy, and subject himself and his profession to the indignities which the self-constituted and newly-born "Aristocracy of the Line" impose.

Resolved, That we view with pain and sympathy the position of the senior officers of the medical corps, whose long service now renders it impossible for them to resign and commence life anew; and we call upon our Senators and Representatives in Congress to recognize their position as co-equal with the highest in the service, by giving them military rank, such as is justly enjoyed by the medical staff of the Army, and by that in the services of each of the civilized nations of the world, together with such increased emoluments and promotions as will recognize their invaluable services to our country, and recompense them for the insults and oppression to which they have most unjustly been subjected.

Resolved, That a copy of these resolutions be sent to each Senator and Representative from this State, and that our delegates to the State Medical Society be instructed to bring this subject before that body for its action.

(Signed)

(Signed)

T. H. PINKERTON, M. D., President

S. C. HOLMES, M. D., Secretary.

Arrest of Development.

We have received the following account of arrest of development, which may interest our readers. The observer has given no theory, intimated no supposed cause, related no legend concerning such accidents; has simply given us the facts, and wisely made no comment. Unerring nature must certainly have forgotten herself in this case.

EDITOR OF THE *Buffalo Med. Journal.*

DEAR SIR,

I have the pleasure of herewith transmitting an anomalous case that occurred in my practice yesterday morning (Sunday, November 27, 1870.)

I was called to attend Mrs. Hawley of this place, in her fourth confinement. Everything progressed finely, and in a short time she was delivered of a female child, without arms or legs. The body is perfectly developed. The shoulders are perfect as far as the formation is due to the clavicle and scapula.

It has a normal pelvis, and on the right side over the acetabulum, is a projection about two inches long, fleshy, and terminating in a perfectly formed big toe, with nail.

The evacuations from the bowels and bladder are natural.

I saw the mother and child 10 hours after delivery, and found them doing well. The child has taken nourishment, and appears as smart as any child of its age.

The father and mother are well developed and healthy, and the other children the same.

Yours respectfully,

D. M. PRATT, M. D.

Canaseraga, N. Y.,

Nov. 27th, 1870.

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A Card from the Long Island College Hospital.

It has recently come to our knowledge that a *quack advertisement* has been distributed under cover and stamp of the Annual Circular of the Long Island College Hospital.

The Regents and Faculty of the College embrace the earliest opportunity to state that this was done without our knowledge, after the circulars had been committed to the News Agent for distribution.

They deeply regret the necessity for publishing this card; but duty to themselves and the profession requires that this statement be made public.

Books Review.

The Physical Exploration of the Rectum, with an appendix on the Ligation of Hæmorrhoidal Tumors. By WILLIAM BODENHAMER, A.M., M. D. WILLIAM WOOD & Co., N. Y. 1870.

The author's introductory shows the frequency and importance of Rectal disease, and that this *region* is susceptible of exact observation, and its diseases of scientific analysis, of safe, certain and appropriate treatment. He speaks of the general neglect of diseases of the rectum, and quotes a writer in the *Medical Chirurgical Review*, who observed that "*beyond the treatment of Fistula in Ano and Hæmorrhoids, the surgery of the rectum is a sort of land of the Cimmerians, where quacks alone can breathe, and where humbug darkens the air.*" Our author then introduces a very complete anatomical description of the region, and gives cuts, which well illustrates his text.

In this chapter upon Physical Exploration is the chief attraction. The points to be observed, and the manner of observing, are carefully described. All the various instruments for observing these parts are described, and the same are shown also by wood-cuts, which at once shows the manner of use. Speaking of the *Recto-Colonic Endoscope*, he says: I have thus denominated the instrument, by the use of which, and a powerful light, the superior portion of the rectum, and inferior part of the sigmoid flexure of the colon may be accurately and minutely examined. It renders accessible to inspection a portion of the intestinal canal, a part of the iliac colon, which has heretofore been shrouded with impenetrable darkness." The appendix upon the ligation of *Hæmorrhoidal Tumors* is very instructive, and worthy of careful perusal.

Altogether this little book is much more than it pretends to be, and we advise our readers to send for it. It can be sent by mail, bought from all Medical Book Stores, and costs a great deal less than it is worth.

We have received the September number of the *Journal of Cutaneous Medicine and Diseases of the Skin*, which was formerly under the editorial charge of Erasmus Wilson, F.R.S., until on account of his increased duties in connection with his appointment as Professor of Dermatology in the Royal College of Surgeons, compelled him to resign the publication of this Journal. We are happy to see that Dr. H. S. Purdon, of Belfast, has undertaken the continuance of the Journal, which, aided by his experience and ability, we trust will continue to occupy its former high position in the esteem of its readers.

The *London Chemist and Druggist*, published monthly, and containing thirty pages of reading matter, and as many more of advertising, is well edited, and presents a great variety of departments, and a large amount of intelligence. It is of interest to all who wish to keep posted regarding the progress of Pharmacy in Great Britain.

The *American Chemist* is the title of a monthly Journal of theoretical, analytical and technical chemistry, which succeeds a reprint of the *Chemical News*. The editors of the present publication, are Chas. F. Chandler, Ph. D., and W. H. Chandler, of the Columbia School of Mines, of whose well-known ability our readers are probably informed. We should judge from the specimen number of the Journal before us that the publication is an eminently meritorious one, and that it will be welcomed by the chemists and manufac-

turers of the country. It is published by Wm Baldwin & Co., of New York City.

The *Archives of Science* and transactions of the Orleans County Society of Medical Science, is a quarterly, the first number of which is issued this month, at Newport, Vt. Its editors are J. M. Currier, M. D., and Geo. A. Hinman, M. D., who state that the publication will contain sixty-four pages, and will be made up of original articles upon all scientific subjects, especially giving the results of original observations and researches respecting scientific matters of the State, although it will be open to subjects outside the State, by Vermont men. We wish the Journal much success.

The *Indiana Journal of Medicine* is a newly-started publication, edited at Indianapolis, by Drs Thad. M. Stevens, W. B. Fletcher, and Guido Bell. The general character of its articles, its editorial department and its style of publishing, are well worthy of commendation.

Part First, of a descriptive catalogue of the New Sydenham Society's Atlas of Portraits of Diseases of the Skin, has been sent us by Lindsay & Blakiston, of Philadelphia, who are authorized to receive subscriptions of membership in the Society, are prepared to furnish information respecting the Society, and are ready to furnish its valuable publications at the regular rates.

Books and Pamphlets Received.

The Pathology and Treatment of Venereal Diseases. By Freeman J. Bumstead, M. D., Professor of Venereal Diseases at the College of Physicians and Surgeons, New York, etc. Third edition, revised, enlarged and illustrated. Philadelphia: H. C. Lea. For sale by T. Butler & Son.

Transactions of the American Medical Association. Volume XXI.

Practical Anatomy: A Manual of Dissections. By Christopher Heath, F. R. C. S. First American from second English edition. Edited by William W. Keen, M. D., Lecturer on Pathological Anatomy in Jefferson Medical College, etc. Philadelphia: H. C. Lea. For sale by T. Butler & Son.

The Medical Adviser. By Rezin Thompson, M. D. Cincinnati: National Publishing Co.

Transactions of the Medical Society of the State of West Virginia, at its Third Annual Meeting, held in Parkersburg, June, 1870.

Syphilis of the Nervous System: A Clinical Study in regard to Diagnosis and Treatment. By E. L. Keyes, M. D., Physician to the Bureau of Out-door Relief Bellevue Hospital.

Observations on the Effects of Galvanization of the Sympathetic. By A. D. Rockwell, A. M., M. D., and Geo. M. Beard, A. M., M. M., New York.

Note on the Value of Wheat Phosphates in Therapeutics. By J. S. Hawley, A. M., M. D., Greenpoint, N. Y.

Constitution and By Laws of the Medical Library and Journal Association, of New York.

Illustrated Catalogue of the Publications of Henry C. Lea, Philadelphia.

Catalogue of Medical Books for sale by Wm. Wood & Co., New York.

Catalogue of the Publications of Lindsay & Blakiston, Philadelphia.

Illustrated Annual of Phrenology and Physiognomy. S. R. Wells, New York.

Prescription and Clinic Record. Wm. Wood & Co., New York.

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Original Communications.

ART. I.—*Speedy and Spontaneous Recovery from Rupture of Rectum and Bladder.* By O. C. GIBBS, M, D., Frewsburg, N. Y.

In the summer of 1869, I was called to see Mr. L——, a Swede, aged about 55 years. Being called about bedtime, and the patient living about eight miles away, and the intervening road being quite bad, I did not visit him until the next morning. I found the patient in bed in a log hut, with but one room, and he all alone. The floor was literally covered with blood, and the bed saturated with the same fluid.

On attempting conversation, I found my patient could not speak, or even understand a word of English. An interpreter came to my aid in a few moments. I ascertained that, on the afternoon before, while pitching hay off a wagon, and that the last of the load, and pitching up to a considerable height, his foot slipped and he fell backwards on to a sharpened stake of the rack. The stake entered the anus so centrally as to show very little signs of injury, but passing up must, from the nature of things, have severely lacerated the rectum and bladder. Falling still farther, the stake was broken off, and subsequently withdrawn by his co-workman.

Hemorrhage had nearly ceased, yet I considered it prudent to give him a cold water injection; and, as he had whiskey in the

house, I ordered a free dose. Smelling a very strong odor of urine about the house, I enquired if he had passed his urine involuntarily, and learned that, since the injury, he had passed no water by the urethra, but entirely by the anus. No examination per rectum having been made up to this time, I did not know the bladder was injured. As soon as the patient rallied a little, I had him lifted on to his feet, and, while supported, ordered him to attempt to make water while standing. He made the attempt and a stream of urine spurted from the anus.

On laying him down I made repeated attempts to pass a catheter, but his shrieks and contortions from pain compelled me each time to abandon the attempt, and his Swede friends were so alarmed that they insisted upon my abandoning the attempt. Having no chloroform with me, I felt compelled to do so.

The broken stake was shown me: it was of ash, $1\frac{1}{2}$ inches in diameter, and full a foot in length.

Seeing but little I could do for him under the circumstances, I ordered the bed to be changed and floor cleansed; also, cloths put under the hips to catch the urine, which cloths could be removed at pleasure and others substituted, and by no means to let the bed get saturated with urine. I also ordered small doses of opium to be administered every six hours, and an ounce of whiskey every six hours, and such reasonable nourishment as he might desire, and left the case for that day.

Circumstances were such that I could not see him on the succeeding day, but on the second I saw him and found him comfortable, without any very great vascular excitement. He still passed his urine from the anus. He positively refused to have another attempt made to pass the catheter. My design was to pass a gum-elastic catheter and leave it there, through which the urine might pass, and thus avoid its irritating effects upon the wounded surfaces. He also refused to take any medicines.

If my memory serves me right, I prevailed upon him to take wintergreen tea and drink elm water. I now left the case, telling the friends that, as he would submit to no treatment, it was useless to visit him, and I should only come when called.

I heard no more from the case for several weeks, when, on seeing a friend of his and making enquiry, I learned that, within three or

four days from my last visit, he began to pass urine slightly by the urethra, and, after a few more days, he had full control of the urine and passed it entire by the urethra. After about two weeks from the date of the injury he was out doing light work, and, after a few weeks more, went to work on a railroad then being constructed, with shovel and barrow, doing full day's work, at which kind of labor he is still engaged.

I should have previously stated that this man was but a few weeks in this country, his wife and family remaining behind. This accounts for his being and living alone—cooking his own food, out of economy, that he might the sooner lay up money enough to enable him to send for family.

This is certainly one of those cases manifesting strong natural recuperative powers. A strong desire and determination to live for his family, and to consummate the object for which he was so diligently laboring had, probably, some influence over the result. Had he been discouraged, homesick, despondent, and given up in despair, he would, quite likely, have died. Mental influences have much to do with the physical recuperative energies.

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ART II.—*Synopsis of a Paper on the "Therapeutic Power of Oxygen Gas."* By T. D. CROTHERS, M. D., of the Albany County Medical Society.

Oxygen has been used as a remedy, *in disease*, over a century. The difficulty of separating it from the air, and using it at the bedside of the patient, with its cost, have been obstacles preventing its introduction into general practice. Now, by the process of "Lessia du Motay," immense quantities can be procured, and sent to all parts of the country at trifling cost, in compressed cylinders. * * The phenomena of life is kept up by nutrition, and absorption of oxygen gas from the air. Oxygen sustains the most intimate relation to life. All other elements may be withdrawn and life will continue for a time; but, if oxygen is withheld, death follows. The secretion and excretion of every atom in the body depends upon the pressure of oxygen. The chemical action of oxygen, and the elements of food, is the ultimate cause of all vitality. Oxygen, and

all the elements of food, are taken into the body, through the channel of the blood, This fluid not only carries oxygen to the ultimate parts of the body, but is renewed by it, and depends upon it for force and power. When we give iron it is to increase the absorbing power of the blood for oxygen. The true tonic is oxygen. When iron is given fresh air must be increased, or the remedy will fail. A condition of health depends more on the amount of oxygen absorbed than upon nutrition. The absorbing power of the blood may be impaired. Here Dr. Smith, of New York, suggests that, "a deficient absorbing power may be supplemented by an increased supply of the material absorbed." And this explains some of the remarkable results from oxygen, especially phthisis. Where the disease is both of the respiration and nutrition of the body, here oxygen not only aids the blood in bringing material to be built up, but supplies the building up power, and lessens the increased action of the lungs to supply this want from the atmosphere. Experience does not confirm the theory that oxygen gas, in contact with inflamed and ulcerated surfaces, will increase inflammatory action. Dr. A. H. Smith, of New York, the highest authority on this subject, has recently given 1100 gallons of pure oxygen gas in 48 hours with no ill effects. The pulse, after inhaling oxygen, becomes steady and regular, often increased in frequency a few beats. The temperature decreases or remains the same. Oxygen is applicable, says Dr. Smith, to two class of diseases—one in which respiration is at fault, and the other in which both respiration and nutrition are defective.

Under the first class are included Asthma, Emphysema, Croup, Diphtheria, Capillary Bronchitis, Pneumonia, Poisoning by Opium. Astonishing cures have followed its administration in each of these diseases. In Asthma the paroxysm will be relieved, and a cure will follow in a very large per cent of all cases. In Capillary Bronchitis and Emphysema its effects may be depended upon. In Pneumonia of a typhoid type, the results are very gratifying, (if carefully used by judicious men.) In a low grade of Fever, with anæmia, no remedy will act so promptly. In one case of my own, convalescence was established on the fourth day after the administration began. In a severe case of Asthma, which had resisted all medication for years, complete relief followed after two inhalations of 6 gallons

each. In Dyspnœa it is almost a specific; and if of no value in any other disease, its value here would establish it as indispensable.

In the second class of diseases, in which both respiration and nutrition are defective, Phthisis stands first. In this disease oxygen is the most valuable remedy we possess. It has been used more in this disease than any other, with results exceeding all expectation. One case under my care, the patient gained fourteen pounds in fifty days, with a rapid convalescence, which are strong indications of a complete cure.

Dr. Birch, of London, believes that oxygen in Phthisis will rarely, if ever, fail, except in the last stages, and then it will afford the only chance for relief of many of the most distressing symptoms." Dr. A. H. Smith writes of the limited number of cases in which it has been used, also concerning our ignorance of its administration. The result, under these circumstances, indicate that it is superior to all other remedies in this disease. In dyspepsia, congestion of the liver, menstrual irregularities, neuralgia, and in old scrofulous ulcers, its effects are astonishing. Oxygen does not in any way counter-indicate the use of other remedies. Its power is often increased by the addition of the usual remedies.

Thus far the experience of the few observers already in the field, indicate that, at no distant period, oxygen will be used by every practitioner. When we can regulate its supply in the sick room, as we now control the nourishment of the patient, and supply it in ill-ventilated apartments, factories and workshops, and counteract the deleterious effects of bad air wherever man is forced to be, all of which is attainable, then we may realize its value.

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ART. III.—*Obstetrical Practice and Malpractice.* By L. A. HARCOURT, M. D., of Chicago, Ill.

At seven and one-half o'clock, on the morning of April 1st, 1870, I was called to see Mrs. R., Kinzie St., aged 24 years, in labor with her first child. She had had an abortion about twelve or fourteen months before, and, being attended by a midwife, the placenta had been left in the womb for four days, giving rise to severe inflammation of that organ. It was then expelled by the natural efforts

of the womb. In the present case, the lady was attended by the same midwife. Her labor had commenced twenty-four hours before I was called; and the midwife said the pains had become feeble and ceased to do any good about two o'clock the night before. I should mention that the woman expected her confinement three weeks before it took place. Such was the history of the case up to the time I was called in.

I found her in a state of prostration bordering upon collapse, not having slept for 60 hours, nor taken any nourishment since her labor began. Her face was flushed and feverish; pulse weak, rapid and irregular; tongue furred and tremulous. She was harnessed with ropes so as to push with her feet and shoulders, pull with her arms, and bring almost every muscle of the body into action, and thus she had been pulling and trying for twenty-four hours.

A digital examination revealed a partially dilated os, with a soft pulpy, irregular mass presenting. It differed from anything I had ever felt, and puzzled me to know just what it was. At present I did not seek to determine. Had the harness removed, the woman placed in a comfortable position, and prescribed stimulants and anodynes, that she might rally from the exhaustion, and gain a little rest. I then left, promising to return in an hour or two.

Nine p.m. Called again, and found the patient more comfortable. She thought she could rest if left undisturbed. Repeated the anodyne; told her friends not to disturb her, that rest, in her case, was a *sine qua non*, and left to return at daylight next morning, at which time I thought the pains would return. Called at daylight. She had rested pretty well through the night, and the pains had just returned. They were now vigorous, and labor seemed to be progressing. A more careful examination enabled me to determine the presentation which had puzzled me the night previous. The vertex presented in the first position; but the bones of the head had collapsed, allowing the brain substance to protrude, and form the soft, pulpy tumor before mentioned. Told her husband the nature of the case. He could scarcely believe it, as the nurse or the midwife had assured them the night before that the child was living, and the woman herself thought she had felt life. The pains were now efficient; but the tumor, being soft and yielding, would not dilate the os. By careful manipulation, I detached the

occipital bone, and used it as an handle to which to make traction. The occipito-frontalis muscle being in a state of partial decomposition, ruptured, and a large portion of the brain substance escaped. It was one putrid mass of corruption, and stunk worse than the concentrated essence of ten thousand skunks. Its removal, however, facilitated the delivery. The cranium was removed piecemeal, its covering still forming a convenient lever by which to make traction. By getting my finger in the axilla, I succeeded in bringing down the left arm and shoulder, then the other, after which the delivery was soon completed. The cord had completely sloughed away, so that when the fœtus was expelled the placenta was left in the womb, without any guide leading to it. After waiting some minutes, believing the pains would not expel the after-birth, and being anxious to finish a disagreeable job, I introduced my hand into the uterus, and without much difficulty removed it, It was also partially decomposed. The fœtus was a monstrosity, at least in size weighing fifteen pounds without the head.

The woman never rallied fairly from the depression. There was no pain, but constant fever, with weak and frequent pulse, from 140 to 160 per minute. Sometimes it could not be counted, and could scarcely be felt. The vital powers seemed to be exhausted by the action of the morbidic poison upon the system, which appeared to have been absorbed from the decomposing fœtus, and to have permeated her whole being. There was no power of recuperation left. She lingered two or three days in a semi-comatose condition, and died, from what? I shall leave your readers to determine.

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ART. IV.—*Clinical Remarks.* Prof. THOMAS F. ROCHESTER, on *Intermittent Fever, and on Pleurisy.*

REPORTED BY F. BRADNACK, MEMBER OF THE CLASS.

After speaking of the different forms of intermittent fever Prof. Rochester said:—If the disease appears to be malignant, it will be advisable to administer quinia, at any stage, rather than to wait for an interruption. Give for two or three days in doses of

five grains, say twenty grains; next day give fifteen grains; next day ten grains; after this, for five days, give five grains per day. Other agents sometimes operate when quinia fails; of these, the best and most reliable is arsenic. All the so-called "patent" nostrums contain this metal. They are often combined with boneset, or some bitter drug, the maker desiring to carry the idea that the latter is the remedial agent. The dose of arsenic as an antiperiodic is from gr. $\frac{1}{20}$ to $\frac{1}{10}$, given three or four times in twenty-four hours. Fowler's solution is the best form in which to administer arsenic. The dose is from five to ten drops largely diluted, given after meals. It may be given alone, or in combination with quinia. Other remedies that have been used with more or less success in this disease, are sulphate of zinc, sulphate of copper, spider's-web, and various bitters. The remedy that is probably second-best to arsenic is common salt. This agent has undoubtedly valuable anti-periodic properties. To produce its effects, it should be given in the dry state. The great obstacle to its use consists in the fact that patients dislike to take it. Dr. Butler, of Saginaw, Mich., in a series of articles, published a few years ago in the *Buffalo Medical and Surgical Journal*, spoke very highly of its success in his hands, he having administered it to a large number of patients suffering from intermittent fever. It has been tried in this hospital (Sisters of Charity), given in doses of two or three drachms. It of course makes those who take it very thirsty. To allay this thirst, they drink, if allowed, largely of water, which, drinking very often, induces vomiting. I have never seen any serious gastric derangement follow the salt treatment. Before the war, Prof. William A. Hammond, of New York, wrote an article which attracted much attention, in which he strongly urged the claims of nitric acid to be considered as an anti-periodic, and doubtless it has valuable anti-periodic properties. There is an unfortunate prejudice in the minds of the public against the use of quinia, which prejudice has been much fostered by quacks, to the effect that this drug often produces permanent blindness and deafness in those who take it, leaving them the prey of worse ailments than those it was given to remedy. It need scarcely be remarked that this prejudice is foolish and unfounded. It would be hardly less unreasonable to accuse quinia of rendering men cripples or bankrupts. Doubtless, quinia may, in

improper doses, occasionally produce unpleasant symptoms, and it has been known, when given carelessly, to produce deafness. To aver that these are its usual or frequent effects, is as absurd as it is incorrect. There is probably, on the other hand, no agent of equal potency, whose power for evil is so small. Of course, (as is the case with other drugs,) some persons are prevented from taking quinia by reason of an idiosyncrasy. Contrary to general opinion, small doses, say of one grain, are more apt to produce ringing in the ears than large ones, say of five grains. Experience demonstrates the truth of this statement. In consequence of intermittent fever the spleen is often greatly enlarged, which enlargement is not infrequently followed by dropsy. In these cases the administration of the tincture of the chloride of iron, (dose, grs. 10—15,) is often followed by great improvement. Sometimes quinia alone will suffice, for the removal of this condition. Common salt is said, by some observers, to reduce an enlarged spleen more rapidly than anything else. But, in this condition, the latest, and undoubtedly the best, remedy, is the bromide of potassium. Although, on their first appearance in the field of remedies, the bromides were probably over-estimated, still they are, doubtless, very valuable. In 1822 Dr. Toynebee, of Geneva, Switzerland, claimed that *bromine* exerted a remarkably curative influence on the enlarged spleen; but this agent, for various reasons, has never come into general use. The bromide of potassium, in large doses, will reduce an enlarged spleen very rapidly. It is generally imagined that the bromides and iodides produce (when given freely) anæmia and pallor of surface; but, in reality, the reverse of this proposition is generally true. They often improve the appetite.

Several months ago Mr. Hewson, in one of the London hospitals, under the service of Dr. Fuller, suggested the use of bromide of potassium in what is known as dumb ague, in cases which resisted the influence of quinia. Dr. Fuller found the effects of this remedy in these cases to be remarkable. In one case, a man who had taken ten grains of quinia per day, was put upon the use of forty grains of the bromide per day. In three days the paroxysms were interrupted, and in twenty grain doses per day continued for three weeks, the spleen, which had been greatly enlarged, was reduced to its normal size. His appearance improved. An increase in the number of red

corpuseles occurred, and other effects of improved health were manifested. Dr. Fuller is a most reliable observer.

One of the patients in this hospital (Sisters of Charity) will, in lieu of more quinia for the cure of an attack of intermittent fever, be at once placed upon the use of bromide of potassium.

PLEURISY may be divided into two varieties, primary and secondary. Primary pleurisy comes under the head of diseases of idiopathic origin. The secondary form may arise from various causes, prominent among which are cold, blows or injuries, and other exciting causes, which may be briefly summed up under the term traumatic. Pleurisy, in its primary or idiopathic form, is probably a very rare disease. Double pleurisy occasionally occurs, but it is also rare. Louis says that, when double pleurisy exists, it is always an evidence of the simultaneous existence of tuberculosis, and it probably is dependent on tuberculous deposit. We often see cases which may be fairly denominated rheumatic pleurisy, for we find that the cause or causes which produce rheumatism also produce in these cases pleurisy.

In a case of the simplest form of uncomplicated pleurisy, the following symptoms are presented. The disease is probably ushered in by a well-marked chill, followed by febrile movement, accompanied by a lancinating pain in the vicinity of the nipple, which pain will generally travel through to the spinal column.

Inflammation in serous structures tends, as you are well aware, to travel over a greater part, or the entire surface of the membrane which it happens to attack. But in some instances the inflammation is so intense as to *circumscribe itself*—a lymph wall of circumvallation is thrown out,—in other words, the fire is so fierce that it puts itself out. Lymph may next be thrown out, which agglutinates the surfaces of the pleuræ. Acute pleurisy generally occurs suddenly. In the patient before us this morning we have probably a case of secondary pleurisy. One symptom, which would lead to this conclusion, is the great emaciation of the patient. It is also very probable that empyema also exists; there is certainly a large amount of fluid of some sort in the chest, the presence of which occasions much dyspnoea. Now, what in this case is the treatment indicated? Manifestly this is no case for depletion, neither would counter-irritation be of any avail; on the other hand,

it would be apt to give rise to fever or to pustulation. Therefore, the treatment will be chiefly hygienic; we shall administer diuretics, also diaphoretics if there be much fever. If fluid accumulates in the chest, it must be drawn off. We will not allow the patient to be suffocated by fluid in his own thorax. He is taking now five grains of carbonate of ammonia every three hours. This acts, in the first place, as a diffusible stimulant; secondly, as an expectorant; and it also frequently plays the part of a diaphoretic. It is, therefore, a valuable remedy in these cases. It is often very desirable to promote free expectoration in this disease, that the patient may be enabled to throw off much of the accumulated fluid in this way, if possible. This patient is also taking small doses of iodide of potassium thrice daily. Experiments have recently been made in one of the London hospitals of treating pleurisy patients with what may be defined as a dry diet—that is, they are fed, say, lamb chops and eggs, with just as little fluid as possible. The idea, of which this treatment is the exponent, is that when in any part of the system an abnormal amount of fluid has accumulated, nature will, if not hindered, draw off this surplus fluid to those parts of the economy from which it has been, as it were, fraudulently abstracted. This plan is said to work exceedingly well. This may be called the rational treatment. The great point in pleurisy is not to allow effusion to take place. It is often quite difficult to discover if the pleurisy is primary or secondary. If primary, and the patient be a person of robust constitution, the disease may be treated antiphlogistically with advantage. In such cases you have a remedy at hand which has too much gone into disuse—venesection. In the cases under consideration we are not allowed to omit it. If we do, we may be responsible for the patient carrying about a damaged chest the residue of his life. The present disuse of this potent remedy (either for good or evil) is an admirable illustration of the tendency of the human mind to run to extremes, for it would now seem impossible to assign any good reason for the abandonment of this remedy, except that in the past it was greatly abused. In the case of a robust individual, (as above supposed,) you may take with safety 12—20 or more ounces of blood, continuing its abstraction nearly to the point of syncope, then let the patient be put in bed and administer two grains of opium combined with a small quantity

of ipecacuanha. Allow but little or no drink, and the disease will probably be found to be nipped in the bud.

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ART. V.—*Clinical Remarks on Surgical Cases occurring in the Buffalo Hospital of the Sisters of Charity*, by JULIUS F. MINER, M. D.

REPORTED BY W. W. MINER, MEMBER OF THE CLASS.

CASE VII.—*Amputation at Knee Joint.* The young patient, W— M—, ten years of age, who is now brought before you, received a railroad injury on the thirteenth of August last, which necessitated the amputation of his leg near the junction of the middle and lower thirds of the tibia. Nine weeks have now elapsed since the operation. You notice that the integuments of the stump are swollen, and that pus is exuding from several openings in the cicatrix and from other points in the tissue of the leg above, while the general condition of the patient is that of great anæmia and depression.

It has been evident for some time that three or four inches of the lower portion of the tibia is diseased. This condition may be occasioned by injury above the point of amputation, by epiphyseal separation of the head of the bone from the shaft, or by the cutting off of sufficient nutritive supply to the bone. Whatever cause may have effected this pathological condition, the possibility of the removal of the diseased bone, by the natural process of absorption, is precluded. This point is determined by the general condition of the patient, and the dangers which exist from the absorption of pus. Our method of procedure is then plainly, that of removal of the diseased portion of bone by operative interference.

After inducing anæsthesia, and exposing the tibia to view, with the intention of exsecting such a part of it as was diseased, it was found that a deposit of new bone had partly encircled the diseased portion, and that so much of the tibia was involved as to necessitate amputation at the knee joint, which was then performed.

Amputation at the knee joint presents a wide field for remark, as well as it also does for experimental observation. Notwithstanding the fear that surgeons used to have of entering joints and ex-

posing joint surfaces, modern experience has shown that such procedure is not necessarily followed by any untoward consequences. The history of the various operations of exsection, confirm the belief that operations involving joints are not only safe, but are frequently advisable. The propriety of amputations at the joints, is rapidly coming into recognition by surgeons generally.

Amputation at the knee joint is to be preferred to amputation of the leg made so near the joint as to involve the cancellous structure of the head of the tibia. There is much less danger from suppuration, in operating at the joint, than there is when the cancellous structure of a bone is divided by a saw, in which latter case the fragile bony texture is more or less injured, and its porous interspaces impacted with saw dust fragments of bone, whose removal must afterwards be effected by suppuration or absorption. Amputation at the joint will give a better stump than that at the tubercle of the tibia: it will have a broader extremity, and one whose integuments do not retract, and which is not, to any considerable extent, sensitive.

In making the operation I prefer to have the short flap anteriorly: the attachment of the patella to the tibia is severed, and the flap dissected up to the joint; the joint itself is then carefully separated, and the posterior flap made of sufficient size to well cover the broad articular surface. The patella may be left in the anterior flap and be drawn down upon the condyles of the femur, to whose irregularities it is so well adapted. Adhesive straps are used to support the integument of the stump, and between these are left intervals for the escape of pus, and for the subsequent convenient examination of the parts. A compress wet with carbolic acid water is usually applied as a dressing.

On the next morning after the operation our little patient rallied completely, although he was so near dead from the profuse discharge which existed prior to the operation, that stimulants were carefully and constantly administered him. The wound is now, (six weeks afterwards,) entirely closed, and the patient so fleshy and healthy in appearance as to be hardly recognizable. This is the third, at least, of the cases of amputation at the knee joint that have come within my own experience, each of which have been unexceptionably successful.

CASE VIII.—*Encephaloid Cancer*.—The present case, which is brought to your notice through the kindness of Dr. Cronyn, is one of encephaloid cancer, arising probably in the sub-maxillary gland, and affecting the tissues about the inferior maxillary bone. It has progressed to the condition of an open cancer; and, though its removal is not now proposed, yet it furnishes you an opportunity of observing the progress of carcinomatous disease. The varieties of cancerous growths may be classed under three general heads: hard, soft and black cancer. Under the term hard cancer is included scirrhous and epithelioma; under soft cancer, encephaloid and colloid; while black cancer is otherwise termed melanosis. While we do not propose to speak particularly, at present, concerning the causes and pathology of cancer, still I may say that, in practice, I have found that, if these growths are removed before they present the character of an open ulcer, their recurrence seems to be delayed, perhaps averted; whereas, if not removed early, the whole system of the person affected seems to be so implicated in the disease that operative interference is altogether useless. As the case is brought to your attention repeatedly, you notice that the area involved increases in size. Its proximity to the carotid artery suggests that that vessel may soon be involved; but it is found that the coats of arteries resist the progress of this disease, and remain intact considerably longer than do other tissues. The patient is to be relieved of unnecessary pain by the administration of opiates in such doses as are found requisite.

CASE IX.—*Bubo*.—A bubo is an inflammatory enlargement of a lymphatic gland. It oftenest occurs in the glands of the inguinal region, and its occurrence may be due to the absorption of venereal poison, or of pus from a suppurating surface on the lower extremity. Generally, buboes have a venereal origin. The period at which syphilitic buboes appear is two weeks or more after the occurrence of the chancre. They are indolent in their progress, and are of two kinds, according as they succeed the indurated or the non-specific form of chancre. A bubo which succeeds a non-specific chancre or chancroid does generally suppurate, and the pus which is discharged is not capable of producing constitutional syphilis. Those buboes which succeed true syphilitic chancres do not so generally suppurate; but when they do, the pus

which escapes from them will produce the constitutional disease. Where they have progressed to near suppuration before your attention is called to them, as is generally the case, I do not believe there is any method of preventing their progress. Suppuration and discharge of pus is the common and natural termination, and if you can assist this natural process, you will be hastening the processes of recovery. Various means of treatment are recommended, such as quiet, pressure, stimulating applications of iodine, mercury, etc. Before fluctuation is apparent, poultices are to be applied, and afterwards they can be opened as early as you are able to detect in them a collection of pus.

CASE X.—*Enucleation of the Eye-ball.*—The young patient now introduced received an injury to his left eye-ball some four months since, by which vision in that organ was speedily lost. The preservation of the injured eye is no longer of importance, and the only point to which attention is needed is as to the safety of the other eye, and the importance of careful attention to this point, in such cases can scarcely be exaggerated. The inflammation which now exists in the remains of the left eye, and which is liable to recurrence at any future period after the perfect healing of the parts may have been effected, constitutes a constant source of anxiety and watchfulness. We have constantly to be in fear of the incitement of sympathetic inflammation in the other eye, the only organ of vision left to the patient. It is a point of which we are to be aware, that an inflammatory condition is sometimes transmitted from one part to another by means of nervous connection; and this kind of sympathetic inflammation, called sympathetic ophthalmia, is a notable instance of such transmission. The uninterrupted progress of sympathetic ophthalmia is fatal to the organ in which it occurs. If it is found that intolerance of light or photophobia is beginning to be felt in the hitherto uninjured eye, if there is dimness of vision or lachrymation, we are to be on the alert for such a condition no medicine in the world will influence or retard. Enucleation, or removal of the remains of the injured globe, should be performed without delay, when it is certain that the other eye is suffering in any great degree from its remaining. The changes which are produced by sympathetic ophthalmia are in the delicate nervous tissue of the retina, and such

change is not accompanied by very demonstrative symptoms. The instances in which physicians have unnecessarily and unknowingly allowed this disease to produce irremedial blindness are not few or infrequent. In making the operation it is usual to produce anæsthesia, and then having seized a portion of the conjunctival membrane with a pair of forceps, to make with the scissors an opening of sufficient size to admit a pair of curved scissors made for this purpose, holding the eye with the forceps, you may divide with these scissors the conjunctival and muscular attachments of the eye, and at length sever the optic nerve near its entrance to the eye. It is essential, if enucleation be not performed, that at least the whole of the iris and its ciliary attachment be removed, as the ciliary region is believed to be the seat of sympathetic inflammation. In this manner the cause of all danger of sympathetic ophthalmia will at once be removed. After the parts have healed, and before they have greatly contracted, an artificial eye may be inserted.

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ART. VI.—*Surgical Cases treated at the Buffalo General Hospital.*
By C. C. F. GAY, M. D.

Condylomata.—I. D., aged 19 years, admitted to the Hospital on August 18th.

He has a condylomatous growth located at the anus, which has required two years to attain its present size. It will measure four inches in its longest diameter, two inches in its transverse diameter, and is at about the same thickness, being adherent at a broad base. It is very vascular and sensitive to the touch. Defecation is difficult and extremely painful.

August 18th I removed this growth with the knife. The operation was attended by considerable hemorrhage. There were found, after removal of the tumor, small warty excrescences within the border of the anus, which were removed with the scissors. Equal parts of chromic acid and water was applied to the surface, and in five weeks the wound was healed with no indications of a return of the disease.

Retention of Urine caused by Traumatic Stricture.—Mr. D., aged 23 years, admitted September 19th. An injury had been inflicted

upon his perineum, six weeks before his admission, by a kick from a man while the patient was lying in bed. He became unconscious, and remained so for twelve hours; from this time to the present he has had great difficulty in passing his urine, until it resulted in complete retention. A fruitless attempt had been made to catheterize him on the day before his admission. The resident physician also attempted to introduce the catheter, but did not succeed and sent for me. I found the patient in great pain, with an over-distended bladder. Chloroform was administered; and after trial of three quarters of an hour, I became convinced of the utter impossibility of entering the bladder with a catheter through the urethra. I, therefore, plunged the curved trochar into the bladder, through the rectum, and evacuated a large quantity of urine, after which I passed a small flexible catheter up through the canula, over which the canula was withdrawn, and the catheter allowed to remain *in situ*. On the next day found the patient comfortable, and urine passing through the catheter. The instrument I allowed to remain, with the view to give time for the false passage within the urethra to heal, and with the hope that the urine might be evacuated within a few days through its natural outlet.

September 21st.—Urine is passing in small quantity through the urethra. Withdrew the catheter from the rectum on the 22d, since I find sufficient urine continues to pass naturally, to afford relief.

A Gouley filiform bougie was now passed through the urethra, over which the sound was guided into the bladder.

26th. Patient passes urine very comfortably in small stream, and feels well and thinks he must leave, and did leave the Hospital next day, feeling himself sufficiently relieved to go to work.

Amputation of the Thigh, by the Circular method, below the Trochanter.—Before the application of anæsthetics to surgery, it was a mooted question whether or no it were advisable to wait until after reaction before operating. And since the use of anæsthetics, the question has been reopened; but, doubtless the propriety or impropriety of operating before or after the patient re-acts from the shock of injury, will be left, as it should, to the discretion of the operator. The less the surgeon is hampered and restricted by rules, the better will it be probably both for patients and surgeons.

These preliminary remarks have suggested themselves in noting

the only fatal case of capital operation which occurred during a continuous service at the Hospital of over seven months.

Thos. Osborne was injured by a locomotive on the Erie Railroad. The wheels of the engine passed over the left leg and thigh, producing a compound comminuted fracture of the leg and thigh. The vessels were injured, and no means had been used to arrest hemorrhage; and he was conveyed to the Hospital, a distance of nearly two miles, while the blood was dripping from his limb through the wagon in which he was lying. I saw him within an hour after the injury. It was necessary either to cut down and ligate the femoral, to amputate or let the patient die without any attempt to dress his leg.

The limb could not be saved in any event; therefore, after having given stimulus, waiting for a short time for re-action, and then administering ether, I amputated, assisted by Dr. Miner and the house physician, by the circular method, just below the lower trochanter, Mr. Harrington, the acting house physician, compressing the femoral artery with his thumb. But very little blood was lost. The patient did not rally, but died twelve hours after the operation, from shock.

Varicose Veins.—During my term of service, two cases were treated for radical cure by the use of potassa cum calce.

I prefer this method to any other. It is safe, almost painless, and is successful.

The first patient treated, aged 26 years, had become debilitated from previous illness of several months. The enlarged veins were undoubtedly the result of general debility. I produced five eschars upon the left leg, and three upon the right. In four weeks he was discharged cured, since which there has been no reappearance of the disease, the veins appeared to have been obliterated.

The second patient was Benjamin Hawes, aged 61 years. He entered the Hospital with a varicose ulcer, and varicose veins, upon his left leg.

Potassa cum calce, made into a paste by alcohol, was applied directly over the enlarged veins at five points of considerable distance from each other. In twenty minutes the paste was washed off with vinegar. The eschars thus made were of the size of a pea, but before the slough came away, they had enlarged to the size of a nickel

penny. Poultrice of slippery elm was constantly applied.

There was no constitutional disturbance nor scarcely any local pain. At the expiration of six weeks the eschars had not only healed, but the varicose ulcer had also healed. The cure seems to be radical. When the patient is standing up, the leg looks smooth, and there exists no longer any appearance of enlarged veins.

Correspondence.

Chloroform.

DR. MINER:

Dear Sir,—In the article in your last number, entitled “The History of Anæsthesia,” by Dr. Bennet. of Edinburgh, I notice a statement which is obviously incorrect; and, as it may lead to a dangerous and unnecessary use of chloroform, I think it important that it should be corrected. It is as follows:

“It should be understood, however, that the anæsthetic effect is produced by suspending consciousness, and, therefore, sensation and volition, by acting on the brain and medulla oblongata,” &c.

Now, if any fact is susceptible of demonstration, it is that to annul sensibility, it is neither necessary to destroy consciousness nor volition, and hence not to effect the medulla oblongata at all.

I need not say that, when chloroform is given to this extent, there is imminent danger of arresting the processes of both respiration and circulation.

CASE I.—A short time ago a lady came to my office with a very painful felon on her finger. I told her it must be opened, and that the operation would not hurt her any. Pouring out a mixture of equal parts of chloroform and ether, which I always use, on a handkerchief, I directed her to hold it to her mouth and inhale it freely, at the same time pinching her skin, asking if she felt it; the moment she said she did not, I laid open the felon to the bone. A moment after (she having been looking in the opposite direction in the meantime) asked me “when I was going to begin to act.” I told her to look at her finger, and as she saw the blood running pretty freely, while the pain was wholly removed, she could hardly

believe her own senses, as she had not lost consciousness for a moment, and declared she had not felt the slightest pain.

CASE II.—A few days since I was asked to pass a catheter in the case of Dr. T. of this village. I found he had been laboring under acute suppression of urine for twelve hours or more, accompanied with great pain and suffering from frequent unsuccessful attempts to pass a prostrate catheter himself. On making a careful attempt to introduce the instrument the Doctor was thrown into spasms, with violent pain and agony, the catheter not passing more than an inch or two within the urethra. I immediately sent for the chloroform mixture, and gave it in the same way as in the former case; and when the Doctor had no feeling from pinching, I passed the instrument without the slightest pain or difficulty—the patient not only, not *unconscious* of what was doing, but seeing and directing the operation all the while. He declared he felt not the slightest sensation during the passage of the instrument, nor while three pints of urine were being evacuated.

I could supplement these cases with scores of others, if necessary. I wonder that such a mistake as the above would be made at this day, and especially since the French physiologist, M. Flourens, demonstrated, several years since, that anæsthetics affected different portions of the brain successively; that sensation was affected before volition, and that the medulla oblongata was the last to feel its influence; and that when this was involved, destroying consciousness, the life of the patient was in imminent danger. I hold, that all the fatal cases from chloroform might have been prevented by following the simple method above pointed out: for it is demonstrated that death cannot happen where the article is slowly and cautiously administered, and great precaution observed.

CHARLES A. LEE, M. D.

Peekskill, Dec. 10th, 1870.

Miscellaneous.

Physiological Action of Carbonic Acid.

Dr. Levin publishes (*Archives de Physiologie*) the following results of an investigation into the physiological action of carbonic

acid: 1. When respired in the pure state or mixed with a certain proportion of air, it does not excite any convulsive action. 2. After absorption, it acts directly on the muscular fibres of the heart, modifying their chemico-physical and physiological properties, and destroying their contractibility. 3. It has no action on the blood-globules, nor on the blood-vessels. 4. It 'stupefies' the brain and the medulla oblongata: the stupefaction of the brain manifesting itself by suspension of its functions—of intelligence, sensibility and voluntary movement; that of the medulla oblongata, by arrest, succeeding impairment, of the respiration and circulation. 5. The reflex function of the spinal cord and the functions of the nerves are unaffected by this gas, and the contractibility of the muscles is likewise uninjured. 6. By the suspension of the functions of the brain and of the medulla oblongata, a condition of death-like sleep is produced, which can be removed only if it has existed for a certain limited period, varying with the species and age of the animal; and oxygen is the only substance that is capable of awakening the brain and the medulla oblongata from this death-like sleep. 7. If, by a proper mixture of carbonic acid and air, death is gradually produced (for example in about half an hour), the temperature of the body diminishes nearly two degrees centigrade, and diabetes supervenes. Sugar is found in large quantity in the blood and viscera; and in the rabbit the urine yields nearly 10 grammes of sugar to the litre. 8. Oxygen and carbonic acid produce contrary effects. The former excites the cardiac contractions, reddens the blood globules, gives life to the brain cells, stimulates the medulla oblongata, and acts peculiarly as a nourishing and vivifying gas; the latter, on the other hand, is a true poison, it is a gas that kills by destroying the physiological properties of heart, brain and medulla oblongata, and it is necessary that it should be continually eliminated. Dr. Leven's experiments were made on rabbits, cats and guinea-pigs; to whom the gas was administered either pure or mixed with definite proportions of atmospheric air, and either by inhalation during ordinary respiration or by introduction into the trachea through an artificial opening."—*Jour. Anat. and Phys.*, and *Amer. Jour. Med. Sciences*.

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Production of Œdema.

We suppose that if any of our readers were asked what would be the effect of suddenly applying a ligature to the principal vein of a limb, or in any other way arresting the return of the blood through it, the immediate answer would be, that congestion would occur, which would relieve itself by serous exudation through the coats of the vessels; or, in other words, that œdema of the whole limb below the point at which the circulation was arrested would take place. If, however, it were further urged that cases daily come under observation in which particular veins have become obliterated

ated at the pressure of tumors or what not, and yet that such obliteration is not followed by any œdema or dropsical accumulation, the stereotyped reply would be, that in such cases the retardation of the blood current had occurred so slowly that sufficient time had elapsed to enable the collateral channels to become dilated, and to convey by a thousand smaller vessels the blood which was previously transmitted by one. At a recent *seance* of the Academie des Sciences, however, M. Ranvier adduced certain experiments which, if they do not absolutely disprove the ordinarily received views, at least are strongly suggestive of the suspicion with which we should regard all traditional dogmas, however high the authority by which they are supported. The views above-mentioned seem to date from the experiments made by our countryman, Richard Lower, who, in his "Essay on the Heart and on the Colour and Movement of the Blood," first showed that tying the vena cava was followed by ascites, and ligature of the jugular veins by œdema of the head, with copious flow of saliva and tears, resembling, as he says, the salivation produced by mercury, terminating in two days in suffocation. Although apparently conclusive, these experiments were not universally accepted, and even so recent an observer as Hodgson, states that he had seen several instances in which the femoral vein was obliterated, and one in which it was included in a ligature, without any unfavorable consequence. In 1823, M. Bouillard, in an important *memoire* that was published in the *Archives Generales de Medicine*, again took up the views of Lower, and corroborated them by the details of cases in which, when œdema affected a certain portion of the body, he found the corresponding vein obliterated either by a tumor or by a clot which had formed after delivery. From the period when this memoir appeared the general impression has been that the obliteration of the principal vein of a part sufficiently accounts for œdema into its tissue. M. Ranvier, however, appears to have been dissatisfied with the accepted views on the subject, and proceeded to repeat the second experiment of Lower. He tied the two jugular veins at the inferior part of the neck in a dog and in a rabbit. To his surprise, however, these animals presented no discharge of tears, no salivation, nor any œdema of the head. In other experiments he ligatured the femoral vein immediately below the crural ring in the dog; but here again no œdema occurred either on the day of operation or at any subsequent period. These results, consequently, were in accordance with those observed by Hodgson in man. Lastly, he applied the ligature to the inferior vena cava, but still no œdema occurred. He then conceived the idea of favoring the production of dropsy by paralyzing the vaso-motor nerves, and, recalling the experiments and observations of M. Claude Bernard, he divided the sciatic nerve on one side in a dog, whose vena cava inferior had previously been tied. On this side a considerable degree of œdema immediately supervened whilst the opposite hind limb remained in its ordinary condition. This remarkable experiment was performed three times, and on each oc-

casation with the same results. From these experiments M. Ranvier believes that he is justified in concluding that mere ligation of the vein does not, in the dog at least, produce œdema; but that after obliteration of the veins, dropsy may be caused by section of the vaso-motor nerves. The same probably holds good in the case of man, and it is easy to comprehend how important are the practical results that may follow the application of this view.—*Lancet.*—*Jour. Cutaneous Med.*

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Syphilis of the Nervous System.

Dr. E. L. Keys read, at a recent meeting of the N. Y. Med. Jour. Association, portions of an extended and important paper upon this subject, based upon the clinical observations of thirty-four cases. It appears in full in the current number of the *New York Medical Journal*. We have space only for the summary of its conclusions:

1st. That nervous symptoms depending upon syphilis may arise within the first few weeks after contraction of an infecting chancre, or at any period later during the life of the individual.

2d. That it is presumable, from the study of published autopsies, that the earlier a nervous symptom (paralytic or otherwise) occurs, the less likely is there to be any material lesion which an autopsy can reveal; and that in a given case there exists no constancy of relation between the nature, the situation and the severity of the lesion, and the nature, situation and severity of the nervous symptom to which that lesion may give rise.

3d. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms.

4th. That syphilitic hemiplegia occurs, as a rule, without loss of consciousness even when the attack is sudden, but that the paralysis usually comes on gradually, the patient being under forty years of age and having had fixed constant headache for some time before the attack.

5th. That mydriasis existing alone or with other nervous symptoms, without positive disease of the eye, is presumptive evidence of syphilis.

6th. That paralysis of single muscles or sets of muscles are frequently syphilitic.

7th. That syphilitic paraplegia generally comes on gradually, often without any local symptom to call the patient's attention to the injured portion of the cord, and that is rarely complete. That the bladder almost always suffers more or less, and calls for special local treatment. That paraplegia may be developed as a symptom of inherited syphilis.

8th. That syphilitic epilepsy usually occurs after thirty in patients who have not had epilepsy in early life. That headache is liable to precede the attacks. That the convulsions occur often many in quick succession, the intermission between the series of attacks being comparatively long; but that, during this period,

headache or other nervous symptoms exist and become aggravated, contrary to what obtains in idiopathic epilepsy. That syphilitic epilepsy is liable to be associated with or followed by some form of paralysis.

9th. That aphasia is often associated with the intellectual disturbances caused by syphilis.

10th. That loss of memory is a common nervous symptom of syphilis, as are also all forms of mental disturbance, from mild hallucinations and illusions up to actual insanity, and all these without any necessary accompanying paralysis.

11th. That inordinate emotional expressions are often associated with the mental weakness caused by syphilis.

12th. That care must be taken to distinguish certain symptoms caused by gout from the same symptoms owing their origin to syphilis.

13th. That the prognosis is better, as a rule, for nervous symptoms caused by syphilis than for the same symptoms depending on a lesion equal in extent caused by another malady of the nervous centres; but that, after the arrest of the disease, an indelible impression is often left upon the nerve tissue, which manifests itself by impaired function, and which treatment cannot overcome.

14th. That the iodide of potassium pushed rapidly to toleration, unless the symptoms subside before that point is reached, is the main outline of treatment. That mercury used at the same time or alternated with the iodide of potassium is often of great value in protracted or inveterate cases, and that tonics, change of air and surroundings, frequently influence the effect of treatment in a marked degree, and may become essentials to success.—*Med. Record.*

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Soluble Saccharated Oxide of Iron as an Antidote to Arsenic.

Dr. Kohler, of Halle, remarks that the long-known antidote, *hydrated oxide* of iron has many practical inconveniences. The preparation now recommended only differs from the latter in containing a larger proportion of water [as hydrate.] Kohler used it with remarkable success in the case of a young man who had swallowed thirty or forty grains, or more, of arsenic. He comes to the following general conclusions about the new therapeutic agent: 1. That it precipitates arsenious acid from solution in the form of insoluble arseniate. 2. That on chemical grounds it should be justly substituted for the ordinary hydrated oxide as an antidote. 3. The experiments on animals fully bear out its practical efficacy. 4. That, while in other forms of metallic poisoning [especially with common sublimate] mechanical antidotes like albumen, etc., are useful, the latter treatment is only a hinderance to the efficient application of the oxide of iron in arsenical poisoning. 5. That the iron-treatment should *not* be accompanied by the use of neutral purgative salts, otherwise the antidotal combinations may be inter-

ferred with. 6. Since Schroff has proved that the arseniate of iron itself is always absorbed in minute quantities, emetics should be administered as soon as the antidotal combination of the iron with the arsenic may be supposed to have taken place. 7. As to the quantity of saccharated oxide of iron required to neutralize a given quantity of arsenic, it appears that about ten or twelve parts of the oxide should be administered for every one part of arsenic believed to have been swallowed.—*Berlin Klin. Wochensch.*—*N. Y. Med. Jour.*

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Simple Dressing by Continued Moisture.

Dr. Leon le Fort, in an article bearing this title, translated from the *Boston Medical and Surgical Journal*, says:

If we seek the indications which surgeons have attempted to fulfil by their various dressings, we find them as follows:

To exclude the air.

To change the condition of the wound, when expedient, by medicated dressings.

To maintain a certain degree of moisture.

To prevent decomposition of the pus taken up by the dressing.

To keep the wound clean.

To prevent the adhesion of the dressings.

To destroy germs which might be the source of infection.

A slight modification of the methods usually employed has enabled me, as I believe, to fulfil these various indications, as already stated. I have absolutely rejected all fatty agents whatever, and I extend the same proscription to diachylon, so far as fresh wounds are concerned; and in no case, at least in hospitals, do I use lint, because by the power of absorption it becomes the ready receptacle of infectious germs. I cover the wound with one or more compresses, saturated with a mixture containing one part of alcohol or camphorated alcohol, and nine parts of water; if the wound needs stimulating I add, according to the necessities of the case, a tenth part of a solution of sulphate of zinc. Over all I place a piece of oiled silk, kept in position by a few turns of bandage; and I take care that this covering shall be tight and entire. The evaporation of the fluid with which the compress is filled cannot progress, and the insensible perspiration, which occurs normally on the surface of the skin, being retained, the dressing becomes converted into a sort of continued bath.

Without the inconveniences of a maceration which distends the tissues and seems to lessen their vitality, without the annoyances caused by the necessity to use an apparatus applied with difficulty, I get the advantages of the bath of Mayor, Langenbeck and Valette, and those indeed of continued irrigation. The sedative effect of the water, modified according to necessity by the use of medicated solutions, controls the inflammation and keeps it within the bound

necessary to the process of cicatrization. The pus, excluded from the air, undergoes no change; it remains indeed about the wound, but the air-tight dressing showed us long ago the harmlessness of unaltered pus. The compresses cannot dry and adhere and are easily removed, and there is no fear of bruising the granulations. As regards cleanliness, it is seen at once to be absolutely attained. Finally, with respect to infection and the transportation of germs, the wound, being wet at the outset with alcoholized water, covered with compresses filled with the same fluid, and enclosed hermetically in an impermeable tissue, is fully protected from all contamination. This innovation upon a dressing in such general use, consisting essentially in the employment of a piece of oiled silk larger than usual, presents such an appearance of insignificance that I should have hardly dared to introduce it if it were not recommended by results which have convinced me of its efficacy.—*Medical Archives.*

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Remarks on the Pathology of Tuberculosis.

BY JOHN C. PETERS, M. D.

In accordance with the desire of the President that all the Fellows, or as many as possible, of the Academy, should prepare themselves for a discussion of the so-called new views of tuberculosis, I have made some preparation.

This was the more easy, as I had paid somewhat particular attention to the subject in 1854, and again in 1850—and more or less, perhaps less, since then.

I find nothing very new, if we admit all the facts and theories of Virchow and Niemeyer, and even add still more to them, derived from the labors of such excellent physiological chemists as Simon of Berlin, Lehman of Leipzig, and Day of St. Andrews College, Edinburgh. They are simply a return to the notions of Carswell, that tuberculosis commences in the air cells and smaller bronchi; and to those of Addison, Broussais, Wilks, etc., that it generally arises from some form of inflammation of a low type; and to those of Hasse, Preuss, Cerrutti, Vogel, Guterbock, etc., that tubercle is always caseous.

Even if we side with Virchow and Niemeyer, it is not yet necessary to modify seriously the doctrines of Laennec and Louis, or those of Swett, Clark or Flint, or the opinions of the mass of the profession in this and every other country.

This arises principally from the fact, that our views of the nature and treatment of inflammation are very different from what they were in the times of Laennec and Broussais; and it may easily be made very clear that it would have been a great misfortune, from the times of Laennec almost down to the present day, if Laennec had adopted Broussais's, or even Niemeyer's actions of inflamma-

tion, provided he had carried them out to the full extent that Broussais had impressed upon them.

In our times, which are those of Niemeyer, it makes very little difference whether we lean to the theory of the subacute inflammatory, or dyscratic origin of tubercle. We treat all fevers and inflammations very differently now from what Broussais did of old, and the treatment of tuberculosis is not very seriously modified by Niemeyer, simply because he has adopted the modern or restorative treatment of inflammation.

It also makes very little difference whether we cling to the idea that there is only one form of tubercle, or admit that there are two. For true miliary tubercle often undergoes the caseous degeneration, and primary caseous deposits are often followed by the secondary formation of the miliary tubercles, as is proven by the experience of every practical physician who is in the habit of seeing or making post-mortem examinations; and we believe that both the miliary and tuberos forms of tubercle are made up of casein.

Every observing physician must have seen cases of true general miliary and tuberculosis occurring in almost every organ, viz.: in the membranes of the brain, in the lungs, pleura, spleen, peritoneum, kidneys, etc., and yet not preceded by any caseous or yellow tubercle that could be discovered.

Again, every physician must have seen cases of primary and chronic scrofulous or tuberculous disease of the glands of the neck, followed by miliary tubercles of the brain, lungs, etc., not attended by any caseous or yellow tuberos tubercle, or mass, in any external organ that could be discovered. The two diseases precede or follow each other indiscriminately, because they are closely allied to each other, if not absolutely identical.

These remarks may seem all the more strange because I strongly incline to some of the so-called modern views of tuberculosis, except I think them very old.

To make these points more clear, Dr. Peters exhibited to the members of the Academy thirty-three colored plates of portions of lung, showing tuberculosis acuta vel miliaris; pneumonia catarrhalis of children; Niemeyer's catarrhal pneumonia; pneumonia ulcerosa; connective tissue corpuscles; cancer formed in connective tissue like pus, and tubercle; tubercle granules in air-cells from Bennett, 1858; tubercle from lung tissue, normal pus globules, tuberculous matter with melanosis, etc.,—all from Dr. Swett, 1852; bronchitis with both plastic and cheesy deposit, expectoration in hepatization, congestion, etc.,—from Dr. Dobell; blood globules in phthisis from Thompson; deposits of Tubercle both inside and outside of the air-cells and bronchi, etc.

1st. As to the question whether there are one or two forms of tubercle.

The majority of the profession are now inclining to the opinion that there is but one elementary form of tuberculous deposit, viz.: the gray granulation, or miliary tubercle; and that many of the

cases in which extensive and uniform cheesy deposits are found in the lungs depend more upon chronic catarrhal, or a low and unhealthy type of the inflammatory process, or even scrofulous inflammation of the part, than upon true tuberculous formation.

We have to decide whether these latter are simply inflammatory or truly tuberculous—or whether they may become one or the other. My own opinion is that there is no difference between the two forms of the disease, except their location and size, and that large yellow tubercles are always mixed with the debris of epithelium, mucus, pus, exudation-globules, etc., in the lungs.

Virchow throws no light upon the point why miliary tubercle is formed in the connective tissue; but this substance is one of the few membranes of the body which contain *casein*. On the authority of Lehman of Leipzig, and Day of Edinburgh, it may be stated that casein exists normally in the expressed juice of the connective and elastic tissues. And here we hit, perhaps, upon the first link in the long chain of facts which go to prove the connection of caseous degeneration with tubercle; and we almost immediately find another, viz.: it frequently happens that the albumen in the parenchymatous fluid or plasma which moistens and nourishes all the tissues, assumes a *casein-like* character; *i. e.*, it does not coagulate on heating, is precipitated by dilute acetic acid, and separates in the form of a superficial membrane on evaporation. Hence the fluid which bathes the connective tissue, and nourishes the connective tissue corpuscles, always is somewhat, and may easily become abnormally *caseous*.

These points may also throw some light upon the fact that true miliary tubercle is commonly developed in the adventitia or lamina of connective tissue immediately surrounding the blood vessels. We know that the parenchymatous fluid which moistens and nourishes the tissues transudes through the capillaries—and if that be already too albuminous, or even caseous, a cacoplastic or cheesy material will be poured out into the connective tissue, and may excite it to increased growth and proliferation; each minute newly formed granule or cell being made up of caseous material, instead of the more gelatinous and fibrous substance which goes to form true healthy cellular or connective tissue.

But cheesy transformation is not peculiar to tubercle; for it is well-known that extravasated blood may undergo it; effusions of all kinds, both exudative and inflammatory; epithelium newly formed cells, connective tissue corpuscles; and all the albuminoid constituents of the blood, such as albumen, fibrin, globulin, etc.; pus, too, often becomes cheesy, and even cancer and sarcoma occasionally. Hence the time seems to have arrived when we must perforce admit a caseous or cheesy transformation or degeneration of many tissues and exudations, just as we have long ago admitted a fatty degeneration, an amyloid transformation, a fibroid conversion, and saccharine, lardaceous, and waxy metamorphoses.

This theory of caseous degeneration has been progressing slowly

in the minds of the profession for many years. Over twenty-five years ago Rokitansky was teaching that many abnormal products and exudations, which were not absolutely and evidently tubercular at first, soon began to tuberculize and assume the appearance of yellow or caseous tubercules.

For a long number of years before 1857, the celebrated Dr. Addison, of Guy's hospital, was strenuously opposing the idea that all or much of the deposit found in phthisical lungs should be called tubercle.

Addison's successor, Dr. Wilks, Lecturer on Pathology and Curator of the Museum of Guy's Hospital, continued from and after 1857 to teach that soft, yellow, caseous matter was often undoubtedly produced without being preceded by crude tubercle, and was merely a degenerative change, which even simple substances of a fibrous or cellular character might pass into. He thinks, however, that miliary tubercles are quite distinct in formation and character, and not merely in location and size, from the soft yellow tubercle; but correctly states it is this latter product which is most important in phthisis (simply because it occurs in larger masses and greater quantities.) He even goes so far as to assert that, in speaking of the ordinary disorganizing processes seen in phthisis, he will entirely dismiss miliary tubercle from consideration, and look to the (caseous) material which he thinks is all essential in the various phases of the disease.

We all know that our Dr. Sweet, who is certainly held in affectionate remembrance by many who are here, taught long before 1833 that tubercles were generated in pleuritic exudations and adhesions, and he often tells us in his writings that we will frequently meet with tuberculous disease of the lungs which has followed an attack of the pleurisy, and is secondary to it.

The views of these men, and of Virchow, Reinhard, Vilemin, and others, made but little impression upon the profession at large, until Niemeyer sprang almost like a harlequin into the medical arena, declaring that the greatest danger for the majority of consumptives is, that they are apt to become tuberculous.

We now propose to examine whether we may or must admit a caseous dyscrasia or degeneration of many tissues, products, exudations, cells, &c., just as we have long ago accepted the reality of fatty degenerations, amyloid degenerations, saccharine transformations, and lardaceous and waxy changes.

The best chemical analysis of tubercle quite distinctly corroborate some of the so-called modern views; and they have this great advantage, that they were made long before any theory was at stake upon their results. Thus the accurate Hasse, who drew his conclusions from his own experiments, and from numerous analyses carefully compiled from Cerutti and Vogel, found the organic component parts of tubercle to consist principally of *casein*, with some little fat and albumen.

As regards casein, we know that the primitive food of all young

mammals, viz., milk, contains casein, which is readily transformed into albumen of the brain, liver, kidneys, and other albuminous organs; and into the musculo-fibrin, or syntonin, which go to make up the extensive muscular system; and we now know that these substances are often transformed back again into casein.

It is true Virchow thinks that the casein of milk is formed from the epithelial cells which line the lacteal ducts. These are supposed to be made in enormous quantities during lactation, are transformed partly into casein, and partly into fat, and then are generally swept out by the gushing tide of fluids pushing behind them. Occasionally they are plastered and occluded in the milk-ducts, just as caseous or quasi-tuberculous deposits often are in the air-cell and smaller bronchi, which, it is well known, are abundantly supplied with epithelium as the milk ducts.

Casein is also a highly sensitive substance to chemical reagents, often undergoing decided changes from the application of the mildest of them.

We know that gelatine, albumen, and fibrin may be formed out of casein, and we are also sure that the major part of the tissues and parenchyma of the various organs are made up out of gelatine, albumen and fibrin; but none of them are composed of unchanged casein. Casein is a foreign and inimical substance to them. Hence we are almost justified, at this early stage, in concluding that disease may arise from the formation and deposit of a cacoplastic lymph, largely made up of casein, or at least of one which soon, and readily undergoes caseous degeneration, and that this constitutes the essence of scrofula and tubercle.

If we look for the origin of this caseous substance, our attention is at first drawn to the globulin of the blood-corpuscles. These globules contain nearly 300 parts in 1,000 of globulin and cell membrane; and globulin is a substance approaching so nearly in properties to casein, that the great Berzelius called globulin the casein of the blood. The almost equally well-known physiological chemist, Schmidt, also calls hæmato-globulin blood-casein; and our Dr. Draper says, globulin is a substance approaching so nearly in properties to casein, that we may without much presumption, infer that it can easily be converted into it.

Now we know that in the circulating blood there are continuous endosmotic currents between the serum, or so-called intercellular fluid, and the viscid red liquid which occupies the interior of the blood cells. Hence we are almost prepared to concur with Panum, Moleschott, Has, etc., that casein is a normal constituent of the serum of the blood, and to infer that it may occur in an excessive quantity in the tuberculous or some other dyscrasia.

Again, it is well known that the iron of the blood is deficient in phthisis; and it is equally true, though not equally well-known, that a considerable quantity of the fatty matter contained in the blood is contained in the blood-globules, which in their dry state should contain, according to Lehman, from two to three per cent

of fat. Hence, if the globulin of the blood-globules contains too much casein and too little fat, the normal transudations and the abnormal exudations may easily undergo a cheesy degeneration.

As the predominating ingredients of the blood-globules are globulin, fat, and hæmatin, and all of these are defective and deficient in tuberculous blood, we would naturally expect to find some alteration or defect in the shape and conformation of the blood-globules in phthisis. The well-known Dr. Theophilus Thompson, Clinical Lecturer at the Brompton Hospital for Consumptives, has paid particular attention to this point, and I show his drawings of the alterations which the blood-globules undergo in phthisis.

It is well to add, that in phthisis the red globules may diminish in number from 130 to 78, and the white globules be much increased, so that a peculiar state of the blood, resembling that which obtains in leuchæmia, or immediately succeeds digestion, when any lymph-globules have been quickly poured into the blood, is often found in phthisis.

If the blood-globules are defective in phthisis, so is the serum of the blood. We have already seen that too much casein and too little fat is returned to it from the blood-globules.

The water and albumen of the serum are also in excess, and the albumen is defective in quality, being less capable of being oxidized or transformed into fibrin, and doubtless more easily convertible into casein. According to Aitkin, this defective albumen in the blood of phthisical persons may increase from 76 to 100 parts in one thousand.

In phthisis we also have a blood which is less alkaline than it should be: the serum may be so feebly alkaline that it often becomes turbid from the presence of very small dark molecules of a protein body, because the albuminate of soda in the blood has been deprived of some of its alkali, and a portion of the albumen thus freed from its soda separates in a molecular form.

Finally, it is equally well known that the normal fluid of the blood-globules naturally contains a great preponderance of the potash salts and phosphates, while plasma or serum has the greater part of the soda salts, especially the phosphate and chloride of sodium—all these are deficient, and this accounts for the feeble alkalinity of the blood in phthisis.

To sum up:—The albumen and water of the serum are in excess in phthisis.

The fat and iron are deficient.

The alkaline salts are deficient.

The serum-casein is in excess.

When this state of the blood obtains, a too caseous serum may be supplied to the connective tissue, followed by the caseous degeneration and proliferation that Virchow places so much stress upon; and thus miliary tubercles may be formed.

Or a caseiform, too albuminous, or too little plastic or fibrinous

substance may exude silently and slowly, in a very insidious manner, into the air-cells and smaller bronchi, etc., and yellow caseous tubercle may arise.

Or, under the influence of a slight or severe cold, or bronchitis, or catarrhal pneumonia, exudations may take place in the lungs, air-cells and bronchi, which may quickly undergo the yellow tuberculous or caseous degeneration, together with the epithelium, mucous and exudation corpuscles, and other substances found in them.

Thus we may have the combined local and constitutional origin of tubercle.

Away back, as far as the times of Baillie, tubercular disease was supposed to arise from an infiltration of an excessively albuminous fluid, of a thick or synovial-like character, which then gradually degenerated into a fine granular mass, which also included portions of lung tissue when it softened down into pus.

And we have seen the so-called modern views really differ very little from this; if we substitute casein for albumen, all the rest of the theory may remain nearly unchanged.

The correct treatment of tuberculosis flows easily and naturally from the above views. Fatty substances; alkaline remedies, especially the phosphates of soda and potash; iron, especially in the form of the phosphate of iodide, and the avoidance of an excess of albuminous and caseous substances, especially skimmed milk, must always form the bases of our remedial means.—*Med. Record.*

Editorial.

Bellevue Hospital Medical College.

We notice in the *New York Medical Journal* for December, the following invitation extended to Prof. James P. White, M. D., of Buffalo, by the Faculty of the Bellevue Hospital Medical College. It will be understood, that Prof. George T. Elliott, being incapacitated by illness from delivering the lectures during the present session, the course has been given by Prof. White, and that this invitation is in expression of the appreciation of his services:

BELLEVUE HOSPITAL MEDICAL COLLEGE,
FOOT OF TWENTY-SIXTH STREET, EAST RIVER,
NEW YORK, November 9, 1870.

PROF. JAMES P. WHITE—

My Dear Sir: I have been directed to respectfully request you to name a day when it will be agreeable for you to meet our Faculty at dinner. We are anxious to have an opportunity of meeting you socially, as a Faculty, to express our appreciation of your noble and generous act, which has given us the advantage of your large professional experience and wide reputation, in our course on Obstetrics. With sentiments of the highest esteem and respect,

I remain your obedient servant,

A. FLINT, JR., Secretary."

Items, Selections and Remarks.

BY W. W. MINER.

An apparatus called "the gastric douche," and similar in design to a nasal douche, has been suggested by Dr. Ploss, of Leipsic. It is thought that it may be useful in cases of poisoning, and in diseased conditions of the stomach.—Dr. W. H. Gobrecht, of Cincinnati, in the Transactions of the Pennsylvania State Medical Society, reports a case of poisoning, where a young man, aged about twenty years, had taken seven-eighths of an ounce of a saturated solution of strychnia, with crystals in excess, in chloroform, both by inhalation and ingestion, without any other result than complete and prolonged anæsthetization, and some temporary subsequent numbness, with no known injurious consequences after two months had elapsed.—*Med Record*.—Prof. Moses Greene, of Rush Medical College, states in the Chicago Medical Journal that he has found in his practice that skating is a fertile source of necrosis of the tibia in young men and boys.—Cocoa is recommended as an excellent agent for disguising the taste of quinine.—M. Didierjean, in a communication to the Academy of Sciences, states that, in his manufactory, workmen suffered more or less from lead poisoning, in spite of the use of sulphuric acid, lemonade, baths, open air work, &c. He says further, that three years since, his attention was called to the fact that certain of his workmen who constantly used milk at their daily meals, were unaffected by lead poisoning, and he accordingly recommended the use of milk to the other workmen, and for the last eighteen months he says not a single workman has been affected with lead poisoning.—Chloride of Aluminium has been recommended as an antiseptic and deodorizer of great utility, by Mr. Squire, of England, who has also used this remedy in the form of spray, as an application to the throat in diphtheria.—Dr. J. F. Snyder, of Virginia, Cass Co., Illinois, reports in the Chicago Medical Examiner the case of a man who was "stabbed in the back, at the lower point of the shoulder blade," but as the wound soon healed, no farther cause of trouble was suspected. Twelve years after, and when the patient was sixty years of age, in a paroxysm of coughing, he threw up from the right bronchus an ounce or two of pus, and the point of a knife as it proved, which was an inch in length, half an inch in width, and weighed half a drachm. The pains which were experienced, more or less frequently during the twelve years in which the piece of steel was migrating from the scapula into the bronchus, were ascribed to rheumatic origin.—A writer in the British Medical Journal, says that dogs which have been poisoned by strychnine, have apparently had their lives saved by being administered doses of oil, and by having been hung up for some time by the hind legs with the head downwards. As to the modus operandi of this treatment, he says that the oil may mechanically obstruct the absorption of the poison by the stomach, while the cerebral congestion which is occasioned, may counteract in some way the effects of the poison on the nervous system. He

accordingly suggests that the inclination of the head downwards in cases of poisoning by strychnia in man may be of utility.—Prof. Von Graefe's annual income from his professional duties is stated to have been one hundred thousand dollars, while that from his paternal estate was twenty-five thousand dollars.—The Library of the College of Physicians and Surgeons of New York City contains fifteen thousand volumes.—A case is given in the British Medical Journal of a man who had been run over by a railway train, upon whose body there was not the smallest wound, and only a few abrasions of cuticle across the abdomen, but, on opening the abdomen, all the abdominal muscles were found to be cut through, as also the right kidney, the transverse colon and ileum, while the third lumbar vertebra was crushed literally to powder.—Joseph G. Richardson, M. D., author of the recent work on "Medical Microscopy," publishes in the Baltimore Medical Journal, an account of his experiments demonstrating the identity of the white corpuscles of the blood, with the salivary, pus and mucous corpuscles.—It is reported that a son of the surgeon Langenbech has died of wounds received in the Franco-Prussian war, and that sons of Drs. Simon, Stilling, and Lauer have been wounded.—Messieurs Legros, Onimus and Cyon have recently been awarded valuable medals for their researches on the application of electricity to therapeutics.—The prize of one hundred dollars in gold, offered by the American Journal of Obstetrics, for the best essay on the morbid anatomy of the placenta, has been awarded to Jas. P. Whittaker, M. D., of Cincinnati.—Henry J. Bigelow, M. D., of Boston, has presented the Massachusetts General Hospital a specially ordered set of surgical instruments, with a fund adequate to their renewal, also, money for the support of a free bed in the institution for five years.—The Library of the late Professor Von Graefe, is in the hands of Hirschwald, one of the Berlin booksellers.—Professor Willard Parker has resigned his chair of surgery at the College of Physicians and Surgeons, and is succeeded by Prof. Markoe.—It is said in the *Lancet*, for November, that the students of the University of Edinburgh manifested their disapproval of the appointment of the son of the late Professor Simpson to his father's position by riotous and unmannerly conduct during the first appearance of the new Professor in his lecture-room.—Dr. J. Gibbons Hunt, of Philadelphia, states that the amœboid movements observed in the white blood corpuscles are not peculiar to animal life, but are even more actively performed in the nucleus of the cell of *anacharis alsinastrum*.—*Richmond Med. Journ.*—Dr. H. Raphael, of New York City, in a paper read before the Medico-Legal Society of that city, made mention of a method recently discovered for the determining of whether a child was born dead or alive.—It is said that collections of crystallized uric acid may be found in the kidney of a child which was born alive and died soon after birth, and that the detection of such collections furnishes as positive proof of life as does the dilatation of the lungs by air. Dr. Raphael is led to believe from cases he has lately examined, that it is superior in importance as a proof to that from the inflation of the lungs.

Wm. Wood & Co. announce that they are about to publish a work on Palsies and kindred disorders of the Nervous System, by Meredith Clymer, M. D.; a manual on Surgery, by Thomas Bryant, F. R. C. S.; a treatise on Post-Mortem Examinations, by Francis Delafield, M. D.; a revised edition of Bartholow on Spermatorrhœa; a small work on the Mortality of Childbed, by J. Matthew Duncan, M. D., etc.; also, by the same author, his work on Fecundity, Fertility and Sterility; a work on Epilepsy, by M. Gonzales Escheverria, M. D.; a practical treatise on Diseases of Women, by Robert Barnes, M. D.; a work on the Medical and General Uses of Electricity, by Drs. Beard and Rockwell; a treatise on Surgery, by Frank H. Hamilton, M. D.; a work on Albuminuria, by W. W. Dickinson, M. D.; on Diseases of the Throat, Larynx, etc., by J. Solis Cohen, M. D.; Clinical Lectures on Diseases of the Genito-Urinary Organs, by J. W. S. Gouley, M. D.; on Diseases of the Ear, by D. B. St. John Roosa, M. D.; on Obstetrics, by W. H. Byford, M. D.; Insanity and its Treatment, by G. Fielding Blandford, M. D.

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Personal Items.

Prof. Charles A. Lee has resigned the Chair of Materia Medica and Hygiene in the Medical Department of the University of Buffalo, and his resignation has been accepted by the Faculty. He has long and ably filled the position, and his resignation was only accepted in consideration of enfeebled health. His wide experience, ripe scholarship, and high professional standing, made him distinguished as a teacher. His place is filled the present session by Prof. N. H. Eastman, of Geneva.

Prof. Sandford Eastman, of Buffalo, has resigned the Chair of Anatomy and Clinical Surgery in the University of Buffalo, on account of impaired health. This resignation has been accepted with great regret at the sad necessity, Prof. Eastman is now in California for his health, where the good wishes of his numerous friends will attend him. Dr. Milton Potter has been appointed as Lecturer on Anatomy, to fill the vacancy made by resignation of Prof. Eastman.

Dr. S. W. Wetmore, of Buffalo, has been invited to Lecture on Anatomy in the Medical Department of the University of Wooster, at Cleveland, Ohio, in the place made vacant by the sudden death of Prof. Jones.

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Appointments in the St. Peter's Hospital, Albany, N. Y.

Some of our readers will be interested in noticing the appointments in the St. Peter's Hospital, Albany, mainly, on account of difficulties heretofore placed before the profession.

MEDICAL OFFICERS.—Consulting Physician: Thomas Hun, M. D., 21 Elk

St. Attending Physicians: Edward Hun, M. D., 23 Elk St.; S. O. Vanderpool, M. D., cor. State and Eagle Streets; Chas. H. Porter, M. D., 55 Eagle Street; Diseases of the Eye and Ear: C. A. Robertson, M. D., 17 Washington Avenue. Attending Surgeons: Dan'l M. Stimson, M. D., 17 Fayette Street; J. R. Boulware, M. D., cor. Hamilton and Eagle Streets; Diseases of Women: J. V. P. Quackenbush, M. D., 712 Broadway; Resident Physician: Caleb Lyon.

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Notices of Literary Exchanges.

The *Nation* for the coming year promises to be of greater interest and worth than ever. It will contain contributions from a great variety of sources.—The *Atlantic Monthly* presents a prospectus for the next year of as an attractive a character as usual. Several new and attractive features are to be added this year, and the departments of Science and Art are to be largely represented in it, by distinguished and learned men.—*Every Saturday* has come to be one of the first of the illustrated journals of the country; and while its reading matter is fresh, vigorous and entertaining, the character of many of the engravings it presents is that of surpassing excellence. The regular receipt of the issues of this paper cannot but be much desired.—*Littell's Living Age* continues to furnish weekly selections from the European journals of such articles as are of sterling worth and popular interest. It is energetically conducted, and many very excellent articles which it presented during the year are fresh in our recollection.—The *American Exchange and Review*, published by Fowler & Moon, of Philadelphia, is a miscellany of useful knowledge. It pays especial attention to art, science and trade. The original articles it contains are on subjects of the first interest to intelligent business men; and its several departments are separately edited by men skilled in the particular department they represent.—The *Scientific American* continues to be a great source of information and intelligence as to the progress of science and invention in this country and in other countries. Its editors are ever ready to do all in their power for the progress of invention and the promulgation of the facts of scientific discovery; and they thus recommend themselves and their publication to the public generally.—The *Little Corporal*, published in Chicago by Sewell & Miller, is one of the brightest and most entertaining of the magazines for "young folks" that comes to our table. Its subscription price is only one dollar a year, and the whole character of the publication is remarkably excellent.—*Peters' Musical Monthly* is the title of a journal of music issued every month by J. L. Peters, 599 Broadway, New York. Its subscription price is three dollars per year: the music it contains (36 pages per number) could not be otherwise obtained for many times this amount; and the numbers we have examined contain very desirable and excellent pieces.

Books Review.

Transactions of the American Medical Association. 1870.

We are most happy to announce the early issue of this volume, which appears in its usual excellent style, but with unusual typographical accuracy. If we may receive the transactions of the society thus early, and in the unexceptionable manner that it is furnished, all propositions to change the style of publication will hereafter be very unanimously rejected: indeed, the idea of change is entirely inconsistent with the condition of things, and, as we believe, with the best interests of the association.

Members of the Association can receive the volume by forwarding their annual dues to the Secretary. We publish the table of contents for the benefit of those who are interested to know what the payment of their annual dues will secure to them.

We shall take occasion, hereafter, to speak more in detail of some of the papers presented; for the present we can only say, that the volume is of unusual interest, and that the secretary, Dr. Atkinson, has placed the American medical profession under lasting obligations to the ability, faithfulness and fidelity which has secured to them this volume thus early, and in such unexceptionable manner.

CONTENTS:—Minutes of the Twenty-first Annual Meeting of the American Medical Association; Report of the Committee of Publication; Report of the Treasurer; Address of George Mendenhall, M. D., President of the Association; Report of the Librarian; Report of the Committee on Medical Literature; Report of the Committee on Nomenclature of Diseases; Report on the Proper Treatment of the Insane, by John Curwen, M. D., of Harrisburgh, Pa.; Report of the Delegate to the Association of Superintendents of Asylums for the Insane for 1869; Report of the Committee appointed to Memorialize Congress on the Cultivation of the Cinchona Tree in the United States; Report of the Section on Anatomy and Surgery; A Paper on Median Lithotomy, by James L. Little, M. D.; New Operation on Imperforate Anus, by Thomas M. Healey, M. D.; Form of Neuralgia of the Jaw-Bones, hitherto undescribed, by S. D. Gross, M. D.; Partial Paralysis from Reflex Irritation, caused by Congenital Phimosis and Adherent Prepuce, by Lewis A. Sayre, M.D.; Liquid for the Preservation of Wet Anatomical Preparations, etc., by B. Titcomb, M. D.; Report of a Case of Congenital Occlusion of the Rima Glottidis, by Louis Elsberg, A. M., M. D.; New Method of Reducing Dislocations at the Shoulder-Joint, by Samuel Logan, M. D.; A Contribution to Plastic Surgery, by Gurdon Buck, M. D.; Case of Formation of Bone in the Eye—Enucleation, by Chas. M. Carleton, M. D.; A new Mode of Amputation at the Ankle-Joint, by I. N. Quimby, M. D.; A new Method of Lithotripsy, by E. M. Moore, M. D.; Report of the Section on Medical Jurisprudence, Hygiene and Physiology;

On the Cellular Structure of the Red Blood Corpuscle, by Joseph G. Richardson, M. D.; Report on the Doctrine of Force, Physical and Vital, by J. H. Waters, M. D.; Report of the Section on Climatology and Epidemics; Report on the Diseases of the State of Pennsylvania for the Years 1867-68 and 1868-69, by D. Francis Condie, M. D.; Report on Topography, Climatology and Epidemic Diseases of the State of Illinois, by R. C. Hamill, M. D.; Report of the Section on the Practice of Medicine and Obstetrics; Intra-uterine Injections and their Therapeutical Value, by J. Byrne, M. D.; The Physiological Laws of Human Increase, by Nathan Allen, M. D.; Report on the Propriety of Establishing a Cinchona Plantation in the United States, by Thomas Antisell, M. D.; Report of the Section on Psychology; Report on American Necrology, by Christopher C. Cox, M. D., LL. D.; Prize Essay: An Essay on the Treatment of Aneurism, by Benjamin Howard, M. D.; Plan of Organization; Code of Medical Ethics; Catalogue of the Officers of the Association.

The American Practitioner. A Monthly Journal of Medicine and Surgery. Edited by DAVID YANDELL, M. D. and THEOPHILUS PARVIN, M. D., Louisville, Ky.

Through the favor of the Editors, we have received the first and second volumes of this Journal, elegantly bound in cloth. In again looking over this work, we are more forcibly than ever impressed with its excellence and worth. It shows that great labor has been bestowed upon the Journal; that it has contained in its monthly issues such articles, from the best authors, upon such subjects as are of deepest interest to the profession. All the various topics of medical and surgical interest have been presented in most complete and unexceptionable manner; and these volumes, as offered to us, reflect the greatest credit, not only upon the editorial conduct of the Journal, but upon the long list of able and well-known contributors. We hope the Journal may long maintain its present high rank, adding, as it now does to the influence and usefulness of American periodical medical literature; and that we may be the fortunate recipient of many future volumes.

Hand-Book of Medical Microscopy. By JOSEPH G. RICHARDSON, M. D. Philadelphia: J. B. LIPPINCOTT & Co. 1871.

The author has most completely accomplished his object, in furnishing a Manual of Practical Microscopy, to meet the demands of those who, from any cause, have been prevented from acquiring or retaining a due familiarity with the instrument and its requisite manipulations; or those who require aid in examining the urine, sputum, blood, &c., with the microscope. The author estimates that at least one-half of the cases of disease which physicians are called to treat, would have some light thrown upon their nature by a careful examination of the urine, blood, sputum, &c., with the microscope; and has

endeavored, in his manual, to assist and promote the habit of making such examinations among medical men, believing that an earnest, conscientious physician can scarcely discharge his whole obligation to his patients without frequent resort to such examination. The excellence of the work is apparent in every page, and too much cannot be said in its favor.

The author has introduced into the work some new observations upon albuminuria, detection of blood stains, the identity of salivary, pus, and white blood corpuscles, and on the recognition of lung tissue as an aid to early diagnosis in consumption.

This little work appears eminently well adapted to the wants of the busy members of the profession, who can hardly find time to extract from the more voluminous works the instructions they require. If Prof. Beale and other authors have written more extensively, perhaps not more practically, and we really believe that the equal utility of the less expensive manual will be recognized.

ERRATA.—In the November number of the Journal, page 154, line 15, word 9, read "*photo-micography*;" page 156, line 12, word 9, read "*vein*;" same page, line 17, word 10, read "*hypotheses*;" same page, line 17, word 9, read "*photo-micographs*."

Books and Pamphlets Received.

Galvano-Therapeutics—Physiological and Therapeutical action of the Galvanic current upon the Acoustic, Optic, Sympathetic and Pneumogastric Nerves. By William B. Nefel, M. D. New York: D. Appleton, &c. For sale by Breed & Lent.

The Physics and Physiology of Spiritualism. By Wm. A. Hammond, M. D. New York: D. Appleton & Co.

Annual Report of the Surgeon General of the United States Army for 1870. Report on the Progress of Ophthalmology, made to the American Ophthalmological Society, July, 1870. By B. Joy Jeffries, A. M., M. D., Boston, Mass.

Physical Degeneracy. By Nathen Allen, M. D., Lowell, Mass.

The Physiological Laws of Human Increase. By Nathan Allen, M. D., Lowell, Mass.

Partial Paralysis from Reflex Irritation, caused by Congenital Phimosis and Adherent Prepuce. By Lewis Sayre, M. D. New York City.

Histological Contribution. By H. G. Piffard, M. D., Surgeon to the New York Dispensary for Diseases of the Skin. Reprinted from the American Journal of Syphilography.

Introductory Lecture at Bellevue Hospital Medical College, Oct. 12th, 1870. By Frank H. Hamilton, M. D. New York City.

The Relations of the Medical Profession on Modern Education. By Edward S. Dunster, M. D. From the New York Medical Journal, Dec., 1870.

Illustrated Annual of Phrenology and Physiognomy for 1871. By S. R. Wells, Editor of Phrenological Journal.

Old Franklin Almanac for 1871. A. Winch, Philadelphia.

Vick's Illustrated Catalogue and Floral Guide for 1871; James Vick, Rochester, N. Y.

LIST OF EXCHANGES:—

American Journal of Medical Science; Archives of Ophthalmology and Otology; American Journal of Syphilography and Dermatology; American Journal of Obstetrics; American Practitioner; Baltimore Medical Journal; Baltimore Medical Bulletin; Boston Medical and Surgical Journal; California Medical Gazette; Canada Lancet; Cincinnati Lancet and Observer; Cincinnati Medical Repository; Chicago Medical Examiner; Chicago Medical Journal; Chicago Medical Times; Detroit Review of Medicine and Pharmacy; Dominion Medical Journal; Gynæcological Journal; Half Yearly Compend of Medical Science; Half Yearly Abstract of Medical Science; Indiana Journal of Medicine and Surgery; Journal of Insanity; Journal of Cutaneous Medicine and Surgery, Belfast; Leavenworth Medical Herald; London Lancet; Medical Record; Medical News and Library; Medical Times; Michigan University Medical and Surgical Journal; Nashville Medical and Surgical Journal; New Orleans Journal of Medicine and Surgery; New York Medical Journal; New York Medical Gazette; Northwestern Medical and Surgical Journal; Oregon Medical and Surgical Reporter; Pacific Medical and Surgical Journal; Philadelphia Medical and Surgical Reporter; Photographic Review of Medicine and Surgery; Psychological Journal; Richmond and Louisville Medical Journal; St. Louis Medical Archives; St. Louis Medical and Surgical Journal; Transactions of the College of Physicians and Surgeons of Philadelphia; American Eclectic Review; American Journal of Homoeopathic Materia Medica, Canada Health Journal; Cincinnati Eclectic Medical Journal; Medical Independent; Medical Investigator; New England Medical Gazette; Occidental; Ohio Medical and Surgical Reporter; Philadelphia Eclectic Medical Journal; U. S. Medical and Surgical Journal; American Journal of Dental Science; Canada Journal of Dental Science; Dental Register; Dental Cosmos; Dental Times; Dental Office and Laboratory; Missouri Dental Journal; St. Louis Dental Journal; American Chemist; American Journal of Pharmacy; Archives of Science; Boston Journal of Chemistry; Canadian Pharmaceutical Journal; Druggists' Circular; Journal of Materia Medica; London Chemist and Druggist; The Pharmacist; Atlantic Monthly; American Agriculturist; American Exchange and Review; American Messenger and Botschaft; American Educational Monthly; American Journal of Microscopy; Atlantic Beacon; Avon Journal; Child's Paper, Cosmopolitan; Every Saturday; Good Health; Hall's Journal of Health; Herald of Health; Le Citoyen Americain; Littel's Living Age; Little Corporal; New York Observer; Pastor and People; People's Literary Magazine; Steiger's Literarischer Monatsbericht; The Nation.

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Original Communications.

ART. I.—*Medical Society of the County of Albany—Semi-Monthly Meeting.* Reported by JAMES S. BAILEY, M. D.

The Society met in the City Buildings, in the Justices' Court-room on Monday, December 12th, at 8 o'clock P. M. Dr. William H. Bailey, President, in the chair.

Dr. E. H. Davis reported a case of "Croupous Diphtheria, relieved by mechanical means."

Hattie M—, aet. 11 years, a robust child, October 18th, was seized with sore throat during a severe epidemic of diphtheria prevailing in the Chemung Valley. On the morning of the 9th, I first saw her and found her with high fever, flushed face, swelling of the throat and parotid glands. The throat internally, over the whole surface, presented a dark-red and highly inflamed appearance, with great swelling of the tonsils and considerable tumefaction of the uvula, and soft palate. On the surface of the tonsils were a few small patches of diphtheritic deposit, which soon disappeared. The falling off of this deciduous membrane exposed ash-colored ulcers, which speedily became deep and large in extent, making the pharynx one ulcerating surface. After about fifteen days, when the upper part of the throat had very much improved, there was an accession of croupous symptoms, with loss of voice and difficulty in inspiration. These symptoms continued to increase in violence

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until she could scarcely be understood; the act of respiration was most exhausting and oppressive. On the 28th, the twentieth day of the attack, I found her with suffused eyes, livid countenance, cool extremities with impending suffocation.

For several days I had used the whalebone and sponge for applying remedies to the throat and larynx, hoping by these means to arrest the progress of the disease downwards. My former experience in cases of croup—also in acute laryngitis—taught me the necessity of prompt action, and induced me to resort again to the use of the probang for relief. To the end of the whalebone was attached a very small conical-shaped sponge, which was saturated with a solution of silver, (xlv. grs. of the crystal to an ounce of water). The patient was placed in a sitting position, with her hands secured and her head firmly held backward, the instrument was readily passed into the larynx and pushed freely onward until it was believed the sponge had reached the bifurcation of the trachea. On withdrawing it I felt some obstruction, which continued to increase, and at the rima glottidis it was firmly retained. I made several attempts by light traction to disengage it, fearing injury to the structure of the larynx or that I might possibly disengage the sponge from the whalebone. I was, however, compelled to use more force to withdraw it; which, as it was done, produced a marked suction sound, audible in any part of a large room. The sponge was encircled by a false membrane, which became entangled as I withdrew the probang. It exhibited a perfect form or model of the larynx and trachea. It was all intact and unbroken, except the lower margin, which was very soft and gelatinous and had been separated from a similar exudation still lower down. Upon about the middle of this membrane I observed blood-vessels filled with red blood, ramifying its surface; towards the upper part they were very numerous, coursing in every direction, showing a very high and active organization. The tenacity also increased upwards, when it became very thick, strong and resisting. It measured fully three and one-fourth inches in length. By its removal my patient was greatly relieved, and breathed with comparative ease and comfort. From this time she continued to improve and finally made a complete recovery. She recovered her voice in about four weeks from the removal of the membrane, and the use of her limbs

(which had been partially paralyzed) in about three months from the attack of the disease.

There are two points of interest in this case worthy of note: first, that an instrument of small dimensions may be introduced into the larynx with facility, even when narrowed by the presence of a false membrane; second, that any disease of the larynx or trachea, resulting in such a formation, may be prevented from producing asphyxia by a forcible removal of the membrane, without doing any permanent injury to the vocal organs. Allow me to suggest that a delicate instrument might be constructed so small, when closed, as readily to pass the rima glottidis, to be opened and supported by a delicate spring, covered by sponge or some more appropriate substance, so as to entangle and bring away the false membrane with the instrument, by which death, instead of being the rule, might be rendered the exception in the termination of such cases.

Dr. Sabine remarked that Dr. Thorn, of Troy, had performed a similar operation with the same result.

Dr. Thompson asked Dr. Davis if he was sure he introduced the probang in the trachea.

Dr. Davis answered in the affirmative, and said his reasons for thinking so were that his sponge had penetrated to the bifurcation and caught the membrane and pulled it through itself, like the finger of a glove.

Dr. Thompson mentioned the fact that a committee of surgeons had been appointed in the city of New York to witness Dr. Green perform the operation, but could not do so to the satisfaction of the committee; he, himself, had frequently attempted it, but could not succeed.

Dr. Davis thought the greatest difficulty in doing so was because the sponge used was not small enough.

Dr. C. H. Porter mentioned the case of a lunatic at the Alms-house, who was dying of starvation. A stomach-tube not being accessible, Dr. Stimpson and himself introduced a large-sized catheter through the nares and œsophagus into the stomach, and through it introduced nourishment. The second attempt was not so successful. After the introduction of the catheter, the air perceptibly passed through the instrument during the act of respiration.

In mentioning the case to Dr. Hun, he referred him to a similar case occurring in the hands of a French surgeon, the patient dying quite suddenly. A *post-mortem* revealed the trachea filled with beef tea.

Dr. C. A. Robertson remarked, that when a student in Boston under the tuition of Dr. H. I. Bowditch, a great deal was said upon both sides. Dr. Green instructed Dr. B., who was enabled to pass the instrument through the rima glottidis successfully: he also had, while in Dublin, seen Dr. Stokes perform this operation successfully.

Dr. James S. Bailey then addressed the Society upon one of the secondary symptoms of typhoid fever. He remarked there is one secondary symptom of typhoid fever to which I particularly wish to call the Society's attention this evening. It is one that is seldom witnessed in this climate. It is inflammation and suppuration of the salivary glands. We not only see it as a secondary symptom of true typhoid fever, but also witness it as the signal of any acute disease assuming a typhoid condition. There is no definite period for its attack, but commences at the time when the patient is supposed to be thoroughly convalescent—when the pulse has resumed nearly its normal standard and the patient is beginning to manifest a craving for food. You are then surprised to find an aggravation of symptoms; you ask to see your patient's tongue; he cannot protrude it to your satisfaction; the articulation of the jaw is stiffened, and upon closer scrutiny you find, about the burr of the ear, a tumefaction, which in a few hours wonderfully distorts the features. If not successfully combated, in thirty-six hours this inflammation of the parotid will go on to suppuration and retard the period of convalescence for weeks, and by its excessive and offensive discharge keep the patient reduced. It is not common for both parotids to be affected at the same time, though I have sometimes seen both parotid and even the sublingual gland inflamed and suppurating at the same time. I have resorted to the various remedies suggested for its relief ineffectually; to stimulating frictions of spirits turpentine, counter-irritants, fly blisters, etc., but still in the majority of cases it would progress to suppuration. I finally resorted to the use of the lancet in the following manner, with success: I introduced the lancet at the angle of the jaw to the

bone immediately after I discovered the disposition to inflammation. I usually drew a few drops of blood to a teaspoonful, and sometimes even more. At my next visit, if the progress of the tumefaction was not entirely arrested, I repeated the operation, which was generally sufficient to accomplish the object. I have never failed to prevent suppuration if this treatment was adopted within twelve hours after its commencement; a much longer delay would fail to accomplish the purpose.

My attention was recently called to this subject by a lad ten years of age having these symptoms manifested. It is the only instance I have witnessed in this city. It is very common in the southern States, when typhoid fever prevails alarmingly. It was there I learned to successfully treat this exceedingly annoying symptom. Any acute disease in a warm climate is apt, after running its usual course, to assume a typhoid form, and in this condition we have frequently this secondary symptom. We have it in dysentery, pneumonia, yellow fever, and even bilious remittent fever when neglected and allowed to assume this type.

Dr. Bailey, to illustrate, mentioned a case of yellow fever. The invasive fever lasted an unusual period—six days—with a short remission, and when a protracted secondary fever finally presented the condition alluded to, he resorted to his favorite remedy and found that the hemorrhage from the incision was more than usual, but an application of cob-web was made which arrested it. The patient was left in the hands of an experienced nurse, the doctor feeling quite safe and the bleeding had so effectually relieved the patient that he soon fell into a sound sleep and so did the nurse. Upon his next visit, at daybreak, he was astonished to find his patient bleached almost as white as the sheet, his clothing and bedding saturated with blood, and it had run through the mattress and pooled upon the floor. The patient, however, greeted him with a smile, and expressed himself as feeling much improved. The case convalesced speedily notwithstanding the accident. This is the only time he had met with so excessive a hemorrhage from this operation. Other physicians noticing the success of his treatment adopted it with the same happy result.

Dr. Robertson, had seen in the army, cases assuming a typhoid condition, but had never witnessed the condition of the salivary

glands referred to by Dr. Bailey, and would like to inquire of him if true typhoid fever was as frequent in the South as at the North.

Dr. Bailey said, according to his observations, it was much more frequent there and more malignant in its character. It prevailed very malignantly in Alabama during the years 1852-3-4. Whole families were prostrated with this disease, and in many instances more than half of those attacked proved fatal. It seemed to select the highest and most healthful locations for its attack, and no attributable neglect of cleanliness can be assigned as a cause.

Dr. VanDerveer was highly entertained and pleased with Dr. Bailey's remarks, and had no doubt of the efficacy of his treatment. In the District of Columbia he had witnessed secondary symptoms and had used leeches with benefit in arresting them; had not only seen the salivary glands affected, but also the lymphatic glands of neck, axilla and groins, inflame and progress to suppuration.

Dr. C. A. Robertson reported the following case:—He was called six weeks ago, to see a lady with maggot in the ear. She went to a pic-nic on the Helderbergh's, and while seated in the carriage heard a fly buzzing about her ears. She brushed it away and did not think of the circumstance again until after the lapse of a few days, when she felt some irritation in one ear. She consulted a physician in Schenectady, who found these parasites present; they had penetrated the external auditory canal. She had much pain, and blood oozed from the ear. This strange condition continued. Dr. Robertson was then consulted, and examined with an ear speculum, and removed some with aural forceps; they had penetrated beyond the membrana tympani. The lady seemed cleanly and neat. Dr. R. poured sweet oil into the ear, which was retained for a while; shortly, one came to the surface, apparently searching for breath; this gave relief for ten minutes. He observed more, which were extracted with the forceps. The after treatment consisted in syringing the ear with warm water. The opening in the tympanum closed and her hearing became perfect.

Dr. J. S. Bailey mentioned a case that Dr. P. P. Staats had related to him as occurring in his practice during the summer. Dr. Bailey had, himself, treated several cases while living in Texas. They occurred in filthy negroes, who had laid down under the shade of a tree to enjoy a nap, when the fly had deposited its eggs in the

nasal cavity, and these maggots were the result. He had treated them successfully by plugging the posterior and anterior nares with an oiled sponge. These maggots were familiarly known in Texas as the screw-worm, and were even common and destructive to cattle and hogs while roaming at large. They frequently originated from slight wounds which caused the flow of only a drop of blood, when the fly would deposit its eggs, which would soon become screw-worms. Their havoc was quite rapid, and they presented the appearance of the seeds in a sunflower, so closely were they packed while at work. The whole secret of treatment was to exclude the air from them when they soon would perish, causing suppuration of the wound when the insect would not again molest it. It was common with stock raisers, when calomel was not at hand, to stuff the cavity formed by them with dry manure, which had the effect described and relieved the animal. The instinctive nature of the hog caused them to wallow in mud and water for hours, which had a similar effect and caused the parasite to perish.

A recess was taken, and after partaking of refreshments the Society adjourned.

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ART. II.—*Quinine in Croup.* By H. N. EASTMAN, M. D., Professor of Practical Medicine in Geneva Medical College, Geneva, N. Y.

More than twenty years ago I abandoned the legitimate mode of treating croup, as taught in the schools and authorized in the standard works, not because I regarded such treatment as absolutely erroneous or of no avail, but because I became convinced by reflection, and subsequently by observation, that there was altogether a milder, safer and better plan than was anywhere inculcated or practiced, so far as my reading and observation had extended.

Previous to this period, I had treated the disease under consideration according to the received directions of the profession; which enjoin in its early stage, the use of emetics of ipecac or antimony alone, or more frequently both combined, followed by mercurial purges, hot pediluvia or the general warm bath, topical applications, as rubefacients or hot fomentations to the throat, the various expectorants and ultimately, stimulating emetics and diffusible stimulants generally. This course I pursued for several years with variable success; generally, however, with favorable results when called in

the early stage of the disease. In the meantime I lost my own eldest child—and then only daughter—after a little less than a week's illness of this fearful malady, at the age of some three and a half years.

This case began moderately and progressed gradually and insidiously, notwithstanding an early, efficient and persistent course of treatment, according to the plan above delineated, the paroxysm commencing in the night, at first, not alarmingly severe, followed next morning by nearly or quite a complete intermission of dyspnoea and the peculiar metallic cough. The case proceeded with considerable regularity in this way, evincing no positively alarming symptoms, each paroxysm however, becoming rather more severe followed by a less perfect intermission, till this last was superseded rather by a remission than an entire absence of the morbid state; this in time gave place, ultimately, to a continued or uninterrupted dyspnoea, croupy cough and general febrile action, with however, occasional though less regular and more severe exacerbations, in one of which she finally succumbed, on the fifth or sixth day after the attack.

Some eight years after this sad event, another daughter of about the same age was attacked in precisely the same way. The case progressed as nearly like that above described as might be, and that, too, under the same efficient treatment. Painfully watching the progress of the case towards a fatal result, in spite of all the active remedial measures employed, I at length lost all confidence in the plan pursued, fully convinced that the same fatal termination must, ere long, occur that carried off our first born child, unless some different and more successful plan could be put in requisition than had hitherto been adopted or recommended by the authorities. In this dilemma—reflecting on the early paroxysmal, if not positively intermitting character of the disease, as it appeared more markedly in our child, and which characterizes the ordinary forms of croup in the early stage, and bearing in mind the efficacy of quinine in subduing every form of periodical disease—I resolved at once to test its efficiency in what I regarded an almost desperate case, feeling assured that no serious deleterious effect could follow its administration, even should the remedy fail of success. Determining, if possible, to make a decisive impression on the

disease, I weighed out ten grains of quinine and dividing it into two equal parts, gave one about two hours before the anticipated exacerbation, and the remaining one in an hour from the administration of the former dose. At the end of the second hours instead of the appearance of the anticipated approaching paroxysm, the child broke out in a profuse cool perspiration, was sleeping sweetly, and remained thus perfectly free from any dyspnoea or croupy cough through the night, the last quinine having been given at 7 o'clock the previous evening. In the morning the child awoke, quite free from any appearance of disease, and remained in this state, though kept in bed, through the ensuing day. At the approach of evening, lest a return of the symptoms should occur, I repeated the same course I pursued the night before. The same result followed as on the preceding night, and from this time the child convalesced rapidly without any further medication. This case, as might be supposed, made a strong impression on my mind, and I resolved to try the same remedy in the next case that might present itself. As croup was, to some extent, endemic in the region where I then resided, I did not wait long for another opportunity to test again the efficacy of the quinine treatment. Success was quite as well marked in the second as in the first case; and from that time forward, up to the present, I have invariably treated croup after the same plan, with as uniform success as I have met with in treating intermitting fever or any other periodical disease with this anti-periodic; indeed, I do not now recollect a single instance of croup, when I was called in any season, that is, while there remained any considerable intermissions or even remissions in the earlier part of the twenty-four hours, which nearly always occur in every form of the disease during the early stage, where I failed to subdue the malady and restore the patient at once to ordinary health. I have now just as much confidence in the power of quinine to arrest croup as I have in its efficacy in subduing any ordinary intermitting or periodical disease; and when called to prescribe for a child of any age that has suffered from attacks of croup for a day or two, as I have been this morning, I prescribe from six to ten grains of quinine to be taken in two or more doses before the hour in which the last paroxysm has set in, and with rare exceptions this is the last I hear of the case unless, on subse-

quently inquiring, I learn that no further return of the difficulty occurred. As to the quantity specified above, I do not hesitate to give seven or eight grains to a child six months old in any periodical disease, within a few hours. With less than this quantity I have seldom witnessed any satisfactory effect. For a child one year or more I much prefer ten grains, as this amount, given either in several divided doses during the whole period of repose or, what I think quite as well, in two or three parts at short intervals, so that the whole amount be administered at least one hour or two before the expected paroxysm or exacerbation, seldom if ever fails to entirely put a stop to the disease. I have in no instance, after the most careful observation, perceived any unpleasant effects follow the administration of quinine in such quantities to children of the ages above specified. Nor is there ordinarily any great difficulty in giving or retaining this medicine in such cases. I find altogether the most convenient way to administer the article is to rub the proposed quantity thoroughly with a convenient amount of dry sugar, to which add a given number of spoonful of *cold tea*, according to the number of doses you propose to make of it. Of this, thoroughly stirred at the time, a spoonful may be given at the several periods decided upon, so that the whole amount shall be taken within the required time. In this way the article may be administered with little opposition on the part of the patient, and very little liability of its being rejected, provided always that you have not rendered the stomach irritable by the previous exhibition of an emetic; and for this reason I avoid, if possible, the giving of nauseating draughts or potions previous to or during the paroxysm of dyspnoea. I much prefer the warm bath, free opiates, and if the excitement be intense, a full mercurial cathartic with some simple diaphoretic, so as to preserve in this way the integrity of the stomach, for what I consider much the more important remedy, one that is essentially curative rather than palliative. If, however, the case seem imminently dangerous during the paroxysmal stage, I do not hesitate to give a powerful emetic, but one not likely to be followed by lasting nausea, and, in my experience, no article in such cases acts as well as Turpeth mineral. It is quick and efficient; promptly relieves the laryngeal spasms: produces copious secretion of mucus from the part, powerfully equalizes the circulation, and

thus obviates the vascular engorgement of the larynx and finally leaves after a short time no considerable nausea, so that within a few hours at the farthest, the quinine will be tolerated with impunity if given with the precautions above specified. Administered in grain doses, and repeated, if need be, every fifteen minutes till free vomiting ensue, it prostrates very little; never, in my hands, purges nor salivates, but leaves the stomach in a short time in a condition to bear the quinine without any difficulty. This can scarcely be said of emetic tartar or even ipecac. But in ordinary cases no emetic is required, as milder means will suffice to facilitate the passing off of the urgent symptoms, while the quinine, administered as above, effectually prevents the recurrence of the disease.

As in intermitting fever, I consider the object of treatment to consist less in subduing the existing paroxysm, which in all ordinary cases ere long passes off of itself safely, than in effectually preventing a return of the morbid condition; so in croup, I am more solicitous to anticipate the succeeding paroxysm than to overcome the present one, which seldom proves fatal or even dangerous. Such a course of treatment, I am entirely persuaded, will, in nearly every case of croup, supersede the necessity of resorting to violent emetics, revulsives, mercurilization, tracheotomy, "and all that sort of thing," as recommended by "the books," and, to say the least, by a large proportion of the teachers of practical medicine; not that the remedies authoritatively prescribed are valueless or inefficient in equalizing the circulation and thus restoring normal action, the principal on which all these means act, but that there is a milder, safer, surer and therefore better way to accomplish the desired end. I believe there is a radical error made by the authorities in dividing croup into two distinct forms—spasmodic and inflammatory or pseudo-membranous; one that too often leads to fatal mistakes in its treatment—the former being regarded as a comparatively not dangerous disease, while the latter is considered a most frightful malady, and one, too, that is scarcely amenable to any treatment. The effect of such views is to render him who adopts them unconcerned and indifferent in prescribing for what he judges to be spasmodic or catarrhal croup on the one hand, and on the other, quite as inert and all but despairing in attempting to combat the more serious form, or rather the alarming stage, or, as he regards it, true

inflammatory or membranous croup. In the one case, the physician loses a most valuable opportunity, if not the only chance of subduing the morbid action "*in limine*," and thus preventing what is always liable to follow—a true inflammatory stage—and ultimately finds himself vainly striving to overcome a state that can scarcely yield to the more judicious and heroic treatment, one that an early and wise course might have effectually obviated. The truth is, both forms of croup, so-called, are but different stages of the same disease, viz.:— a vascular engorgement, and, it may be, subsequent effusion taking place in the larynx, extending in some instances into the trachea, and, rarely, into the bronchial tubes—in other words, a laryngo-tracheitis. All the urgent symptoms are referable to the larynx, the origin of the morbid action, in consequence of the exceedingly narrow aperture of the rima glottidis and consequent impediment to the ingress of air, in consequence both of a morbid thickening of the mucous membrane of the part, or subsequent effusion, and still more, it may be, from spasmodic action of the laryngeal muscles, always present to a greater or less extent, as an *effect* of the vascular disturbance rather than the cause.

In the language of Professor Peaseley, of New York, in his admirable note under the lecture on croup in "*Watson's Practice*," "All croup is inflammatory," and he might, with equal propriety have added, all croup is spasmodic. The first appreciable link in the chain of morbid action is congestion of the vessels of the larynx, just as congestion is the starting point in all inflammatory states, a simply engorged condition of the capillaries of the part, from some cause not necessary now to be accounted for, a state attended at first with a temporary arrest of the normal secretions. Hence the preternatural dry cough in croup, characteristic of the disease in its early stage, subsequently with a thickening of the laryngeal mucous membrane, producing the dyspnoea that soon follows; and finally, if the case goes on or passes into the inflammatory stage with an effusion of liquor sanguinis on the mucous surface, which either degenerates into pus, as in ordinary croup, and which readily escapes by expectoration, deglutition or vomiting in case of infants; or in extreme cases coagulates on the free surface, forming a false membrane or cast of the part as it thickens by accretion, which effectually, in the end, fills the narrow chink, obstructing the pas-

sage of air to and from the lungs, rapidly producing death by apnœa, unless removed by violent coughing, or the action of a prompt stimulating emetic, as sometimes happens, but which too often returns, repeatedly it may be, till finally the helpless sufferer, worn out and exhausted by ineffectual efforts of respiration, and poisoned by imperfectly decarbonized blood, sinks and dies.

Throughout all the several stages the laryngeal muscles are, at times, thrown into more or less violent spasms, greatly aggravating, for the time, the dyspnœa and agony of the patient, and not unfrequently proving suddenly fatal by the protracted apnœa occasioned thereby; such spasms are but the effect of a præexisting abnormal state of the vascular tissue of the part, just as spasmodic action of the circular fibres of the minute bronchial tubes at times complicate bronchitis, producing dyspnœa or asthmatic paroxysm of breathing which every one has witnessed, but which no one would regard as the original malady.

There is a purely spasmodic disease of the larynx, termed laryngismus stridulus, but this usually comes on suddenly; there may be one or more paroxysms which abate as suddenly, leaving the patient in the meantime free from dyspnœa, croupy cough and fever. Rarely, this disease continues to recur in distinct paroxysms, more or less frequent, for one or two weeks even, in spite of all remedial measures, depending, it may be, on some lesion of a distant nerve or nerve centre, till finally the little patient succumbs from sheer exhaustion. I have witnessed one such case, but this, as every intelligent physician knows, differs from croup proper in everything, save the mere accident of laryngeal spasms, which, in the latter, occurs as one of the symptoms merely, an effect produced by a præexisting congestion or inflammatory condition of the larynx.

I contend that there is no essential difference between croup in children and laryngitis of maturer years, though each is marked by peculiarities incident to this circumstance of age. In croup or puerile laryngitis the effusion, whether the simple serum of congestion or the liquor sanguinis of the inflammatory stage, always I think, is thrown out upon the free surface or mucous membrane of the larynx. On the other hand, in adult laryngitis the same effusion, whether watery merely, or coagulable lymph, is poured out

in the sub-mucous tissue, causing œdema glottidis, which almost necessarily produces rapid dissolution unless speedily obviated by surgical interference. Why this is so I cannot tell, unless it results from the peculiarity of structure existing at the different ages. Again, in croup, or laryngitis of children, there is a strong propensity for the phlogistic condition to extend downward into the trachea, and even in some extraordinary cases, into the small bronchial tubes, and for this reason tracheotomy very generally perhaps, proves useless from the fact that the proposed relief fails to reach below the extent of the diseased action; whereas in laryngitis of more advanced age, the inflammation seldom if ever extends below the original seat of the disease, consequently this operation, if resorted to seasonably and performed skillfully, very generally effects a cure by affording an opportunity for free respiration for any requisite period, while the primary disease has time to subside spontaneously or by the aid of appropriate remedies.

In many instances of croup the congestion, arising in almost all cases from cold, subsides spontaneously in a few hours, or yields to the administration of the mildest remedies, not again to return, without a repetition of the exciting cause. In most cases, however, the paroxysm reappears about twenty or twenty-four hours after the first attack, with an interval, it may be, of complete intermission of all the symptoms—that is, when the case is left to itself or is ineffectually treated. These paroxysms, if they are allowed to succeed each other, as seems to be their general tendency, become more severe and protracted, while the intervening intermissions in time are shorter and less perfect, till the case becomes one of mere exacerbation and remission, or even continuous; in other words, the periodical congestions of the larynx pass into positive inflammation, or that state of continued vascular engorgement characterized by effusion of liquor sanguinis, depositing purulent material or false membrane, as the case may be, on the free surface or in the cellular tissue beneath the mucous membrane of the larynx, according as the subject may be a child or an adult. We now have the inflammatory stage, or what is called catarrhal or membranous croup, with all the train of alarming symptoms that are diagnostic of this terrible stage—a stage that but too often proves fatal under any treatment. While this is the general course of croup, whether

it subsides favorably or goes on to a fatal termination, there is another form that rarely occurs, but which, though apparently to an unskilled observer much less formidable in its incipient stage, is nevertheless, far more alarming and one which, in too many instances, goes on insidiously but uninterruptedly to a fatal termination, in spite of the most prompt and judicious treatment.

In other cases, the stage of congestion or simple vascular engorgement is so slight and transient that it is generally overlooked or passed by before the physician is called in, and the true inflammatory condition, or that of continued capillary distention with effusion of coagulable material is already well established, a state of things, as already indicated, well nigh hopeless; for in croup more than in almost any other local ailment, the time to effect a cure is emphatically during the congestion or forming stage, before liquor sanguinis is poured out and further structural changes occur, a stage which in all ordinary cases intermits, or at least remits, repeatedly before the phlogistic stage proper sets in; and it is during these intermissions or remissions that the judicious employment of appropriate remedies is most efficacious and reliable. If this stage be suffered to pass unheeded, or be ineffectually treated, all after measures will be found, in a majority of cases, nugatory. Hence the importance of correct views of the pathology of croup, and hence my objection to the ordinary plan of dividing it into two distinct forms, rather than simply two stages of the same disease. This erroneous notion of two distinct forms of croup naturally leads those who adopt it to a neglect, or an insufficient treatment, of the so-called spasmodic croup which, I think I have shown to be, only the forming stage of a true inflammatory condition of, the part, or a laryngitis, and the only one in which we can entertain a well-grounded hope of an effectual cure, a hope which rarely fails to be realized. If, unfortunately, we are called too late to take advantage of the periodical state of the disease, other means must needs be resorted to, to arrest, or remove, if possible, the deposition on the free surface, or in the sub-mucous tissue, by topical applications, possibly mercurialization, prompt stimulating emetics, inhalations of medicated or simple vapor, and finally, it may be, tracheotomy. But even in cases where the stage of deposition has already set in, I would place more reliance on a continued exhibi-

tion of free quantities of quinine, given as an antiphlogistic, than on any other measure. Here large quantities only are available. I would not administer less than from fifteen to thirty grains in twenty-four hours, to a child a year old or over. In these desperate cases it requires double the amount of quinine to subdue an existing inflammation and arrest the further effusion of lymph that is needed to prevent the deposition of coagulable matter during the intermissions or remissions that occur in the congestive stage, on the principle that "an ounce of prevention is worth a pound of cure." Nor is there anything to be apprehended from this heroic use of the article in violent cases of croup in young children in the latter stage. I have resorted to it in some few cases with complete success, and never with any alarming or untoward symptoms. Indeed there seems to be almost a complete tolerance of this wonderful remedy in croup or puerile laryngitis.

Dr. McFarlane, now of New York, reported a case, some twenty years ago, in *The New York Journal of Medicine*, in which was administered, through mistake, some thirty-five grains of quinine in twenty-four hours, to a child five years old, in croup, rather as a support or stimulant in the sinking stage, it would seem, than as an antiphlogistic, and that too without any injurious effects, but, as it proved, with complete success. But I repeat, the true mode of successfully treating croup in children, and also laryngitis, as it is termed, in mature age, is to administer moderate but fresh quantities of quinine during the intervals of the congestion or forming stage, so as to prevent a recurrence of the paroxysm or exacerbation, just as we give the same article in the intermission or remission of periodical fever or neuralgia, to forestall the succeeding paroxysm; and I affirm, with a confidence resulting from twenty years' uniform trial of this course, that the medicine is quite as reliable in the one case as the other. Perhaps other anti-periodicals, as arsenic, would produce the same effect. I have not tried them, having been perfectly satisfied with the effect of quinine, a perfectly innoxious substance when administered with ordinary prudence. Possibly a less quantity of quinine would suffice to produce the desired effect on children of the ages above specified, but after repeated trials I have failed to accomplish the object in view with a less quantity than that above stated. I do not know that it makes any essential

difference whether the amount be given in divided doses through the whole interval, from the subsidence of a paroxysm to the approach of the succeeding one, or exhibited in two or three large doses, at shorter intervals, so as to secure the full effect of the last, before the inception of the anticipated return of the congestion. I have pursued both courses with equal success. I have not only pursued this plan of treatment myself, with uniform success for the last twenty years, but many of my professional friends have been induced, by my suggestions, to make trial of the same means, and, so far as I am informed, all who have tried the course have been convinced of its superior excellence to that of the common treatment, as taught in the books and in most of our schools, and practiced by the great body of the profession. I have publicly inculcated these views in my lectures for the last several years, during which time I have received innumerable letters from graduates, after having repeatedly tested the truth of the doctrine I had taught, all of which gave expression of their fullest confidence in the success of their trials.

Recently I have been not a little surprised and gratified in learning that other practitioners, of high standing and large experience, have been successfully treating croup after the plan recommended above, for some time past, and that, too, without any concert of action or any knowledge of each others course, another instance in which men from careful observation and earnest thought arrive at the same conclusion without any previous knowledge of each others experience or course of reasoning. I do not repudiate the teachings nor undervalue the success of our predecessors, or the great body of practitioners who still adhere to the old doctrines and practice, in their treatment of croup. The general anti-phlogistic treatment, so-called, as bleeding, emetics, mercurial cathartics expectorants, revulsions, etc., tends more or less powerfully to equalize the circulation and thus overcome congestion of the part, and restore the healthy action; and, I doubt not, this course was attended with general satisfactory results, more so probably in former times than would be at the present, when patients illy bear depletion. Indeed, I know this to be the case, from my own personal experience, in the early part of my practice some thirty years ago. I only urge that while such a course often succeeded, its

ultimate tendency is to reduce and lower the vital forces rather than to repair or exalt them, and on that account, that it is more or less objectionable, according to the circumstances of the case; that there is a shorter, surer, safer and therefore better way, one that while it is more efficient in restoring the equilibrium of the circulation and overcoming the local disease, is restorative in its operation, entirely harmless in its tendencies, and for these reasons, should supersede all less reliable means.

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

BUFFALO, December 6th, 1870.

The meeting was called to order by the Vice-President.

Reading of minutes of last meeting dispensed with.

Dr. Gay wished to call the attention of the Association to a subject which, to his knowledge, had never yet been introduced into our discussion, viz: hour-glass contractions. It had been asserted by some authors that those contractions do not exist, and by others that they do occur, but much less frequently than is supposed; that the contraction of the os uteri, around or over the hand or wrist, is often mistaken for contraction of the circular fibers of the muscles of the body of the uterus, and the mistake therefore made of calling the case one of hour-glass contraction; when, in fact, the contraction is not of this kind or species at all. But there can be no doubt at all of the occasional existence of these contractions, in which a case retained placenta is always presupposed and admitted. There can be no doubt of the existence of what is called hour-glass contraction before the expulsion of the placenta. Can this abnormal condition of the uterus be present before either the placenta or child is expelled? To this question the doctor would like to call attention of members of the Association. He had examined several authorities, but could obtain no light upon the subject matter; yet, from personal experience and observation, he is convinced that hour-glass contraction may, and does, exist prior to the expulsion of the child, and related a case in point. He would state simply the facts and leave the case with the evidence adduced of the opinion expressed, that hour-glass contraction may

exist before the expulsion of the child, for the consideration of members present, and for them either to accept or reject the evidence. He had visited a patient on November 2d, who had been in labor about forty-eight hours. She had had five or six difficult labors, giving birth to still-born children. She had been attended in her present labor, since five o'clock in the morning, by Drs. Diehl and Wetmore. Up to that hour she had been attended by a professional midwife.

The vertex presented; forceps had been used but would not retain their hold upon the head. Craniotomy was then performed, and Drs. Diehl and Wetmore becoming fatigued, and somewhat exhausted, sent, at nine a. m., for Dr. Gay, who, after failure with the forceps, introduced his left hand—the patient being under the full influence of chloroform—to turn the child. Seizing the foot of the child he found he could not bring down the foot, nor withdraw his hand, on account of the constriction of the circular fibers of the muscles of the uterus. He then introduced the blunt hook with which the leg was drawn down; any effort to remove the hand from the uterus cavity would excite so strong muscular contractions that it became impossible while the hand was closed—by opening the hand he was able to remove it. The constricted portion of uterus appeared to be the size of a rope one inch in diameter, felt as hard as bone, and at first was mistaken for bone; but observing its contraction and dilatation, the character of the tissue was determined. Its contractile power was so forcible, that the pain inflicted upon the wrist, at each uterine contraction, was almost insupportable.

While the hand was in this trap, he declared to his associates that he had hour-glass contraction, and took time to study the relative position of the uterus and its contents. He was able to do this, there being no uterine contractions only when he attempted to withdraw the hand from the maternal organs. He found that the head of the child was below the rope-like and constricted muscles, that there was an upper and lower chamber, and that the uterine contraction was not that of the os uteri but existed above it. In this he could not be mistaken.

The woman was delivered of a still-born child. The anæsthetic effects of the chloroform were followed and maintained by ether.

This woman unquestionably had a mal-formed pelvis; the promontory of the sacrum projected forwards so as to reduce the conjugate diameter to probably three inches. The doctor also stated that, after the leg had been brought down, the child could not be turned by the strongest traction. The method adopted was to introduce his right hand against the head of the child crowding it up through the hour-glass contraction while Dr. Wetmore made traction with the leg. The female made a good recovery.

Dr. Rochester thinks that the hour-glass contraction is caused by injudicious traction on the cord in attempts to remove the placenta. His practice is to wait for a contraction of the uterus, which may be hastened by grasping with the hand the fundus of the uterus, and then remove the placenta. By this course post-partum hemorrhage is avoided, which often occurs when the placenta is removed immediately after delivery, and before the uterus has recovered its contractile power. An experience in near three thousand accouchements has proved this to be the best course to pursue.

Dr. Miner remarked that, in the earlier years of his practice, he often met what he believed to be hour glass contraction of the uterus, but for the last fourteen years had not been troubled with it. His course, after delivery, is to remove the placenta, and he has not, as a consequence, observed post-partum hemorrhage. Can see no advantage in waiting longer than the usual interim of pain, when by making careful traction upon the cord, contraction is obtained, and placenta easily and safely removed. If this does not succeed, he would introduce hand and remove placenta in manner described by Prof. Rochester.

Dr. Crónyn was glad that this subject had been brought before the Association. When he first began the practice of medicine, following the teaching of his professor, he used to wait, but since the third year of practice he has followed the opposite course, and removes at once the placenta. After the child is removed, the placenta becomes a foreign body in the uterus, and is often found grasped by the neck of the womb, particularly if ergot has been given. Hemorrhage may or may not occur when this is the case, the contraction of the uterus being irregular. Was called to a case in the city in which the after-birth was retained, and advised non-interference. Ergot had been given, which contracts the lower part

of the uterus as well as the fundus, and chloroform does not relieve the contraction. In a recent discussion before the Obstetrical Society of London, it was shown that in cases of retained placenta, before the fifth month, it should be let alone.

Dr. Rochester said that he never leaves a patient till the after-birth is delivered, which he does by seizing it, and, by a twisting motion, detaching and removing it. Pulling on the cord should be avoided, as it is liable to cause inversion of the uterus. When hemorrhage follows detachment of the placenta, it is indicated by paleness and a peculiar constant pain, which is felt all around the uterus. In this case the hand should be introduced and the clot removed. Dr. Rochester was called to attend a severe case of diphtheria, occurring in a woman in the eighth month of pregnancy. About a week after recovery she miscarried. When called to see her, found the os somewhat dilated and about a foot of the cord protruding. All the usual means of replacing it were used, but did not succeed. The labor went on slowly, and when dilatation was sufficient found a face presentation, the chin being under the pubes. The forceps, after much difficulty, because of the cord, were applied, but delivery could not be effected. Craniotomy was then performed, the child delivered, and the mother recovered.

Dr. Gay related a case of difficult labor, the report of which is suggested by the case just reported by Dr. Rochester.

Mrs. B., aged twenty-six years, primipara, had severe labor pains at the expiration of the usual period of nine months utero-gestation, lasting an hour or more, then continuing only at intervals, and finally stopping absolutely. Near the completion of ten months utero-gestation, pains came on again, some of which were severe. On examination the os was found undilated: her pains for forty-eight hours thereafter were capricious, sometimes becoming severe and again going off and not returning for some hours. The os was now dilatable, two fingers could easily be introduced through it. The doctor thought it time the woman was delivered, and resolved to deliver her—he accordingly applied forceps, while yet the os was hardly open enough to admit them, from time to time making traction and some progress, although there was no indication of labor pains. After three hours exertion he delivered this woman of a still-born child, its face presenting. Craniotomy was not thought

advisable, while some degree of progress was observable at each effort made with the forceps, and so long as any hope existed of saving the life of the child.

The head measured, in circumference, fifteen and three-fourth inches, length of child two feet, minus one-fourth inch; weight, thirteen and one half pounds.

Dr. Gay was hardly willing to concede that his patient had gone over her time more than two weeks; but the patient and her intimate friends could not be dissuaded from their belief that she had gone over her time fully one month, and this undoubtedly was the fact. There were no normal labor pains during the delivery.

Dr. Rochester reported the following case of severe idiopathic tetanus cured by hydrate of chloral. In June last was called to visit a boy about nine years of age, who had suddenly been seized by a tetanic spasm. The jaws were contracted to one-eighth of an inch, sardonic expression, eyelids closed. He had got wet; next morning complained of a stiff neck. On the second he could swallow only with great difficulty, and the next day was worse. July 10th, had a convulsion; pulse 100 and regular, but respiration was imperfect. There was no tenderness of the spine, nor any disorders of digestion. A warm bath was ordered, and an enema of turpentine and croton oil, alternated with the bath, until the bowels were thoroughly evacuated. Morphine, gr. 1-4; and atropia, gr. 1-32; were then given hypodermically. Saw the patient again in a few hours, and found no convulsion, but the jaws were still set—repeated the injection of atropia, gr. 1-32. The second day there was no convulsion. I then crowded the atropia, giving five doses of gr. 1-32. Chapman's ice bag was applied to the spine, and was very grateful to the patient. The third day brought no change in his condition, and hydrate of chloral was resorted to; as he could not swallow, it was given by enema, grs. 10, in one ounce of mucilage. Sleep was produced.

Continued the chloral, alternating it with beef essence. The fourth day another fit occurred, during which the tongue was bitten. This recurred for two days following, then there was no recurrence till the fourth day. The chloral was continued during this time, and till July 1st, six hundred grains having been given in all. The administration of this large amount caused no unplea-

sant symptoms, but the spasms were controlled. The chloral was continued till August 4th, two hundred grains being given during this time, making in all, from July 13th till August 4th, eight hundred grains. This large amount was retained and absorbed, and a cure was effected. From July 13th till August 1st the ice, wrapped round with a cloth, was continually applied, and was so grateful to the patient that, if removed for a short time, he would beg to have it replaced; of itself, however, it was not sufficient to control the convulsions.

Dr. Miner remarked that, according to his experience, most cases of acute tetanus die, and spoke of the difficulty of determining the influence of medicines in cases which recover. It had been long noticed that patients suffering from tetanus, who, from any cause, did not soon die, the cases becoming in a certain sense chronic, often recover. He spoke of a case, which was reported at the time, in which a patient remained rigid for three months, and recovered. Dr. Rochester's case was very instructive, and the result indicated the great value of chloral.

Dr. Gay remarked that the case was interesting and the termination pleasant. He regarded the ice box as a valuable agent in such cases. Thinks chloral will never come into general use, because of its large dose and unpleasant taste.

Dr. Cronyn remarked upon the value of chloral, that it should immortalize the name of its discoverer, as chloroform had immortalized the name of Simpson. Had a chronic case of spasm, which he was in the habit of anticipating by the hypodermic injection of morphia. Chloral, in the dose of thirty grains, was given; and, in addition, ten grains, three times daily, were ordered; recovery soon followed this course of treatment.

Dr. Miner moved that Dr. S. C. Bateman be invited to attend the meetings of the Association during his stay in the city. Adopted.

Dr. Miner remarked that a large number of cases of diphtheria or diphtheritic croup had occurred in certain portions of the city, which were very fatal. A case seen with Dr. Jansen that evening was then dying. Saw a second case with Dr. Mixer, the patient being a girl five or six years of age, who had been feeble for some time. At the earnest solicitation of her friends, and after the chances were fully explained, the operation of tracheotomy was per-

formed, and the tracheal tube was introduced. For a time she rallied, and awakened in the minds of friends hopes of recovery. She recognized them, breathed easy, and was very comfortable during the next day. The second day the tube became filled with the false membrane, and the child died forty-eight hours after the operation. He had seen five similar cases, in connection with other physicians, during the month, and thought it must be in unusual frequency. So far as treatment is concerned, he would say that he had used, from time to time, all the various remedial agents which were said to be useful. Had given tonics, stimulants and alteratives; had used the local applications made and recommended by physicians, from nitrate of silver down to the spray of lime water, and had repeatedly introduced the tracheal tube. In reviewing his cases, both those he had treated himself, and those he had seen with other physicians, he could not say that any method of treatment yet proposed was of any avail whatever, in the treatment of diphtheritic exudation into the trachea.

He was not *sure* that any treatment he had ever instituted was, in a single case, of any benefit. Diphtheria, when confined to fauces, was for the most part without danger, as it had appeared under his observation; and, when invading the trachea, it was almost uniformly fatal. Tracheotomy was successful when made in catarrhal, but not when made in true diphtheritic croup, good observers to the contrary notwithstanding; while, as to medicine, his own observation made him believe that, in all forms thus far proposed, it was entirely useless.

Dr. Gay had been informed by a friend that he had lost four cases of this formidable disease. In his own practice had a patient with tonsillitis complicated with diphtheria; the neighboring glands were swollen, but the patient was not very sick. Under suitable treatment got better and sat up in bed, but died that night suddenly. A brother of this patient had a wound which would not heal. Like the other was not much sick, and no evidence of diphtheria was present, but he died suddenly like the other.

Adjourned.

WM. C. PHELPS, *Secretary.*

ART. IV.—*A Case of Aneurism of the Brachial Artery.* By C. B. KIBLER, Corry, Pa.

Was called to see John D——, August 17th, 1870, aged 29 years. He was suffering with intense pain in his right hand, wrist, forearm and arm.

In the upper third of the brachial artery, presented a pulsating tumor, about the size of a large orange, which was first noticed about six weeks prior. The supposed cause was his swinging on a horizontal bar. The blowing sound, together with the cessation of pulsation of the tumor by pressure upon the artery above it, were almost pathognomonic signs of aneurism, and made diagnosis accordingly.

On August 25th, 1870, Dr. Palmer, assisted by Dr. Faulkner and myself, ligated the axillary artery in its lower third. Everything moved off pleasantly in the case up to the second day of September, when a messenger came hurriedly to the office and said the patient was bleeding to death. When I arrived at the bed side of the patient, I found the blood spirting from the point where the ligature had been applied. Caused digital compression of the subclavian artery to be made, sent for another physician, and in the meantime commenced the administration of chloroform, so no time should be lost. The physician sent for soon arrived and continued the administration of chloroform, while I ligated the axillary artery in the upper third of its course.

Everything now went on nicely—in five weeks time the ligature came away, and the wound was entirely healed. He yet has but limited use of his hand and forearm, with no pulsation of the radial artery.

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ART. V.—*A Case of Elephantiasis Arabum.* . By H. D. INGRAM, M. D., of Kennedy, N. Y.

The subject of the following sketch, Mr. A. K. Stockwell, a native of this state, was born April 22d, 1838. His ancestors, both paternal and maternal, were hardy, rugged people; and his brothers and sisters (of which there are a number) have a like healthy and firm constitution. His own health has also always been good. After he became old enough to labor he worked in the lumber woods most of his time, making one or two trips, and occasionally more, down

the Alleghany and Ohio Rivers each year. Like all other lumbermen, he worked hard, was in the water considerably, and drank a fair allowance of whisky; yet his health was good all this time, and he had no febrile symptoms.

His leg commenced to enlarge in the spring of 1858, he being then twenty years of age. It has continued to enlarge ever since. In



The accompanying cuts have been prepared from photographs, and very faithfully represent the appearance of the case.

the Fall of 1859 he was, for three or four weeks, under the care of Prof. Frank H. Hamilton, then of Buffalo, who succeeded in the reduction of the enlarged limb to about its normal size. Being uneasy, and tiring of hospital discipline, the patient went away, discontinuing treatment. After this his leg has gradually and constantly enlarged, except for a period of five weeks, which occurred six years since, when he had typhoid fever, which was such as to confine him to his bed thus long. During the period of this ill-

ness, his leg nearly recovered its natural size. Upon convalescing, the leg again commenced enlarging, and soon the under and back side of the enlargement above the knee began to discharge an offensive fluid. This discharge has been constant in occurrence ever since, though of variable amount.

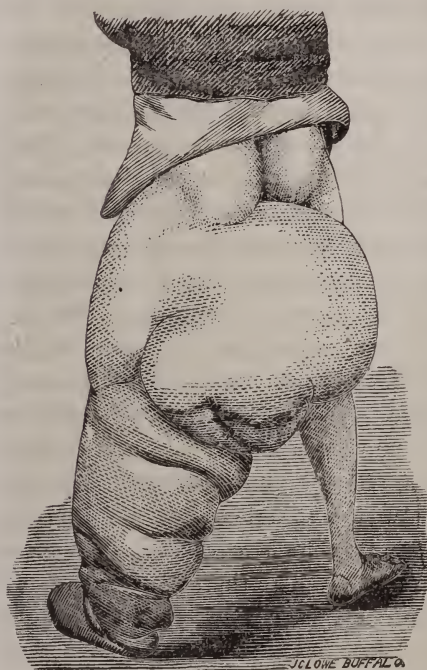
The cuticle of the upper part of the thigh is thickened, but is not scaly or of darker color than natural, but from above downwards the skin grows harder, scaly and of darker color, so that the skin of the foot very closely resembles that of the elephant.

The limb now measures, at its principal points of variation, fifty-seven, twenty-nine, thirty-six and thirty inches; the measurement

of the instep is twenty-two inches; that of the foot sixteen. The nates are of natural size, as also the right testicle, while the scrotum is fourteen inches in circumference.

The patient is the eldest of a family of seven children. His weight was formerly from one hundred and thirty-five to one hundred and forty pounds, while he now weighs from two hundred and eighty to three hundred pounds.

This is probably as perfect specimen of the disease known as Elephantiasis as is to be found in any country, the nature and causes of which remain but very imperfectly understood.



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ART. VI.—*Clinical Remarks.* PROFESSOR THOMAS F. ROCHESTER
on *Œdema Glottidis.*

REPORTED BY F. BRADNACK, MEMBER OF THE CLASS.

The case just observed in the ward is a case of œdema glottidis. In this affection the dyspnoea which exists is generally referred to the epigastric region, and this remark likewise applies to most glottal diseases. Œdema glottidis is seldom a primary disease. Persons subjected to the inhalation of steam, generally die from this affection. It frequently complicates variola. In like manner it is occasionally a concomitant of measles. In the case just now under consideration, there was a sort of diphtheritic appearance on the tongue. Now, what is to be done in this affection? Manifestly,

we must endeavor to remedy it as speedily as possible, the condition being one of great gravity; and if there be much delay in affording relief, patients will frequently die from carbonization of the blood, the passage to the lungs being oppilated, or perhaps entirely occluded. Topical treatment consists in the scarification of the glottis, by a probe-pointed bistoury; but it is difficult to make the cuts deep enough to remedy the œdema without simultaneously doing injury. Dr. Buck, of New York, has invented an instrument for performing this operation without danger. Patients should not be allowed to die from œdema. To prevent such a result, either laryngotomy or tracheotomy may be performed. Of these operations the former is the easier and the better. A probe may be left in the wound, or a tracheal tube may be inserted, according to circumstances. It is, of course, of great importance to ascertain whether the obstruction is in the larynx or in the trachea. In the case referred to, three leeches were applied to the sides of the trachea. If leeches do not relieve in an hour, the practitioner should stand prepared to operate. In this connection it may be remarked that tracheotomy is by no means so trivial an operation as is generally imagined. When there is great pain with œdema glottidis, opium may be given with a double object: first, for its anodyne, and, secondly, for its antiphlogistic effects. For these purposes, full doses should be given. Where there is a tendency to what are known as head symptoms, the operation of the opium should be watched closely, lest stupor or dullness supervene. But in this disease opium often relieves the œdema, and the patient gets the benefit of its antiphlogistic, without its narcotic effects. In these cases prompt and decisive action is of the utmost importance. Complicating œdema glottidis may be spasm of the glottis. Opium controls greatly this tendency to spasm. You may ask why mercury is not used where thickening of the glottis would appear to make its use advisable. But here there is not time to produce the effects of mercury.

The following incident may serve to illustrate the necessity of prompt and energetic action in this affection:—Several years ago, when Professor Frank H. Hamilton had charge of the surgical department of this hospital, as I was one day passing through one of the surgical wards, a patient, lying in bed, beckoned to me. On ask-

ing the *interne* what was the matter with the man, the latter replied that there was nothing particularly the matter with him. But the man's look was so imploring, and his gestures so beseeching, that I went to his bedside. He spoke with a labial tone, being scarcely able to articulate at all. He said that he was choking to death. His voice was husky, and he appeared then to be laboring under laryngitis, rather than œdema glottidis. At twelve o'clock that night I was called in great haste to the hospital. On entering the door, and hearing the breathing of the patient, I at once realized his condition. I learned by brief inquiries that at one o'clock P. M. he began to suffer from great dyspnœa, and so violent were his efforts to obtain relief that in one of his paroxysms he had jumped out of bed to the floor, and there fallen in a state of syncope, which syncope, by the way, probably saved his life, by relaxing temporarily the muscular system. There being no proper surgical instruments then at hand, and the case being altogether too urgent to allow of sending for any, with a dull knife I immediately made an incision, about an inch in length, into the larynx, and pulled open the orifice with probes, and finally inserted a tracheal tube. The relief was instantaneous. The man wore the tube six weeks, and other treatment being applied, the case eventuating in perfect recovery.

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ART. VII.—*Clinical Remarks* by PROF. J. F. MINER, M. D., on
*Surgical Cases occurring in the Buffalo Hospital of the Sisters
of Charity.*

REPORTED BY W. W. MINER.

CASE XI.—*Hydrocele*.—Associated with hydrocele on the left side of the scrotum, this patient presents also scrotal hernia of long standing on the right. As to the pathology of hydrocele, you understand that the testicle, during foetal life, descends from its position in the abdomen posterior to the peritoneum; and, in its descent into the scrotum, pushes down before it two layers of peritoneal tissue: of these layers, which are the tunica vaginalis the one nearest to and investing more or less the testicle, is the visceral layer; while, between this and the parietal layer, which is attached to the scrotum, an interval may exist, which is the cavity of the tunica vaginalis, and into which the fluid of hydrocele is effus-

ed. A variety called encysted hydrocele is known, in which the cysts have a peculiar areolar investment distinct from the tunica vaginalis; and the cavity formed is said to lead out from the spermatic tubes of the testis or epididymis, to which the cyst is closely adherent: this variety may be complicated with simple hydrocele of the cavity of the tunica vaginalis, or of the serous investment of the cord, between which, in treatment, no distinction is required.

On examining hydrocele with a light in a dark room, the translucency of the fluid accumulation will very often furnish you valuable evidence as to its character: this, with the smooth oval form of the swelling, its slow growth, and absence of pain, and of impulse on coughing, will render diagnosis clear.

Two methods of treatment are used in this affection—one of these effects temporary relief, and the other radical cure. By plunging a trocar into the cavity from in front, taking care not to wound the testicle, the fluid contents of the sac may easily be evacuated. This fluid is usually of a light straw color, and of varying quantity, sometimes amounting to twenty ounces: it is sometimes of dark color, from admixture with blood or other material: it generally reaccumulates after tapping, though sometimes it does not. In attempting the radical cure of hydrocele, setons drawn through the cavity of the sac have been in use: these may be attended with serious inflammation and extensive suppuration. Free exposure of the cavity of the sac by incision is sometimes made, allowing the gradual closure of the cavity by granulation: this procedure, also, is not unattended with danger. I believe it best to make use of an injection of iodine. After having removed the fluid contents of the sac by tapping, one or two drachms of tincture of iodine may be injected through the canula, and by manipulation every part of the sac be brought into contact with this irritating fluid. The object of this injection is not to cause extensive inflammatory conditions, but simply by stimulation to restore the natural harmony between the secretory and absorbent functions of the tunica vaginalis, or other serous structures from which hydrocele is derived, and from whose non-absorption this affection has origin.

CASE XII.—*Transplantation*.—We now desire to make trial before you of a new method of operation very recently proposed by

M. Reverdin, an *interne* in one of the hospitals of Paris. The little boy brought before you received, three months since, a severe injury to his foot, causing considerable suppuration of the parts surrounding the os calcis and the ankle joint. Though the tissues have been nicely reproduced and present luxuriant granulations, the heel is altogether destitute of a covering of skin. The denuded surface is several square inches in extent, and is limited by skin of low vitality, and of little disposition of propagation. This condition promises to remain for an indefinite period.

Within the last few months it has been found in Paris, in the case of an ulcer following a severe burn, and which refused to heal, that bits of healthy skin, when removed with the lancet from a convenient part of the body, and carefully inserted upon the raw surface of the ulcer, formed living attachment there, becoming islets of healthy skin of an actively self-propagating character. In this manner the whole surface of the ulcer was soon furnished with an appropriate covering.

The skin consists, you are aware, of layers of epithelial cells, which have their origin in the *rete mucosum* close down upon the vascular, papillary surface of the corium; that each new layer, as it springs up upon this vascular network, displaces that which preceded it; and thus the successive desquamating layers of the skin have their origin. It seems that the cells of the *rete mucosum* need for their propagation only the advantages of vascular supply, and that they then proliferate readily. There seems, however, to be something of a limit to the extent of their proliferation, as in the case before you, the natural process of epithelial restoration seems to be stopped on the borders of the raw granulating surface of the heel. By simply implanting normal epithelial cells from the *rete mucosum*, within sufficiently near intervals from each other, upon this highly vascular granulating tissue, it is supposed that denuded surface may be provided to any extent with proper epithelial covering.

After inducing anæsthesia in the case in hand, four small bits of skin of the size of a kernel of rice were obtained from the leg, with a forceps and scissors. The depth of the incision was just enough so that a slight exudation of blood would appear from points of the surface beneath. These four pieces were then carefully placed upon the granulations, at intervals of about an inch from each other,

being insinuated into slight incisions made in the granulating surface. The bits thus implanted were at length held in place by adhesive straps.

At the end of a week, on the second appearance of the patient before the class, it was seen that each of the four pieces of transplanted skin was firmly attached to the surface of the foot, and that they were considerably increased in size; they appeared, at a little distance, somewhat like spots of sloughing material, though closer examination showed that these bits were in an active state of proliferation.

Seven weeks after the operation it was found that complete union of the epithelial growths had occurred, and that the portion of the denuded surface that had been furnished with germinal points was quite covered with newly formed epithelium. The remaining portion of the granulating surface was then implanted as in the former operation. A little resolution in the young patient obviated the use of any anæsthetic whatever at this time. This latter attempt promises equally good results with those already obtained, so that very soon the heel will be provided with a firm, thick and healthy covering of skin.

The benefits which probably are to be obtained from this method of operation, it can hardly be possible for those of you who have had no experience with sores, burns, and chronic ulcers, to sufficiently appreciate. I recall to mind a case which formerly occurred at this institution, in which the attending surgeon attempted, by an auto-plastic operation, to obtain integument from one leg for an old ulcer on the other leg. This operation, of course, required constraint for a considerable time, and was attended with much inconvenience, though the object in view could indeed thus be obtained. It is somewhat remarkable that each of our transplanted germs should have remained adherent, and maintained their growth. This is a better result than those who have written on the subject state to be generally obtained. The simplicity, efficiency and utility of this operation of transplantation, recommend it most strongly to general adoption by the surgical profession. If the operation is as generally practicable as it seems to be, it cannot but constitute a remarkable surgical achievement.

ART. VIII.—*Surgical Cases treated in Buffalo General Hospital during Service Term of Dr. J. F. MINER.*

REPORTED BY D. W. HARRINGTON, ACTING RESIDENT PHYSICIAN.

David Hickey, aged 51; occupation, sailor; admitted into hospital Nov. 2d; suffering from an injury received two weeks before.

Whilst steering during a storm, the deck being slippery, he had fallen, and the wheel coming round with force, the spokes or handles struck him across the lower portion of the back and hips; but there was no bruise when admitted into hospital. In walking, he presented an appearance similar to that seen in progressive locomotor ataxy. His pulse was feeble and intermittent; he complained of pain in back and head; his hands trembled so that he had no control over them, and had to be fed.

This condition had been coming on gradually since the injury. He had been in this hospital during the month of July, from a slight injury to hand. He was then patient, kind and agreeable; now he is fretful, peevish and irritable. He continued to grow worse until about Nov. 15th, when he became delirious and stupid. He soon became semi-comatose, in which condition he remained until his death, Dec. 1st.

He could be aroused, and made to take food and stimulants; would answer questions in a muttering, disconnected manner. He had control over his evacuations, and would have them when urged to do so. *Post mortem* not allowed.

George Getsinger, admitted into Hospital June 1st—a private patient of Dr. Miner's—with fracture of the fibula, and separation of the tibia at the lower epiphysis, the two bones having been driven through the soft parts, upon the inner side of the leg, denuding them of periosteum, lacerating and dividing the muscles and integument, in the most fearful manner. The fracture and displacement had been adjusted, and leg dressed, by Dr. Miner, before admission. After two weeks, the roughened portion of the bones, which had been driven through the soft parts, clothing, boot, &c., and thus denuded of periosteum, had manifested no indications of returning life; and, June 11th, exsection of both bones was made; two inches in length, being removed from the upper fragments.

Extension was immediately applied, and passive motion as soon as practicable. He was discharged from hospital Sept. 7th. He

is now using neither crutch or cane; has perfect motion in the ankle; and, what is quite remarkable, there is shortening of only one inch, the other inch supplied by deposit of new bone.

This is a great achievement in what is called conservative surgery; and indicates, as strongly as any one case can, that, as a general principle, amputation should not be made on account of injury to bone, while the vascular supply is not seriously interfered with. This injury was such as was formerly treated by amputation, and probably many surgeons would not even now attempt to save such a leg, and yet the result is as good as is generally obtained in simple oblique fracture.

Miscellaneous.

Albuminuria in Scarlet Fever.

FROM THE CLINIC OF PROF. OPPOLZER.

Affection of the kidneys is the most frequent complication of scarlet fever. It may occur either early or late in the course of the complaint; and generally leads to anasarca or dropsy, usually about the third week of the disease. Nephritis may come on very slowly or gradually, and is *sometimes* only recognizable by careful examination of the urine.

In other cases nephritis ensues with high fever, great debility, vomiting and sometimes diarrhœa. The lumbar region becomes tender; the urine scanty, cloudy, brown-red, and containing red blood-cells; its specific gravity generally high, and containing albumen in greater or less quantity. Characteristic of the complaint is the appearance of casts of the kidney tubes. But there are cases in which the first symptoms of nephritis occur *in the beginning of the complaint*, and only a few days after the eruption, though the urine is neither diminished, nor yet contains blood or albumen. Affection of the kidneys may result in ascites, anasarca, or serous effusion into the different cavities of the body, or these symptoms may be absent, and the disease show itself in the presence of convulsions, coma, and paralysis, as the consequence of uræmia.

A great difference in the character of the urine is observed *during the development*, and during the course of scarlet fever.

During its development albuminuria very seldom occurs. Yet even then a very careful examination may detect degenerated epithelial cells in considerable quantity with some blood and casts. These symptoms point to catarrhal affection of the urinary tubes, and in a great number of cases are absent. In the clinique, cases have often been observed, in which at the commencement of the disease the urine has been quite clear, and yet, on standing a short

time, a soft, opalescent, mucous cloud has formed, which, under the microscope, was found to consist, for the most part, of epithelial cells, and, sooner or later, substances like casts. But *similar* appearances are found in the urine *in other acute diseases*—viz., in pneumonia, meningitis, typhus, acute peri- and endo-carditis, measles, &c.; and, with regard to them, we can only say that, in many acute febrile diseases, a metamorphosis of the tissues of the internal organs takes place, especially of the epithelial cells, which become detached and loosened. This is especially the case with the kidneys. The question is still undecided, whether these deposits in the urine are merely the result of fever, or are a specific product of the scarlet fever process. But it may be said, in cases where the scarlet fever occurs *without any feverish symptoms*, that these changes are not found in the urine, and are generally absent in slight cases of the malady.

In the case of the boy, aged 10, whose case we have lately observed, a copious urinary deposit was seen during *the first two days of the eruption*, but a microscopical examination gave no result. On the *third* day of the eruption, however, there was observed a mucous clouding of the urine, which, under the microscope, was seen to contain a few cast-like bodies, extremely transparent, and provided with fine grey granules, with isolated cloudy epithelium of the mucous membranes of the tubes. It was curious that in this case distinct traces of albumen were first found on the fifth day of the disease in the form of an opalescent layer, which continued without change, and without increasing, for eleven days. Since then the urine has been quite normal. In this case the fever was quite severe for two days, and the urinary deposits may have been the consequence of this, and not the result of a specific change.

In cases of scarlet fever in which sooner or later some complication of the kidneys takes place, sensitiveness of the lumbar region is observed; either real pain or tenderness on pressure.—*Boston Medical and Surgical Journal*.

Editorial.

Buffalo as a Field for Physicians.

We have received the following letter, (one of many,) which we will answer through the pages of the *Journal*, hoping that a reply to this one will be regarded as satisfactory reply to many of similar nature:

“DR. J. F. MINER:

“My Dear Sir,—I hope you will indulge me, while I ask of you a word of advice. I graduated, as you know, in medicine, last spring, class of 1870, and after spending a few weeks at home, I commenced looking for a suitable place to commence practice. Thus far I have been unsuccessful, and now would

“——— Jan. 15, 1871.

like to change for any favorable field you may know of, where I can obtain a footing. Buffalo, or the vicinity would suit me best; and I would like to know how the matter stands in the city, or in any of the larger neighboring towns. My former acquaintance with you, and your uniform readiness to oblige me, emboldens me to ask a statement of conditions, with which your extensive acquaintance and careful observation must make you familiar. I shall, therefore, wait anxiously your reply; and shall be guided by your advice—

“Yours, most Truly,

“M. C. C.—”

“Buffalo, Jan. 15th, 1871.

“MY DEAR DOCTOR:

“Your very polite and confidential note reached me in due time, and I hasten to make a brief reply, to a young friend, whose real interests I would gladly promote.

“Buffalo offers a wide field for medical practice; though, so called physicians are at every corner: most of them constantly seeking for employment in their professions; and, I am sorry to add, without any very signal success. You have spoken of my observation in these matters, and so I am inclined to give you its results, in connection with the general statement of facts, and you are at liberty to use these conclusions as may suit you best.

“I believe that a young physician of good ability, and thorough education, *can* seek for medical practice in a manner to be richly rewarded—can do so in Buffalo, or any other city or town, where his inclinations may lead him. My observation convinces me, that the general rule of failure is owing to the man and not to the place. I have never known a “*political*” doctor to achieve success in his profession; and I suppose the principal reasons are sufficiently obvious. Neither have I ever known a “*religious*” doctor—that is, a doctor religious in his associations for unworthy and sinister motives—who ever attain any success as a physician. I have never known the physician of a society, party or clique, who depended upon such influences, to find any ample field for honorable practice. The ground in Buffalo, and every where else, is fully occupied with competitors in this manner of seeking for medical business.

“Still, I think, we have a favorable field in this vicinity, and that, if you are as good a physician as you used to be student, you need have no hesitation what course to pursue. You are young now, and in the very prime of life; you can do whatever your ambition and industry may dictate. You seem inclined to make Buffalo your home; and, if you conclude to do so, I can assure you of a warm and hearty welcome on the part of the members of the profession. But, perhaps, it will not be quite fair, if I do not speak a word as to what is necessary to attain anything which can, in true sense, be called success.

You are not coming to compete with political, sectarian or otherwise employed physicians, who, as I said, are stationed at every corner—these have very little which you desire. But you are to compete with men who spend

all their efforts in professional pursuits; who observe disease, or study its nature continually—interrupted only when worn nature insists upon repose—which is often broken in upon by the urgent solicitations of the unfortunate, who will not allow them rest. They have no amusements, few social opportunities. They give up all time to, and have no pleasure except in, professional pursuits. These men, who have already enjoyed considerable experience, are yet *students*: they generally work about twelve hours in the twenty-four, visiting and prescribing for the sick; and they *study* medicine often, the remaining hours.

“There is no obvious “opening,” though the number is not great, for they are men, sick people can always find, and always find them ready to answer to their calls; they have a clear eye, a steady hand, a firm and manly purpose; and to compete with them, you must possess equal energy, activity, education and industry. Now, my dear doctor, if you think that you can give up every thing else, and study and practice medicine continuously the remainder of your natural life, forgetting all other pursuits and devoting yourself to it alone, then Buffalo is a favorable field—you will be “the right man in the right place.”

“Yours very truly, &c.,

“J. F. MINER.”

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Souvenir of Bellevue Hospital Medical College.

Perhaps we shall be intruding into the sanctuary of private friendship if we tell, but it is nevertheless true, that Prof. James P. White, of Buffalo, has been made the recipient of a most elegant *Silver Epergne*, or *Table Centre Piece*, in token of appreciation of his recent services in Bellevue Hospital Medical College during the illness of Prof. Elliot.

It is truly in itself beautiful; viewed as representing the spirit which prompted it, it is inestimable.

It bears the following inscription:

SOUVENIR
OF
BELLEVUE HOSPITAL MEDICAL COLLEGE.
1870.
PROFESSOR JAMES P. WHITE,
FROM HIS FRIEND
GEORGE Y. ELLIOT.

—:O:—

Medical Society of the District of Columbia.

We notice, in the *Washington Sunday Herald*, an account of the Annual meeting of the Medical Society of the District of Columbia. The noticeable

feature of the occasion was Dr. J. M. Toner's address, on accepting the office to which he was elected, as President of the Society.

He gave interesting statistics, which we should be glad to publish, as showing the state of this society, which has attracted so much attention in the country the last year. His entire address was highly creditable, both to Dr. Toner, and the society which elected so intelligent, efficient and worthy a man to its first honors.

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Percentage on Prescriptions.

The custom of allowing to physicians a *per centum* on prescriptions, so common many years since, we had supposed entirely abandoned; but a communication received by a respectable practitioner of Buffalo contains the following sentence:

"We therefore say, should we meet your confidence, all prescriptions you may send us, we will allow you 10 per cent. of the amount of sales. Patrons bringing one of the enclosed sheets, the same will be considered as coming from you, when containing your endorsement, and will be filed to your credit, and per centage paid quarterly.

"Very Respectfully, _____."

We mistrust that few physicians are small enough, and sordid enough to sponge, in this detestable way, an additional six-pence from patients; and we wonder that even one dealer in medicinal substances could be so misguided as to offer any such imposition to a physician. The note prefaces very properly, "should we meet your confidence:" certainly no druggist will meet the confidence of any honorable physician who makes such propositions. Physicians are expected to hold their good names, their reputation and honesty at a much higher rate than 10 *per centum* on the amount of such dishonorable sales.

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Meeting of the New York State Medical Society.

The Medical Society of the State of New York will hold its next Annual Session on the first Tuesday of February, (Feb 7th), in the city of Albany. It is to be hoped that there will be a general attendance, and that those who do attend may present, or be able to listen to, well considered, well written papers upon the medical subjects of the times.

The transactions of this society have thus far been very creditable to it; and we have no doubt many valuable contributions will be, this year, offered, as the interest in this society appears to be constantly increasing. Some of the very best papers of the season appear first before our State Medical Society. There are various legislative topics also to be presented; and we bespeak for the Society a meeting of unusual interest.

Books Review.

Bumstead on Venereal Diseases. Third Edition, Revised and Enlarged, with Illustrations. H. C. LEA, Philadelphia. 1870.

This work on Venereal Diseases has already found its way into the library of almost all American physicians, who have any desire to conform their views and practices in this class of diseases to the teachings of recent observation.

This edition has been enlarged and improved, yet contains essentially the same text of former editions, and, as now presented to the American profession, will everywhere constitute its standard.

The questions which have divided professional opinion are being rapidly solved, and truth is being attained, which will commend itself to all. Indeed, venereal diseases, as now understood and taught, are settled upon the basis of easily demonstrated truth. No work in this country has done so much towards correcting professional error in venereal diseases as this one of Prof. Bumstead, who has presented truth in such forcible manner as to carry conviction. It is to be hoped that all physicians who have not already done so, will study venereal diseases anew, accepting the light which modern experience and observation has thrown upon the subject. No author can be more heartily commended, or is more worthy as a guide, both in the pathology and in the treatment of venereal diseases.

Practical Anatomy: A Manual of Dissections. By C. HEATH, F. R. C. S. Edited by WM. W. KEEN, M. D. HENRY C. LEA. Philadelphia, 1871.

It appears to us certain that, as a guide in dissection, and as a work containing the facts of anatomy in brief, and easily understood form, this manual is complete. This work contains, also, very perfect illustrations of parts which can thus be more easily understood and studied; in this respect it compares favorably with works of much greater pretention. Such manuals of Anatomy are always favorite works with medical students. We would earnestly recommend this one to their attention: it has excellencies which make it valuable as a guide in dissecting, as well as in studying anatomy.

Galvano Therapeutics. The Physiological and Therapeutical Action of the Galvanic Current upon the Acoustic, Optic, Sympathetic and Pneumogastric Nerves. By WILLIAM B. NEFTEL, M. D. D. APPLETON & Co., New York, 1871.

Those of our readers curious in this matter, will be deeply interested in this little work before us. It possesses merits in many respects; the chief one to medical practitioners is its brevity. It contains, in a very small compass,

much of the present views in Galvano Therapeutics; and physicians who desire to test the value of this agent in the treatment of these forms of nervous diseases, will find all the instruction that the present state of medical knowledge upon this subject will permit.

Books and Pamphlets Received.

First Medical and Surgical Report of the Boston City Hospital. Edited by J. N. Borland, Physician, and D. W. Cheever, Surgeon. Boston: Little, Brown & Co.

The American Journal of Obstetrics and Diseases of Women and Children. Edited by E. Noeggerath, M.D., and B. F. Dawson, M.D. New York: Townsend & Adams, Vols. II. & III.

On Diseases of the Spine and Nerves. By C. B. Radcliffe, J. N. Radcliffe, J. W. Begbie, F. E. Ainstie, and J. R. Reynolds. London, Edinburgh, etc. Philadelphia: H. C. Lea, 1871. 8vo., pp196.

Satan in Society. By a Physician. Chicago: J. S. Goodman & Co. 12mo. pp412.

Report on Barracks and Hospitals, with Descriptions of Military Posts. Circular No. 4, War Department, Surgeon General's Office. 4to., pp493.

Approved Plans of Specifications for Post Hospitals. Circular No. 3, Surgeon General's Office.

The Physicians Hand Book for 1871. By Wm. and A. D. Elmer, M. D. New York: Townsend & Adams.

Beneficial Results from the Use of Mechanical Appliances in Pott's Disease of the Spine, illustrated with Cases. By Jacob A. Wood, M.D., of New York.

Bloodletting as a Therapeutic Resource in Obstetric Medicine. By Fordyce Barker, M. D., Professor of Midwifery and Diseases of Women in the Bellevue Hospital Medical College, etc.

Vaccination and its Protective Power, in the State of West Virginia. By John C Hupp, M. D., State Vaccine Agent.

Retention of Urine depending on Stricture. By Alexander W. Stein, M.D., Professor of Physiology and Histology in the N. Y. College of Dentistry, etc.

Proceedings of the Texas State Medical Association at the meeting held in the city of Houston, June 15th, 1870.

Fifth Annual Report of the St. Catherines General and Marine Hospital, for the year ending July 31st, 1870, Ontario.

Annual Report of the Comptroller of the State of New York, for January, 1871.

New York Observer Year Book and Manual for 1871. Sidney Morse, Jr., & Co., 37 Park Row, N. Y. City.

Public Ledger Almanac for 1871. Philadelphia: Geo. W. Childs.

The Nation; Atlantic Monthly; Scribner's Monthly; N. Y. Observer; Avon Journal; Newspaper Reporter; Littel's Living Age.

B U F F A L O

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FEBRUARY, 1871.

No. 7.

Original Communications.

ART. I.—*A Case of Dislocation and Fracture of the Head of the Femur.* By L. A. HARCOURT, M. D., Chicago, Ill.

On Saturday evening, Nov. 26th, 1870, Mr. F. W., Seigel St., aged 41 years, whilst driving a one horse wagon, collided with an express, and was thrown to the pavement, striking upon the outer and slightly anterior aspect of the left trochanter major, the wheel passing over him. He was taken to his home, where I saw him an hour after the accident occurred.

His left foot was everted, the corresponding limb shortened about an inch, the left groin swollen and tender, and the outer aspect of the hip somewhat flattened. The limb was fixed, admitting of neither external or internal rotation, neither could it be flexed. There was no crepitus. The groin was so exquisitely painful, that the patient would not tolerate the manipulations which I attempted to make, with a view of determining the presence or absence of the head of the femur in that position. Here, the deformity of direction was such as might obtain either in a fracture of the cervix femoris, or in a forward dislocation on the pubis; while the deformity of contour favored the dislocation, and the immobility of the limb seemed to contra-indicate the existence of fracture. It is true, the accident would be more likely to produce fracture than dislocation; and yet the force being applied to the outer and anterior aspect of the trochanter, would have a tendency to force it

backwards and inwards, and thus cause the head of the femur to infringe against the inner and upper margin of the acetabulum; and, if the force were sufficient, to override it, thereby producing this form of dislocation. Such, at least, was my impression.

Having administered an anæsthetic, I seized the limb, (an assistant steadying the pelvis,) and flexed it upon the pelvis, then abducting it to relax the outer portion of the capsular ligament, and drawing or rather lifting it outwards and downwards, a change took place in the relation of the parts, which I conceived to be a reduction of the dislocation. There was just such a sound as we would expect from the head of the bone passing into the acetabulum—just such a sound as I have often heard when dislocations were reduced. Every one in the room heard it, and the patient himself had consciousness enough to know that he was relieved. He instantly exclaims: Doctor, I am all right now! I then extended the limb, and the deformity disappeared; nor did it manifest any disposition to return. I simply placed a bandage around the thighs. Before flexing the limb, I should have felt for the head of the bone; for, if found on the pubis below Poupart's ligament, there could be no doubt about the diagnosis.

The next day, (Sunday,) I called to see him, and looked carefully for shortening, still suspecting the existence of fracture. None could be discovered. The patient was comfortable—the thigh somewhat swollen. Monday noon, called again. There was apparent shortening of an inch, the foot slightly everted. Measurement of both limbs proved that it was real. I then told him the neck of the femur was fractured, and as he could not pay for treatment, sent him to the County Hospital, under charge of Prof. Powell of Rush Medical College. The Doctor confirmed my diagnosis as to fracture; but, from the symptoms *then* existing, could not say that there had been a dislocation. I am satisfied, however, that there was a dislocation, partial or complete. The fracture was either impacted or only partial—that is, the fragments were not separated; hence its characteristic signs were absent, and its existence obscure. Had my manipulations on the limb simply disengaged the impacted fragments, the shortening and deformity would have returned as soon as they were discontinued. But they did not return, hence the fragments were not disengaged by the manipulations, but by

the subsequent movements of the patient. When the shortening did recur, I could easily reduce it by simply making extension on the foot; but it returned the instant the extension ceased.

The treatment consisted in simply placing the man on his back, and making extension by means of weights applied in the usual way. Small pillows or pads were placed at the sides of the limb to prevent displacement by rotation. The result was better than could be hoped for. In five weeks union had taken place. In six weeks the patient could sit up in bed; and now, eight weeks from the occurrence of the accident, he can walk about the room on crutches, and sustain the weight of the body on the limb. The limb is shortened 3-8 of an inch, the trochanter slightly tilted forward; but there is no visible deformity. For all practical purposes it will be as good as ever it was. Dr. Powell does not pretend to say whether the fracture was within or without the capsular ligament, neither do I; but, whether within or without, the result was all that could be desired.

The case, on the whole, is somewhat anomalous, yet serves to show that, in a patient of good constitution, the accident is not as grave as some authors would have us believe.

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ART. II.—*Detached Placenta.* By GEO. ABBOTT, M. D., White's Corners, N. Y.

In the December number of the *New York Medical Record* are given two fatal cases of detached placenta, as reported to the New York Pathological Society, Oct. 26th and Nov. 9th, 1870, which forcibly reminded me of one, of which I took notes and made reflections, some years since, which I send you. If you deem it of sufficient interest and value, you are at liberty to publish it in your valuable *Journal*.

Friday, Sept. 5th, 1861. This evening, by invitation, I witnessed a Post Mortem, and received the following history from the attending physician:

Mrs. W—, aged 37, naturally robust, and general health considered good, being near full time in her fifth pregnancy, was taken at twelve last midnight with pains indicating the approach of labor, soon followed with flowing, sinking and coldness of the extremities.

An examination revealed the os uteri dilated only sufficient to admit the end of the index finger; he, therefore, at once applied the tampon, and commenced the administration of opium, cadmium and stimulants. The *pains were stopped*, the flooding partially stayed, and she rallied somewhat, only to sink again about eight o'clock, and die, undelivered, at eleven a. m.

The peritoneal cavity contained considerable blood-stained serum. The uterus was flaccid, though whole and distended by an apparently full termed fœtus; considerable congestion existed in the region of the ovaries and broad ligament; but as no rupture could be found, it was concluded that the bloody stain resulted from exosmosis. The fœtus occupied the right occipito iliac presentation, and, still in the membranes, it, with the placenta, was rolled out of the uterus, when the Doctor removed from the walls, a little below the fundus, what he at first took to be a ruptured placenta, but soon determined was a clot of blood, the full size of an afterbirth. The placenta was found in connection with the child and membranes; and, though closely examined, no abnormal condition of either it or the substance of the womb could be discovered.

Recapitulation.—Pains, quickly followed by flooding; os uteri dilated sufficient to admit the index finger; inserted tampon, administered *opiates*, astringents and stimulants; *pains ceased*, flooding continued, patient sank and died. Cause of death: unstopped, accidental or concealed hemorrhage.

To improve by this experience we ask, what treatment is most judicious under similar circumstances? What are the indications?

Physiology answers, Close the open patulous mouths of the ruptured blood vessels; and prescribe astringents.

Mechanical philosophy reasons: Inasmuch as the uterus is a hollow, contractile viscus, only moderately distended with its fœtal contents, whose flaccidity admits of flowing from the open blood vessels and capillaries of its inner surface, and thence escape through the os externum, could its spongy, flaccid walls be strained tense and tight upon its contents, most of the blood vessels would be so closed by the pressure that the flooding must be very materially, if not wholly checked, and therefore advises the exhibition of active parturients, adding, lest dribbling from the capillaries might still

jeopardize life, tampon the os ; but demurs to the use of the vaginal tampon as inefficient, and likely, at the best, to leave much space above it for the accumulation of blood ; therefore, calculated more to hide than check the flow ; and suggests, as far more effective, the plugging of the os from the inside, which may be done by drawing off the amniotic fluid in which the fetus floats, by which it, the fetus, will be forced down and into the os, closing it effectively, somewhat like the valve of a pump, so long as uterine contraction is efficiently maintained.

Materia Medica admonishes that astringents are medicated or unmedicated, and applied internally or externally. That the medicated are taken internally, or applied externally to the seat of difficulty, which, in this instance, cannot be reached, and, therefore, must act by absorption, a process of slow operation ; and that the unmedicated consist principally of cold, in the shape of evaporating lotions and freezing applications ; that their action is rapid and powerfully revulsive, as well as somewhat parturient ; and calls attention to ergot, as a most active and reliable parturient, capable of producing constant, powerful and unremitting contraction of the womb. That assafœtida, bromide of potassium, chloral, chloroform, etc., possess excellent anti-nervous properties. That stimulants, both permanent and diffusible, have a direct, exciting, and supportative action to the brain and heart. While opiates not only destroy sensibility, but are active and reliable *anti-parturients*.

Therapeutics takes the field, balances all in a twinkling, and commands : rupture the membranes, give heroic doses of ergot, firmly compress the bowels, and bathe them well with cold water ; exhibit asafœtida, chloral, or a little chloroform, to allay the nervousness ; and sustain the patient well with brandy and ammonia.

Let me continue. The first case to which I have alluded as being reported in the *Medical Record*, died undelivered, six hours from first pain, and within fifteen minutes after the first well defined symptoms of detached placenta was observed by her physician. The second was early diagnosed, and “the membranes ruptured as “the first step in the treatment, and administered ergot and tea-
“*spoonful doses of laudanum* freely and frequently ; and, though
“the head descended, and seemed to fit against the *rigid fibers* of
“the os so accurately that leakage would appear to be impossible,

“yet the bleeding continued—slight between the feeble pains, but
“with very abundant gushes at each expulsive effort.

“Both physicians were reasonably certain of the diagnosis, fully
“appreciated the appending danger, and were yet powerless on ac-
“count of the non-dilation of the os, unable to introduce the for-
“ceps without danger of rending the uterus. They still continued
“to give ergot and *laudanum* in *heroic and frequent doses.*” (The
italics are mine.)

Thus the case was watched and cared for from 2 to 6.20 a. m.,
when further “counsel was called. At 7.30 her pulse at the wrists
“were feeble, eyes turned back, face blanched, and in a word she
“seemed entirely ensanguinated. The os was now sufficiently dilat-
“ed to admit the cautious introduction of instruments. The forceps
“were applied, and in less than fifteen minutes the woman was de-
“livered. The placenta was found free, and its removal was fol-
“lowed by a chamberful of dark grumous blood, evidently some-
“time effused, followed by death some twenty-five minutes after
“delivery.” He says, “With the indications gathered from this
“painful experience, I should not, in the future, place much de-
“pendence upon the use of ergot in such cases, but at the *earliest*
“*possible moment*, would dilate, and then turn or deliver with the
“forceps,” adding, finally, “*first and foremost* in the treatment of
“this rapidly fatal complication, I should most certainly place
“*manual interference.*” (Italics are the reporters.)

Perhaps the objector will say, Well, there is your own case—mem-
branes ruptured early—ergot in heroic doses—head fitted so accu-
rately against the rigid fibers of the os, that leakage seemed impos-
sible, yet did blood flow, and that too with abundant gushes, at each
expulsive effort; and finally, patient died.

All this was to have been predicted, for the parturient effect of
the ergot was completely neutralized by the more active ante-par-
turient power of the *frequent repeated teaspoonful doses of laudanum.*

By these doses, nature's efforts in her own behalf were materially
crippled; and the excellent work so well begun by rupturing the
membranes, became worse than nugatory—for the uterus, having
thus been rendered feeble, flaccid and impotent for the exertion of
any compression on the blood vessels; and the well fitting head
allowing but little blood to escape externally, it must quietly yield

to the accumulating blood, which soon fully occupies the place of the withdrawn waters, only to gush forth on the first effort at contraction; because the foetus, being now circumstanced measurably as when in the amniotic fluid, the contractile or compressing force is first experienced by the fluid blood; and it rushes past the head and out before any considerable compressible effect is made upon the foetus to close it upon the os.

This communication is drawn out more extensively than was at first contemplated; for, on reflection, I felt that if error in theory and practice was being held up and propagated, to the endangering of human life, it was a duty we owe to mankind to investigate and expose, and, if possible, to correct the same. Therefore, though in a manner, I agree with the reporting physician, to wit, dilate and deliver at the earliest possible moment; I think he does not give sufficient prominence and appreciation to the imminent danger of death, before the hour of dilatation and delivery becomes possible. If life is to be spared at all, in this "rapidly fatal complication," it can hardly be by any other than the exercise of the most intelligent and judicious treatment; and I believe the time, and also the importance of the administration of ergot, and the *withholding of opiates*, is at an hour when "manual interference," further than the rupturing of the membranes, is impossible.

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ART. III.—*Monthly Meeting of the Medical Society of the County of Albany, held January 9th, 1871.*

REPORTED BY JAMES S. BAILEY, M. D.

Dr. Wm. H. Bailey, President, in the chair.

Dr. Amos Fowler reported a case of progressive paralysis.

June 16th, 1870. I was called to see Mr. M——, aged 56; his general appearance was healthy—was temperate in habit, except smoked incessantly.

In May, 1869, he spoke to me of a difficulty in retaining the saliva when reading or speaking. Two months later there was no improvement in this particular; and he complained of not feeling so well—he had difficulty in pronouncing some words, but thought the difficulty was in the throat. An examination revealed nothing.

In the Fall he was loosing his speech. He left town until June, when I was called. At this time his eyes seemed natural and bright, but there was but little expression to his face; the lower lip was inclined to drop, and the saliva was constantly dribbling. He could extend his tongue about half an inch, but could not articulate a word nor a letter plainly. Deglutition was so difficult that only some fluids could be swallowed; would often put his hands to his cheeks or mouth apparently to assist in swallowing; deglutition invariably produced coughing. There was pain most of the time in the back of the neck, and in the arms and legs. The thumbs and arms were partially paralyzed, in connection with paresis of the tongue, lips and larynx. His gait, when walking, was dragging—was easily fatigued, and could walk but a few rods at a time. Could not raise a spoon containing fluid to his mouth, but could write a very legible hand. His memory was good, and his sight and hearing unimpaired; was free from headache; pulse 75; bowels a little torpid, and his stomach craved food.

The paralysis was progressive, and the muscular system gradually gave away; and, what is singular, notwithstanding the loss of the motor power in the muscles, and atrophy and degeneracy in all its parts, there was a morbid sensibility in all parts of the body. The moving of his hands or feet caused pain.

September 15. Was unable to leave his room, but could walk a little by being supported. The horizontal position caused a sense of suffocation, owing to the fact that the diaphragm performed the office of respiration mostly. The pectoral muscles being palsied as well as all the voluntary muscles. He was compelled to sleep in his chairs.

October 1st. He had lost the use of his hands and feet, and communicated his wants by a stick being placed between his fingers—he would point to letters on a newspaper to spell the words, and an attendant would write them as fast as produced.

October 20th. Had a severe chill, followed, in a day or two, by swelling in the left arm; the flexors of the arm and fingers became contracted; his tongue was immovable; his urine was scanty and loaded with phosphate; his urine was voluntarily passed, and he could also control the action of his bowels.

About the first of December the feet began to swell. December

30th, had an attack of short and difficult breathing almost resembling croup, which was relieved temporarily by morphine.

January 4th, he expired.

The question arises, where was the seat and cause of this gradual and insidious progression of symptoms, beginning with the lips, tongue, mouth and larynx and interfering with the functions of locomotion? Where is the anatomical site of the lesion that should cause this muscular atrophy and tissue change? Is it a degeneracy of the nerves, or its neuralemma, or is it in the spinal cord?

Autopsy.—The principle lesion was in almost the destruction of the roots of the hypoglossal nerves. The fifth pair of nerves were almost entirely obliterated, only a few fragments left.

The spinal accessory nerves could not be found. The anterior roots of the spinal cord were much atrophied. The brain seemed healthy, except was engorged with blood. The dura mater was thickened; the arachnoid was filled with serum.

Dr. R. H. Sabine presented an interesting specimen of hydatids of the liver and bladder.

The case was a patient of Dr. A. W. Shiland, who furnishes the following history.

Mr. —, age 45. His health began to fail five years ago. Upwards of three years ago a tumor was discovered situated in the lower part of the abdomen, the pressure of it at times interfered with the passage of urine, and the patient complained of great pain in the right shoulder, which lasted several months.

During the last three months of his life it became necessary, occasionally, to use the catheter to draw off his urine.

About three months ago he was seized with a severe chill, which lasted for two hours, with violent pains in the left side, in the region of the liver and lower part of the right lung. About this time the physical signs gave evidence of solidification of two-thirds of the right lung. There was no cough, and there was not sufficient acceleration of the pulse to indicate inflammatory action. About this time the abdomen and lower extremities became dropsical, the difficulty in passing water increased, and his bowels were not moved except by cathartics or enemas.

Post Mortem.—The right lung was compressed by a sack containing five or six quarts of fluid. This sack rested upon the liver,

and seemed to be developed from it. A large tumor was found, filling the cavity of the pelvis and pressing against the posterior portion of the bladder. This sack seemed to be formed from the outer coat of the bladder, and was adherent to the spine. It contained three or four quarts of hydatids of different sizes, from that of a pea to a large sized hen's egg. There were detached pieces of membrane floating inside of this sack, which resembled pieces of tripe, and were undoubtedly detached pieces of the internal membrane of this cyst. A microscopic examination of the contents of the hydatids exhibited animal parasites called echinococi.

There was an effusion of serum in the abdominal cavity.

Dr. Chas. A. Robertson then proceeded to read an elaborate and interesting paper entitled "Medical Ethics." At the close of which he remarked, he had only brought as much of his manuscript as he supposed they would have patience to hear.

Dr. Wm. H. Craig immediately moved that Dr. Robertson be requested to read the remainder of his paper at our next meeting, which was unanimously carried.

The Society took a recess for refreshments, after which it adjourned.

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ART. IV.—*Remarks upon Amputation at Hip Joint, with Case.*

By Professor T. MACK, of St. Catherines.

The danger of death from shock being removed by anæsthesia, and the control of hemorrhage facilitated by compression of the abdominal aorta, the delay in disarticulation alone remains as a slight difficulty in the fifteen different methods proposed for this formidable piece of surgery. I am not anxious to add a sixteenth, but if the report of the following case shall be found to add to the fertility of resource, which is so valuable a qualification for the surgeon, I shall feel indemnified for the trouble of communicating it for publication.

John Connor, aged 7 years, of an eminently scrofulous appearance, was admitted into the General and Marine Hospital here on the 27th December, 1858, for morbus coxarius in the suppurative stage; several sinuses already existed, and, in a few days after his admission, an incision permitted the discharge of a large collection

of unhealthy curdy pus. Under cod-liver oil, and appropriate constitutional treatment, he improved so much that it was decided to give him a chance for life by excision of the upper end of the femur.

On 7th July, 1869, having submitted him to the influence of chloroform, and assisted by my brother, Drs. F. Mack, Goodman, Sullivan and Comfort, I proceeded to the resection by making a semi-lunar incision, convexity downward, and extending farther down than directed by the books. The flaps being dissected and reflected upward, the joint was quickly reached and the capsular ligament cut through, when, at the moment the head of the bone started out. by being gently everted as the shaft was adducted, the bone was fractured obliquely through the lower third. Inferring abnormal fragility from softening of osseous tissue, I immediately proceeded to amputation. An assistant having efficiently controlled the artery, I entered my knife upon the inner side of the disarticulated joint and cut out a sufficient internal flap, the femoral, ischiatic and obturator arteries were ligated, other spouting vessels being secured by torsion. The boy was now allowed to awaken from anæsthesia; scarcely any blood was lost; the surfaces were exposed to the air until well glazed; all clots were carefully removed; stimulants were administered. He was again anæsthetized, the edges of the wound were united by silver sutures, weak carbolic dressings were applied; and, under the unremitting care of Drs. Goodman and Mack, he made an excellent recovery, so that, in three months, he was able, with a crutch, to go to school and to walk nearly a mile, only a slight discharge continuing, which was completely stopped about six or seven months after the operation. About a year had elapsed when an abscess again pointed; and, although I am informed that he made a fair recovery, still I have little doubt that the scrofulous disease in the pelvic bone will eventually claim its victim.

Before closing the wound an examination of the cotyloid cavity showed the bony structure in great part destroyed; the carious bone was carefully removed. The head of the femur was ulcerated away to fully one-half of its extent—the shaft of the bone a mere brittle shell—the medullary cavity filled with a puruloid matter—periosteum easily detached—and, at the point of fracture, where

the spongy extremity narrowed into the shaft, the fragility was extreme.

The practical suggestions which occur to me from this case, are: First.—When there may be any election between resection and amputation, it would be advisable to make a more extensive convex external flap than usual; and, after articulation and eversion of the head of the bone, if the more formidable operation be deemed expedient, it can be expeditiously and easily completed by an internal flap.

Second.—As the disengagement of the head of the bone is frequently found difficult, and the cause of delay in operating by the ordinary method, might not the operation be generally conducted by cutting up and reflecting a large convex external flap, and after everting the head of the femur and adducting the thigh sufficiently to make the articulation start from its continuity upon division of the ligaments, complete the operation by thrusting the catling through to meet the posterior edge of first flap, and obtain sufficient covering by an internal flap?

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ART. V.—*Surgical Cases treated at the Buffalo General Hospital*
B. C. C. F. GAY, M. D.

Removal of Mammary Glands for Scirrhus Disease—Mrs. T., aged 62 years, has scirrhus of left breast—the whole gland is involved. She suffers much from the pain of it; is anxious to have it removed, although told that the prognosis is unfavorable, and that it will be likely to return after removal at no very distant period. Chloroform was administered, and I removed the entire gland, leaving only just sufficient integumental covering to coaptate the edges of the wound. The axillary glands were involved; a tumor half the size of a hen's egg, in the axilla, was not removed, but afterwards disappeared. The integuments were drawn together and secured by silver sutures. The patient convalesced rapidly; one half the wound healed by first intention, but the other half continued to suppurate; and, at one point, the disease gave evidence of developing. The disease will undoubtedly return. She left the hospital, and the result has not been ascertained.

Another case of much interest terminated as favorably as the

most sanguine could hope or expect. Mrs. B., tumor of right breast. After its removal its weight was found to be three pounds. The tumor involved the entire gland; had been eighteen years growing; had increased rapidly in size during the past few weeks. The age of this patient was forty-five years. She has recently ceased to menstruate, and coincident with her climacteric period was the activity in growth of the tumor.

The tumor had, to the touch, none of the characteristics of scirrhus, neither was there pain, but the size of it made it very cumbersome; and she came from Pennsylvania, and entered the hospital with her mind made up to have it removed.

In presence of members of the hospital staff and others, I removed the entire breast; but slight hemorrhage attended the operation. The tumor was found, on examination of its inner surface, to be in part composed of scirrhus. The wound healed, in its first intention. The patient was setting up and walking about in ten days, and in thirteen days left the hospital for home, well.

Operation for Radical Cure of Hernia.—Two operations were made, the last of which was unsatisfactory. The patient got up too soon; the intestine partially protruded, but never to the extent of the original protrusion, and when last seen the case gave promise of ultimate cure. The first operation was a complete success. The patient, when last seen, looked as though he never had hernia; and what strikes me as a most remarkable feature of the case, is the fact of both the mental and physical improvement of the patient. He had "fits;" was somewhat mentally imbecile. Since the cure of his hernia his mind is more active; his epileptiform convulsions have disappeared, and his bodily health is much improved. The case was one of scrotal hernia. The method of operating was original; the columns of the ring were brought together by silver wire used subcutaneously, and the silk ligature inserted in order to excite sufficient local inflammation to agglutinate the parts together and prevent the ring from reappearing. I have, for a long time, thought the surgeon might and should relieve surgery of some measure of its opprobrium, by devising a method for the partial, if not the radical, cure of hernia. This ailment is certainly common enough, and the dangers attending

strangulation are apparent enough to appeal to the ingenuity and dexterity of the surgeon for its effectual and permanent cure.

The truss is not a very comfortable appliance at best; and hernia, while usually supported by that truss, will, in unguarded moments, often become strangulated, requiring operation. From considerations such as these, and in view of the constant advance made in surgical science and art, it will not, I think, be unreasonable to predict, that the time is approaching when inguinal hernia will become amenable to cure—usually denominated, radical. To this end the case above is reported and given to the medical-public, with the hope, also, that the method proposed for radical cure of hernia may be tried by others and found successful, as in this instance.

Necrosis.—A case of necrosed femur, requiring an operation of considerable magnitude, terminated favorably, although erysipelas at one time threatened to destroy the life of the patient.

One case necessitated amputation of the big toe through the continuity of the metatarsal bone. Previous operation had been made for removal of necrosed bone, with only partial relief. Pain had been constant for a long time, and the foot could not be used for purposes of locomotion. The entire foot was inflamed, and the leg swollen. The patient, therefore, very readily assented to the removal of the toe. An incision was made along the dorsum of the foot, commencing at the internal cuneiform bone and terminating at the intersection of the large toe with the toe adjoining; another incision at an acute angle with the former extended around over the other side of the toe, and terminating at the same place with the former; the integuments were then dissected back to the form flaps, and the metatarsal bone sawn through in a direction quite oblique. Two vessels required ligation. The flaps were secured by silver suture, and union was secured by first intention. The stump presented a handsome appearance, and the shoe can be worn with much more comfort, with this form of stump, than with the abrupt stump which would follow amputation at the metatarsophalangeal articulation. The inflammation and pain of the foot at once disappeared, and the patient was able to use the foot in walking in ten days after the operation.

ART. VI.—*Clinical Remarks.* PROF. THOMAS F. ROCHESTER on
Pneumonia.

REPORTED BY F. BRADNACK, MEMBER OF THE CLASS.

Pneumonia generally first attacks the right lung, its lower lobe. From this position, (which may be regarded as a *point d'appui*,) the disease may travel upwards. It may sometimes be arrested by the interlobar fissures, which separations, it, however, often overleaps. Thus it happens that we find the disease in different stages in the different lobes of the same lung; indeed, pneumonia generally pursues this course. Prof. Alonzo Clark, of New York, together with many other eminent observers, regard gray hepatization as a necessary restorative sequence of red hepatization. My own observations compel me to dissent from this exclusive view. In the first stage of this disease there occurs but little expectoration. But subsequently the characteristic rusty, or plum juice sputa is observed. I believe that this is a distinct secretion from the *air vesicles*. So regarded, we are enabled to understand the succeeding stages. The vesicles becoming occluded, there ensues carnification of the lung simultaneously. While maintaining this point, I fully admit that there exists inflammation outside the air passages, whence fluid is exuded into the parenchyma of the lung. The patients you have just seen in the wards, and who have so rapidly convalesced from pneumonia, had nothing but inflammation of the air vesicles (vesiculitis.) But, while admitting that inflammation frequently exists outside the air passages, I also allow that consolidation of lung may ensue, where there is no vesiculitis. But this form of the affection is rare. With it pleurisy is more apt to be associated. In these cases we have high febrile movement and dyspnoea, together with various constitutional symptoms of great severity. The respiratory murmur undergoes a gradual diminishing; and the dyspnoea becomes more marked, and yet the patient may go three or four weeks without coughing or expectorating. This is extravascular pneumonia, in which there is exudation outside the air passages.

Simple, frank pneumonia is not difficult of recognition. First, there is the paroxysmal cough, followed by the rusty sputa. Supposing the disease has attacked the lower lobes of the right lung,

percussion elicits a slight degree of dullness. In practicing percussion in this region, there is some danger of arriving at a partially erroneous diagnosis by percussing the subjacent border of the liver, and mistaking the sounds for those indicative of hepatization of the pulmonary tissue. It is very necessary that the possibility of this fallacy should be borne in mind. In the first stage, auscultation gives the crepitant rale. This is the positive sign of the existence of the disease. This rale is heard in the last half of the inspiratory, and in the first part of the expiratory, acts. More than anything else, it resembles the sound produced by rubbing between the fingers some thick solution of gum arabic. It is caused by the passage of the air separating the tenacious material which lines the inflamed surfaces of the vesicles. To Dr. Carr, of Candaigua, N. Y., belongs the credit of having first accurately explained one of the modes of the causation of the crepitant rale.

Following this stage, bronchial respiration, and bronchial voice, often occur. These conditions indicate hepatization of the lung. At this stage there is usually a marked increase of the general symptoms. We may now get the crepitant rale, but it will probably be in the upper part of the lobe, or in the superjacent lobe; or, it may possibly occur in the other lung. The disease may now pass to the third stage, (gray hepatization,) or it may be resolved, mucous expectoration ensuing. The supervention of gray hepatization is generally a step towards health. The secretion is now muco-purulent. The condition of the patient improves, although dullness is still elicited on percussion. Auscultation likewise once more gives the crepitant rale, but this time it is the *rale redux*; and this is always an evidence of returning health.

It not infrequently happens that the third stage of pneumonia prevails in the lower lobe; the second stage in the middle, and the first stage in the upper lobe. The lobe first attacked is generally the first to recover. By reason of the simultaneous existence of the three stages of the disease, it is not uncommon for the characteristic rusty sputa to be mixed with a muco-purulent expectoration.

Now, what is the treatment of acute simple pneumonia? Since the time of my pupilage the treatment has undergone a very great change. Patients in those days were invariably treated to tartar emetic, and in no unstinting doses. In this disease there is a great

tolerance of this heroic remedy. Notwithstanding I have known many patients to recover on this treatment, I would not, for my life, practice it now. Contrary to the opinion of many, I dissent from the view that, of late years, both patients and diseases have undergone great changes. It is not impossible that you may meet cases which would be benefited by the use of tartar emetic and venesection; but, as a general rule, the majority of cases will do vastly better without any depletory treatment. Old persons always bear it badly. Allow your patients all the cold water they desire to drink. Give as early as possible carbonate of ammonia. It is scarcely ever necessary to apply either cups or leeches. When pneumonia is complicated by malaria, quinia is rationally indicated.

Regarding the administration of opium, there is no disease in which more care is required in the use of this drug. Inasmuch as a strong predisposition to cyanosis exists, the employment of any measures which might tend to superinduce this state, is, of course, contradicted. Yet, many practitioners are so wedded to routine practice, that they find it almost impossible to treat this disease without opium. They frequently push this treatment too far. Opium is very useful, however, when judiciously employed.

In the treatment of pneumonia, very often but little medication is required. Diluents may be largely given. Frequently active stimulation is necessitated from the outset. Other cases will require a treatment diametrically opposite to this. If properly managed, a large proportion of cases of pneumonia eventuate in recovery.

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ART. VII.—*A Case of Death from Chloral Hydrate.* By WILLIAM HOLBROOK, M. D., of Palmer, Mass.

Mrs. D——, aged twenty-four, the mother of two children, of which the younger is but four month's old, took a dose of chloral hydrate, at about nine o'clock on the evening of February 10th. I was called to see her at half-past nine the next morning, and found her breathing stertorously. Her pupils were contracted, and insensible to the light: the conjunctiva was congested. Her countenance was livid, and her extremities were cold. She was lying on her right side, and no pulse was to be detected at the wrist of that

side; and that felt at the left wrist was small and thready. The heart's action was very feeble.

For treatment, I gave twenty drops of aromatic spirits of ammonia, repeated every fifteen minutes; and had mustard applied to the stomach, the whole length of the spine, and to both legs. Bottles of hot water were also placed to her sides, thighs, under both knees, and to her feet. The patient died at quarter past twelve at noon, having been wholly unconscious all the time. The heart's action increased in strength, and the pulse in volume, for an hour, during the treatment, then grew feeble till death occurred. It was with great difficulty that she could at first swallow, and frothy mucus was flowing from her mouth.

The lady was a wife of a reverend gentlemen of this place. Her husband had used only three doses from an ounce bottle of chloral, and she deliberately dissolved and took the balance of the drag herself. Her husband was away for the night, at the time when she took the fatal dose. She gave directions to the young woman who slept with her to take care of the babe and not to wake her.

Was it a case of suicide? How could any one take such a heroic dose of this chloral, while thirty grains is as much as I am able to get one to take, and that with much difficulty. As near as we could estimate, she took over four hundred grains of chloral in half a goblet of water.

No *post mortem* was made. What pathological conditions would have presented, had an examination been made? Vital functions must have ceased first in the brain, then in the circulation, and then in the heart and respiration. What treatment is of any avail in such cases, and what means are most efficient?

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ART. VIII.—*Clinical Remarks on Surgical Cases occurring in the Buffalo Hospital of the Sisters of Charity, by Dr. J. F. MINER.*

REPORTED BY W. W. MINER, MEMBER OF THE CLASS.

CASE XIII.—*Prolapsus Ani.*—We have here a case which is of double interest. The patient was a soldier during the recent war, and contracted chronic dysentery. The tenesmic efforts occasioned by this disease has resulted in prolapse of anus and rectum. He is able as you see, by voluntary effort to produce this large protrusion.

sion, which is easily reducible by hand and compress. The point in the case, which, perhaps, is of greater interest than the prolapse, is that the ulcers of the large intestine, which are occasioned in chronic dysentery or camp diarrhoea, are here visible in the rectum of a living patient. These ulcerations are of oval form, and of about three-fourths of an inch in diameter. The protruded intestine is thickened in character, and of a redder color than is natural.

The cause which first effected prolapse in this case is, therefore, evident. Chronic dysentery, which is, perhaps, the most fruitful source of prolapse, arise from some foul condition of the neighborhood or of the camp. Surgeon Woodward remarks, that the Levitical law enjoined the carrying of a paddle on the arm by every one of the Jews, and this was probably used for the covering of fecal matter. Animal instinct, also, points towards the propriety of having all animal excrement promptly rendered innocuous and removed from the possibility of infection.

Atony of the muscular parts about the region of the rectum from constitutional condition, as is found in aged persons, is one of the causes of prolapse. Again, it may be produced by violent, prolonged sympathetic or voluntary efforts at evacuation. These may be excited by abnormal conditions of any part of the large intestine, the generative or the urinary organs, or by the presence of ascari-des. Both atony and excessive exertion may combine to produce this condition. In children, where prolapse is often seen, the want of curve in the direction of the sacrum, and the rectum, is made explanatory of its occurrence.

The size of the protrusion varies greatly—sometimes the mucous membrane just above the anus is alone involved. If the protruded parts become strangulated, and continue so, sloughing will naturally occur, and the tissues from which the slough separates will unite together.

If it is possible to remove the diseased condition which gives rise to prolapse, you may oftentimes thus become entirely rid of the prolapse itself. The patient may avoid tenesmic efforts, or may defecate while standing or lying. The bowels may be kept open by the administration of aperients, if desired. The protrusion is generally easily reduced in the manner already indicated. If it is found

impossible to reduce a strangulated prolapse of intestines, the fibres of the constricting sphincter ani may be slit after the manner of the operation for hernia; but this is to be done with reluctance. For habitual prolapse, astringent applications to the rectum may be serviceable. Ligation of a portion of the extruded part, or removal of a V shaped portion of the anus with the scissors, are operative methods which need seldom be resorted to. The present patient is recovering from his chronic dysentery, and with its disappearance that of the prolapse will probably be coincident.

CASE XIV.—*Club Foot*.—Talipes, or club foot, consists in a peculiar malposition of the foot, in which the bones of the foot are misplaced with reference to each other, and the whole foot is misplaced with reference to the leg above. In this affection the bones of the foot are more or less malformed; the ligaments on one side stretched, on the other shortened; the muscles attenuated; and one set of tendons is contracted while another set is lengthened. The deformity which is produced is very noticeable, though it is of quite varying degree. I believe that true club foot is always congenital. It may be approximated by causes operating after birth: it is generally believed that it may be altogether acquired, but such belief is probably unfounded: such a theory will explain only the cases of slight deviation from natural position. Accidental causes, convulsive action of muscles, fracture of bone, and luxation, may cause deformity similar to true club foot, but these are not the occasion of talipes proper.

It is said by Prof. Gross, that the etiology of club foot has never been satisfactorily explained. He says, that “the hypothesis of arrested development, so warmly advocated by some modern pathologists, is altogether untenable, being essentially contrary to the facts of the case in every particular.” Then again he says, “it must be acknowledged, however, that instances occasionally do occur, although rarely, which strongly favor the doctrine under consideration,” and then cites from his own practice two cases of infants born at full term, but who died immediately after birth, who had each well marked hare-lip, cleft palate, and club foot, which he says is the result, so far as we can judge, of an arrest of development. The difficulty here, I imagine, is that while the theory of arrest of

development will explain the occurrence of hare-lip and cleft palate, it is not sufficient to explain the origin of club foot. Still another theory besides arrest of development is given, which also has not been thought to sufficiently explain the causation of club foot: this is deficiency in amniotic fluid. The only objection to the theory that it alone, together with the consequent pressure of the uterus upon the foetus, produces club foot, is, that were this so, corresponding malformations would be found in the nose, chin, head, legs and knees.

The same author before quoted, in conclusion, remarks, upon the etiology of the affection, "that the most plausible view, perhaps, that can be formed in the present state of the science, of the formation of club foot, is, that it is produced by a defect of the nervous influence." In this way is explained the permanent contraction of certain muscles with corresponding malformation of bone of club foot, as well, also, a possibly co-existing atrophied and contracted state of the muscles of the back, shoulder, hand, etc. Moreover, it is said that club foot is not unfrequently associated with imperfect development of the cerebro-spinal axis and certain classes of nerves. But, after all, cases of club foot are very frequently and perhaps generally found to give no symptoms of nervous deficiency other than those which present in one ill-formed extremity.

Hare-lip and club foot do not spring from the same causes, even though associated in the same subject: at least there is a good way of according for non union of the lip and palate in the centre, which does not apply to club foot. If the toes are left off from an otherwise perfect foot, it is certainly an arrest of development, but there is no arrest in club foot. Every part of a natural foot is found in congenital club foot, and Prof. Gross' two cases show nothing for arrested development as far as club foot is concerned.

Since the treatment we are to institute in club foot will be greatly varied according to our theory of its construction, we should settle, as well as we may, this point, in order to act consistently and efficiently. It appears to me quite probable that club foot is caused by the restraint of the part involved, from its normal state of activity and exercise.

Numerous foetal specimens, which I have and will show you at the proper time, are such as to confirm in me the belief that

club foot is caused by deficiency of amniotic fluid, and consequent direct pressure upon the foetus in utero. One of these specimens does indeed show deformity of the nose and frontal bone, plainly caused by the pressure of a hand also deformed, directly upon these parts. The reason that the feet are oftenest misshapen is because they present in the foetus a projecting point, which is, therefore, more easily pressed upon. It is not uncommon to find contraction of the adductor muscles of the thigh, and of the flexors of the leg, occurring at the same time, and from the same causes, with club foot. This binding down of a foot in a fixed position, by mechanical restraint, prevents motion and exercise during the whole period of intra-uterine life. Such prolonged disuse of a limb is sufficient to account for its succeeding state of atrophy and attenuation. Such a view of the causation of this affection relieves it of much of the intangibility which was consequent upon the arrest of development and faulty innervation theories.

Four principal varieties of talipes exist: these are, varus, valgus, equinus, and calcaneus; inversion, eversion, extension and flexion of the foot. In either case the tendons on the side toward which the foot projects are contracted, and those opposite them are lengthened. The method of operation is to divide by subcutaneous incision the contracted tendons, whatever they may be, which prevent the foot from being brought into its normal position. Having divided the resisting tendons, firmly bring the foot into its proper position, moulding, as it were, the bones into proper shape and place. Maintain this proper position of the foot when it has been attained, by a firm adhesive strap dressing, applied after the manner which you now observe. A shoe properly constructed—Dr. Sayre's shoe for example—may then be used as an adjunct to the adhesive dressing, but is not a substitute for it. The adhesive dressings should be reapplied once a week for some time, and great care taken in maintaining the foot in its proper place. Other and similar cases, which will be presented before you, will afford me opportunity to speak more particularly of important points in the treatment of this condition of deformity.

Miscellaneous

The Naval Staff Question.

There is just now a good deal of discussion at Washington, kept alive elsewhere by occasional articles in the daily papers, upon a subject which, considering its real importance, is surprisingly ill-understood—namely, the reorganization of the navy, more commonly called the “Staff Question.” Mainly because the discussion relates to a “specialty,” and is therefore gladly left for argument and settlement to those specially concerned, and partly because of the ill-advised efforts of too zealous advocates who rush into print on either side, the real matter at issue has been lost sight of in a fog of side-issues and technicalities, until the interested public has been narrowed down to the small number whose relatives and friends are directly affected by the present status of the navy, which a part of them desires to change. Yet, if it is worth while to have a navy at all, it is worth while to see that it be efficient; and the smaller the number of ships and officers to which it is reduced, the more important becomes the state of efficiency and readiness in which it is maintained. No doubt, small quarrels and petty conflicts of authority and precedence will inevitably and frequently occur among gentlemen whose bile is daily stirred up and tempered by the discomforts and confinement of sea voyages, and the public has very sensibly ceased to take much interest in naval squabbles. But the recent dispute really appears to be rooted too deeply to be lightly disregarded. On shore, as well as at sea, and during more than two years, the division has been growing wider and deeper; and is persistently alleged that, unless certain points are settled definitely by law, and no longer left to the elastic rules of usage and precedent, the efficiency of the service will be seriously impaired, while its internal harmony can now scarcely be said to exist at all. These points of issue are between the line officers and those of the staff, the latter being inclusive of surgeons, paymasters and engineers; and can scarcely be made intelligible without a brief explanation.

The functionaries of a man-of-war are, first, the commanding officer; second, an “executive officer,” or first lieutenant, who *executes* the order of the commander, and should not originate any orders himself. This officer presides in the ward-room, and is supposed to exercise general supervision over all departments of the ship. Officers desiring to leave the ship or to communicate with the captain, whatever their nominal rank or length of service, must first ask the “executive’s” permission; all reports to the captain must be first represented to him; and, in fine, he stands between the commander and all others on board, and, by special regulation, takes precedence of all staff-officers. Next in rank among line officers is the navigator, who performs the duties indicated by his title, which on merchant vessels belong to the captain; and below

him are four or more watch-officers, who take charge of the deck in turn for four hours at a time. Of the staff there are a surgeon, paymaster and engineer, and on large vessels an assistant surgeon and one or more assistant engineers.

In support of the present condition of affairs, the line officers contend that efficiency equires rigid discipline, which implies absolute, irresponsible command on the one hand, and unqualified obedience on the other; that such power of command must reside in the captain and in his representatives, whatever their nominal rank; and that such representatives are the executive officer and the officer of the deck for the time being. Should staff-officers be allowed actual rank—say the line—circumstances might frequently arise in which they would be entitled to command the ship, a sphere of duty for which they are totally unfitted by education. Moreover, they maintain that, for the proper maintenance of discipline, a superiority of their own, as the governing class and essentially *the navy*, must be acknowledged, particularly by those whom they delight in calling “the auxiliary officers” of the navy.

The staff, on the other hand, claim to understand best the details of the management of their several departments, and state that, under the present system, the efficiency of the service is frequently and seriously impaired by unwarrantable and petty interferences on the part of young and subordinate line officers. They therefore ask for the control of their respective departments, subject only, though entirely, to the captain of the ship. They demand, to this end, and as the only practical remedy, actual rank (but expressly disclaim the right of command in the line, or outside of their several specialties) and the right to quarters in the cabin. With this rank they ask for the dignities, immunities, and privileges which it conveys to the line, with the exceptions above mentioned; and that the precedence of the executive officers over themselves be limited, as in the line, to cases in which he is senior in lineal rank, or by date of commission. These demands have been embodied in the Stevens Bill, which is now pending in the Senate.

The result of the present state of uncertainty is certainly bad, and calls for a remedy. The naval service has become a house divided against itself, to the point of almost absolute non-intercourse. Officers go to sea bristling with jealous watchfulness of each other's actions, and ready constantly to seize upon the first pretext for a dispute. Reports, based often upon the most trivial grounds, are more frequent than in a young ladies' boarding-school; and, from such a state of feeling, delays, want of *esprit de corps*, and occasionally positive public damage have resulted. In the medical corps, for example, although an examining board is constantly in session, there are to-day over fifty vacancies, and when, in a profession notoriously so overcrowded as the medical, not so many can be found able to pass the moderate examination, and willing to accept a position which should be honorable, there follows a strong presumption that the alleged injustice to staff-officers has good foundation in fact. The medical profession, indeed, has taken up

the cudgels actively, and there is now scarcely a medical association in the country which has not passed resolutions calling for legislation in this matter, and, so far, discouraging capable physicians from offering themselves as doctors in our national vessels.

In support of their assertion, that actual rank will prove a sufficient remedy for the hardships and hindrances which they suffer, the staff-officers point to the well-known success of the staff organization in the army, where the provisions of the Stevens Bill have been long in practical operation. The efficiency of the Army Medical Department has really been a wonder to the scientific world in general. Its circulars are accepted as the best or authorities in Europe as well as at home, and it has become a legitimate source of pride to every American who know its history and values the true honor of his country. If this great success and acknowledged superiority be, as alleged, the result of independence of action and of freedom from the control of those not experts in medical and surgical matters, doubtless the instance is well chosen and applicable.

Or take the case of the paymasters: the cost to the Government of disbursing its money, including the pay of officers transportation and *defalcations*—much noise has been made about this and that notorious case of embezzlement—was less than one-sixteenth of one per cent.—a fact showing, as the advocates of the Civil Service Bill have well said, that the surest protection to the Government against the dishonesty of its officials is to be found by making its offices permanent and respectable, thereby attracting a class of men so high as to be above the commoner temptations to fraud. Concerning the army system, Gen. Sherman writes to Admiral Porter, that it “works very well in practice,” and such is the testimony of army officers generally.

It appears, also, that in other countries this distinction which staff-officers find it so hard to endure does not exist. In the Russian navy, for example, they attain to the highest rank [general admiral,] in the British and Spanish to that of vice-admiral; in the French and Austrian to rear-admiral, without impairing either efficiency or discipline.

There are at least two facts to be deduced from the mass of contradictory statements on both sides of this quarrel. One is, that the staff-officers of the navy are quite convinced that they are unjustly treated, and are clear as to the remedy: and the other is, that this remedy has the merit of being no new or untried experiment, but a plan which has worked well in practice; in the United States army and in the navies of other countries. Its merits must be decided by Congress, since every effort to settle the question by means of mixed boards, and by reference to those most thoroughly cognizant of the circumstances, has resulted in a strictly party division and no agreement upon essential points. Certainly the picture which has been presented of the aged fleet surgeon or paymaster asking the executive officer, not born when he entered the service, “for permission to go on shore,” reporting to the beardless

ensign pacing the quarter-deck that he has "permission to leave the ship," and then waiting for a still lesser younger to take command of the boat which is to convey him ashore, manifests an inherent absurdity which is yet the necessary result of existing laws and regulations. Or think of a competent surgeon condemned by a naval court-martial for declining to take a man off the sick list and declaring him too ill for duty, when a certain line officer—who had disabled the man by punishment—demanded that the surgeon should report him well.

The subject is of more importance than it seems, for few of those who remain at home are aware to how great an extent foreign ideas of Americans, particularly outside of Europe, are based upon the demeanor, attainments, and ability of the officers of the navy. Aside from the undoubted necessities of war, it is a matter of considerable importance to this country that, at least until the diplomatic service can be set upon a more creditable footing, the navy should be so constructed and directed as to attract the best attainable material into both staff and line corps. And in no way can this be better effected than by at least equalizing the status of professional men on board ship with that which they would occupy in the military service on shore.

Much, if not most, of the trouble now existing is to be attributed to the introduction of equivocal terms, such as "assimilated rank," admitting of various constructions according to the whim or prejudice of different officers, and it is to be hoped that the subject will not only be fully discussed in Congress, but finally settled by a plain and intelligible enactment.—*The Nation*.

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The Liver the Seat of Formation of Urea.

The latest researches upon the place of formation of urea, and especially the beautiful experiments of M. Grehant, have demonstrated that the kidneys are by no means secretory, but purely excretory organs for urea. Dr. Cyon, in the last number of the *Centralblatt*, publishes a few facts in the form of a provisional communication, to show that it is probably produced at the liver. The plan of experimentation adopted, in common with M. Istomin, was as follows: The whole of the blood was abstracted from the carotid of a dog, and a portion, after being defibrinated, was transmitted, by means of mercurial pressure, through the liver. Coincidentally three canulæ were introduced—one into the inferior vena cava, the second into the hepatic artery, and the third into the vena porta. The results of careful analysis showed that the blood which had passed through the liver contained a much larger proportion of urea than ordinary arterial blood. In one experiment 100 c. c. of the arterial blood, when defibrinated, contained 0.08 grammes of urea; but after having been passed four times through the liver, the same quantity contained 0.176 grammes.—*Medical Record*.

Tetanus treated by Woorali, Calabar Bean, and Chloral Hydrate.

Mr. Lawson Tait records (*Lancet*, Oct. 1, 1870,) three cases of traumatic tetanus; the first treated by woorali, the second by Calabar bean, and the third by chloral hydrate. He very justly remarks that "perhaps there is no disease about which men rush more ardently into print than tetanus; a single case often constitutes a paper, and from it other practitioners are led to use the vaunted remedy, only to meet with disappointment, and few record it. It has been my misfortune to see a good deal of tetanus, and I have tried many remedies, but always with the same result. If the patient lives over the twelfth day, he is almost certain to recover, whatever be the treatment. The acute cases terminate in from twenty-four hours to three days, and nothing seems to help them in the least, except, perhaps, that chloral hydrate gives them an easier death than they have without it. The last three cases of acute tetanus which I have seen I have treated severally by woorali, Calabar bean and chloral hydrate. The results have been unsatisfactory, as usual, and in the first case, treated by woorali, I believe that death was, if anything, hastened by the treatment. In these cases, elaborate notes were taken of the temperature, pulse, etc., but as they reveal nothing not already well known, they are omitted."

"In these cases," he adds, "it cannot be said that the treatment was of the slightest use, except that in the last case the chloral saved much suffering, both to the patient and his friends. This could be formerly done with chloroform, but with much more trouble, and with no more satisfactory result. I fear that even chloral is not to prove of the value in the treatment of this terrible disease which some of the members of the French Academy recently predicted for it. The other two drugs are still more useless."

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Clinical Remarks on Wounds into Joints.

I wish to address you a few words on the subject of wounds into joints, at all times a serious accident, and, as regards the joint itself, not infrequently a fatal one. In case of doubt as to the joint being involved, it is hardly necessary to say, avoid all exploration. Nature will not permit any intrusion on or violence done to a joint. Peril almost certainly follows. If the joint be opened, and more especially if the wound through the synovial membrane be large or contused, inflammation follows, and the outer wound, which may have shown a disposition to heal, opens. The margins inflame, or at least assume a red color; and a watery ichor first exudes from the joint, followed by pus. From the wound large and glassy granularise, which are eminently characteristic of a wound into a joint. In this condition writers recommend a free incision into the cavity, under the idea that the joint is irretrievably lost. If the discharge

of pus diminishes concurrently with increased pain and swelling of the joint, an incision, with a view to dilate the opening may be advisable, but otherwise I do not think it is, because I am satisfied, from the observation of several cases, that the joint is occasionally perfectly recoverable. I can quote at least three cases in which pus was poured out from the knee-joint—in one of three days duration, in a second of ten days, and in a third of three weeks. In each of these cases the joints were perfectly restored to their natural functions. If this be so, will you not be careful in adopting what I can not but consider objectionable practice, that of a premature and fatal incision into a joint, which is yet susceptible of cure by natural processes?—*Lancet, August 20th, 1870.*

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Chloroform Inhalation.—Danger from Chloroform.

The only condition of body which may be diagnosed as especially dangerous for chloroform is that of a weakened and dilated right side of the heart, with enlarged hemorrhoidal veins, varicose veins, of the lower extremities, and large, full, yet not tense veins in the other parts of the body. Beyond this our knowledge ceases, for nothing definite is known.

Prevention of Danger from Chloroform.—Be sure that the breathing is unimpeded, and that no weight of bed-clothes rests on the abdominal muscles. The sitting posture is unfavorable for the heart, and the lying position for the respiration. On all accounts the semi-recumbent position is the best, as it is generally the most convenient. It is well to keep the body from the beginning to the end of the operation in the same position, for, in experiments on animals it is found that they may be narcotised until the inspiratory act ceases, and yet the animal may recover; but at this crisis the smallest movement, the merest handling of the body will prevent all chance of return of power. Although chloroform should not be administered to a patient whose stomach is charged with food, it is very bad practice to allow the system to become exhausted for want of food before the chloroform is given.

Death from Chloroform.—If a warm-blooded animal is subjected suddenly to the vapor of chloroform, at a temperature over 70 deg. Fahr., it will often cease to breathe and to circulate blood at once. Again, it is found that a considerable proportion of deaths from chloroform occur within the first minute of its administration. These things show us that it is a bad practice to commence its inhalation too abruptly, or to force on narcotism rudely, against time. The same observation extends to all bodies of the same family, as chloride of methyl, and bichloride of methylene. In these cases it is not the quantity of the vapor absorbed into the blood which kills: the killing is by a primary impression on the peripheral nervous surface from the vapor, and by consequent arrest of the action of the heart from asphyxia of the blood. Various other well ascer-

tained facts prove that the best plan of giving chloroform is to carefully feel the way in the first minute or two of administration, and then, in the adult to give it freely so as to push quickly into the third degree of anæsthesia.

There are four modes of death from chloroform. In the first, by the immediate influence exerted by the chloroform on the peripheral nervous system respiration is for an interval suspended, there is accumulation of carbonic acid in the blood, irritation of the vagus, and consequent arrest of the action of the heart. Artificial respiration offers the best chance of recovery in this form of death, because the irritability of the heart is unimpaired. Nervous irritable people are those subject to this. The second mode of death may be called *epilepti from syncope*; it is instantaneous, and we find the arteries completely empty of blood, and the brain blanched and bloodless. This form of death occurs during the second stage, or that of excitement. The third form of death occurs when, from the slow and continued action of the narcotic, there is *paralysis of the heart*. This form of death is hopeless, artificial respiration has no effect on it. It is always preceded by intermittent action of the heart. The fourth form of death is a compound one—there is first depression of the heart and system from the chloroform, and then surgical shock is superadded. Hemorrhage may have aided the depression of system. Death here is by syncope, and is often sudden. It is very liable to occur from committing the error of supposing that in small operations it is only necessary to administer a little narcotic vapor, and, secondly, from proceeding to operate while the patient is excited and not insensible. The best means of producing artificial respiration is by Richardson's double-acting bellows.—*Dr. B.W. Richardson, in Braithwaite's.*

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On Placenta Prævia:

BY T. GAILLARD THOMAS, M. D.

American Journal of Obstetrics and Diseases of women and children.

Dr. Thomas relates eight cases of this complication, and urges the rapid induction of labor.

“The dangers attendant upon the condition develop themselves most markedly in the first stage of labor, and death not unfrequently occurs before the os externum is dilated to a size not greater than a Spanish dollar. At this time the surgical interference, if resorted to to accomplish delivery, often destroys the lives which it is intended to save. The hand thrust too soon through a rigid os will often rupture its walls, while a delay, without the adoption of the means capable of controlling hemorrhage will necessarily favor the occurrence of a fatal result.

“On the other hand, should full dilation of the os have taken place, and the patient be exhausted from sanguineous loss, the practice of artificial delivery will not rarely be followed by a fatal prostration.

“There is no question in my mind of the fact that when it becomes the recognized practice to resort to *premature delivery*, as a prophylactic measure in these cases, the statistics which have been quoted will be very much improved upon. By resorting to this measure, we should be dealing with a woman who is not exhausted by repeated hemorrhages; the obstetrician would be in attendance at the commencement of the labor, and he would be able by hydrostatic pressure to control flooding, while the same pressure accomplished rapidly and certainly the first stage of the labor.—*Half Yearly Abstract*.

[The induction of labor before full term, making the labor entirely an artificial one, in cases where the placenta prævia is to be expected, is the doctrine advocated and taught also by Dr. James P. White, of this city.—ED.]

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Attempted Ovariectomy.

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Dr. Jouon, professor at the medical school at Nantes, in France, being called upon to perform ovariectomy upon a married woman of twenty-nine, observed, after his incision from below the umbilicus to the pubes, and the puncturing of the cyst, that the adhesions were so tight that the sac could not be isolated. The idea of actual ovariectomy was then given up, and the case treated as one of artificial anus. The margins of the wound were secured against the cyst, and a tent passed into the latter. The patient had a fearful reaction; but, by dint of attentive care, and the syringing of the cyst, first with alcohol and water, and afterward with tincture of iodine, with appropriate narcotic and tonic remedies, the woman was quite restored in a little less than four months.—*Lancet*.

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Chloral in Asthmatic Bronchitis.

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Dr. Caspar Morris says he was recently in attendance upon a lady who suffers from frequently recurring attacks of bronchitis, with asthma. The skin was hot, the frequency and difficulty of respiration very great, the râles loud and musical, and the secretion very profuse, so that the mucus could be poured from the cup in an abundant, ropy stream. His attention had been arrested by the account recently published, that the hydrate of chloral might be of

service. He ordered five grains in one fluidrachm of the syrup of lactucarium of Aubergier, to be repeated in two hours, if required. The two doses afforded entire relief; and she has found great comfort since from a single dose taken at bed-time; a good night's rest being secured by it. He mentions it as a valuable aid in the treatment of this intractable and distressing disease.—*American Journal of Medical Science.*

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Connection between Inflammatory connections of the Uteris and its Displacements.

Dr. J. Henry Bennett read an interesting paper on this subject before the Midwifery Section of the British Medical Association, August, 1870.

The following propositions express his views on the subject :

“1. I consider that, under the influence of mechanical doctrines pushed to an extreme, uterine displacements are by many too much studied *per se*, independently of the inflammatory and other lesions that complicate and often occasion them.

“2. That the examinations made to ascertain the existence of inflammatory complications are often not made with sufficient care and minuteness, as evidenced by the fact that I constantly see cases in practice in which inflammatory lesions have been neglected entirely, and in which the secondary displacements have been alone studied and treated.

“3. That inflammatory lesions are often the principal cause of uterine displacement through the enlargement and increased weight of the uterus, or of a portion of its tissues which it occasions.

“4. That when such inflammatory conditions do exist, as a rule, they should be treated and cured, and then time should be given to nature to absorb and reduce hypertrophied and engorged tissues before mechanical means of treatment are resorted to.

“5. That the relief from the sensation of bearing down which pessaries and bandages give is no real criterion of their being the proper means to use, such relief being often felt when there are inflammatory lesions present, which their presence aggravates.

“6. The above statements must not be considered in any way to imply that I do not recognise other causes of displacement of a non-inflammatory nature, such as laxity of ligaments and soft parts, wide pelvis, laceration of perineum, severe shocks, etc.”—*British Medical Journal. American Journal, ibid.*

Clonic Spasm of the Muscles of the Eustachian Tube.

D. Politzer, in the *Wien. Med. Presse*, 1870-XX., relates the case of a girl of twelve years who had experienced for five months an almost rhythmical ticking sound in the left ear, that never declined in intensity, and which, during the short periods it ceased, could be voluntarily reproduced. During sleep it was entirely suspended. A hermetically closed manometer tube, containing a drop of colored fluid, when introduced into the external meatus of the ear, gave no evidence of any movement of the inclosed drop; it was evident, therefore, that the morbid sound in the ear did not result from any abnormal contraction of the tensor tympani muscle. Neither was the ticking sound dependent upon increased arterial pulsation, as it did not correspond in time with the pulsations at the wrist. The cause of the ticking must hence be sought for within the Eustachian tube. On examination, a convulsive movement of the left half of the arch of the palate was observed to occur isochronously with the abnormal sound in the left ear, the convulsive movement of the palate ceasing with the cessation of the latter, while the latter was stopped, when the velum palati was drawn up and rendered tense during the intonation of the vowels *a, e, i*, as well as by a voluntary effort of the muscles of the tube. The same has also occurred when, by the finger, the palate was pressed upwards. The case was evidently, therefore, one of clonic spasm of the muscles of the Eustachian tube. It was cured in a short time by Faradaic electricity.—*Centbltt. f. d. Medicinisch. Wissenchaftn. American Journal ibid.*

Editorial.

Sixty-Fifth Annual Meeting of the New York State Medical Society.

The recent meeting of the State Medical Society, which opened in the City Hall, at Albany, on the 17th inst., was one which was well attended, and which was of much interest and value to the members there present. After calling of the meeting to order, and after prayer was offered by the Rev. Dr. Clark, the President of the Society, Dr. S. O. Vanderpoel, of Albany, made his Inaugural Address, in which he recommended the repeal of the regulation forbidding the publication, in the "Transactions," of articles which have previously been in print; the continuance of the work of medical registration; collegiate instruction in mental diseases; proper recognition of labors at the Surgeon General's Office; and appropriate tri-

butes to the memory of illustrious members whose deaths have occurred the last year. Among the names of those present at the last meeting, we are happy to notice those of Prof. T. F. Rochester, Dr. C. C. Wyckoff, and Dr. C. C. F. Gay, of this city. The following appointments, with reference to committees, are among those made: on Arrangements, Drs. Quackenbush, W. H. Bailey and J. V. Kendall; on credentials, Dr. A. N. Bell; on invitations to the Governor and Legislature, Dr. J. V. Cobb; on publication, Dr. Hutchinson; on psychology, Dr. J. P. Gray; on microscopical labors in the Surgeon General's Office, Dr. E. R. Hun; on business, Dr. W. C. Wey; and on nominations, Dr. T. F. Rochester for the eighth district.

Dr. Vanderpoel, the President, extended an invitation to the Society to enjoy his hospitalities on the evening of the second day of the meeting. This invitation was accepted, with the thanks of the Society. On the occasion of the first evening session of the Society, Dr. H. D. Noyes, of New York City, delivered a lecture on the "Theory of Vision," which was finely illustrated by means of the oxycaesium light, and a large canvas screen, together with various models. The subjects of vision, accommodation and astigmatism, were very satisfactorily presented before a large and appreciative audience.

The papers read before the Society were:—Laceration of perineum and bladder, by Dr. Burr, of Binghamton; two cases of Luxation of the elbow backwards, by Dr. Sayre; Puerperal convulsions, by Dr. Jewett; Urethrocele, catarrh and ulceration of the Female Bladder, by Dr. Bozeman, of New York City; Relations of insanity to physical diseases, by Dr. J. P. Gray; Operations for divergent squint, by Dr. Agnew; Anaesthesia and an ether apparatus, by Dr. E. R. Squibb; Spinal irritation, by Dr. Samuel Peters, of Cohoes; Glosso-pharyngeal paralysis, by Dr. E. R. Hun, of Albany; Insanity, by Dr. Peters; Pepsin medicines, by Dr. Hawley; Statistical report of four hundred and ninety-four cases of aural diseases, by Dr. Roosa; Prolapsus uteri, its cause and treatment, by Dr. Thomas Addis Emmet; Early diagnosis of pulmonary phthisis by the microscope, by Dr. Joseph G. Richardson, of Pennsylvania Hospital—the latter was read by invitation.

The following papers were read by title, and referred to committee on publication: Absorption of bone, a case by Dr. J. N. Mead; Inoculation with tubercular matter, by Dr. L. Norton; Case of congenital hypertrophy of the tongue, by Dr. Wm. Vosburgh; Contagion, by Dr. S. Mosher; case of Ovariectomy, by Dr. J. V. P. Quackenbush; case of Inversion of the uterus and its reduction, by Dr. J. V. P. Quackenbush; Trismus nascentium, by Dr. J. S. Bailey; One of the modes of death from chloroform, by Dr. A. H. Smith; Radical cure of Hernia, also Ligature of subclavian artery for aneurism, by Dr. C. C. F. Gay, of Buffalo; Fracture of Vertebra, by Dr. P. O. Williams; Obituary notices of Dr. Post and Hasbrouck.

Dr. T. F. Rochester, chairman of committee on prize essays, reported that the "Merritt H. Cash prize" was awarded to Dr. S. Fleet Speir, of Brooklyn, for a paper entitled "A new method of arresting surgical hemorrhage by the artery constrictor." The Corliss prize essay was that by Dr. Ghisani Durant, of New York. Reports were presented from the State Medical Societies of Maine, Vermont, Massachusetts and Rhode Island.

A resolution of apology to Dr. Parks, of London, for plagiarism in the volume of transactions for 1868, was passed. Protests from members of the Fifth district, from the Clinton and Dutchess County Societies, against the appointment of permanent members, as from districts to which they do not belong, were presented. On motion by Dr. Jacobi, the following were appointed, by the President, a committee to inquire into the subject of Infant Mortality, viz: Drs. Jacobi, J. P. White, H. W. Dean, Thos. Hun and J. C. Hutchinson. Dr. O. White, of the committee on by-laws, reported that the St. Lawrence, Monroe, Genesee, Cattaraugus, and Chautauqua County Societies, had submitted their constitutions and by-laws to that committee. By vote of the Society its by-laws were amended, so that they now allow papers which previously have been in print, to, nevertheless, be published in the transactions; also, that papers read before the Society may be published by the author, except the Society object; and papers whose titles simply are read, are subject only to objection by the committee on publication. A vote of thanks was rendered Dr. Sayre for his successful efforts in securing a judicial decision which established a legal principle of great value to the whole medical profession. Resolutions were also passed with respect to instructions in nervous diseases; for the printing of three hundred extra copies of the proceedings of the Society; on Vaccination as a condition of admission to public schools; of appreciation of labors at the Surgeon General's Office. A resolution of sympathy with the N. Y. College of Pharmacy, and endorsement of its petition for \$10,000 aid from the State, was proposed by Dr. E. R. Squibb, and after some discussion was withdrawn for want of time for proper consideration of the matter.

On motion by Dr. E. Elliott, the Society passed a resolution requesting that the bill now before the Legislature, to secure physicians in the payment of costs and damages in suits for malpractice, by compelling the plaintiff to give satisfactory bonds before the commencement of any suit, be enacted, as being a matter of the highest interest to every physician.

Dr. T. H. Squire, of Elmira, exhibited to the Society a "Vertebrated Prostatic Catheter." Dr. Sayre presented a "Jointed Silver Probe" for exploring long and tortuous sinuses. Dr. S. Fleet Speir, of Brooklyn, exhibited an "Artery Constrictor," for restraining hemorrhage by invagination of the internal and middle coats of arteries.

The officers of the Society appointed for the ensuing year are:—President, Dr. William C. Wey, of Elmira; Vice-President, Dr. Andrew F. Doolittle, of Herkmer; Secretary, William H. Bailey, of Albany; Treasurer, Charles H. Porter, of Albany. The censors for the Western district are Drs. J. F. Miner and C. C. Wyckoff, of Buffalo; and D. Calvin, of Clyde. For committee on correspondence, Dr. H. N. Eastman, of Geneva, was elected for the Seventh district, and Dr. J. F. Miner for the eighth. Dr. James P. White, of Buffalo, was elected one of the delegates to the American Medical Association. The committee on prize essays consists of Drs. T. F. Rochester and Sandford Eastman, of Buffalo, and H. W. Dean of Rochester. Dr. Thomas Hun, of Albany, is Chairman of the Committee on Publication; and Dr. Oliver White, of New York, of that on By-Laws.

The President's address was upon the subject of the "Study of Pathology," and it is said to have been of a superior and masterly character. At the President's reception, which was held at his residence immediately after the delivery of the address, there were present many eminent executive and judiciary officers, as well as members of the press. Dr. Vanderpoel did honor to the Society in the rare and generous hospitalities which were richly enjoyed.

For assistance in the preparation of this report, we present our acknowledgments to DR. WILLIAM H. BAILEY, of Albany; DR. T. F. ROCHESTER of this city; the ALBANY EXPRESS, ARGUS & JOURNAL, and the NEW YORK MEDICAL RECORD.

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Annual Commencement of the Medical Department of the Buffalo University.—The Exercises, List of Graduates, etc.

The candidates for graduation received their final examination before the Faculty and Curators, at the College Amphitheatre, Monday morning, Feb. 20, which was sustained with the greatest credit to the class. After the examination, the Faculty, Curators, and Class, retired to the Museum Hall, where was spread an ample and substantial repast, which being served, toasts and sentiments closed one of the pleasant features of the occasion.

It was proposed, by Dr. Strong, of Westfield, that an Alumni Association be formed, as productive of the acquaintance and friendship of the numerous Physicians who now claim Buffalo Medical College as their Alma Mater: as forming a bond of union between them.

All present appeared much gratified at the proposition, and Dr. T. D. Strong, of Westfield, was chosen President, and W. W. Miner, of Buffalo, Secretary. Measures will thus be immediately taken to obtain the names and residences of all who have graduated from the college.

At St. James Hall, in the evening, the attendance was large; and on the stage were members of the Council, Faculty and Curators.

The exercises opened with an overture by Wahle's Band, which was followed by an invocation by the Rev. Dr. Ingersoll. After which the degree of Doctor in Medicine was conferred by the Chancellor, Hon. Millard Fillmore, upon each of the following gentlemen composing the

GRADUATING CLASS.

Thomas Jackson, M. R. C. S., Buffalo; John Claudius Young, Portville, Cataraugus county; Andrew Washington Smith, Angelica, Allegany county; George Furguson Dennis, Churchville, Monroe county; Selim Decatur Bouton, Corry, Erie county, Pa.; John Hutchins, Cheshire, Ontario county, N. Y.; Charles Rich Pearce, East Pembroke, Genesee county; Dougal McNeil, Wallacetown, Ontario; Fowler Bradnack, Buffalo; Spurzheim Palmer Moore Bennett's Corners, Madison county; Henry Clay Devening, Buffalo; Rollin

Ledru Banta, Buffalo; DeWitt Clinton Crumb, Preston, Onondaga county; Michael Talbot, Buffalo; Joseph Goffin Bailey, Toronto, Ontario; Frederick William Smith, Laura, Miama county, O.; Devillo White Harrington, Buffalo; John E. McTaggart, Bridgetown, Ont.; Edward John Brennan, Buffalo; Albert Henry Briggs, Elma, Erie county, N. Y.; James Fennimore Cooper, Hornellsville, Steuben county; James Henry Trumbull, Hornellsville, Steuben county; Oscar Franklin Decker, West Falls, Erie county, N. Y.; Theophilus Stewart Hartley, A. M. Hankins, Sullivan county, N. Y.; Arthur Hamilton Smith, Rochester, N. Y.; Solomon Jennings, West Milton, Miami county, O.; Oscar Seth Pratt, Byersville, Livingston county; John Stone Perkins, Charlestown, Middlesex county, Mass.; Mortimer Cherberry Bissell, Lyndon, Cattaraugus county; James Polk Rathbun, Weatherfield, Wyoming county; Charles Mills Stewart, Hume, Allegany county; Worthington Warner Miner, A. B., Ware, Hampshire, Mass.; Otis Allen, New Hudson, Allegany county, N. Y.; John Joseph Walsh, Buffalo; Stephen Albert Russell, Fredonia, Chautauqua county; Silas Wright Robinson, Nunda, Livingston county; Orville Clarke Strong, Colden, Erie county.

Following the conferring of degrees came the Address before the Graduating Class by Prof. E. M. Moore, which is of such scope and finish that we propose to furnish it to our readers as early as possible.

At the close of the address the benediction was pronounced by Rev. Dr. Heacock.

On recommendation of the Faculty and Curators the council conferred the honorary degree of Doctor in Medicine on Dr. Edward Smith, of Lewiston, Niagara county, N. Y.; and Dr. George Mann, of Newfane, Niagara county.

The Faculty and Curators directed that the Thesis of W. W. Miner, on Excisions involving the joints of the upper extremity, receive honorable mention and be recommended for publication. Also, that the Thesis of D. W. Harrington, on Uraemia, and that of H. C. Devening, on Phlegmasia Dolens, receive honorable mention.

The following Curators were present at the examination, and on the stage in the evening: Dr. Lewis P. Dayton, Dr. J. B. Samo, Dr. C. C. Wyckoff, of Buffalo; Dr. George P. Eddy, Lewiston, Niagara county, N. Y.; Dr. Matthew S. Moore, Fredonia, Chautauqua county, N. Y.; Dr. Robert J. Menzie, Caledonia, Livingston county, N. Y.; Dr. J. W. Craig, Churchville, Monroe county, N. Y.; Dr. Morris W. Townsend, Bergen, Genesee county, N. Y.; Dr. P. H. Flood, Elmira, Chenango county, N. Y.; Dr. M. E. Potter, Attica, Wyoming county, N. Y.; Dr. T. D. Strong, Westfield, Chautauqua county, N. Y.; Dr. W. McCollum, Lockport, Niagara county, N. Y.; Dr. W. B. Gould, Lockport, Niagara county, N. Y.; Dr. G. H. Lapham, Aurora, Erie county, N. Y.; Dr. Harvey Jewett, Canandaigua, Ontario county, N. Y.; Dr. E. E. Fuller, Fredonia, Chautauqua county, N. Y.

The following members of the Council were also present: O. H. Marshall, Esq., President; Hon. E. G. Spaulding; Hon. Orlando Allen; John D. Shepherd, Esq.; George S. Hazard, Esq.; Dr. George E. Hayes.

Annual Report of the Surgeon General of the U. S. Army, 1870.

The present condition of the medical department of the United States Army is one of prosperity and efficiency. We have good reason to believe that its affairs have been under the care of an able and energetic administration. While the sanitary condition of the army does not vary materially from what it was during the year preceding, the amount of scientific information and facts, which the department is attaining and promulgating, is of continually increasing interest and utility. The report is for the fiscal year ending June 30th, 1870, from which it appears that the annual appropriation made by Congress for the Medical and Hospital department of the Army was \$247,000, of which there remains an unexpended portion of ten thousand dollars, while the amount of unexpended funds in the hands of the department is over a million and a half dollars. Immediately succeeding the tabular statement of finances is the sanitary report, portions of which are here given :

"The average number of white men constantly on sick report was 1,419; of these 1,156 were under treatment for disease, and 263 for wounds, accidents and injuries. The total number of deaths was 374; of these 249 died of disease, and 125 of wounds, &c. The comparatively large mortality from wounds is explained by the Indian hostilities which continue to exist.

The proportion of deaths from all causes to cases treated was 1 death to 167 cases; 745 were discharged on certificates of disability. In colored troops the average number constantly on sick reports was 178, of whom 146 were under treatment for disease, and the remainder for wounds, &c. The number of deaths from all causes was 66, of whom 51 died of disease, and 15 from wounds, &c. The number discharged for disability was 104. In addition to the large amount of clerical labor performed, 3,029 photographs were printed; 106 wood cuts were made; 153 pages of the Surgical History; 272 pages of the appended documents to the Medical and Surgical History; 59 histories of photographs, or abstracts of cases to accompany photographs, were printed.

The printing of the medical volume of the first part of the Medical and Surgical History of the War is near completion. This volume embraces the statistical tables representing the sickness, mortality and discharges from service on surgeon's certificate of disability, of white and colored troops during the war, and will be a work of nearly 750 pages quarto.

There has been a very steady and uniform increase in the various collections of the Army Medical Museum. The Indian hostilities, and the accidents of the field and camp and garrison, have afforded the opportunity of collecting some illustrations of the injuries inflicted by weapons—a class of specimens in which the Museum is already surpassingly rich—but the more numerous contributions to the surgical section have been of specimens illustrating pathological processes, or the remote effects of injuries.

As the date of the last annual report, 2 vacancies in the grade of surgeon, and 42 in that of assistant surgeon United States army, existed. During the past year 4 assistant surgeons have resigned, and as the act of Congress, dated March 3d, 1869, still continues in force, no vacancies have been filled—total

number of vacancies at the present time, 2 surgeons and 46 assistant surgeons. The number of commissioned medical officers available for duty with troops on the 30th of June, 1870, was 147; on leave of absence, 4; on sick leave, 4. The estimated number of troops in service at that period was 32,429. There were 217 military posts, besides numerous detachments serving in the field and on outpost duty, each requiring a medical officer. The number of commissioned medical officers being inadequate, contract surgeons are employed, as heretofore; but it would be more economical and satisfactory to be able to fill the existing vacancies in the regular medical staff of the army. So long as our extended frontier exists with its isolated military posts and moving detachments of troops, so long will the medical staff be required to be kept up to the standard number allowed by existing laws, and any reduction of that number will be prejudicial to the best interests of the military service."

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American Medical Association.

OFFICE OF PERMANENT SECRETARY, WM. B. ATKINSON, M. D., }
 1400 Pine Street, S. W. cor. Brord. Philadelphia. }

The Twenty-second Annual Session will be held in San Francisco, Cal., May 2, 1871, at 11 A. M.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

☞ Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a member by invitation, upon the recommendation of the Committee of Arrangements.

W. B. ATKINSON.

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Death of Dr. E. H. Elliott.

At the last semi-annual meeting of the Niagara County Medical Society, the President appointed Drs. Gould and Faling a committee to draw up resolutions on the death of Dr. Edward H. Elliott, of Hartland, N. Y.

The report of the committee, which was accepted, is as follows:

Whereas, It has pleased Almighty God, in his all-wise providence, to remove by death, one of our much loved members, in the person of Dr. E. H. Elliott,

Resolved, That the society learns with unfeigned sorrow of the death of Dr. E. H. Elliott, one of its most worthy members.

Resolved, That in the death of said member the profession loses a brother in whom the many virtues of a good physician, true friend and worthy citizen were most conspicuous.

Resolved, That while we mourn his loss, we are reminded of our own mortality, and that it behooves us, as it did our worthy brother, in the midst of life, with its cares, perplexities and uncertainties to prepare for the solemn hour of our departure.

Resolved, That we tender to the family and relatives of our deceased brother our heartfelt sympathy in their bereavement, and ever pray that the blessing of the widow's God, and the father of the fatherless may rest upon them.

WM. B. GOULD,
PETER FALING.

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First Commencement of the Howard University, Washington, D. C.

We have received a very polite invitation to attend the first commencement of the Howard University, to be held March 15th. The charge to the graduate is to be given by Prof. P. H. Strong, M. D. The address is by the president of the university. The following gentlemen constitute the graduating class: William W. Bennett, George W. Brooks, Danforth B. Nichols, J. A. Sladen.

Books Review.

The American Journal of Obstetrics and Diseases of Women and Children.

We have received, through the liberality of the editor, beautifully bound volumes of the American Journal of Obstetrics and Diseases of Women and Children, for which we desire to return, (since we can do nothing more,) our most hearty thanks. Vols. I and II, constitute, of themselves alone, an almost complete record of our present knowledge in this department, do fully represent the progress which has been made since the commencement of publication. The Journal is edited with consummate skill and ability, and receives contributions from many of the most eminent writers and teachers in the profession. The advance of knowledge in this department is so great that practitioners of medicine must give attention to present teaching, or soon find that their profession is far in advance of them, rather than themselves in advance of the profession. In no department of medicine can men, at the present time stand still, they must move forward in search of greater knowledge or slide backward into deeper ignorance. This Journal is a necessity in its department, since in it have appeared, and constantly are appearing, important practical papers, singly of great value, and combined, constituting the progress the art is making from month to month.

Satan in Society. By a Physician. Cincinnati and New York :
C. F. VENT. Chicago : J. S. GOODMAN & Co. 1871.

Satan in Society is a book to be read and not to be reviewed very much. By this we do not mean that it will not bear reviewing, but that reading accounts of what it is, will in no way answer the craving of the popular soul to read it. It must be read by nearly all, since everybody is interested in the subjects it discusses and in the manner of treatment. Satan is in society in forms and disguises known only to a physician, and on this account the book must

be read. Satan, alas! constitutes a part of so-called "Good Society," and a greater part of it than any one but a physician mistrusts, and on this account this book will bear reading. Satan may be said to have written himself up very well, and though his editor has not always treated him with the respect due his position in society, still, probably he can obtain his satanic pardon by penance and reform. Possibly some reader may yet ask what is it? It is *Satan in Society*, by a Physician, who mixes him up shamefully with Masturbation, Rights of Offspring, Physiology of Marriage, Woman without Christianity, Physiological Comparison of the Sexes. What can woman do in the world, Prostitution, Happiness in Wedlock, Conjugal Aphorisms, and ten thousand other subjects into which we should suppose Satan would refuse to be associated, but as he has allowed himself to be "drawn in," he must now suffer the disgrace of it.

But again, and last of all, we assure our readers that it is a book to be read, it must be read, the "*Satan in Society*" can't prevent its being read.

First Medical and Surgical Report of the Boston City Hospital. Edited by J. NELSON BORLAND, Physician; DAVID W. CHEEVER, Surgeon. Boston: LITTLE, BROWN & Co.

This is a magnificent volume of near seven hundred pages, containing a very instructive and well written medical and surgical history of the Institution. It comprises cases illustrative of almost every form of disease and nearly every condition requiring surgical interference. The cases requiring it are very beautifully illustrated with wood cuts and chromo-lithographic plates. The work reflects the highest credit upon the Editors and upon the Institution, and is of great value to the profession.

Books and Pamphlets Received.

Transactions of the Medical Society of the State of New York.

The Journal of the Gynaecological Society of Boston, Vol. III.

Transactions of the New York State Eclectic Medical Society, Vol. IV.

Transactions of the American Ophthalmological Society. Seventh Annual Meeting.

The Ophthalmoscope in the treatment of Epilepsy. By Reuben A. Vance, M. D.

Report of the Board of Health of the City of Chicago, and a Sanitary history of Chicago from 1833 to 1870.

American Association for the Cure of Inebriates. Proceedings of the First Meeting.

Annual Report of the New York State Inebriate Asylum at Binghamton, N. Y., for the year 1870.

Memorial of the Prison Association to the Governor of the State of New York.

The Atlantic Monthly; The Nation; Peters' Musical Monthly; New York Observer; Scientific American.

BUFFALO
Medical and Surgical Journal.

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No. 8.

Original Communications.

ART. I.—*Ethical and Scientific Unity in the Medical Profession.*
*An Address before the Graduates of the Medical Department of
the University of Buffalo, of the Class of 1871.* By Prof. E.
M. MOORE, M. D., of Rochester, N. Y.

Another year brings us before our Class for a few parting words. The regiment is the same; the recruits are new. This thought leads me to reflect upon the construction of that army to which we belong, and which has held its march down the ages, varying its plans under the light of new acquisitions of knowledge, but still the same army, animated with like purposes and controlled with a similar *esprit du corps*. This is true, whether the leadership be that of Hippocrates, struggling with the plague of Athens, during the Peloponnesian war; or of the school of Salernum, which gave its care to the Crusaders retiring from the heats and pestilence of the East; or, that of our own day, when the profession offers its services to every one, even the pauper and the criminal—and is to be found in the van-guard, with the missionary, seeking the improvement of savage life.

What is the bond that holds us together? “The struggles for existence, and the survival of the fittest,” plays their part constantly and well. There is no escape from their operation. Man daily and hourly deals with the problem. The bears and bulls of the prairie and forest, tear each other with no more remorse than their compeers of the city. This law is universal, controlling daily

life, from the contest of boys who vend you the daily paper, to the Franco-German war; for I suppose it must be conceded that, through all the thin disguises of Hohen-Zollern princes, and future succession to the Spanish throne, the real cause of the apparently causeless war, was one of this most profound, and I may say most justifiable of all causes for war, namely, to settle the question,—who is the better man,—a German or a Frenchman.

But all around this fierce display of forces is seen something which modifies and softens these extreme results: the thought that the less fit may survive, blossoms out in charity, and the law of concord demands such rules as may repress the violence incidental to this fundamental law, and hence organization to soften its asperity. Therefore, in former times, the men who pursued trades were set off in guilds with rules. At present our divisions are more natural.

To what branch then of inquirers can you be said to belong? Obviously to those who pursue the study of natural science. Their methods must be your methods; their failings must be your failings; their triumphs must be your triumphs. Whatever may be said in future times of the poverty in the mechanical and scientific processes of to-day, this century must ever be regarded as the era of natural science. In these less than a hundred years, the world as seen by the dullest vision—has made strides in those arts which contribute to the power of man—in a ratio that is geometrical, as compared with any antecedent period. This is so trite, that I should not have so repeated it, but for the sake of illustration. What then are the special processess that science demands? The careful collection of facts, their association by some common bond of agreement, and the verification of their relations. This, as a matter, of course, abnegates authority; and the scientific inquirer must look constantly to the verification of the facts. The breadth of inquiry is commensurate with the universe: no subject is too remote or too sacred to be reached. In its broadest sense, and in the literal one, science means knowledge; but it is a knowledge of the *kosmos*. Hence its pursuit must be endless. But inquiry seeks to unravel its mysteries, and place itself in relation with the divine at any point most accessible to reach. Hence, one picking a stone from a quarry, asks himself numerous questions. Whence came this here? How was it formed? What is the difference of its

various constituents? And, what are the elements which make up the ultimate forms? What is, also, its relation to the stone on the neighboring hill? and why are they so unlike the stones which lie above and below them?

These infantile questions have been asked, undoubtedly, from the beginning of time; but it is not until they have been partially answered, that scientific inquiry has begun. It is not until numerous facts, susceptible of association, have been accumulated, that this inquiry can be said to have been fairly established. These accumulations are enormous, before any definite relations can be shown as existing amongst them. When these relations are shown; when the crystal, under certain relations, always assumes a definite form; and when, higher still, the ultimate particles are shown to unite in definite proportions, then a science is born—then we have arrived at the divine; then we think as God thinks—the last reach of human inquiry; we see with the eyes of God; we have propounded his law, and the thick veil of darkness, at this point, is entirely rent. Well may it be said, that a new science is born; for, here, our knowledge of the kosmos is perfected.

Thus, at any point of inquiry, where the facts have had their association, perfected into law, we give them a special name. Hence, you have the sciences of geology, of chemistry, of anatomy, of mineralogy, of physiology, and so on through the long list. Perhaps the one most remarkable in the enormous accumulations of its details, with the least apparent results, is meteorology. Through a whole century have patient men daily recorded the condition of the weather. "The wind bloweth where it listeth, and thou hearest the sound thereof, but canst not tell whence it cometh or whither it goeth." But only to-day have these been combined to show how the great storm sweeps the continent; and practical man, by his telegraphic triumph, for the benefit of the mariner and husbandman, placards on the mart whence the wind cometh and whither it goeth.

In the earliest history of medicine, which has come down through Greek channels, we discover its condition in this country, which was undoubtedly as far advanced as any other on the globe. We learn that the physician sustained a semi-priestly character, administering his medicine and his regimen under the guidance of a

special divinity. These were chiefly bestowed in houses in the neighborhood of temples, or as often as possible at some healthy spot on the shores of the charming *Ægean*, whose bracing breezes, then as now, restored the languid frame.

In fact, these establishments were a species of water-cure, whose modes differed as much as the orthodox piety of Clifton from the free and easy ways of Dansville.

In the earlier conditions of the world, and in the less favored nations of to-day, the great mass of facts are referred to supernatural agency; and it has only been by slow degrees, and great effort, that the government of law has removed them from a specially divine or demoniacal possession. And this great advance and elevation of the human intellect is chiefly due to natural science.

One religion has displaced another, and yet they all, in their earlier stages, have taught that specially divine interference was the rule of nature. The Greek and the Roman consulted his auger for his omens, and made his sacrifice to the special deity, who could reverse the laws of nature, and for which sacrifice he hoped it might be done.

During that splendid period of Greek history, when the human mind seemed to culminate, when the talent and freedom of thought of the known world blazed forth upon the theatre of Athens, the Father of Medicine arose. Brought up by the *Æsclepiadæ*, his pure and truthful mind rejecting the incantations, expanded into the scientific method; and that army to which we belong was then organized, and has since held its march down the ages.

This was truly the golden age of Athens. Pericles, in the full development of intellectual life, already past the middle age; Socrates, in the bloom of early manhood; and Hippocrates, nine years younger, constitute a trio such as the world has never seen. Pericles had raised Athens to its highest point of glory, and stands confessed as the greatest statesman of antiquity. Socrates is believed, to-day, to have brought moral and religious truth in closer relation to the elevated standard of Christianity, than any philosopher of antiquity. While Hippocrates is the founder of our profession as now practiced, and hence appropriately styled the Father of Medicine. But what a different position the two contemporaries occupy in the general estimation of to-day. Socrates is in a

condition of apotheosis, for in him is shown forth a moral grandeur, as is supposed, vastly beyond his country-men, and for which they substituted hemlock for the cross. But the name of Hippocrates is seldom mentioned, but to point some sneer at the medical profession. He was only a doctor. The metaphysical webs which minds, and fine ones, have always been prone to spin, acquired a most exquisite tenuity, reproducing everything, and more, than is to be found in the pages of Stewart and Reed, before even the Greek language was developed. The data were stated, and the conclusions drawn, by the astute Brahmin, at the time when the Sanscrit was a spoken language. Where does the exponent of physical science stand in the lines of Brahminical caste. Of the four great castes there are various subdivisions, and he occupies the last place in the second caste. His science is represented by his position, and his position will secure him against much progress. Athens, though by no means free from superstitious thralldom, was still the freest place in the then known world, and, as a matter of course, physical inquiries found their most natural companionship within its walls. Socrates and Hippocrates both laid themselves open to the charge of impiety by their asseveration, that the phenomena of nature were amenable to law and scientifically determinable. Let us now, in the light of the present day, compare the intellectual clearness of those two great men. I now quote that profound historian, George Grote, the best authority on Grecian history :

“Socrates,” he says, “distributed phenomena into two classes:—one, wherein the antecedent and consequent was invariable and ascertainable by human study, and therefore future results accessible to a well instructed foresight; the other, and those, too, the most comprehensive and important, which the Gods had reserved for themselves, and their own unconditional agency, wherein there was no invariable or ascertainable sequence, and where the results could only be foreknown by some omen, prophecy or other special inspired communication from themselves.”

Each of these classes was essentially distinct, and required to be looked at and dealt with in a manner radically incompatible with the other. Socrates held it wrong to apply the scientific interpretation to the latter, or the theological interpretation to the former.

Physics and astronomy, in his opinion, belonged to the divine class of phenomena, in which human research was insane, fruitless and impious.

On the other hand, Hippocrates merged into one of those two classes of phenomena, the divine and scientifically determinable, which Socrates had put asunder. Hippocrates treated all phenomena as at once both divine and scientifically determinable.

In discussing certain peculiar bodily disorders found among the Scythians, he observes, "The Scythians themselves ascribe the cause of this to God, and reverence and bow down to such sufferers, each man fearing that he may suffer the like; and I, myself, think, too, that these affections, as well as all others, are divine: no one among them is either more divine or human than an other, but all are on the same footing, and all divine; nevertheless, each of them has its own physical conditions, and not one occurs without such physical conditions." In the light of to-day, how much farther was the reach of Hippocrates than that of Socrates; and as, for moral grandeur, he laid this injunction on his students, "So conduct yourselves as if you were the patient and he the physician."

But I again ask, what is the bond which now holds us together? We have discarded the condition of con-fraternity, which held in its various forms the members of the medical profession, from the days of the *Æsclepidæ* down to the present time.

Dogmatism in medicine has been its bane in times past, dividing it into sects, who regarded each other with the acerbity common to such divisions. But, since the days of Louis, a sect founded on a dogma has ceased to exist in the medical profession; and Broussais was the last of those who controlled medical opinion by their hypotheses. If, then, we have rejected a dogmatic bond, what have we to hold us together? It appears to me that the only cause of co-hesion is an ethical one. And if this fails us, we must go upon the mart with the placard and the advertising dodge.

It is in the nature of progress to reach into the future or the unknown by hypotheses. We must make them as the guides to experiment and observation. But they are of no other possible value until verification has set its seal upon them. Then the condition

of hypothesis has ceased, being superseded by fact and law. Since Louis' time the statistical table approximates and foreshadows the law.

The practice of medicine, then, is founded upon the vast accumulation of fact and observation made by mankind. And the physician draws from this great storehouse such materials as his knowledge may control. This, as a matter of course, gives a large range, and each individual is therefore left to an absolute and uncontrolled freedom in his management of disease. Indeed, the liberality of the profession may be said to be perfect—it has culminated.

I cannot better illustrate my position than by comparing the attitude of religious sects towards each other. When the Churchman and Unitarian, the Presbyterian and Universalist, can agree upon a common bond of union, and this broad enough also to take the Catholic, then may you understand the freedom and liberality of the medical profession. Each man is a sect unto himself, leaving nothing but an ethical bond.

The only influence that is brought to bear on us, is such as one mind may exert on another. The force of authority is broken—we possess command of every resource, and applied after any theory. It is all ours: from the iron which strengthens the blood to the spider's web that calms the nerves. We own no exclusive theory.

Let us consider, for a moment, what this bond demands. In the first place, it does not require you to do such things as may enure to your own advantage to the detriment of the community. It is intended to bring out all the knowledge and ability you may possess, and for the benefit of your patient, and at the same time consistent with the rights of your brethren.

Let me illustrate. A brother practitioner has charge of a case—a severe one—which rouses the sympathy of the community, and has brought the relatives to the verge of despair. On the waves of rumor comes the evidence, to you, of gross mistakes; and for the sake of a strong case, let us suppose the mistake is real, and for once rumor is correct. Can it be your place to rush to the rescue. Not at all. Who has set you to be a judge over your brother, and what assurance can the relatives have that you are right, and that your brother is wrong? Your officiousness leads to a suspicion of your motives; and, by placing your rival in the wrong, you rouse

that pride of opinion which will tempt him not to yield to the obvious dictates of truth. The rule of ethics requires your silence until your opinion is asked. When it is asked, the patient has just one claim upon you, and one only. And that is, to give him the benefit of all your knowledge, and that without reserve. He has a complete and perfect right to it; but he has no right to any judgment on the past. The case is before you, and your duty is with reference to what lies before you. "Whatsoever ye would that men should do unto you, do ye even so unto them." There is your law, and at this point medical ethics sternly demands that you act up to it. To err is human, and this is a failing that physicians are no more exempt from than other men. To whom, says the patient, must you communicate your knowledge?—"I pay you, says he, and demand the statement." But you are not employed to malign your brother. Your duty is perfectly simple: to do what can be done, according to your best judgment, for the existing exigency, and for no other purpose. Only in this way can the best interest of the patient be subserved. In the chaos of emotion that surrounds the sick-bed there is not often that calmness which is necessary to do that which is right; and the strict observance of our rules will bring the greatest safety. Pride of opinion is one of the most subtle of our dangers; and, in consultation, this must be guarded against by the most careful manner. Therefore, such consultations must be absolutely private; and then the freest inter communication obtained. This should never be varied from. By this alone can the best judgment be arrived at.

But, hanging on the skirts of a great army, we find, invariably, the bummer and guerrilla. This was complained of by Hippocrates, and has remained to be the case ever since.

"Quacks have always existed, always will exist, and always ought to exist," once said the distinguished John C. Warren, of Boston, in a medical convention. Half amused, and half surprised at such a statement, in such a place, some of the gentlemen sitting near him asked an explanation of the desirability of such thieves and plunderers. "To take the incurable cases," was his reply. Most physicians of long practice will attest to the relief that is afforded them when treating a case of severe cancer, or advanced phthisis, to have the sufferer cease begging him for a straw to save him from

going down, but which is to be readily offered by the quack. One of our functions is the practice of what the Greeks styled Euthanasia. Life is limited to us all; and when the organic disease is surely pressing us into the grave, one of our most important duties is to smooth the way, alleviate pain, prolong existence; and science, in its progress, develops many modes of doing this. But, "whatsoever you would that men should do unto you, do ye even so unto them;" and here our rules demand that this is to be applied to our intercourse with the patient. No false hopes of recovery, no flattering tales of success, but the truth. If delirium or mental prostration renders him an improper subject of communication, his next friend must understand the case; and if he prefers the straw stretched forth to him by the medical pirate, your duty is fulfilled. But what of our duties in our intercourse with the guerrilla himself, who refuses our discipline? 'Tis the Uhlán and bummer that gather the plunder without conquering the foe. With these our intercourse must be absolutely *nil*. Under no specious guise can we associate with a quack.

I have already explained to you that the well we draw from contains all—we are not debarred from the use of anything; and when a man cuts himself off from us, he does so by violating such ethics as I have illustrated. All, under whatever name, are narrow and exclusive, and go off from us for purposes of gain, and never in the light of science. Paracelsus lived about the time of the discovery of this continent, and was the King of Quackery, the boldest and most impudent of all. He died at the age of forty-six, after having announced the discovery of the elixir of life, which was to render man immortal. He gave forth the law of "Similia similibus curantea," but the same idea is to be found in the spurious Hippocratic writings. But at present there is no such dogma, and to propound it is a step backwards two thousand years.

They are to be classed under a great variety of names, flaunting their standards, and all burdened with the one cry, "the regulars have failed; and we have the panaceas—simple and safe at all events."

The Hydropath, who washes away the physical sins of the people, uses a remedy that, of course every one knows, stands at the

basis of life, and in itself harmless beyond controversy. And then, contrary to the natural instincts which guide to its use, the stomach, skin and blood are drenched into a poverty that results in eruptions and carbuncles, which are hailed with delight as the efforts of nature to expel some disease, and especially the drugs which had been previously swallowed. The Eclectic, more specious, selects from every system, and excludes the noxious from all; but it is a singular circumstance that his exclusion happens to be of those things that are unpopular at the time. There is no system of practice in the sense that is usually understood.

The art rests upon observation and experience, regulated by the sciences that lie at the foundation. No absolute sequences have thus far been discovered in therapeutics, unless we except the appliances of surgery. If a joint is dislocated, you may know that it may be restored. But even the use of an alkali for acidity of the stomach must sometimes be reversed, and an acid substituted. How, then, can whole classes of diseases be attacked in obedience to fanciful expressions of law? There is no creed with its absolute formula. This renders the art more delicate, and calling for knowledge and skill. Almost every one can be taught the general rules of drawing; but is there any law by which a great painter can produce his results with the precision of law. There is no such system. Each physician, as he draws from the great store-house, is, of course, eclectic; but in no such sense as is implied in the draught from systems.

But what of the Homeopath, the pet of the fanciful and rich, who has succeeded in forcing an unusual attention to his dogmas? He claims more education and cultivation than the ordinary quack; and, indeed, it must be confessed that the ranks of this form of quackery have been chiefly recruited from the unsuccessful members of the profession. It would be idle to follow him in his tortuous absurdities—a microscope cannot see them; and they have been held up enough to undeceive any who does not desire deception. The last stage in which it has manifested itself, meets the view of a growing belief. With the solemnities of a scientific experiment, the medicine is placed in a hermetically sealed vial and placed in the hand. Observations are now made and noted. They are decided and marked, as compared with the condition during

the absence of the medicated attenuation. How, exclaims the observer, can this produce its effect, except by spiritual impression? Nothing is too attenuated for this.

You will be constantly importuned to meet these men in consultation; and for obvious reasons this is much desired by them.

You cannot touch pitch without danger. If any one could fall into the depth of absurdity implied by their statements, and still be a member of the profession, you may pity his follies; and, if he is not committed to an open attack on the profession, and his pride of opinion is not excited to blind him, he may be reformed. But it must be remembered that the whole doctrine of homeopathy is founded on a dogma; and in order to place themselves upon a reputable footing, its followers have invented the term Allopathy, which means that the profession, as we understand it, is conducted upon a dogma exactly the reverse. This, to all who care to investigate, is a patent falsehood. But your rich neighbor is sick. With the assurance that the rich American so often has, that his rapidly acquired fortune has conferred on him knowledge; and with the most sublime ignorance of every thing but money-making, he demands your attendance with the quack, who has been cunning enough to flatter his vanity. "I don't care for Dr. Johnson—I pay my money and that is enough." Now, you have a right; and it is also your duty to avoid the man who parades himself as your enemy, and vaunts his superiority and direct opposition. But, leaving out these considerations, and admitting his integrity, if you are both honest, a consultation cannot be of any benefit to the patient, for, according to his own statement of his views, they are diametrically opposed to yours, and there is no common basis to stand on. If he agrees with your ideas, he is merely a trickster with whom you wish to have nothing to do.

It is often asked, what is the remedy for the abuses into which the community so constantly falls? As these abuses are largely due to the fundamental weaknesses of human nature, there can be no absolute remedy; but, like other abuses, there is some prospect of abatement. Astrology found its abode in the palaces of princes, but astronomy has long since banished it, and now it is practiced and consulted by the most profoundly ignorant alone. The remedy is not to be found in literary culture. This sometimes seems but

to sharpen the nerves to the most exquisite of absurdities. I find my remedy in the cultivation of natural science; and I cannot but think that more breadth of views, and solidity of intellect, will be obtained in this way than in any other. There has been, and there is now raging a controversy with reference to the position of scientific studies in a liberal education. The ordinary college curriculum is too short to allow much innovation upon the classical studies. Now, I would not have these reduced. I cannot bear the thought that the wells of language should be closed to educated men. But we live in an age that is especially blessed with the results of scientific inquiry; and the methods that such inquiry demands should be taught the young—and they can be. The name of science should not be a bug-bear; and if the classics must suffer, let them. But, I think, that some knowledge of the ways of the chemist, astronomer, and geologist, should be taught in the common schools. The number of general scholars are necessarily few; and they are inexcusable for the small amount of scientific knowledge they possess. I have looked around among my friends in vain for a man of scientific attainments who seeks aid from a quack. But, of mere literateurs, the number is abundant.

There is nothing more pleasing than to be in contact with men of liberal education; and, by this, I do not mean professional experts, but men whose studies place them *en rapport* with others.

This, I conceive, to be the just meaning of a liberal education. Or, to put it in an exact formula, a liberal education is that which places its possessor in relation to the intellects of great thinkers in all forms of knowledge.

Such education but few possess. Science then must have the *pas*; and, if once begun, it would diffuse itself and leaven the whole lump.

But I must close. May you regard character more than reputation: and I cannot but believe that you will pleasantly solve the law—"of the survival of the fittest."

ART. II.—*Medical Society of the County of Albany. Semi-Monthly Meeting, February 28th, 1871.*

REPORTED BY JAMES S. BAILEY, M. D.

Dr. W. M. H. BAILEY, President, in the chair.

Remarkable case of Hysteria.—Dr. R. H. SABIN reported the following interesting case. Miss H., aged 21, of nervo-bilious temperament, when 14 years old, had a severe and protracted attack of typhoid fever, which left her debilitated for a long time. A few months after recovery she complained of pain in the right side and region of the liver. The attending physician diagnosed an abscess, and proposed to incise it, which was refused, and another physician was called. In the Fall of 1866, her uncle, Mr. B., visited her at her home in Ohio, and found her under the care of a Thomsonian. Not being satisfied with her treatment he brought her home with him, and called Dr. Jones, a Homeopathic of this city, who treated her about two years. He pronounced it a case of womb disease. As she did not improve under his care, Dr. Bonticow, of Troy, was called, who treated her for several months for an affection of the womb. Dr. Seymour, of Troy, saw the case in consultation with him, and concurred with him in this opinion. Dr. McChesny, of Troy, was next employed, who treated her for twelve months. She seemed to gradually improve under his treatment, which was entirely tonic and supporting. Before Dr. McChesny saw her, she had for twelve months maintained the sitting posture in bed night and day. The doctor, after a time, succeeded in enabling her to assume the horizontal position. Her left leg was drawn up, the heel pressing firmly against the vulva. No manipulation could dislodge it except by etherization. Then it could be straightened, but would return to this position as soon as consciousness returned. Several kinds of splints were used for the purpose of keeping the limb extended, but were unsuccessful.

During Dr. McChesny's service Dr. Sabin was called, in haste, to see her, as the nurse had by mistake administered a teaspoonful of tincture of iodine instead of tincture of valerian. Dr. Sabin made several visits with Dr. McChesny, who continued to treat the case with gradual improvement. The family becoming impatient, thinking convalescence too slow, Dr. Newton, an advertising quack,

was next called, and by his mesmeric influence, or from some other cause, she was enabled to walk for a time. She then placed herself under a woman, a clairvoyant, living in Waterford, a few miles distant from her uncle's residence, whom she thought gave her some relief. Hearing of Dr. Peaslee, who was then lecturing in the Albany Medical College, she desired Dr. Sabin to accompany her to see him. On the 28th of September she intended to present herself at his clinique for an examination, but upon reaching the city she became so nervous she was conveyed to the city hospital, where Dr. Peaslee made an examination and found retro-flexion uteri, and thought all of her nervous symptoms came from that source, and that if the womb was restored to its normal position she would get well. On the following day he proceeded to replace it, after which he introduced a ring pessary in order to maintain it in position, and gave her hydrat chloral internally, and belladonna and morphia suppositories to allay irritation.

For the next six weeks, while every effort was made to keep the womb in position, she had the most violent spasms. When in them she assumed all the different positions that the imagination could conceive. Dr. Sabin, finding it impossible to control the spasms, removed the pessary. There being so much pain in the region of the left ovary, Dr. Sabin suspected an abscess forming, and applied a succession of blisters.

Dr. Newton was again consulted, and when called passed into a clairvoyant state, confirmed Dr. Sabin's suspicions, and said he could not do any thing more for her, but that if she lived long enough the matter would find its way out. Her spasms were described as being fearful, by Drs. Sabin and McChesny. She would lay upon her back, and her face would be turned over to the left shoulder; one hand would remain clenched tightly for weeks at a time. Dr. Sabin made an effort to straighten the left leg, and employed Day's inclined plain for that purpose; but the spasms came on before the operation was completed, and he applied the bandage to the limb one-fourth flexed, but the contractions were sufficient to burst the bandages, and he failed.

For the past two weeks, during the paroxysms, the heart and respiration seemed somewhat affected. She would cease occasionally to breathe for intervals of five minutes. Laterly, she had com-

plained much of headache, and described the pain as a terrible distress and torture. In the treatment of this case, Dr. Sabin (as had all the physicians before him) had employed all of the known antispasmodics, nervines and anodynes of the pharmacopea, for her relief, without success; and, upon some occasions, had given more than an ounce of hydrat chloral in the course of twenty-four hours. Her bowels had usually been regular, but recently were somewhat constipated. Her appetite was usually craving; she had a great fancy for pickles; but recently her appetite was not so good. She menstruated regularly but somewhat scantily, and had some leucorrhœa.

Autopsy.—At the *post mortem* the attending physicians were present, besides several physicians from Albany and Troy.

External Appearances.—The body was well nourished; the left leg somewhat atrophied.

Abdomen.—The womb presented the natural appearances of the virgin uterus; bladder healthy; kidney normal, as well as the rest of the abdominal viscera.

Chest.—The viscera seemed healthy in every portion of the chest.

Head.—The brain seemed healthy and natural in consistence. The madulla oblongata was free from disease, as well as the upper end of the spinal cord. Dr. Edward R. Hun examined the anterior crural nerve under the microscope, and found it healthy.

Necrosis of Inferior Maxillary.—Dr. JAMES S. BAILEY presented a section of three-quarters of an inch of the inferior maxillary, which was exfoliated. The patient was a little German girl aged five years. In September she was attacked with whoopingcough of an aggravated form, and her life was severely threatened. In December Dr. Bailey was consulted. She was much attenuated; and one inch from the symphysis, on the right side of the jaw, there was an ulcer which presented the appearance of an ulcer in the stomach, the edges were as smooth and even as if they had been cut by a punch; from this opening was discharging thin and unhealthy pus; the denuded necrosed bone was visible. Dr. Bailey insisted upon giving her a generous fluid diet, and by means of mild tonics she rapidly grew in strength and flesh. An operation was proposed for the removal of the necrosed portion, but the parents strenuously resisted. In February the father importuned

Dr. B. to operate; but as nature was acting her part so nobly, it was thought best to wait. Upon the 26th of February, Dr. B., by means of a strong pair of forceps, removed the portions exhibited from the symphysis back. It embraces the right central and lateral incisors, the canine and molar teeth. The specimen is remarkable on account of its showing upon one side a sack containing the dental pulp preparatory for the formation of a permanent tooth, and upon the other side is a well-formed permanent tooth making its way through. The doctor was unable to account for the cause of this necrosis, and was not able to give information in reference to the child's treatment previous to the consultation with himself.

Dr. C. A. Robertson offered the following resolutions, which were adopted:

Whereas, At a meeting of the organization, known as the "Homœopathic State Medical Society," held in this city, a series of resolutions was passed on the 15th day of February, instant, in which H. Van Aernam, M. D., United States Commissioner of the Bureau of Pensions, was severely reprobated for removing a homœopathic practitioner from the office of Examining Pension Surgeon, because the theories professed by said practitioner respecting disease and treatment of it, were antagonistic to the conviction and well-grounded practice of the Medical Profession of the civilized world: and

Whereas, A passionate appeal to the community was contained in the utterances of said resolutions, made for the apparent purpose of arousing excitement and stimulating impulsive action against said Commissioner, by improperly representing his consistent and straight-forward conduct to be "an act of proscription for opinion's sake:" and

Whereas, A demand, couched in arrogant and extravagant language, was addressed to the Chief Magistrate of the nation, calling for the quick removal of a valuable public officer, deserving great praise for numerous improvements in his Bureau, because, in the conscientious discharge of his duty, he had unavoidably discriminated against one of a "class of practitioners," as they term themselves in said resolutions: and

Whereas, Delegates were appointed to visit the city of Washington, for the purpose of exercising an influence in behalf of said "class of practitioners," but prejudicial to the real and important interests of the Pension Bureau: *Therefore*,

Resolved, That this County Medical Society, which numbers about as many members as the entire "Homœopathic State Medical Society," deems it proper to give formal expression of opinion concerning the matters involved in said resolutions.

Resolved, That Commissioner Van Aernam is entitled to commendation from the Medical Profession everywhere, and that this society thanks him for meeting

and checking with promptitude and decision the encroachment of "any class of practitioners" who put themselves in an attitude of hostility to legitimate medicine.

Resolved, That, inasmuch as homoeopathic and other irregular practitioners have no *status* in the Medical Profession, Commissioner Van Aernam, would, as a physician, have contravened the spirit and instructions of the Profession, both of this state and of this country, had he continued in official position in his Bureau. any professed medical gentleman, with whom neither the Commissioner himself, nor any qualified Pension Surgeon could legitimately hold professional consultation.

Resolved, That the Medical Profession would regard with concern and earnest protest any disposition manifested on the part of the civil authorities of the nation to interfere with its deliberate judgment and condemnation of the dogmas of a "class of practitioners," who do not even profess to base their notions or practice on deductions from any recognized laws of physical science, and therefore cannot properly be termed physicians.

Resolved, That any reprehension by the government of Commissioner Van Aernam, in response to the demands of homoeopathic practitioners, that he be punished for the offences which they allege, would, in the opinion of this Society, be deemed by the Medical Profession at large, an unusual and unjustifiable interference in affairs pertaining exclusively to a great and dignified profession, done in behalf of a comparatively small "class of practitioners," who have attempted to perpetuate conjectural theories by the machinery of separate organization, and to secure notoriety by noisy clamors, like other transient, fanciful sects in the history of medicine; and would establish a precedent of a remarkable character, even in a monarchy, while here it would be unparalleled for inconsistency with republican ideas.

Resolved, That a copy of these resolutions be presented to his Excellency, the President of the United States; to the Honorable the Secretary of the Interior; to the Honorable Senators and Representatives in Congress from the State of New York; to the Surgeon General of the United States; and to the County and other Medical Societies of the State.

Resolved, That the Senators and Representatives from the State of New York be requested to submit these resolutions to the attention of both Houses of Congress.

Resolved, That a copy of these resolutions be published in the newspapers of this city.

WM. H. BAILEY, President.

CHAS. H. PORTER, Secretary.

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

BUFFALO, Tuesday Evening, March 7th, 1871.

The President. Dr. S. W. WETMORE, in the Chair.

The Secretary being absent, Dr. F. W. ABBOTT was appointed Secretary, *pro tem*.

Dr. WHITE announced the death of J. HERMAN BIRD, M. D., of Sioux City, Iowa, formerly a resident of this city.

Dr. White said that Dr. Bird was a gentleman of brilliant attainments, and had made a wide reputation by his writings on cholera, in 1849 and 1851; and that he was the discoverer of the "sulphur cure" for this disease, which has been in extensive use. He spoke, also, of some very interesting articles on the climate of the Northwest, which Dr. Bird had recently published. He then moved that Drs. Abbott and Rochester be appointed a committee to draft resolutions expressing the sentiments of the meeting in reference to this loss to the profession.

Dr. ROCHESTER seconded the motion, and said that Dr. Bird's reputation was not confined to this country, for his writings concerning the influence of ozone in cholera epidemics had been published in the medical journals of England, France and Germany, as well as in those of this country.

The following resolutions were adopted :

Whereas, It has pleased Divine Providence to remove by death our former associate, Dr. J. Herman Bird.

Resolved, That we extend to the family of the deceased our sincere and heartfelt sympathy in their affliction, and that while they mourn the loss of one naturally endeared to them, we must express the loss of our profession and the community in the death of one whose researches in the cause of science has made his name to be known even to those who live in foreign lands and speak other languages.

FRANK W. ABBOTT, M. D.
S. W. WETMORE, M. D.
THOS. F. ROCHESTER, M. D.,
Committee.

On motion of Dr. WHITE, it was resolved that copies of these resolutions be presented to the family of the deceased, and furnished to the *Buffalo Medical & Surgical Journal*, and to the city papers for publication.

Dr. ROCHESTER moved that Dr. Eastman, who is at present residing in California—and Dr. Herman P. Babcock, of Oakland, California—be appointed delegates of this Association to the An-

nual Session of the American Medical Association to be held in San Francisco, May 2d, 1871.

Dr. STRONG moved, as an amendment, that the President and Secretary be authorized to issue credentials to such members as wished to attend as delegates to the number of our representation. Dr. Rochester accepted this amendment, and the resolution as amended was adopted.

Under the order of prevailing diseases, Dr. ROCHESTER reported influenza, typhoid fever, and diarrhoea, as being most frequently met in practice.

Dr. MINER remarked that he believed it the general impression, that a large number of cases of typhoid fever were occurring in the city, but from his observation he was convinced that not one in ten called such were true cases of that disease. They are of a malarial character, generally taking the form of remittent fever, occurring as a result of the open winter which we have passed through. It is due to climatic causes not at present understood by the profession. Typhoid fever is also, perhaps, more common than usual at this season, but is by no means so alarmingly frequent as generally supposed.

Dr. WHITE said that there was a needless fear in the minds of the residents of the city in regard to the impure character of the water furnished by the City Water Works. While he was not an advocate for the quality of the water furnished at times, still he was of the opinion that, at no time, was it such an active cause of disease as is generally supposed. The worst cases of diarrhoea now generally present, which he has seen, have been in families who used filtered rain water.

Dr. Strong was of opinion that much of the disease which has prevailed here this winter, and also last winter, is not true typhoid fever. While in Washington had heard of it. By a stretch of nomenclature it might be called typho-malarial fever, but it lacked the symptoms and pathological changes which are present in typhoid fever. It was, he thought, in a great measure due to the surface water finding its way into the system by our food and drink. During an open winter, on every warm day, there is more or less of this, which hold in solution a large amount of decaying matter, and thus becomes a cause of disease.

Dr. MINER suggested that the cause of remittent fever is not known, and is not limited to any particular locality. It is generally supposed to be most common near marshes, and other low, wet places containing decaying vegetable matter, but he had seen it in all localities and under all circumstances.

Dr. WETMORE had seen it in nursing children, and was of opinion that it was a disease due to climatic causes. Had also seen a case recently, of cerebro-spinal meningitis occurring in a child twenty months of age. No spots were visible till after death. It was said to be quite common in the locality where it occurred.

WM. C. PHELPS, Secretary.

Adjourned.

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ART. IV.—*Clinical Remarks.* Professor THOMAS F. ROCHESTER on Pulmonary Tuberculosis.

REPORTED BY F. BRADNACK, M. D., (LATE MEMBER OF THE CLASS.)

The patient we have just seen has tubercles in both lungs. This disease (tuberculosis or phthisis) is of all others, the one which pre-eminently characterizes civilization. Savage races are never, or rarely, afflicted by it; and this remark likewise applies to semi-barbarous races, with the exception of the instances in which the white man has gone, and carried his vices among these people. For instance: the crew of Captain Cook carried syphilis to the Sandwich Islands; the result being that these Islanders now possess, to a marked degree, the syphilitic cachexia, and following, as a natural sequence, comes tuberculosis, which fastens itself freely upon these patients; it being now well-known that tuberculosis is very general in these islands. And this series of evils is found to result in like manner everywhere, under the same circumstances. The Chinese suffer from terrible forms of syphilis; and pulmonary tuberculosis likewise exists there. That the existence of syphilis predisposes to tuberculosis, cannot be doubted. Sufficient attention has not as yet been paid to this fact. Phthisis is also, in all probability, engendered in luxury, especially the more enervating forms of the latter: e. g., late hours, insufficient bodily exercise, indolence. &c. It may likewise probably, be caused by excessive mental

labor, overworking the brain at the expense of the rest of the body; also, by bad ventilation, (the evils of which latter can scarcely be stated in too strong terms, or pointed out too frequently.) Phthisis annually carries off large numbers of the most cultivated people of the globe. This is a patent and undeniable fact. It appears that any cause, or series of causes, which depresses or enervates, or which tends to depress or enervate the physical system, favors the production of tubercle. Without attempting a full explanation, this may be accepted as a fact. For instance: during the famine fever in Ireland, the mental depression and discontent, together with the physical evils, greatly favored the progress of, and the mortality from phthisis.

I have no doubt that the disease is hereditary, yet many think otherwise; though it seems impossible to see how they can think so. I have in my cabinet the lungs of an infant a few weeks old, which contain a cavity formed during intra-uterine life. It, doubtless, may sometimes happen that, where one parent only has tuberculosis, the disease *may* not be developed in the offspring; but, if both parents are tuberculous, the children will almost surely be so. The tuberculous diathesis is supposed to be indicated by long, taper fingers, blue eyes, and pearl-colored sclerotic and fair skin. This, therefore, must be regarded as a fatal kind of beauty.

Pulmonary tuberculosis is a variable affection. After a period of activity comes a period of rest. It is asked: what *is* tubercle? The tubercle is an exudate from the blood, thrown out in a liquid form, the firmer portions of which remain as granules. While the blood is passed through the lungs to be oxygenated, the deposit takes place. It occurs in the air tubes, and in their lining membrane, and also outside the air tubes. Tubercle has no power of self increase, but its presence furnishes a point of irritation. The deposit is said to occur more frequently in the left lung; but I believe the left lung is not so primarily affected as is imagined. Phthisis is sometimes styled an inflammatory affection. Professor Niemeyer so denominates it. This author asseverates that tubercle is often nothing more than pus and lymph. But I am compelled to dissent from this conclusion. The fact that we find tubercles in every portion of the body, would appear to be a sufficient refutation of the proposition, inasmuch as this fact strongly indi-

cates the deposit to be an exudation. Some authors have thought that because phthisis is occasionally ushered in by hæmoptysis, that the latter is the cause of the disease, but this reasoning is manifestly illogical.

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ART. V.—*Compound Solution of Iodine in Chronic Diarrhoea*
By E. L. SHURLY, Manistee, Mich.

Of all diseases abounding in this region, we have found none more intractable or formidable than chronic diarrhoea, which is always of malarial origin, being preceded or accompanied by intermittent or remittent fever, and more or less hepatic or splenic enlargement; while the patient's history and appearance betokened the amount of illness he must have undergone before the onset of the diarrhoea.

For the treatment of these cases, heretofore, we have persistently employed all of the astringents, tonics, &c., of reputed efficiency, alone, and in connection with quinia! Only succeeding, however, in limiting the disease until "Jack Frost" had made his welcome appearance, when the patient would almost or wholly recover. Driven by these unsatisfactory results to seek some new mode of action, we accordingly, in the next case which presented itself, prescribed five drops of the com. sol. iodine, (Lugol's solution,) in one-half tumbler of water, four times daily, with a view of reducing the hepatic enlargement present, on the theory of causation; when, after three days of treatment, the fact was revealed that the iodine had entirely controlled the diarrhoea, and greatly relieved the patient.

Thus several more cases of this class were treated with equally satisfactory results—some having hepatic or splenic enlargement, while some were free from these complications; all of the cases, however, being associated with miasmatic poisoning.

We have, therefore, been induced to publish this note, in order that the virtue of this remedy, in respect to curing chronic diarrhoea in different localities, and under different circumstances, may be tested and made known.

Correspondence.

Editor of the Buffalo Medical Journal :

DEAR SIR,—Permit me, through the columns of your *Journal* to call the attention of the medical profession to an enterprise which, of late years, has become so flourishing that, with a little more experience of the persons engaged in it, threatens to become a *big swindle* upon the tax-payers of Erie county. It can, already, with propriety, be called a flagrant abuse of a high official trust. I allude to the multiplicity of unnecessary coroner's inquests, of which the following is an example :

I was called to see a patient at No. 162 Pratt street, late on the evening of Feb. 27th. I found him setting up in a chair, and upon inquiry learned that he was about fifty-seven years of age ; and for the two years last passed, had not been occupied in any capacity except that of a *hard drinker*. An examination revealed inflammation of the right lung, characterized by dullness of percussion, crepitant rale, bronchopony, &c., together with the rusty expectoration, the pathognomonic sign of pneumonia. Respiration about 40, pulse 136 to 140. Insomuria, with occasional attacks of delirium, such as we find in delirium tremens, but with long intervals of being perfectly rational.

The gravity of the symptoms varied but little, until March 2d, the fourth day of my attendance, when it became evident that the patient must die. I then suggested to him the propriety of making his last will and testament as to his property, if any he had which he consented to do, and *did do* that same day, he being quite rational. The next day, the fifth of my attendance on him, I found my patient dead. In a fit of delirium he imagined that he must go back to the pig-sty to prevent the escape of the pigs, which he thought were very boisterous ; and notwithstanding the protestation of his daughter-in-law, the only person in attendance in the house, he went out, and on coming into the house again, he was so exhausted that he fell, and died in a few minutes, upon the floor of the kitchen. When I returned to my office I filled out a certificate of death, "died of inflammation of the lungs, hastened by intemperance," and placed it in a drawer to which the undertaker has access, and where it lies yet.

Under the circumstances, I considered it a very natural death and one not at all unexpected; but when, on Monday following, March 6th, the son of the deceased came to my office to pay me for the services rendered, and told me that the coroner had summoned a jury, and had held an inquest on the body of his father; I was not a little surprised, and for the moment apprehending that possibly some one had informed the coroner of malpractice, neglect of duty, or something else, on my part, I hastened to find out the verdict in order to make good my escape from the clutches of the police. I was not long in finding the little article in the newspaper so familiar to the reader of local news, and to my great relief I saw that I was not accused of killing the man; but that he had died of that stereotyped disease, which is the fate of all those on whom the coroner may chance to smile, and which he gravely calls "disease of the heart." Further comments I leave to you.

Respectfully Yours,

JOHN HAUSTEIN.

March 14th, 1871.

Miscellaneous.

Extracts from a paper upon the Pathological Relations of the Gastric and Intestinal Tubes.*

By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine, of Clinical Medicine, in the Bellevue Hospital Medical College.

The paper which I am about to read will not contain any original observations relating to the morbid anatomical changes taking place in the gastric and intestinal tubules. Experience, together with proficiency in practical microscopy, is requisite for the study of these changes, and I have not the qualifications nor the leisure to engage in it. As regards the histological aspect of my subject, the facts to which I refer have been contributed exclusively by three English observers, namely, Handfield Jones, Wilson Fox, and Samuel Fenwick. Aside from these facts, the considerations which I shall present are those arising from a clinical and physiological point of view. I have for many years had a strong conviction that the secretory glands of the alimentary canal constitute a territory in pathology, until lately almost a *terra incognita*, whence are to be derived very important additions to our knowledge of disease. It

* Read before the New York County Medical Society, February 13, 1871.

has seemed to me a rational supposition that destructive lesions of these glands exist in a class of cases characterized by progressive and fatal inanition taking place without the evidence of disease existing elsewhere sufficiently to explain the symptoms and the termination. I have long been accustomed in lectures and consultations, as also in published writings, to predict that, in the cases now referred to, the tubules of the alimentary canal will be found to be the seat of degenerative changes which, in view of the important functions of these glands, will account satisfactorily for the symptomatic phenomena and death. I propose, in the first place, to give a brief account of some of the cases of this class which have fallen under my observation. After having done this, I will refer to the histological facts contributed by the three English observers whom I have named; and I will conclude by offering some considerations relating to the importance of the study of gastric and intestinal tubules, not only in the cases in which, as may be conjectured, the primary and essential disease is here seated, but with reference to the probable occurrence in this situation or morbid changes which enter more or less largely into the pathology of a diversity of diseases:

CASE I.—Fourteen years ago I had the care of a patient, about sixty years of age, whom I had known intimately for twenty years. During all this period and previously his health had been excellent, with the exception of occasional attacks of gout. He was a man of large frame, and his muscular system was largely developed; he had superior mental endowments, and his habits of life were unexceptionable. The only apparent cause of disease was a certain amount of mental annoyance incident to some domestic troubles. This patient, who had always been a good feeder, found his desire for food diminishing, and, for several months, he gradually reduced his diet in accordance with a progressive diminution of appetite, not suspecting that he had any disease, until his food consisted chiefly of liquids. His weight diminished, without notable emaciation; his strength failed, and at length he was obliged to keep the bed. At this juncture he came under my care. He had now complete anorexia, and a repugnance to food to such an extent that he could scarcely be induced to take it in any form. He was unable to get up without assistance, there being no paralysis, but only great muscular weakness. An examination of all the organs failed to show any evidence of disease anywhere. The heart and lungs were sound. The urine was free from changes denoting disease of the kidneys. Nothing was discovered on exploration of the abdomen. The intellect remained intact, except that, for a day or two before death, there was, at times, some mental aberration. The pulse and the skin did not denote fever. Death took place evidently from inanition, the mode of dying being purely by asthenia. Various tonic remedies and stimulants were given, with no benefit. There was no autopsy. The case was one in which I felt an unusual interest and responsibility. I studied it carefully, and I was wholly unable to form any definite idea of the nature and seat of the disease.

CASE II.—In March, 1866, I visited at New Bedford, Mass., in consultation with Dr. Wm. A. Gordon, a gentleman, aged sixty. He had always been a healthy man up to some months before I saw him. Without any appreciable cause, he had gradually lost desire for food, and at length he had a repugnance to every form of aliment. *Pari passu* with the increase of anorexia, his muscular strength diminished, and at the time of my visit he was confined to the bed. It was impossible, in this case, to discover any head or general disease. There were not present symptoms, other than the inability to take food, going

to show disease of the stomach or any of the digestive organs. The condition of the organs within the chest was normal. The urine, which was repeatedly examined, gave no evidence of renal disease. The intellectual faculties were unimpaired. There was no febrile movement. He had been seen by Dr. Bowditch, of Boston. Death took place not long after my visit, the immediate cause being evidently inanition. Owing to the objection of friends, there was no *post-mortem* examination. The patient in this case was a man in easy circumstances; his habits of life were, in all respects, apparently those conducive to health and long life. His mind was occupied with business without undue strain or excitement; he lived well, but was perfectly temperate both in eating and drinking, and his temper was remarkably equable. There was no apparent causation of the unknown fatal disease.

CASE III.—In the summer of 1868 I saw repeatedly with my late lamented colleague, Dr. George T. Elliot, a gentleman of this city, aged about fifty-five years. He was a wealthy, retired merchant, greatly esteemed for his ability and probity. His habits were in all respects temperate and regular. He had a placid and benevolent disposition. To all appearance, his life might be cited as a model of practical hygiene. He had always had good health until some months before I saw him, when his appetite had begun to decline, and he frequently vomited after eating. In this case the heart, lungs, and liver, were carefully interrogated, and no evidence of disease of these organs was discovered. Nothing was found on careful exploration of the abdomen.

Attention was directed particularly to the stomach on account of the occasional vomiting, but there was no symptoms denoting either cancer, ulcer or gastritis. It seemed to us that the inability to take, retain, and digest food, alone stood in the way of the recovery of health. Various tonics were tried, and change of air, with apparently some temporary benefit. I saw him again in 1869. A repetition of the examination with reference to the existence of some definite disease was negative, as before. He was now quite weak, keeping the bed most of the time. During the last few weeks of his life I did not see him. He was under the care of a homoeopathic practitioner; but I have ascertained that there was no essential change in the symptoms, and that the mode of dying was by exhaustion.

CASE IV.—In May, 1869, an analogous case came under my observation. The patient was under the care of Dr. John C. Hutchinson, of Brooklyn. Dr. Willard Parker was associated in consultation. In this case the age was about sixty years. There had been, for several months, progressive diminution of appetite and strength. The patient, when I saw him, was confined to the bed, and death took place shortly afterward. Looseness of the bowels was a feature in this case, but the history and symptoms denoted intestinal indigestion, and not either intestinal ulceration or inflammation. All the vital organs, in as far as they could be interrogated, seemed to be free from disease. Emaciation was more marked in this case than in the preceding cases.

In these four cases the patients were males. I have, however, met analogous cases in females. In October, 1868, I visited, in consultation with my colleague, Dr. Fordyce Barker, a female patient, and another female patient in January, 1869; the facts in both being essentially the same as in the cases in which I have given a brief summary. The age in each of Dr. Barker's cases was in the neighborhood of sixty years.

These cases represent a class, examples of which, I am sure, all practicing physicians of much experience must have met with. The marked characteristics are gradual and at length complete loss of appetite and digestive power, with progressive debility, and death by exhaustion, adequate morbid condition seated elsewhere than in

the glands of the alimentary canal being excluded by an investigation of the symptoms and signs. In the cases just cited the patients were somewhat advanced in years, that is, near the age of sixty; they were healthy prior to the illness, which ended fatally; this illness was developed imperceptibly, and advanced slowly; the persons were singularly exempt from apparent morbid influences, being temperate and their habits of life regular; they were in easy circumstances, and, in a great measure, withdrawn from active occupation; the intellectual faculties remained intact up to a few hours before death, and the mode of dying was typical of *æsthenia*.

The impairment of appetite was the first symptom. I have failed to note the kinds of food against which especially the appetite rebelled. In one of the cases I recollect distinctly that the patient ceased taking animal food in any form, and confined himself to gruel and milk-porridge for months before he was obliged to keep the bed. I think that, in the other cases, the antipathy was greatest toward the albuminoid articles of diet. This is a point of interest as bearing on the localization of the affection in either the gastric or the intestinal tubules separately, and on the predominance of the affection in either, if both sets of glands be affected.

My object thus far has been to show, from a clinical point of view, *first*, the existence of a well-defined class of cases characterized by anorexia, impaired digestion, progressive debility, and death from inanition; and, *second*, in view of these clinical characteristics, together with the absence of adequate lesions elsewhere, the probability that the essential disease is seated in the secretory glands of the alimentary canal. Now let me ask what is wanted in order that, in this class of cases, lesions of these glands, involving loss of their functional capacity, shall be entitled to be recognized as an established fact? The answer to this question is obvious. The existence of lesions, more or less extensive and destructive, must be demonstrated by microscopical examinations after death. The abnormal changes must be shown to be morbid, that is, not cadaveric; and their constancy in this class of cases must be established by a sufficient number of microscopical examinations. As I stated at the outset, I have no original observations to offer in relation to these points of investigation. An important contribution, however, has been made recently by Dr. Samuel Fenwick, of London. Dr. Fenwick has demonstrated extensive and destructive lesions of the gastric tubules in a well-marked case belonging in the class the clinical characteristics of which I have considered. As Dr. Fenwick's communication led to the selection of the subject of this paper, and embraces, as I suppose, the first and only case on record in which the diagnosis of disease of the gastric tubules has been made and verified autopsically, I shall quote, without any omission, all which relates to the history of the case. The communication is contained in the London *Lancet*, the number for July 16, 1870.

It is fair to estimate the probable importance of the pathological relations of the secreting glands of the alimentary mucous membrane by physiological importance. The tubules of the stomach

and the intestines together form an immense glandular apparatus. The functional activity of the gastric tubules is known to be extremely great, experiments appearing to show that the gastric juice secreted during twenty-four hours amounts to the enormous quantity of fourteen pounds, being not much less than the average quantity of blood contained in the body. The tubules in the intestine, owing to the greater extent of the mucous surface, exceed in number vastly those of the stomach, but experiments have as yet failed to furnish any data for determining the quantity of the intestinal juice. The amount of the latter, perhaps, exceeds that of the gastric juice, in a proportion corresponding to the difference as regards the number of tubules. These two digestive liquids, together with the salivary fluids, the bile, and the pancreatic secretion, are at the portals of vegetative or organic life. They are essential as the first of the series of processes by which aliment is converted into the blood and the tissues. Upon gastric and intestinal digestion depend the consecutive functions ending in growth and repair, as also the normal condition of all the organs of the body. These physiological facts are trite enough, but they lead to a consideration which, it is evident, has not received sufficient attention, namely, the glands which secrete the essential factors in digestion cannot be extensively diseased without giving rise to impoverished blood, impaired nutrition, diminished muscular strength, weakness of the mental powers, and various abnormal conditions incident to these effects. In cases in which the glands are alone diseased, it is plain that their secretory action may be so far affected as to cause death from inanition; and, of course, the evils and the dangers arising from extensive disease of these glands are enhanced in proportion to the gravity of other associated affections.

Another consideration, pointing to the probable importance of the pathological relations of the gastric and intestinal tubules, is the difficulty, in many cases of different diseases, of explaining certain symptoms and accounting for death otherwise than by supposing these glands to be diseased. Fenwick raises this point in his memoir on morbid changes in the stomach and intestinal villi in persons dying with cancer of the breast. He says: "In many cases of cancer we can scarcely account for the death of the patient. There is no secondary formation in any important organ, and the failure in strength has been out of proportion to the amount of local mischief, so that we are forced to admit either that the blood has been infected, or that some fatal change of a non-cancerous nature has occurred in the viscera." The statement is equally true of various other affections. Cases of phthisis furnish illustrations with which every one is familiar. How common is it to see on the one hand persons living on for months and years with enormous destruction of the pulmonary organs, and, on the other hand, persons dying with comparatively a small amount of damage! We say of the latter cases, that the vital powers soon give way, and, of the former cases, that there is a remarkable tolerance of disease. We express in this way obvious clinical facts, but we do not explain

them. Clinical observation teaches that in cases of phthisis, and also in other chronic affections, the speedy giving way of the vital powers, on the one hand, or, on the other hand, the remarkable tolerance, depends, other things being equal, on the ability or otherwise to ingest, digest, and appropriate food. This clinical fact suggests the question, Why is it that, with an equal amount of disease of the lungs, or elsewhere, in some cases there is a loss of appetite, of digestion, and consequently of appropriation, leading to exhaustion and death, while, in other cases, these functions being preserved, the vital powers are maintained and life continues? Taking into view the observations of Jones, Fox, and Fenwick, which show that in phthisis and other chronic affections the glands secreting the digestive fluids are liable to become diseased, the answer to this question is that, probably, in the one class of cases these glands are but little or not at all affected, while in the other class of cases they are the seat of morbid changes.

Reasoning from a physiological stand-point, and also, to the extent of our present knowledge, from clinical and autopsical observations, we are warranted in considering a persistent loss or impairment of digestive power, together with anorexia, as the symptomatic evidence of morbid changes in the gastric and intestinal tubules. Extensive destruction of these glands seem to render the indigestion of food not only difficult, but impossible. As regards the ability to take nutriment, the condition is analogous to that in which a temporary complete anorexia is caused by repletion of the stomach. It remains to be determined whether the inability to take certain kinds of food may not have a relation to the destruction of the gastric and the intestinal tubules separately. Considering the difference in function between these two sets of glands, it may be conjectured that, if the gastric tubules be alone affected, the anorexia will relate chiefly to the albuminoid or nitrogenous articles of diet; and the ability to ingest and digest fats, starch and sugar, remaining, emaciation or the loss of weight will not be marked—a fact observed in the case lately reported by Fenwick, and in the cases of idiopathic anæmia described by Addison. On the other hand, we may conjecture that, if the intestinal tubules be alone destroyed, the ability to ingest and digest albuminoid substances may be retained, and the anorexia, together with the loss of digestive power, will relate to the non-nitrogenous principles of diet. In the latter case, it would be expected that emaciation should be more marked. But the changes occurring in the intestinal tubules, either with or without changes in the corresponding glands of the stomach, are yet to be studied.

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Treatment of Prolapsus Uteri.

BY C. A. SPENCER, M. D., OF DALIAS, PA.

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Among the many wonderful adaptations of means to an impor-

tant end, with which the study of anatomy makes us acquainted, not the least remarkable is the contrivance by which the uterus is suspended in the pelvic cavity, so movable as to escape any rude scratch from without or any inconvenience from the varying conditions of the surrounding viscera, and yet so tethered to its place as to insure its enlargement going on, if pregnancy occurs, in such a direction as shall avoid needless discomfort to the person, or pressure upon and disorder of the functions of other organs. But the very mobility, without which pregnancy would be a season of uninterrupted suffering, and even sexual intercourse almost impossible, exposes the womb to the risk of changes in its position, such as may themselves become the source of inconvenience, and call more frequently than almost any other uterine ailments for medical interference. It is obvious enough that an organ suspended within a spacious cavity by means of supports which are themselves yielding, must be very likely to be displaced by comparatively slight causes. In the case of the uterus, too, the risk of its displacement is further increased by the circumstance, that its weight and size are subject to variations, and that the very causes which tend to render it heavier and larger than natural, have often the further effect of diminishing the power of the supports by which it is retained in its natural positions. The tendency to misplacement is further encouraged by the pressure from above of the superincumbent viscera, and by all these muscular exertions a person cannot avoid making in walking, in lifting weights, or even in efforts of defecation.

These causes tend to produce displacements upon its own axis, which are the common and frequent result of the accompanying constipations; and are the most frequent causes of displacement symptoms. These patients usually complain of pain in the back, of a beating or throbbing character, headache, sharp pains through the chest, pain in the left iliac region, with a dragging or pulling sensation, feeling of fullness in perineum, frequent but false desire to evacuate the bowels. Irregularity of the menstrual functions, leucorrhœa, irritable bladder, constipation and diarrhœa. On making a vaginal examination, the womb is found lower down than natural, or the cervix pressing against the rectum. The os and cervix are usually enlarged. The os has a velvety feeling with more or less tenderness.

Treatment.—The treatment in all cases must be governed by the condition of the patient. If the case is of long standing, and the system much debilitated and a great relaxation of the much debilitated and great relaxation of the muscles, I have found the following prescription to afford marked relief:

R. Fld. ext. nux vomic.,	- - - -	f. ʒi.
Fld. ext. bleubahosh,	- - - -	ʒss.
Fld. ext. ergot.,	- - - -	f. ʒiij.
Comp. ticture cinchona,	- - - -	f. ʒj.
Simple syrup,	- - - -	f. ʒiij. M.

Dose.—One teaspoonful four times per day.

But in all cases where there is prolapsus or other displacement of the uterus, it should be returned to its natural position, and some form of an instrument introduced to retain it there, and the instrument that I prefer is Dr. S. S. Stauffer's Philadelphia Gutta Percha Silver Stem Pessary, advertised in this journal.

I have used them in a number of cases, and in every one they have acted admirably, relieving all of those distressing pains, commonly termed bearing down; and most of the other symptoms, under proper treatment, soon disappear. This instrument is very ingeniously constructed with a cup, which embraces the cervix uteri; this cup rests upon a silver stem, the former inclosed so as to prevent friction against the soft parts. The base rests upon a perineal bandage, which is buckled to an elastic abdominal belt. It can not fail to keep the womb in its most natural position, and the moderate price puts them in reach of every woman wishing them. If there is leucorrhœa, the following will relieve it promptly:

R.	Hamamelin,	-	-	-	-	-	-	-	℥iss.
	White sugar,	-	-	-	-	-	-	-	℥iij.
	Ent. ergot,	-	-	-	-	-	-	-	f.℥ss.
	Simple syrup,	-	-	-	-	-	-	-	f.℥iij. M.

Triturate the hamamelin and sugar until they are well mixed, then add the syrup, lastly the ergot, and give one teaspoonful 4 or 5 times per day.

R.	Muriate ammonia,								
	Sulp. zinc.	-	-	-	-	-	-	aa.	℥j.
	Water,	-	-	-	-	-	-		Oj. M.

Sig.—Use one syringe full night and morning.

If the uterus is enlarged, bichloride of mercury and bromide of potassium are the remedies. If there is irregularity of the menses, senecin gossypin and iron should be used. And if there should be a lack of nutrition, cod liver oil and port wine are called for.

CASE I.—Miss A. K., aged 18, taken sick Feb. 24th, 1870. I was called Feb. 25th; found her with great pain in back and region of the uterus, with pains and soreness in the left iliac region. When she attempted to stand on her feet (using her own words) she had such a bearing down, and such a dreadful feeling in her back, that she was compelled to lie down again. On examining per vagina, I found the cervix uteri resting on the perineum, the uterus enlarged, very hot and tender. She stated that she had not menstruated in about eight weeks. Treat senecin, gr. 20; gossypin gr. 20; feri. phos., gr. 10; mix chart No. 7; give one every four hours. Morphia sulph., gr. 2; fld. ext. belladonna, gtt. 30; aqua camphor, ℥ii; sig. teaspoonful every half hour, until the pains relieved. Feb. 26th, 2 p. m., found her comfortable with free menstrual discharge. Potass. bromide, ℥i; hydrarg. bichlori, gr. 1; cypripedir, ℥i; syr. simple, ℥iv; sig. teaspoonful four times per day. Ten days later, on examination, found the uterus natural

size, not tender, and easily returned to its natural position. I introduced one of Stauffer's shell pessary's, and gave her a tonic. March 28th, removed the pessary and told her to walk around the room, which she did. On examining after, I found the uterus nearly in its natural position. I again introduced the pessary, and did not see her again until June 12th, when she told me she had not worn the instrument for the past six weeks, and that she had not felt any of the old complaint, although she had worked very hard.

CASE II.—Miss Lidy A., age 22 years, school teacher, single, had been unwell for two years, her physicians telling her she had rheumatism, as she had pains in her limbs and through her chest and back. She stated that she had not been able to teach for the past year. She applied to me for treatment March 28th, 1870. After hearing her history, I told her I thought she had falling of the womb. She said she thought that could not be; she did not think she was sick enough for that; but she consented to be examined, which revealed procidentia uteri. I advised her to get one of Dr. Stauffer's instruments, which I accordingly obtained for her in a few days. I used in this case a shell pessary, as above. The medical treatment consisted of uterine tonics with nervines, and with orders to push the instrument up every night after retiring to bed. The first of May, her health having improved, she commenced her school again, which she has continued up to the present time, Dec. 27th, except a vacation of October and November. I saw her during the vacation, when she reported herself as feeling well in every respect, and stated that she had not worn the instrument in about two months. On making examination I found the uterus in its natural position, and to all appearances healthy. ♀

CASE III.—Mrs. C. G., age 28, married, has two children, the youngest 4 years old. She states that her last confinement was tedious and protracted, and that ever since, whenever she works hard her womb comes down and out about two inches, and to return it she is compelled to lie down on the floor with her feet upon the lounge or chair and work it back, and then after lying in that position for a short time it will stay up until lifting or some other over work brings it down again. I advised her to have an instrument to keep it in position. I accordingly procured for her one of Dr. Stauffer's Gutta Percha Silver Stem Pessary, and returned the womb to its natural position, then introduced the instrument to keep it there, and gave her uterine and muscular with general tonics, such as nux vomica, hydrostin tr. cinchona comp., iron, &c., for about two months when the medicine was discontinued. She reporting herself as feeling well, and had gained about fifteen pounds of flesh. Dec. 23d, saw her; she reports herself well; says she has not worn the instrument since October first, and that she has not felt any of the old disease in about four months.

CASE IV.—Mrs. J. K., married, has two children. I was called to see her August 24th, 1870. She stated that she had not been able to do her own house-work in about two years; that sometimes she felt quite well, and then she would try to work, but that always made her worse. At the time I first saw her she had menorrhagia with prolapsus uteri. She was pale and anæmie. The medical treatment after of tonics, bark, iron, &c. Sept. 10th, introduced one of Dr. Stauffer's silver stem pessaries, and in about four weeks she discharged her servant girl, and has done her own work ever since, and now looks ten years younger than she did when I commenced treating her, and says she feels better than she ever remembers of feeling before. I do not mean to say that Dr. Stauffer's instruments will cure all cases of prolapsus uteri, but that the majority of uncomplicated cases in females before menstruation ceases, with those instruments and appropriate medical treatment, I am fully persuaded by my own as well as other physician's experience. In young females I use the shell or globe pessary; and in married, with lax muscular habit, I use the silver stem pessary.

Editorial.

Meeting of the American Medical Association.—Fare to San Francisco and Back, Time and Expenses of the Journey, &c., &c.

The forth-coming meeting of the American Medical Association is exciting great interest in the profession; and from the present inquiries upon the subject, we infer that the States will furnish a large delegation, notwithstanding the great distance and consequent length of time which will be necessarily occupied. The importance of the topics upon which committees are to report, the novelty of a journey to the Pacific Coast, and a general desire to advance the interests of the Association, will combine to increase the number who will attend; and we bespeak one of the most successful meetings of the Association.

It may be, as it was last year in Washington, that some side issues will be crowded upon the attention. As the Negro question was settled in Washington, so the Chimpanzee and Chinaman questions may possibly obtain final adjustment in San Francisco. However, if it shall be shown that the Orang tribe is really the great Ancestral Father of us all, ourselves having decended or rather ascended by progressive development, the profession will scarcely feel like ignoring any of the links in the great chain; but, in California, will admit to the rights and privileges of the Association, all educated regular physicians, either as delegates or members by invitation, not hesitating on account of race, color or origin.

There is evidently in store for the profession a grand entertainment; and those who may have time enough, and money enough, will do well to accept the invitation. We have received invitation, in addition to the general invitation which

all physicians receive, to also attend and join the Association of Editors of Medical Journals, which is to hold its annual meeting at San Francisco. The desire to promote the objects of the Association is an additional incentive to us to attend; but, alas! the profits of Medical Journalism are not received in such currency as will generally purchase berths in Pullman Sleeping Cars for the Pacific.

We can imagine the conductor's astonishment on being offered in payment some of our "scrip." It would read thus:

BUFFALO, March 25th, 1871.

EDITOR OF THE BUFFALO MEDICAL AND SURGICAL JOURNAL:

To BAKER JONES & COMPANY, DR.

To One Thousand Journals, March No., \$200.00.

Received Payment,

No name after received payment, and the following: "P. S.—Please pay bearer the above bill without delay, and greatly oblige, yours, &c., Baker, Jones & Co." Conductor looks over the paper, seems bewildered and unable to make out the case. Finally he says, "What is this?" "Our currency, sir!" Conductor passes back a little to get a better view of the "check," and a better view of the Editor and his company. The appearance is all very respectable, the company is unexceptionable, and he is hardly ready to put a quiet, well-behaved gentleman off the cars until he *knows* that there is something very wrong about it, so he inquires: "Is this good for its face?" A traveling companion, who knows the Editor, now interposes an endorsement, assuring him that the "scrip" is as good as gold, and will be paid promptly when—the subscribers to the Journal pay their dues (in advance)—the "in advance" being said in an under tone, so that the conductor finally accepts the "scrip," and says he has no doubt it is all right, and that Mr. Pullman will be glad to send all the Medical Editors upon the same terms. Upon such terms no reduction of fare will be expected. In furtherance, therefore, of the objects of this Association, all Editors holding similar evidences of debt are advised to offer it in payment of fare, and see if it will pass.

The permanent secretary, Dr. Atkinson, of Philadelphia, who has done more for the prosperity of the Association than any other man, has already invited us to attend the meeting. We rather guess he wants to have us make report of the proceedings. *Our* report last year was received by the profession with the heartiest demonstrations of approval. If we can pay our fare in the manner aforesaid, we pledge our readers a full and accurate report of the incidents of the journey and Proceedings of the Association.

Since writing the above, we have received the following letter from Wm. B. Atkinson, M. D., Permanent Secretary:

AMERICAN MEDICAL ASSOCIATION,
Office of Permanent Secretary, Wm. B. ATKINSON, M. D., }
1400 Pine St., S. W. cor. Broad, PHILADELPHIA, March 3, 1871. }

Dr. J. F. MINER:

Dear Doctor,—The fare from New York to San Francisco and back, \$170.
From Chicago and back, \$140.

At Omaha, all must have certificate from *me* to procure tickets over the U. P. R. R.

From Omaha to San Francisco and back, \$125. Tickets sold, *only* to holders of *my* certificate, stating name, &c.

Am yet in treaty for better terms, but fear a failure.

Please state in your Journal, that those desiring certificates must apply early with the names of all their party.

As soon as I can say more, I will do so.

Truly, in haste,

WM. B. ATKINSON.

AMERICAN MEDICAL ASSOCIATION, }
Office of Permanent Secretary, WM. B. ATKINSON, }
1400 Pine St., S. W. corner Broad. }

PHILADELPHIA, March 24, 1871.

ARRANGEMENTS FOR THE MEETING ON TUESDAY, MAY 2,
AT SAN FRANCISCO, CAL.

Union and Central Pacific Railroad: From Omaha to San Francisco and return, \$125. Tickets good for 60 days, and sold *only* to holders of certificate from Permanent Secretary. This includes the wives and families of ALL who desire to participate in this excursion. Each person must be named in the certificate.

From Harrisburg to Omaha and return, \$49. From Philadelphia, \$53.20. Tickets sold *only* to holders of certificate as above.

To Omaha: From Cincinnati, Louisville, Nashville, one fare for the round trip. From Washington, \$59.30.

Local arrangements have been made with other roads; hence application should be made at starting for *excursion* tickets.

TIME.—From Omaha to San Francisco, nearly 4 days; To Omaha from Boston, 64 hours; New York, 62 hours; Philadelphia, 58 hours; Washington, 60 hours; Chicago, 22 hours.

MEALS.—At convenient points, and good, 75 cents to \$1.00.

SLEEPING CARS.—Each double berth, Omaha to Ogden, \$8; Ogden to San Francisco, \$6.

Passengers will be taken by the Pacific Mail Steamship line, *via* Panama, at one-third less fare, either way. Tickets sold *only* to holders of certificates.

Those desiring certificates should apply immediately, inclosing *stamp*.

WM. B. ATKINSON.

N. B.—It is suggested that as many as possible should be at Omaha by April 26th or 27th, at the latest, reaching San Francisco the day before the meeting.

Coroner's Inquests.

It is scarcely necessary to make a word of comment upon the communication of our worthy associate, Dr. Hauenstein, whose experience in this *post-mortem trade* is by no means serious as compared with the profession generally. Upon one of our patients, who died of well-known disease of the heart, two coroners held inquest. The first simply made inquiry as to the facts of his long sickness, and the number of physicians who had recognized the nature of the malady, and his liability to sudden death. The second called two physicians, who made *post-mortem* examination, and a jury to decide the cause of death. There was no suspicion of any crime, either by the dead man, his friends, or any body else. We were at the time unable to conceive the occasion for any inquest at all, much less for two inquests upon the same case of death from causes much better understood than is usual in the most common of fatal diseases. In another case we were summoned in haste to make examination for coroner. Judge, if you can, our astonishment, on entering the room, to find our own patient, who had long suffered from unmistakable cancer of the womb already dissected, and waiting our arrival, so as to give us opportunity of making "*post-mortem examination.*" Not very long since the cars run over a poor unlucky victim, and we were called to administer to his distresses the few remaining hours of his life. A few days later, the daily press announced the verdict of the coroner's jury, as follows: "Died from necessary surgical operation and loss of blood." As we are not very sensitive about such matters, we have hardly thought of it since, until Dr. Hauenstein's letter recalls our experience in this respect. Personally, we have no objection to coroners holding inquests on all who die; in many instances it might be well to determine whether death resulted from natural or unavoidable causes, or from neglect or imperfect care. Provided the county is willing to defray the expenses, there is no great objection; it might throw away its money in a worse way.

It seems quite inconsistent, however, that members of the medical profession should offer gratuitous medical care of the pauper population on the one hand and on the other render unnecessary and wholly useless service, with no other earthly motive except the compensation. The medical care of the poor is a legitimate service, which the county is legally and morally bound to requite. There can be no reason urged why physicians who render it faithfully and honestly should not be adequately paid. We believe no honorable tax-payer of the county would object to it, any more than to the salaries of the supervisors superintendents of the poor, and all others who devote their time to the county. It is no benevolence to offer it gratuitously: the county should not be willing to accept this service upon such terms from the men who offer it: they are not able to give their time to Erie County without compensation. It is disgraceful to both parties; alike injurious to the good standing and respectability of the one, and unbecoming the ability and fairness of the other. It is necessary in cases of suspected crime to make thorough investigation as to the causes of death.

Such services, when faithfully rendered, should also, be liberally paid; but it is in no way necessary, to examine by *post-mortem* section the causes of death, when there is no suspicion of crime, and when death has been long expected from the progress of common disease. That physicians should offer their services gratuitously where they are fully and fairly entitled to pay, and engage in an unnecessary, illegal and dishonest service to the same party, for the sole object of compensatisn, is indeed quite remarkable. Which is *most* dishonorable, we leave others to judge. It would be an interesting historical item, to know how many, *post-mortem* examinations are ordered yearly by the Coroners of Erie County, and in how few of the number was any crime even so much as suspected

If any Coroner order *post-mortem* examination to determine cause of death, in cases of well understood and uniformly fatal disease, dying under the care of well-informed practitioners of medicine, it is malfeasance in office, and should be immediately presented to the courts for adjustment. Hereafter, we promise to the craft immediate complaint, so that we may have *ante-mortem* examination of their official conduct. Personally we entertain for them all the highest respect, and are under obligations for favors, which will be duly acknowledged under proper head.

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Board of Pension Examining Surgeons.

The following declaration sufficiently explains itself. It commends itself to every thinking mind:

OFFICE OF THE BOARD OF PENSION EXAMINING SURGEONS, }
 For the 28th Congressional District of New York, }
 ROCHESTER, February 27th, 1871. }

HON. H. VAN AERNAM, Commissioner of Pensions:

Sir,—We, the undersigned, composing the Board of Pension Examining Surgeons for the 28th Congressional District of New York, have seen with much surprise the charge of proscription made against you because of your recent action in organizing Boards of Examiners.

It is difficult to understand how this charge can be made by any one conversant with the practical operations of the Bureau.

Since the adoption of the system of Boards has superseded single examining surgeons, harmony and unity of action, always desirable, have become indispensable. We are required to examine, consult together, and determine the nature and permanence of injuries and maladies, and the probability of their cure. The various "schools" you mention hold such diverse and opposite opinions that they cannot work together towards uniform results. Maladies which one considers incurable, can be controlled and removed by the minutest remedies. So incompatible are the different systems, that the Supreme Court of this State has decided that a person who offers to practice Homoeopathy or Allopathy, as his patients may wish, is "practically a quack in his profession." (*Ex parte Paine*, 1 Hill, 665.) And yet it is claimed that the Bureau of Pensions should recognize all systems alike.

The duty is imposed upon you of selecting such agents as will, in your opinion, most accurately define the condition of each claimant, and so determine the amount of his pension. In making this selection you must necessarily choose such individuals as will most effectually promote the interests both of the Government and of the Pensioners, and secure equal and uniform justice throughout the whole United States.

The end could not be accomplished by organizing Boards belonging to the different "Schools" you mention. The result would be that a pensioner certified by one Board would receive the smallest allowance provided by law for a temporary malady, while another pensioner, in precisely the same condition, certified by a Board of a different stamp, would receive the largest pension awarded for a permanent and incurable disability. As well might a Commission of Jews, Christians, Turks and Infidels sit in judgment upon alleged departures from the True Faith!

Whatever system or school may be deemed best to the interest of the Government and of the Pensioners, you are in duty bound to adopt, and that system should be uniform throughout the whole country. The selection of individuals deemed most fit for the office must necessarily involve a choice among the schools to which they belong. All systems are not equally good. You are bound to select that which, in *your judgment*, is best, and you are thus compelled to give the preference to one over all the rest.

Very Respectfully,

Your Obedient Servants,

B. L. HOVEY, Pres't of Board.

[Signed] H. F. MONTGOMERY, Treasurer.

D. LITTLE, Secretary.

We, the subscribers, residing in the city of Rochester, and in the 23th Congressional District of New York, fully concur in the opinions expressed in the above letter, and believe that the principles stated are absolutely necessary to secure an uniform Pension system throughout the United States.

(Signed by the Physicians of the district.)

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Transactions of the Medical Society of the State of New York.

We are indebted to some of our friends, probably Dr. William H. Bailey, the efficient and worthy *Secretary*, for re-print copies of the Transactions of the Medical Society of the State of New York, from 1807 to 1831, and from 1840 to 1843. These volumes are very valuable, enabling many physicians and libraries to complete their sets. As is well-known, they contain many of the most valuable papers presented to the profession during these periods, and are on this account valuable—doubly valuable as completing sets of the Transactions of our State Medical Society, "which has proved to be the prominent medical society of the country."—DR. BAILEY.

The prosperity and usefulness of the society, for the past years, has been

greatly due to the efficiency and ability with which Dr. William H. Bailey has discharged the duties of the office of *Secretary*; and the medical profession of the state will not fail to recognize its obligations to him. The late Dr. H. D. Willard, former secretary, will also, in this connection, be remembered with gratitude.

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Alumni University of the Medical Department of the City of New York.

The Executive Committee of the Alumni Association of the Medical Department of the University of the City of New York purpose the publication, at the earliest possible date, of a complete catalogue of the graduates from that institution since its foundation. The records of the Faculty having been destroyed in the burning of the college building some years ago, this project is one that should be seconded by every one of the alumni, of whom between two and three thousand are scattered throughout the United States. It is earnestly requested that each of these will without delay forward for enrolment his full name and post office address, with his professional history, including date of graduation, posts of honor and trust held, etc., and also any information which he may possess concerning former class mates who have since died or retired from practice. Communications should be addressed to the Secretary, Chas. Insee Pardee, M. D., 72 West 35th street, New York.

Books Review.

Bound Volume of the Journal of the Gynæcological Society of Boston.

We have received a very beautifully bound volume of the Gynæcological Society of Boston, a journal which has now reached its third volume. It is devoted to a report of the proceedings of this society, and such other matters as belong to its province. It cannot be said that it is wholly confined to Gynæcology, for its chapters on Medical Ethics have operated actively upon the profession. Massachusetts has always regarded itself as one of the oldest and most influential "towns", in this country, and that its institutions are conferred by divine gift in infallible form. It has been the province of this Journal to suggest that other towns and institutions have also been discovered, and that some progress has been made within the last three hundred years, not perhaps fully understood by the founders and conductors of those old time honored and unchangeable organizations.

It is a vigorous Journal, call it Gynæcological, or otherwise, as you please; and it aims to correct, as far as possible, the prevalent impression of the Pilgrim descendants, that Plymouth Rock is the foundation of the Earth; that Boston is the "Hub;" and that Harvard College is the crowning creation, of the great Mind of God. We are

much oblige for volume three, in such unapproachable style. Volume one and two would add to its appearance if placed by its side, according to the old adage, "one good turn deserves another."

We must not dismiss this Journal without more seriously acknowledging its value as an original contribution to its specialty. No other Journal in this country is devoted exclusively to the diseases of women; and it deserves support, since no field of medicine is more productive of discovery than this. Its claims upon, and interest to the profession, is nowhere excelled; and in this may be found the success which has thus far attended its publication. All physicians alive to the growing knowledge of their professions will be interested in the contents of this Journal.

Physics and Physiology of Spiritualism. By WILLIAM A. HAMMOND, M. D. D. APPLETON & Co., New York. 1871.

This is a monograph upon the subject of Spiritualism, which should be read not only by the medical profession, but by all who are able to read the English language. Such vague, ill-defined superstitions, and irrational views upon the subject of spiritualism, prevail in the community, that it would seem as though the Salem Witchcraft tragedies were soon to be again repeated. That the phenomena observed in so-called spiritualism should be regarded by thinking and otherwise sensible persons as due to supernatural causes, cannot be explained, other than as arising from a natural tendency in the minds of men to ascribe to supernatural agencies those events, the causes of which are beyond their knowledge. These phenomena have been observed at various times from the earliest history of mankind. Possessed of devils, witches, mesmerism, spiritualism, &c., &c., are some of the names it has received. It has been exhibited by various denominations of men, priests, witches, magicians, mesmerisers, somnambulists, ecstasies, hysterical persons and mediums, even down to the present age, "the skepticism of men not having reached that condition which admits of no belief without adequate proof."

Our author says: "There have always been, and probably always will be, individuals whose love for the marvelous is so great, and whose logical powers are so small, as to render them susceptible of entertaining any belief, no matter how preposterous it may be; and others, more numerous, who, staggered by facts which they cannot understand, accept any hypothesis which may be offered as an explanation, rather than confess their ignorance." Spiritualism, mesmerism, witchery, and the kindred "sciences" (?) are most satisfactorily treated in this little volume; and we think it should be forced upon the public, by a sort of missionary effort in the same way, if necessary, that religious tracts are distributed. Some rational views as to the causes of the miraculous phenomena which have been observed during the history of the world, would be of as much value to civilization as any truth in science, religion, law or medicine, and this book will aid in obtaining them.

BUFFALO
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VOL. X.

APRIL, 1871.

No. 9.

Original Communications.

ART. I.—*Medical Society of the County of Albany. Semi-monthly Meeting, March 14th, 1871.*

REPORTED BY JAMES S. BAILEY, M. D.

DR. ANDREW WILSON, Vice-President, in the Chair.

The Physiological Action and Therapeutical Effects of Codeine.—

Dr. J. W. MOORE remarked, codeia exists in opium, combined with meconic acid, and is extracted with that alkali in the preparation of the muriate of morphia. It is obtained by treating with ammonia a solution of codeia and muriate of morphia, the latter being precipitated while the codeia remains in solution. There is some danger in its preparation of its containing more or less of the stronger alkaloid, and frequently unmistakable evidences of morphia are noticed after its administration. Its presence may be detected by the tests of nitric acid or sesqui chlor ferri: the former rendering the blood red color and the latter the blue solution.

Dr. Moore was first led to the use of codeia, about three years ago, in a case of acute dysentery in a female, aged 30, of nervous temperament. It was a case of consultation. All the other remedies had been tried that could be thought of with no apparent relief. There were present bearing down pains, frequent blood and mucous stools, with violent tenesmus, and also obstinate vomiting. She was unable to keep anything upon her stomach, no matter how bland. She had been confined to her bed for about ten days, and for the last three, had been unable to take food or nourishment of

any kind. It was impossible to take a little water without its immediate rejection.

She could not tolerate opium, or any of its preparation, by the mouth, to relieve the excessive pain. Opium, by injection, was tried, but it only increased the nausea and produced troublesome headache. At last two grains of oxalate of cerium was dropped dry upon the tongue, the administration of which was soon followed by a cessation of retching, so that in the course of an hour she was enabled to take and retain a grain of codeia in solution, which was soon followed by a quiet, sweet sleep, lasting some hours. Dr. Moore anticipated nausea upon awaking, but it did not return again. The headache was entirely relieved; her bowels before had been exquisitely tender and tense, were now quite flaccid, and could bear gentle pressure. The sulphate of magnesia was administered, which produced a fecal stool. Codeine and cerium were continued for several days, and the quiet repose that had followed its first administration was always produced. There was no constipation, increased heat or frequency of the pulse following. The patient was soon able to retain food, and soon recovered.

The doctor had treated fifteen or twenty cases by the use of this remedy, and had noticed turbidity and redness of the urine; but, having never administered the drug in any cases excepting those that were suffering from disease, he is unable to state whether the deposit was the result of the action of the medicine or of the disease.

Persons are relieved of dysentery by this remedy, when the stomach can contain it. We occasionally have a disease of the bowels called nervous dysentery, which originates from some particular derangements of the great sympathetic, and not from any climactic or zymotic cause, which seems to be unmanageable by the ordinary remedies, in consequence of extreme nervous excitability of the stomach. From experience Dr. Moore thinks codeine particularly applicable in such cases, and when judiciously administered will effect a speedy cure. He had never given more than two grains at a dose; and, when the drug was pure, had never observed the unpleasant after effects indicating the presence of morphia in sufficient doses to procure sleep.

Bromide of Potash as an Anthelmintic — Dr. J. N. NORTHROP

gave the history of the following interesting case. In 1870 Mr. Smith called upon the Doctor to consult him for the relief of tape worm. He had upon several occasions passed segments of the same. The usual symptoms were manifest: distended abdomen, peaked countenance, &c., which had been of two or three years duration. He had used the ordinary remedies, spits. turpentine in large doses, pumpkin seed, &c., without relief. Bromide of potash in twenty grain doses, every four hours, was prescribed, to be used until the sedative effects was experienced. He continued the remedy two and a half or three days, then took half an ounce of spirits turpentine, and in a short time two ounces of castor oil. The Doctor heard no more from his patient for several weeks, until he was congratulated by a neighbor of his patient, who assured him he had made a remarkable cure. That, from the first medicine, he had passed in all 200 feet; and after a few weeks, had repeated the medicine, and passed 50 feet more, at which time the head was voided, making in all 250 feet of tape worm. Mr. S., since that time, had rapidly improved in health, and had not since been troubled with the parasites.

Dr. Northrop was since attending a child between two and three years old. He gave bromide of potash in syrup, in sedative doses, when twelve feet of tape worm were passed. The child improved in health and has remained healthy since.

Dr. Northrop had recently prescribed the remedy for tape worm, in the case of an adult, but had not heard of the result. He hoped the members of the society would give the bromide of potash a trial if such cases were presented for treatment, and report the result to the society.

Cases of Apoplexy occurring after Labor.—Dr. JAMES S. BAILEY reported the following cases :

CASE I.—In 1867 I was called, at 10 o'clock, P. M., to attend Mrs. D., a healthy looking Irish woman, in her ninth accouchment. Her pains were occurring strongly, at intervals of five minutes; by 3, A. M., she was delivered of a large sized male child. He remained to see that the umbilicus was properly dressed, which consumed about half an hour; during this time she was cheerful and sociable, remarked upon her unusually hard labor, and attributed it mostly to her being in better flesh than usual. In the course of an

hour from this time she fell asleep, and rested quietly until about 9 A. M., when she was noticed to breathe stertorously. An effort was made to awaken her; as it was not successful, a messenger was sent for Dr. B. By 11 o'clock he saw her; she was in a deep coma, with the pupils of her eyes contracted, countenance livid and somewhat turgid. In half an hour she expired. No post mortem was allowed.

This woman was accustomed to work out by the day to wash and clean house. She had been thus engaged upon the day of her confinement. There is no doubt but during the severe uterine contractions one of the blood vessels of the brain was ruptured, which caused a gradual extravasation of blood, which caused this deep sleep—this apoplexy.

CASE II.—Mrs. A, aged 35, an apparently healthy woman, weighing about 140 lbs. She had three living children, and three premature births. He was called in a threatened case of miscarriage, October 22d. The hemorrhage was considerable, and the os but slightly dilated, without having experienced labor pains. The annoying symptoms being excessive nausea and pain in the gastric region.

The next day the gastric distress was not relieved, the hemorrhage was considerable, with an increase in labor pains and a dilatation of the os uteri. At 3½ P. M. he was again summoned in haste, and ascertained at 3 o'clock she had been delivered of a small sized male infant, appearing as if she was four months advanced, though she had claimed to have passed her seventh month of conception.

About fifteen minutes after delivery she attempted to raise her head, complained that she could not see, and heavily sank back upon the pillow, and was immediately insensible. This was her condition when Dr. B. arrived. Dr. Wm. H. Bailey was passing and was invited to see the case with him. Her pulse was forty-five per minute, and not strong. Her face was flushed and mottled, her eyes closed, and the balls turning upwards, the pupils much contracted, breathing was slow but not stertorous. There was frequent retching, and a dark foamy mucus was vomited. He considered it a case of apoplexy. In about three hours they again saw her. The circulation had improved, and the skin assumed a normal appearance; deglutition was exceedingly difficult. Upon the

evening of the second day the pupils were much dilated and paralysis developed upon the right side, though she did once or twice partially raise her right arm. Her bowels responded readily to a moderate dose of castor oil. The urine was involuntarily discharged.

Her condition apparently improved, her intellect brightened, she followed him with her eyes when passing around her, would raise her right leg when requested, and nod her head in answer to questions but could not articulate.

Upon the morning of the fourth day there was a perceptible change for the worse: there was more insensibility, and the breathing was shorter and more hurried. Upon the evening of the fifth day she expired without a groan.

Autopsy—twenty-one hours after death.

Body—well nourished, rigor mortis present, and a sanguinous fluid oozing from the mouth; considerable sugillations over posterior part of trunk.

Head—skull cap normal. The dura mater being removed, the vessels of the arachnoid were much injected and engorged with blood. A small quantity of serum was contained in the sub-arachnoidian cavity. Upon removing the cerebrum with the cerebellum and medulla oblongata, a considerable quantity of blood was found effused over the anterior surface of the medulla oblongata, and the fourth ventricle was filled with a clot of blood which extended into the third ventricle, and was continuous with a very large clot which occupied both lateral ventricles, more especially that on the left side. The superior portion of the left corpus striatum was softened and lacerated by the effusion of blood. The remainder of the brain tissue appeared normal.

Thorax.—The right lung was adherent to the ribs by an old and extensive adhesion. The posterior and inferior portions of both lungs were engorged with blood; indurated and easily torn portions cut from these parts did not float in water. Heart, pericardium and valves presented nothing abnormal.

Abdomen.—No peritoneal effusion; the viceral and uterine peritoneum was red, and the vessels injected. The uterus measured seven inches in length, four and one-half inches in breadth, and two inches in thickness, and contained a dark, friable clot of blood.

The left kidney was pale and mottled upon its surface; upon the capsule free and extravasated blood was found on its surface at points corresponding to the mottled appearance. The right kidney was of normal size, and did not present the mottled look. Both kidneys were in a fatty degeneration. The liver was normal in size, and of a dark olive color and soft.

Cases of Hysteria terminating in Apoplexy.—Dr. JAMES S. BAILEY reported the following:

CASE III.—See “Buffalo Medical and Surgical Journal,” Vol. IX., No. 10, page 371.

CASE IV.—Mrs. McN., aged 35, a spare built woman, the mother of eight children, the oldest nineteen, youngest six years of age—since the birth of which she has had two miscarriages. Her catamenia had appeared regularly until her last period, since which time six weeks had elapsed, when she again became “unwell,” and continued to flow her usual length of time, seven days. After she ceased to flow she was seized with hysteria, with a manifestation of its various symptoms. It was in one of those paroxysms the Doctor was called to see her. He found her laying upon a lounge screaming violently, perspiring moderately, with cool extremities, pulse and temperature normal. Her eyes presented a peculiar bleached and faded color; the pupils were contracted; there was intolerance to light, and much palor of countenance. All efforts to restrain her cries were unavailing; she complained only of a strange sensation in the top of the head. She was apparently relieved and quieted by the use of hydrat chloral, in 10 grain doses, together with mustard pedaluvia. During half the night she rested quietly, and in the morning was much relieved, but complained of numbness of her extremities.

Having witnessed a similar case (No. 3) before, which terminated in apoplexy, he feared this might also so terminate, and expressed this belief to the family, which was unfortunately realized within a space of three hours. Soon after she was seized with a convulsion, and remained insensible with stertor until she died.

No *post-mortem* was allowed.

Cases of Hysteria resembling Apoplexy.—Dr. JAMES S. BAILEY also reported the following:

CASE V.—Several years ago he was called in haste to see a young

lady of fine personal appearance, who was found in her room insensible. At first the impression was, that she had swallowed poison. She lay passively upon the bed; there was no rigidity nor spasms of her limbs; pulse and temperature normal. Her eyes were closed, and when opened they presented a peculiar expression of recognition. By looking into the eye, there was no disposition to wink, nor for the eye to fill with tears. She remained in this condition three days and nights. He called several physicians to see the case with him, but council could throw but little light upon the case until an accurate history of her surroundings could be obtained. She was apparently supporting herself by sewing. Late at night an elderly man was observed occasionally to call upon her. Upon one of these visits a misunderstanding occurred, and this condition followed.

Pinching, or the prick of a pin did not cause any manifestation of pain; respiration was normal. At the expiration of the time mentioned, she gradually became conscious, and was apparently as well as usual, except debilitated from long fasting. In this case of hysteria the history of circumstances revealed more than a physical examination.

CASE VI.—About six months from this time he was called to see a young married lady, from a neighboring city, who was visiting Albany for the purpose of obtaining a divorce from her husband.

During the progress of the case some unforeseen circumstance arose prejudicial to her interests, and while conversing upon the subject she fell suddenly upon the lounge, and the whole household was thrown into consternation. The circumstances, and her physical condition, so clearly approximating the case just related, he determined it, too, was a case of hysteria. Council was called, and finally her family physician. This manifestation of anxiety upon the part of friends did not serve to improve her condition, but upon the contrary to make her worse.

There was a difference of opinion among the consulting physicians. Dr. B. had already given his opinion. The consulting physicians thought the malady more grave—apoplexy. He accordingly was dismissed, and had the pleasure (?) of seeing the gentleman whom he was instrumental in having called as council supercede him, and continue to take charge of the case. Shortly before he

was discharged, there was apparently paralysis developed upon one side. This case continued under treatment some time in this city, and finally returned home, still suffering from the loss of use of one side.

A few days ago a physician from her neighborhood, who was thoroughly acquainted with the circumstances, informed Dr. B. she had frequent repetitions of these attacks of apoplexy (?), but was apparently in the enjoyment of fine health.

Dr. C. A. ROBERTSON reported a very interesting case of *Preverted sense of distance from violence to the Eye*.

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ART. II.—*Clinical Remarks on Surgical Cases occurring in the Buffalo Hospital of the Sisters of Charity.* By Prof. J. F. MINER, M. D.

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REPORTED BY W. W. MINER, MEMBER OF THE CLASS.

CASE XV.—*Transplantation.*—A second case illustrating this new surgical procedure is here shown. The patient is a man of more than forty years of age, and has had an open syphilitic ulcer on his leg since his twenty-first year. The case is altogether one which belongs to our excellent hospital *interne*, M. J. Talbot, who commenced testing the value of the operation of skin grafting, immediately after the first operation of this kind was made in your presence. The success of the present case seems to be unexceptionable, as all the transplanted germs have maintained their position and vitality, whereas generally, and as in our former case, some one or more of the transplanted germs fail to form living attachment to the part upon which they are implanted. It surely seems quite an accomplishment, that of causing the closure of a syphilitic ulcer which was of twenty years standing, and whose borders were formed of skin of such low vitality that it gave no promise of extending itself to any extent whatever.

The young boy whose heel was implanted with skin germs, after the denuded surface was entirely covered with skin, rose and walked about the wards on crutches for two or three days. At the end of this time he was obliged to return to his bed because portions of the cicatricial covering of the heel came away, exposing a raw, bleeding surface. It was, however, noticed that the skin which

sloughed away was altogether that formed by the natural process of cicatrization, while that which was produced by the operation of transplantation was not at all affected. The raw places were soon furnished with skin germs, and the boy is now in bed waiting for these germs to extend sufficiently to form the required covering. It is remarkable that such a difference exists in favor of the skin which is developed as the product of transplantation over that which was formed by the natural process of cicatrization. It seems that there is practically a limit to the extent to which skin will extend itself upon a raw surface, and the newly formed skin degenerates in character as it is removed from its center by proliferation. The sensation of touch is felt with normal acuteness in the skin of transplantation. This skin is probably not furnished with sweat or sebaceous secretion, or with hair; but it is of the natural thickness and affords proper protection to the parts which are covered by it.

CASE XVI.—*Exostosis of Right Os Innominatum*.—This gentleman, who is fifty-two years of age, presents an interesting growth on the front and right side of his pelvis, which extends also downwards in front of the femur. The firm, unyielding, bony growth, is of triangular form; its base measures six inches in breadth, and is attached to the anterior surface of the ilium, between its crest and the acetabulum. It is also about five inches in length, and projects downwards exactly in front and in a line with the femur, covering about three inches of the upper part of that bone. By pressing with one hand upon the great trochanter, and the outer surface of the femur, while motion of the thigh is made, it is determined with certainty that the movements of the femur and of the hip joint are altogether natural, and that the bony growth which projects downwards, forming a sort of triangular apron over this joint and the femur, is entirely distinct from these parts. The growth of this exostosis has taken place within two years, and at present its further continuance seems to be at an end. It has probably attained as large a size as it will reach, and no farther development will take place. This, I believe, is the manner of development usually manifested in exostosis.

These exostoses, or bony tumors, are liable to occur in any part of the bony structure of the body; they are sometimes of very large size; the scapula has been known to attain the size of a bushel

measure; and I have in the museum of the college a bony tumor of the tibia, which is nearly one foot in diameter. The patient suffers from pain in the knee, which is caused by pressure upon the nerve trunks as they pass down in front of the femur and beneath this bony malformation. He is obliged to allay the pain by the use of morphine, frequently in good sized doses. His general health is very good indeed; his hair is quite grey, which is, he says, a family peculiarity. I see no reason for believing that this bony growth can be malignant in character. He has employed all sorts of things for the alleviation of his condition. He has tried preparations of iron, iodide of potassium, electro-magnetism and spiritualism: probably these latter are of an equal value with the former in the treatment of his case. In cases in which exsection of these bony enlargements is demanded, and can well be made, that operation may be instituted with success, or amputation of the affected part may rid one of the whole cause of trouble. In the present case, operative interference will not be advised until it is plainly necessitated.

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ART. III.—*A Case of Inverted Uterus.* By GEORGE RIGHTMIRE. Jacksonville, N. Y., March 17th, 1871.

On the morning of Jan. 26th, 1871, Mrs. R., of Enfield, Tompkins county, N. Y., was confined, by Dr. H., with her first child. The labor was somewhat tedious, but otherwise the same as is usually met with. The child was large, and the pelvis small, so that considerable force was used to deliver her.

Immediately after delivery there was hemorrhage, and fainting accompanying it. The Doctor, becoming alarmed, attempted to extract the placenta by making strong traction on the cord. Not succeeding, he introduced his hand into the vagina, and found a tumor in the upper part coming down from the uterus, (which he supposed to be some fibrous tumor,) with the placenta attached to it. He detached the placenta as well as he could, and took it away in pieces. Flooding and fainting then ceased.*

On the 30th of January, Dr. CHASE was called in consultation, and, just before he arrived, Dr. H. drew off nearly a gallon of urine

*The above is Dr. H.'s own statement.

which had been neglected since delivery. Dr. C., on making an examination, found the labia majora much swollen, and perineum lacerated. On introducing his hand into the vagina, he found the uterus completely inverted, indurated and congested.

The patient was then placed under the influence of chloroform, and an attempt made to return the uterus, which failed. After this the patient was placed upon the use of anodynes, and low diet to prevent inflammation. She continued in about the same condition, lying quietly on her back all the while, without any hemorrhage, until the 27th of February, 1871, when Dr. JAMES P. WHITE, of Buffalo, (whose success in such operations is well known throughout New York and adjoining States,) having been called, examined the parts and confirmed the diagnosis of Dr. C., viz., that it was a case of Complete Inversion of the Uterus. He then administered chloroform and ether, and succeeded in repositing the uterus in twenty three minutes.

The patient vomited during the remainder of the day and night, but ceased the next morning. Since that time she has been gradually convalescing, and is now able to sit up part of the time.

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ART. IV.—*Treatment of Simple Ulcer of the Stomach.* By H. ZIEMSEN, Professor of Clinical Medicine in the University of Erlangen, Bavaria.

(From collection of Clinical Lectures in combination with German Clinical Professors, edited by Richard Volkman, Professor of Clinical Surgery in the University of Halle, Prussia, V. 15, 25th January, 1871.)

TRANSLATED BY GEO. NIEMEIER, M. D., FOR THE "BUFFALO MEDICAL AND SURGICAL JOURNAL."

WUERZBURG, Bavaria.

GENTLEMEN,—The pathology of the simple ulcer of the stomach has been, in the last ten years, the subject of careful studies, which have enriched our knowledge of the commencement and course of the ulcerative process; the same cannot be said about the therapeutics of it. We must confess that, regarding the treatment, we are, in the main points, yet following Cruveilhier and Authenrieth. Yet our present knowledge of the pathological and physiological processes of the ulcer of the stomach, and clinical experience, allow us a more definite conception of the indications, and a

rational empirical therapia. I might assert that there is hardly another affection which combines, with equal clearness of the results to be attained and the ways leading to it, or the same certainty of obtaining the aim. Before we turn our attention to the pathophysiological processes, I will briefly mention those movements to which, according to the present standing of our knowledge, are ascribed the most prominent causes for the ulcer of the stomach: they are especially changes of the vessels of the stomach, which restrict or arrest the circulation within a circumscribed spot of the membranes, and by it expose this spot to the corroding influence of the gastric juice, to self-digestion. Virchow, Rokitansky, and Nerkel, have proved, on fresh ulcers, that the lumen of small arteries can be entirely closed by embolism or thrombosis, by fatty, atheromatous and amyloid degeneration of their walls; and Pavy experimentally proved its confirmation, in causing ulcers by ligaturing arterial branches of the stomach in animals. It is further very probable that circulatory disturbances of another kind, for example, intense inflammatory or collateral hyperæmia, such as extensive burns of the skin, or venous stagnation, in consequence of mechanical impediments in the course of the vena portarum can lead to serious disturbances in circumscribed spots of the stomach wall, as the tearing of the smallest vessels causes a hemorrhagic infiltration of the mucous membrane. Whether the nutrition of a mucous spot has suffered by arrest of circulation or by hemorrhagic infiltration, in both cases the spot of the mucous membrane is exposed to the corroding influence of the gastric juice, or to the sharply acid products of an anomalous digestion, and now a superficial necrosis may follow, at first of the mucous membrane; and if the nutrition is disturbed to a larger extent in its depth, at last a necrosis of the other tissues of the stomach wall. It is further possible that, in some cases, a simple erosion, a catarrhal ulcer, or a diphtheritic infiltration, may cause a round ulcer. We see, therefore, the loss of substance, which we call ulcer of the stomach, can be the result of quite heterogeneous pathological processes in the stomach wall, and is void of any specification. Regarding its disposition towards the sexes, it is a fact that at least double as many women as men suffer with it.

(TO BE CONTINUED.)

Correspondence.

Editor of the Buffalo Medical and Surgical Journal:

DEAR SIR,—The following paragraph is quoted from an article signed John J. Burke, M. D., coroner, published in several of our daily newspapers:

"I asked to see Dr. Hauenstein's certificate. That document stated that Koch died from inflammation of the lungs. True, the right lung was nearly gone. But why did this physician, after telling the family that it was evident the patient would die—a fact evident at the day of his birth—allow Koch to walk all around the neighborhood, and frequent the saloons, and come home intoxicated, while under his care? Why was his son ignorant of the near approach of death and of deceased having made a will inside of five days? The deceased came home from some saloon, got a pail of water and went out in the yard to give it to some pigs—came back into the house and fell under the kitchen table, dead. The physician who made the *post-mortem* pronounced his death to have been brought about by heart disease, accelerated by intemperance, in which the jury concurred. I say that the verdict was correct, and that deceased came to his death by the 'stereotyped disease of the heart.'"

Now, the coroner never saw any certificate stating the cause of death of John Koch, for it was in my possession until a few days ago. The coroner could not know that "the right lung was nearly gone," because no *post-mortem* dissection was made at the time of the inquest that brought to view the lungs. My duty to the patient was neither that of keeper nor of nurse. He never asked me to allow him to get intoxicated; and I have the best of evidence that he did not get intoxicated at all while under my care. The son, personally, with horse and buggy, went for a notary public, and was present when the will was executed. The deceased never got a pail of water during his illness to give it to some pigs: the pigs were creatures of his imagination—the family never kept any pigs; and the deceased did not leave the premises for three days previous to his death. Lastly, what evidence had the coroner that deceased came to his death from "disease of the heart," when he never saw, heard, or felt, the deceased's heart? For, I repeat, no *post-mortem* dissection was made at or before the time of the inquest to bring to view the heart. By which of the five senses was he enabled to determine the morbid condition of the heart? Although charitably

inclined, I am not even permitted to allow him the advantage of his olfactory acuteness. It was not by means of any sense, but by means of nonsense, that the conclusion was arrived at. The son of deceased being interrogated by the coroner of what disease the Doctor said his father had died, to which the son answered, "I don't know, he never told me." Well, says the coroner, "I guess we call it heart disease." Well done, *honest* and *truthful* servant!

Respectfully Yours,

JOHN HAUENSTEIN.

NOTE.--The newspaper article referred to, and quoted from, by Dr. Hauenstein, has appeared to us to be too low, vindictive, untruthful, undignified and unprofessional to permit reply. Accusing us, and a student, of having caused death by chloroform, and of having had a suit for malpractice, appears as defence for a great many unnecessary and wholly unjustifiable *post-mortem* examinations in cases of death from well known, and often times, long standing disease—where there was not even a suspicion of crime. If our young coroner (coroner plainly enough) had added to the intimation of our causing death by chloroform, that the *post-mortem* and microscopic examination showed complete fatty degeneration of the heart, and that, in our malpractice suit, it was the unanimous testimony of the medical profession, called as witnesses, *on both sides*, "that the practice was correct, and the result as good as could be expected," resulting in our entire and complete acquittal; and then added that these cases had been reported in our own Journal as items of general professional interest, as well as of personal and professional pride, he would have manifested a better spirit in his defence. It would hardly seem possible that a Physician could omit, in such connection, that part in which all the members of the *profession* have a common interest and a common pride. But his article is in every respect unworthy reply, and we leave to his associates to judge if they are safe in his company.—ED.

Miscellaneous.

Report of a Special Committee of the Medical Society of the District of Columbia, upon the Claims of Homoeopaths and other Irregular Practitioners for Professional Recognition in the Medical Service of the United States Government, and the Charges brought by the Homoeopaths against the United States Commissioners of Army and Navy Pensions.

The committee beg leave to report that the present antagonistic attitude of the homœopathic practitioners towards the United States Commissioner of Pensions had its origin in the well-directed labors of the latter functionary to simplify and render more uniform the medical action of that bureau.

Some years ago, and up to the commencement of the civil war, the Pension Bureau was of small dimensions, and employed a limited staff to perform the duties, but when the close of the war found many thousands of men distributed over the United States, applicants for pension on account of wounds and disease incurred in the line of military or naval service, and which more or less incapacitated them for earning their own livelihood or sustaining their families, the functions of the Pension Bureau became extended and onerous, involving the employment of a large medical staff demanding not only good general education, but special aptitude for diagnosis and a thorough acquaintance with the nature and consequences of that class of injuries and diseases incidental to camp and active field service; that the medical men employed by the Pension Bureau have not always possessed the qualities stated is simply a statement of fact, nor could the mass well be otherwise, since they were not appointed by examination into their qualifications nor for any special fitness, but simply chosen from the locality on the recommendation of some one who furnished, when required, the name of one or more practitioners of his locality. Political influence often pressed these medical men upon the bureau, and their influence often occasioned the selection not of the fittest man, but of him most influential in local politics, and thus, from one cause or other, the medical qualifications of pension surgeons were wholly lost sight of; and hence it was that when Commissioner Van Aernam entered on the duties of the bureau he found all degrees of medical standing, all classes of practitioners, regular and irregular, on the rolls. There were eclectics and Thompsonians, Indian doctors, herbalists, hydropaths, homœopaths, and abortionists, according to their own written statement.

At the time stated there were 1,350 surgeons on the roll, of whom 1,312 were regular practitioners; of the residual 38 one-half, or 19, were homœopaths, and of this latter number 17 claimed to have

graduated in colleges of regular medicine; the other 19 were filled up by the *soi-disant* physicians alluded to.

Thus, by the above-stated method of appointment, this heterogeneous mass of practitioners became attached to the bureau under former commissioners, who, not being medical men, could not, and cannot be expected to appreciate the inefficiency and weakness of a medical board so constituted; nor was it rendered so apparent how impossible it was to unify the action of the officer with such a discordant force until very lately, when under the present commissioner the mode of examination of pensioners throughout the whole United States was altered, so that, instead of the pensioner applying to a single pension surgeon, and being examined by him and a report forwarded to the bureau at Washington by a single surgeon, boards of examination were ordered to convene in the localities, before whom the pensioner appeared, when a joint examination and joint report was made out and forwarded.

By altered arrangement Commissioner Van Aernam hoped to perform the duties of his office intelligibly, and to the best advantage of the government and the true interest of the soldier.

As soon as these boards commenced to be convened, it became apparent to the bureau that the efficiency and harmony essential could not be attained, since, according to the established rule of medical ethics, the regular physician refused to attend or consult on the same board with the homoeopath, and to avoid obstructing the business of the office, attain unity of action and justice to the pensioner, one or other physician must give way.

In such cases the homoeopath does not feel called on to recede, since his code of ethics allows him, practically to consult with all physicians. But the ethics of the regular require him to decline or withdraw from such association, and, as the majority of all these boards are made up of regular physicians, such action would break up every board, and deprive the Pension Bureau of its most important and experienced medical advice. Now, as the ratio of this class of practitioners is to the number of regular physicians on the roll of examining surgeons as *one* to sixty one, admitting, for argument's sake, although it is by no means true, both classes to be equally well educated and capable of serving the government, it is obvious that the simplest mode of removing the difficulty and obviating harmony, was to eliminate this one from every sixty-one; and this is what Commissioner Van Aernam did. The assumed rights of one physician should not become a stumbling-block when so preponderating a number of the other class existed.

But it is idle to assert for one moment, or admit, that the regular physician and the homoeopath is of equal benefit to the office, for it is mainly surgical advice which is needed, and a full acquaintance with that portion of military surgery which is occupied with the treatment and results of gunshot injuries. Such information is only possessed by those who were surgeons in the late war, or who have served or held the office of surgeon in city surgical hospitals; as these latter are a very small class, they need not be con-

sidered; and it may be stated, therefore, that not to secure the services of the volunteer medical men of the war would have been reprehensible, and the Commissioner would have been open to severe animadversion for malfeasance had he neglected to secure such counsel, even at the loss of irregular practitioners equally well-educated on other points. Commissioner Van Aernam had, then, no alternative but to drop the irregular in order to secure harmony and efficiency in the action of these boards. Besides, it was most natural for the Commissioner to select from that class of men who, and *who alone* were eligible to and did service in the army and navy. Possessed with this conviction, and solely in the interest and regular discharge of the duties of his office, he addressed a circular letter, dated May 25, 1870, to each examining surgeon, headed "Personal Report of Examining Surgeon," and containing certain queries. The blank is as follows:

PERSONAL REPORT OF EXAMINING SURGEON.

Dated, _____, 187 .
 Name in full, _____; residence, _____; county of _____;
 State of _____; graduated at _____; diploma dated _____; nature of
 military or naval service (if any) _____; *under what system of medicine
 do you practice?

*This question can be answered in one word, thus, "allopathic," "homoeopathic," "hydropathic," "eclectic," &c., &c., as the case may be.

The replies contained in the personal report abundantly sustained his judgment and furnished the means of ascertaining the experienced, the competent, and the irregular practitioners. The latter immediately after received a letter requesting them to withdraw their names from the lists of examining surgeons, and from that date the office of Examining Surgeon for the Pension Office has been wholly in the hands of regular medicine.

The elimination, however, was not confined to this class only, for it proceeded to the extent of removing over five hundred additional examining surgeons who were not deemed competent, although regular in their mode of practice and medical education. Among the parties addressed was Dr. Stillman Spooner, of Oneida, New York, who, acknowledging his homoeopathic practice, also was requested to resign. Shortly after he addressed a letter to the commissioner protesting against his action, calling it a proscription of opinion, and endeavoring to excite political feeling and introduce it as a reason why homoeopaths should share these offices.

The further history of this matter may be stated in a few words. Homoeopaths in one or more of the states agitated this "grievance," as they termed it, by meetings and by inflammatory articles in the newspapers, fanning political party flames, exciting a false public sentiment, and indulging in arguments and statements wholly at variance with truth. The Homoeopathic State Medical Society of New York, at their meeting, held in the city of Albany, passed resolutions denunciatory of the commissioner, and demanding his

removal for this act of displacing irregular practitioners, and a deputation during last month waited on the President and Secretary of the Interior calling for the quick removal of the commissioner; and thus the matter stands.

From various sources, public and private, official and personal, the commissioner has received an unanimous endorsement of his proceedings from the profession; and your committee, in reviewing the whole affair, are of opinion that the action of the commissioner, while it was conducive to the best interests of the bureau over which he presides, by availing himself of medical advice, whenever practicable, only from physicians who, having served in the late civil war, are certainly the most competent to form opinions on wounds and disease of military life, that action was also in accordance with the views of the whole medical profession of this country, with whom homoeopaths and other irregular practitioners have no professional status.

Your committee would call attention to the arrogance and untruths contained in the statements of the irregulars in this contest to secure place and position under the government. The homoeopaths have the temerity to say they are 10,000 in the United States, but a careful collection of the actual returns show that the whole number in our country do not exceed 3,000. Dr. S. Spooner says, in his published letter: "In the village of Oneida, my place of residence, there are eight physicians, four belonging to each school. We recognize each other as physicians on equal terms." It sounds rather strangely to our ears to hear that four regular physicians, the whole hope of a village, can be so forgetful of their ethical vows as to consult promiscuously with irregulars, and we are relieved to learn, from a communication dated from the same Oneida, Dr. S. Spooner's village, in which he is accused of conduct unbecoming a physician; and that, "by homoeopathic physicians in this vicinity, he is considered irregular in his practice, and is seldom, if ever, called into consultation." The writer of the same communication goes into the detail of medical acts of Dr. S. Spooner, which, if previously known to the Pension Office, would doubtless have led to his instant dismissal from his position as pension surgeon; and this is the man whom the homoeopaths deem worthy to put forward as a case of oppression and proscription of opinion.

Having now shown that, for the sake of the due performance of the medical duties of the bureau, it was essential that only regular physicians should be selected, and that the number of class of irregular practitioners is so small that they ought not to be considered, in view of the overwhelming majority of opinion on the side of the regulars, your committee desire to place before you some further considerations. The homoeopaths demand their right to be appointed to these positions on account of their education, their number, and influence, and assert that they are kept unjustly out of positions in the Army and Navy Medical Staff solely from the jealousy of legitimate medicine, and that, although few in number they are entitled to representation as far as their numbers go. It

is no doubt true that numbers do not give the right, and that majorities are apt to be exclusive; but this only true when the numbers represent a heterogeneous assembly. On matters strictly professional, whatever be the profession, the majority are likely, nay, indeed, almost certain, of being on the right side, and this majority constitutes the voice and authority of the profession, regulates and controls the whole body, and the dictum of that majority is accepted as the professional axiom. The courts of law regulate the practice of the bar, and no attorney dare act or practice in opposition to the rules of court. In Episcopal religions the Bishops give the formula, and the minister who disputes or practically differs is disrobed; and how would the public treat any complaint of injustice, oppression, and illiberality against these governing bodies? The only governing body in medicine in this country is the American Medical Association, the representative organ of the whole regular profession.

Medical men, and this body has declared in its code of ethics that consultations are only to be held with regular practitioners, and that "no one can be considered as a regular practitioner or a fit associate in consultation 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, pathology, and organic chemistry," (Code of Med. Ethics, Art. 4, §1,) and any surrender of this rule should be considered a step backward in the profession.

The power of our profession over the entire public rests not on jealousy and illiberality nor on numbers, but on a consciousness in that public that we represent the progress of medicine from apostolic times in continuous succession, from which all smaller sects of practitioners are offshoots, fostered by ambition, vanity, and continued by obliquity of intellect or sordid self-interest; that regular medicine rests not on the dogma of a single teacher, which may be modified to suit the knowledge of the present day, but upon an humble, faithful and world-wide observation of the laws of nature, verified and proved and made manifest over and over until he that runs may read, and changing, altering, and improving its practice in accordance with the lights of all the sciences. If this be so, and the experience not only of this country but of Europe and the whole civilized world proves it, since everywhere almost without exception regular medicine is entrusted with important governmental medical offices and support; then is the reason evident that regular medicine only should be called in to serve the government, and that homoeopathy or other irregular sects in medicine, no matter how numerous or influential, politically or otherwise, it may be, should not be represented in such situations.

Your committee, in conclusion, recommend the adoption of the following preamble and resolutions:

WHEREAS, the large majority of the present examining surgeons of the Pension Bureau have served in the medical corps of the volunteer forces during the late war; and whereas, none but regular physicians were admitted into

that corps of the regular army and navy, and therefore none but regular physicians, are provided with the medical experience requisite on examining boards: therefore,

Resolved, That this Society deems the action of the Hon. Commissioner of Pensions, in excluding irregular practitioners from the Medical Examining Board under that bureau as made in the best interest of the public service, thereby leading to uniformity of action, increasing the efficiency of the bureau, and affording to the pensioner the benefit of the most skilled advice; and it is earnestly hoped that the government will not in this instance disregard the deliberate and expressed conviction of the whole legitimate medical profession of this country by appointing to medical position or office a class of men whose practice is not based on experience and observation, the only true groundwork of medical progress, but upon arbitrary dicta, not verified after nearly a century of trial, and which are wholly opposed to the ordinary exposition of the natural laws of physical science.

Resolved, That a copy of the foregoing resolutions be respectfully forwarded to the President of the United States and the Secretary of the Interior.

(Signed)

THOS. ANTISELL, M. D., Chairman.
THOMAS MILLE, M. D.,
LOUIS MACKALL, JR., M. D.
J. M. TONER, M. D.

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On the Influences of Non-Specific Emanations on the Public Health: Are they Deleterious?

By W. M. C. ROBERTS, M. D., Vice-President New York Academy of Medicine.

Cheerfully admitting the great noisomness of these public nuisances, I design, in this paper, to consider, as candidly as I can, and as derived from recognized authorities, their pestilential influences in a scientific point of view.

In a paper read before the Academy in a former year, I endeavored to show that noisome smells, or effluvia, or fetid emanations, from various sources, both of animal and vegetable decomposition, or the gases which produce these smells, or in which they resided, were not necessarily, and in all cases, injurious to the health of individuals, nor communities; and fortunate it is that it is so; that, except under certain circumstances, they did not engender disease, nor were pestilential, nor detrimental to health, and that their importance in this respect had been overrated; and that, when non-specific, however offensive, they were for the most part innocuous.

In certain idiosyncrasies, when intense, they do occasionally induce nausea, vomiting, diarrhoea, cholera-morbus, dysentery even, and fever of a typhoid type, acting partly through the brain and nervous system, partly through the blood.

In some recorded instances, several persons residing in the same limited space, and exposed equally to these emanations—say in a school, or an asylum—had been similarly attacked, and deaths even had occurred among them; but the diseases so produced were neither specific nor contagious, and were limited in extent to the locality. I endeavored to show that in the filthiest and most fetid

streets in this metropolis, Orange, Baxter, Mott, Mulberry, and Elizabeth, and others, where the air reeked with the tainted odors of slaughter-houses, etc., the inhabitants did not suffer in a greater degree than those of others, and adduced other instances of the comparative salubrity of persons engaged in offensive manufactures.

No one can doubt that a gas, or a concentration of gases, incapable of supporting life, must be deleterious and deadly to persons inhaling them, without inhaling at the same time a sufficient amount of oxygen to counteract their noxious influence; that they produce syncope, or sudden or slow asphyxia; but they are rendered innocuous by their speedy and general diffusion in the air, and thus, offensive as they are, are greatly shorn of their morbid influences. Such an atmosphere, however, is not one that would be selected either for health or pleasure, and the propriety of their removal cannot be questioned.

Not long ago, while small-pox was prevailing very extensively in the city, on both sides, I had occasion to pass down West Thirty-second Street, between Seventh and Eighth Avenues, which was encumbered with masses of festering filth, and stunk as offensively I think, as any streets I have ever passed through; yet the case-book of the Board of Health did not show that any special susceptibility to the prevailing endemic existed in this locality, nor in many other streets as filthy, as compared with wide and comparatively cleanly thoroughfares. To the instances of the correctness of this view, which I have already cited (see *Bulletin of Academy*,) I desire to add some others with which my reading has furnished me, whereby the true influences of noxious emanations may be rightly appreciated.

In the *British Medical Journal*, vol. ii., p. 356, 1864, the reader will find a brief report of the annual meeting of the British Association for the Advancement of Science, at Bath, Eng., September, 1864. On this occasion Dr. J. Hughes Bennett laid down for debate and discussion the following propositions:

1. Atmospheric air strongly impregnated with odors of different kinds was *not necessarily injurious to health*. No injury to health had been shown to result from an establishment in Paris for the distribution of mazzure; and the condition of the river Thames had not been productive of the slightest effect on the health of London. Naples is a very volcanic neighborhood, and the drains throw off large quantities of sulphurated hydrogen, which emit a most offensive odor. Yet Naples is not more subject to typhoid fever than any other city. The hospitals were stinking and filthy, yet no fever was caused in that way. The most pestiferous fevers prevail endemically in places where there are no bad smells, and are not attributable to such causes. Carburetted hydrogen, which has no smell, is as deleterious as sulphuretted hydrogen, which smells very badly. The smell of the water of Leith will "knock down the deil;" but it is not pretended that any person had suffered incon-

venience from the bad smell, and its banks were the healthiest parts of the city. "Smells," said Dr. B., "as smells, were neither injurious to health nor were they a nuisance to those who lived among them. They became accustomed to them, and may even learn to like them, though this is not universal." Dr. B. goes on to say that the deleterious gases arising from effluvia were only injurious by being carried into the blood, and to this end they must be sufficiently concentrated, and the atmospheric air proportionately diminished. The fish in all rivers are not destroyed by sewage. Some, as birds on carrion, and pigs and eels on garbage, grow fat on it. Typhoid fever cannot be proved to originate from the fermentation of sewerage water. There were not wanting some coincidences respecting drains; but there were innumerable cases of emanations that had never caused epidemics, to counterbalance those on the other side. Epidemics have not been diminished by costly drainage, as is seen in Paris. In Edinburg, old town, there was, until lately, no drainage, and typhoid fever is unknown there. Dr. Livingstone, the distinguished African explorer, believed it was most important to know that stinks were not the causes of fever in Africa. He stopped his suite all night at a place down the Nyanzi, where the water, as it came out of a marsh, was as black as ink, and had a most abominable smell, turning the paint on the ships white, etc. This phenomena did not produce illness in the crews, nor was it known to do so among the natives. It would, he said, be a great mistake to suppose that fevers came from the presence of bad smells. Dr. Kirk said that in similar localities in Africa there were never any serious fevers. Dr. McAdam gave a modified opinion, but said that bad smells were not necessarily injurious, and that chemists lived in the midst of sulphuretted hydrogen, and without experiencing any ill effects from it. But other injurious things, not isolated, might be evolved from putrefying matters after, or without sulphuretted hydrogen. He quite admitted that there were other causes than drainage affecting the mortality and general health of the people.

Dr. William Budd believed that Dr. Bennett was entirely right in laying it down as a fundamental principle that foul gases had no power to generate a fever; the sewers never generated the fevers, nor their poisons, but they distributed them. The specific poisons are eliminated from the bodies of the sick, and carried into the sewers. No doubt, therefore, the process of removal and destruction of specific exuvia, before they became cast off and set at large in the community, was proper, and tended to prevent the spread of diphtheria, typhoid fever, and even scarlatina; and he proposed a resolution which might be advantageously laid before the Association on this occasion: "That it is desirable that a committee should be appointed to report to the Association, at some future meeting, whether the specific agent, which is the cause of typhoid fever, be ever generated *de novo* out of common sewage, or whether sewers only propagate this fever by the dissemination of the germ

in liquid evacuations from persons affected with the disease:" which was carried; but whether such report has since been made, I cannot say.

Dr. Richardson said that Dr. Snow, some years ago, pointed out the difference between a bad smell and a poison. So far as this distinction went, he entirely concurred with Dr. Bennett. Dr. Bennett said that he had succeeded in the object he had had in view, which was to provoke discussion. He had never said that bad smells were good things. He disliked them as much as anybody; but the great point he wanted to force forward was, "that this effect of smell upon the health of the public had been greatly exaggerated;" which is entirely my own opinion.

Dr. Parkes ("Manual of Practical Hygiene") thinks that the water drunk is more injurious than the air breathed; he points out the brevity of incubation of typhoid fever, when conveyed by water, as compared with that conveyed by air; he by no means believes that cholera is alone conveyed by drinking-water. Yellow fever may, but no other zymotic disease can be conveyed in this way. He says, "We now know that, unless the specific cause be present, *no mere foulness of air will produce a specific disease;*" and adds, most truly, that accurate statistical inquiry, on a large scale, alone can prove what may be in reality a serious depreciation of general health. He shows that, in spite of very free ventilation, the poisons of small-pox and scarlatina will long preserve their power of re-producing the same disease. He believes that sewer air is productive of mischief, rather of the digestive tube than of the pulmonary system. Without absolutely denying the possibility of the *no novo* origination of typhoid fever from simple sewage matter, he is convinced that sewers afford the channel of communication when containing the specific poison of the stools.

If we examine the papers of that very distinguished epidemiologist, Dr. William Budd, of Bristol, England, in the *British Medical Journal*, 1861, we shall find him a firm asserter of the innocuousness of mere smells, a decided contagionist, and an utter disbeliever in the *possibility of any generation of specific disease de novo*, in which he concurs with Watson and Graves. In the first place, he objects to the term "pythogenic" (typhoid) fever, as a disease born of putrescence, as depending on an untenable theory. It cannot be pure sewage that causes the fever; it must be *sewage of a particular kind*. In North Lawton, severely visited in 1839, there had not been in ten years more than one case of fever; and yet the hypothetical "fever-demon of the sanitarian" stunk as loudly during that long period of entire exemption, as he did when nearly one-sixth of the whole population was struck down with fever. "If he were not there in person, he surely had no business to smell so badly." This is true generally of places everywhere, and in villages particularly, because of the deficiency of or defect in sewerage; the evacuations of diseased persons are thrown out upon the soil; showing that these impurities have no power of

themselves to cause fever, *unless when charged with specific poison*. These discharges in large cities are quickly swept out of harm's way; in country places they accumulate, day by day, upon the open soil, and envelop the household and the neighborhood. Hence the vital importance of *disinfecting* such exuvia, of which abundant proofs are furnished in the subsequent paper.

But, of all the striking instances known of the innocuousness of *mere smells*, however offensive, that which may well be called the greatest on modern record, quoted by Dr. Budd, must here be cited. The river Thames, which bisects the city of London, began, in the hot months of 1858 and 1859, to stink loudly. It emitted what Falstaff, after his experience in the buck-basket, called the "rank-est compound of villanous smells that ever offended nostrils." It was an epidemic stink, *epi demos*, upon the people. It needed no particular susceptibility for its recognition; not the fastidious delicacy of Hotspur's fop, who complained that a "beggarly unhand-some corpse should be brought betwixt the wind and his nobility;" nor the keen scent of the amiable and philanthropic Florence Nightengale, who "saw with her eyes and smelt with her nose," the small-pox, in the course of formation, in the wards of a crowd-ed hospital. It was as palpable to the coster-monger, as he walked beside his donkey, as to the Lord High-Chancellor, in robe of state, seated on the wool sack. For the first time in the history of man, the sewage of nearly two million people had been brought to seethe and ferment under a burning sun, in one vast *cloaca*, lying in their midst. Stench so foul had never before ascended to pol-lute this lower air. The committee-rooms of Parliament were rendered habitable only by the use of deodorizers; the law courts were broken up; the river steamers lost their traffic, and travelers went many miles around, to avoid crossing the bridges. "India is in revolt, and the Thames stinks," were the two great facts, coupled together by a distinguished foreign writer, to mark the climax of a national humiliation. Pestilence, cholera, and fever, were loudly predicted by persons of all classes; a case of malignant cholera did occur in the person of a Thames waterman, and was the key-note of a general alarm. But, did it occur? Were these dire anticipa-tions, so naturally and confidently ascertained, realized? On the contrary, the health of the metropolis remained remarkably good, and fever, diarrhoea, and dysentery, which last two might certainly have been expected, diminished in comparison with the preceding year. Dr. McWilliams, a water-side supervisor, says: "The stench from the river and docks was in nowise productive of disease, how-ever noisome; on the contrary, there was less of that form of dis-ease to which foul emanations are supposed to give rise than usual."

Of two places in like sanitary condition, one may be the seat of virulent fever, and the other, perhaps the worse of the two, remain perfectly free. Exbourn, four miles from North Tawton, was the filthiest of places in the same season, and escaped; but afterward a low fever *was imported*, and spread virulently, when it had died

out in Tawton. This is the history of small-pox, measles, scarlatina, and cholera; the same alternations of slumber and activity, of prevalence in certain places; the same successive invasion of neighboring places. The specific morbid cause, always existing, is transmissible from place to place, breeds as it goes (zymosis,) and then dies out, or becomes dormant, without leaving any sign to mark its track or existence, until again awakened into activity. Diseases so engendered are essentially contagious. "To conclude," says Dr. Budd, "on the evidence usually assigned for such a belief, that specific poisons, possessing the habitudes that belong to their history, are bred in every cesspool, or ditch, in which there is seething rottenness, or decomposition, is akin to the ancient belief that mushrooms are bred of cow-dung, alligators of the mud of the Nile, or bees, as Virgil sung, out of the entrails of a putrid ox; and signs are not wanting to show that the times are not far distant when the belief in question will take its place in that limbo of discarded fallacies to which these other superstitions have long been consigned."

Since, then, it seems very clear, from what has preceded, that mere stench, from whatever cause proceeding, or however vile, offensive, and concentrated, are injurious only in a few limited instances, in persons of very susceptible organizations, in whom they produce certain forms of gastro-intestinal disturbance, and cannot be said in any general sense to be pestilential, injurious to health, or detrimental to life, it follows that all that is necessary in the case of gas-houses, fat melting, bone-burning establishments, slaughter-houses, and such other stench generators as are public nuisances, is, that they should be removed from the midst of populously inhabited neighborhoods, and *deodorized*, to render them generally perfectly innocuous. Sewers and cesspools, etc., because they *may* contain, besides the mere elements of decomposition and fetor, materials, derived from human excreta, holding in themselves the specific poison of disease, and susceptible of zymotic reproduction, and a contagious principle, which may diffuse emanations capable of propogating and extending pestilence over a very wide extent of surface, as many recorded examples show, should be not only deodorized, but *disinfected* as well.

All this, I am proud to say, has been done daily for years past, to a very great extent, as their annual reports will show, by the late liberal and enlightened Metropolitan Board of Health, under the supervision of its former energetic and scientific sanitary superintendent, and will be continued, I do not doubt, under his worthy successor in office.

In this way only can threatened pestilence be excluded, its spread when existent limited, its seeds destroyed, and its multiplication arrested. Such has been, to my certain knowledge, during the past year, the effect of measures devised in a spirit of true philanthropy and zeal for the public health and safety, and carried out energetically with the aid of all well recognized resources of sanitary

science, sequestration, cleansing, and *disinfection*. — *New York Medical Journal*.

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On the Corrective Influence of Bromide of Potassium on Opium.

J. M. DA COSTA, M. D., PHYSICIAN TO THE PENNSYLVANIA HOSPITAL, &C.

In an article in this Journal for April, 1870, (p. 365), I called attention to the influence bromide of potassium exerts on the unpleasant effects produced by opium. I propose here to give some cases which led me to form this opinion, and to examine more particularly into the combined action of these valuable agents.

The first case in which I fairly studied the subject was under my charge about two years ago. A lady affected with a most painful enteric malady, and of very susceptible nervous system, was often attacked with seizures of abdominal pain of most serious character. Yet she generally bore them until they exhausted themselves without taking any remedy, or with such slight help as remedies, excepting opium, afforded, rather than subject herself to the distress this medicine caused. It was not fancy on her part; for when at times, on account of the excruciating character of the pain, she was obliged to resort to opium—usually black drop, which, of all preparations, produced the least disturbance—I have stood by her bedside and witnessed the effects of the anodyne. There was relief, certainly, of the abdominal distress, but also itching or tingling sensations all over the body, amounting to positive pain; then numbness more or less extended, usually accompanied by a sense of sinking, and a faintness most severe and constant, and uninfluenced, or with difficulty relieved by stimulants. Complete unconsciousness did not occur, or only existed for a minute or two, when she thought she slept, though a slight movement instantly aroused her; but, to use her own expression, she was “alive nowhere except the head and heart.” Perhaps the best statement of the result from giving the bromide is afforded by still further quoting my observant and accomplished patient in an extract from a note from her: “I have been sending my thoughts back to the time when opium was my horror, and severe pain as easy to bear as its effects. If the pain was relieved, the faintness would return after twelve, fifteen, or twenty-four hours from the time of taking the opium. Now, on taking twenty grains of the bromide one-half hour before a dose of the watery extract, and again about two hours afterwards, I am pretty secure.” From the first time in which, when giving her the bromide, its influence in preventing the unpleasant consequences of opium was noticed until the present bromide has not failed us once. On morphia it has least influence, and morphia and codeia always affected her the worst. Still it has an influence and four doses keep her tolerably comfortable.

A case as striking, though not one in which the observation has been as often repeated, is that of an old lady subject to the attacks of diarrhoea, and in whom all opiates, even paregoric, produced faintness, marked, though not so marked as in the preceding instance, but much more decided headache and nausea. By taking forty grains of bromide, in twenty grain doses, beginning about three hours before she takes opium, she bears perfectly well twenty-five drops of laudanum.

Of another case I transcribe the record, as kindly kept for me at the Hospital by my resident physician, Dr. James C. Wilson. It reads thus:

Annie C., Irish, aged 35, a domestic, widow. Admitted into the Pennsylvania Hospital Feb. 8th, 1871, suffering with anæmia and with impaired digestion, which, however, is not associated with any manifest organic disease; was placed upon tinct. ferri chloridi gtt. xx, t. d., and good diet.

Feb. 12th. Complains of sleeplessness; states that she was awake all last night. This report was corroborated by the night nurse. Was ordered liq. morphiaë sulph. fʒij at bedtime.

13th. Passed a sleepless night. After taking the morphia she experienced a feeling of great weakness; felt dizzy and confused; described herself as "seeing all kinds of strange things." She had headaches as these phenomena passed away, with dryness of the throat and great restlessness, which lasted until morning. On rising she had intense nausea and vomiting, which continued until noon. 2 P. M., given potassii bromid. gr. xxx. 8 P. M., liq. morphiaë sulph. fʒij as last night. Pulse 128, respiration 28, temperature 100°.

14th, A. M. Pulse 108, respiration 24, temperature 98½°. States that she slept very well, and feels in every respect quite as well as usual. No dizziness nor headache; no nausea or vomiting followed the administration of the morphia.

17th, P. M. Pulse 116, respiration 20, temperature 99½°.

18th, A. M. Pulse 96, respiration 20, temperature 98¼°. Had taken no medicine, except the tinct. of chloride of iron, since the evening of the 13th inst. She again complains of sleeping poorly. Last night she did not fall asleep until towards morning. 8 P. M. given tinct. opii deodorat. gtt. xxv. Pulse 83, respiration 20, temperature 99°.

19th, A. M. Pulse 76, respiration 20, temperature 99°. She states that after taking the medicine last night she felt weak and faint, was dizzy, and fancied that she saw curious and grotesque objects; had no pain in her head, but was restless, and had no sound sleep, although she dozed at times. Had a feeling of faintness and nausea on rising, but no vomiting. 6 P. M., took potassii bromid. gr. xxx; 9 P. M., tinct. opii deodorat. gtt. xxv.

20th. Fell asleep about midnight, and slept well till morning. Had some dizziness, but no feeling of faintness; no confusion or

headache after taking the opiate. Had no nausea, vomiting, or faintness on rising.

I will briefly cite one more case, which was very recently under my observation.

A young lady, in whom opium produced a most decided faintness and nausea, was attacked with muscular rheumatism, and took laudanum at night to relieve her discomfort. She sent for me the next morning, and I found her with dry throat, giddy, and weak. Prescribing the bromides, partly to counteract the effect of the opium, partly for other reasons, she was enabled to take the opiate without the least inconvenience; and, when a few days afterwards I found that she had been resorting with impunity to an opiate of either Dover's powders or laudanum, every night. I ascertained that, by a misunderstanding of orders, she had continued to take the bromide mixture, in addition to the prescription of acetate of potassa and colchicum, which I had directed to replace it.

I might continue to multiply this narrative of cases, but it will not make the subject any clearer. I shall rather investigate the result, in some special directions, of giving the two remedies. The bromide does not destroy either the anodyne or the hypnotic effects of the opiate; on the contrary, it rather heightens both, and more particularly the latter. To quote again from the letter of my first patient—"The more bromide I take the sooner do I get sleep after a dose of opium. Two doses of bromide (twenty grains each) are not usually enough to counteract the exciting effects, and procure sleep under five or six hours from the time of taking." The faintness from opium is the phenomenon most markedly prevented; next in the readiness of being influenced stand the headache, vertigo, and nausea, then the itching of the surface, and dry mouth.

The bromide has seemed to me to act best when it is given some hours before the opium, and forty to sixty grains—generally forty grains—prove sufficient. But it also has an action, sometimes, however, markedly less, when combined with opium; and, should unpleasant consequences have accrued from this, the bromide will mitigate their severity. Even the cutaneous itching is favorably influenced, and I have known repeated doses most decidedly affect the faintness. When morphia is used hypodermically, it is then most necessary to give the bromide some time in advance, and it may take larger doses to accomplish the purpose. At least it has so seemed to me—though I have not often tested this, since most of the observations were made in persons who took opium by the mouth.

Now, though I think that the corrective influence of the bromide on opium holds good as a general truth, we meet at times with exceptions. Dr. Wallace, to whom I had mentioned the matter, told me that while he had in several instances obtained the most gratifying results, he had failed in one; and Dr. James C. Wilson has taken notes for me of a patient in the Pennsylvania Hospital suf-

fering from advanced phthisis, in whom sleeplessness, a feeling of confusion, dizziness, and dull throbbing, frontal headache, and nausea and vomiting in the morning were caused by one drachm of the solution of sulphate of morphia. The addition of the same amount of spirits of chloroform obviated the unpleasant results, though it finally failed; and sixty grains of the bromide did not prevent one-fourth of a grain from producing the disagreeable consequences.

But these exceptions are not, I believe, numerous, and the bromide does not often disappoint. Of course, in investigating its value with reference to the questions here discussed, we have to test it on those with whom opium really disagrees, and not on such who merely say that it does; for, from some reason or the other, many persons seem to think it a point of honor to make this statement, though out of ten such persons nine are quite certain to be able to bear the anodyne as readily, and to derive as much advantage from it as the rest of mankind with whom it professedly does not disagree. Yet, considering the number of therapeutical applications of the invaluable drug, and the fact that we may be prevented from using it in instances in which its employment might be of the greatest moment, because to use it seems impossible, it will be of service to be able to control its action, and the remarks here made will, I trust, prove to represent the full truth. Moreover, they may be looked upon as a contribution towards a most interesting and comparatively neglected part of therapeutics, what may be called the *corrective influence* of one drug over the other; corrective in obviating its bad results, while not interfering with, but rather heightening the good ones.—*Am. Jour. Med. Sciences.*

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On The Treatment of Typhoid Fever by Cold Water Baths.

By J. H. TYNDALE, M. D., House Surgeon to the German Hospital, N. Y.

Late researches have developed a method of cure, by the application of which we are enabled to reduce the rate of mortality among typhoid fever patients by from three to five per cent. This method is the treatment of typhoid fever by cold water baths, practiced in the last century, but lately revived by Brand, of Stettin, and since submitted to a scientific and practical test by a great number of physicians on the continent of Europe. The verdict in favor of this method of treatment of typhoid fever on rational principles has been universal, and attested by numerous and responsible clinical reports, comprising many thousands of cases.

The cold water treatment cannot prevent the natural course of typhoid fever. The natural phases, with their peculiar anatomical changes, will appear in an undiminished degree. Cases of death from perforation of the bowel or hemorrhage have not been diminished any more than if no treatment at all had been prescribed. The cases of death from these causes, however, has always been

counted as an incomparably small fragment of the total mortality among typhoid fever patients. The principal source of danger for the patient is the fever heat, either directly or indirectly, and we are enabled to reduce this unnatural elevation of the temperature of the body, and thereby the degree of danger to the patient, by cold baths. The dangerous effect of fever heat in typhoid fever, as manifested by the so-called nervous manifestations: delirium, sleeplessness in the first stage, listlessness in the second course of the disease depends entirely upon the continued unnatural temperature of the body. Death from these causes has never revealed any anatomical lesions. Such symptoms will not manifest themselves if by timely, energetic, and oft-repeated withdrawal of warmth, a cooling off of the body is effected. The patient remains sensible, and involuntary voiding of feces and urine is of rare occurrence.

Not merely the psychical manifestations, but also the other functions of the nervous system, as well as muscular activity, are more or less impaired by fever heat. The paralyzing influence is shown by the feebleness of respiration, giving rise to the fatal collapse and inflammatory conditions of the lungs. The fever heat checks or limits excretion, interferes in this way with the functions of digestion, produces loss of appetite, and stops the supply of natural material necessary to supply the rapid waste of tissue.

All these sequels of the feverish overheating of the body are observed to manifest themselves in a lesser degree by the use of cold water baths. Thus, all competent observers are agreed upon the fact that the patient never loses his appetite; on the contrary, takes food during the whole course of the fever, so that extreme emaciation will not ensue, and the patient regains his strength in a shorter space of time from the period of convalescence. Bed sores, so frequent and unavoidable in typhoid fever, have been but rarely observed during the cold water treatment. In short, all secondary complications of typhoid fever have been totally excluded by this method of treatment, and the whole course of the disease has been completed in four weeks.

The general rules to be observed in administering cold water baths are the following:

1. The necessary reduction of temperature is best and most rapidly effected by immersing the whole body.
2. The water should be as cold as can be had.
3. The patient should be bathed as often as the temperature of his body, measured in the rectum, rise to 40° C. [about 104° Fahr.] Since the intensity of the manifestations of disease vary much, it may occur that in one case one or two baths in the twenty-four hours will suffice, whereas, in another, as many as twelve or sixteen will be required in the same space of time.
4. The length of time for each bath must be governed on the one hand by the degree of fever heat, on the other hand by the temperature of the water used. On the whole it will be found that in

a bath varying from 5° to 10° C., an immersion of from seven to ten minutes will suffice. Should the temperature of the water be above 10° C., the bath is to be continued for fifteen minutes, and if above 15° C., still longer.

No attention needs to be paid to the seeming discomfort of the patient, manifested by complaints, nor to the chill often occurring during the bath, and continuing for sometime afterward, as they are of no consequence.

5. After the bath, the patient should be carefully wiped dry [not rubbed], especially his feet and toes. If the water has been of very low temperature, the feet may be enveloped in warm cloths, as many patients may complain of pain in the feet after a very cold bath.

Opinions differ as to whether it is best to immerse the patient in a cold bath, [say 10° C.] at once, or to have the temperature more nearly the same as that of the body, and effect a gradual reduction by a slow addition of cold water. Niemeyer, who may be considered the best authority upon the subject, is in favor of a gradual reduction. With due deference to this opinion, however, I must say that repeated trials have satisfied me that by a sudden immersion in cold water two advantages are gained—1st, the reduction of temperature will be greater, more nearly approximating the normal temperature of the body; 2d, less time will be required, and consequently the patient will be less annoyed. In the cases under our observation we have found from one-half to two hours after sudden immersion the temperature reduced to 58.5° C. [normal], when before the bath it had been from 40° to 40.5° C.

When the temperature of the body has not been above 39.5° C., we have been in the habit of enveloping the patient in wet cold sheets for fifteen minutes. In other cases in which it was desirable to move the patient as little as possible, we have resorted to a sponge-bath of cold water and vinegar. Both methods produce a limited decrease of temperature, not exceeding one degree.

The *thermometer* is indispensable as an aid to the cold water treatment, as without it this method would lack the necessary safety in its application. The rectum is undoubtedly the best point of observation of the thermometer. In five minutes after the introduction of the bulb, the mercury will have reached its maximum height, and no disturbing influence can injure the correctness of observation, as is often the case in the introduction of the bulb into the axilla.

The severer the case, the oftener should thermometrical observations be made. In mild cases, in which even the evening temperature [always higher than the morning temperature] does not exceed 40° C., two or three observations may suffice; whereas, in severer ones, this should be done every two hours day and night, in order not to miss the right time for the repetition of the bath.

—*St. Louis Medical and Surgical Journal.*

American Surgery in Paris—Letter from Dr. John Swinburne.

FROM THE MEDICAL AND SURGICAL REPORTER.

[We present the following extracts from a letter of Dr. JOHN SWINBURNE, dated Paris, Feb. 27th, 1871, addressed to Dr. Wm. BAILEY, of Albany. Dr. Swinburne has been in Paris during the siege, attached to the American Ambulance Corps.—EDS.]

* * * We have had the good luck to treat three cases of compound fracture of the thigh, and all recovered with good limbs. We have here almost the only surviving amputation of the thigh in Paris. I understand the success outside of Paris has been bad. The result of these three cases of compound fracture of the thigh more than compensate me for all the deprivations, trouble, and time spent here during the siege.

Of the first sixty-two soldiers received into the ambulance only two died, and the immediate cause of their death was tetanus. Four of the above number were amputated through the thigh for wounds in the knee joint. Two compound fractures of the thigh, one of the neck, and one of the middle of the shaft, have been successfully treated by conservation, and are now well, walking with crutches, and with straight limbs. One compound fracture of the tibia, just below the joint, recovered finely, but owing to some unfortunate accident, by which he seriously injured the thigh, he subsequently died. Also, two compound fractures of the wrist and two of the ankle joint recovered with useful limbs. Two compound and comminuted fractures of the scapula recovered. Also a number of compound fractures of the forearm, fibula, feet, hands, besides one resection of the shoulder joint, in a soldier who was suffering from a large pleuritic effusion. * * * *

JOHN SWINBURNE, M. D.

Editorial.

Hamburg Canal as an Odorant and as a Beverage.

We have taken some pains to find the best authorities on "smells" as influencing the public health, and at length have found an article which answers the object of our search tolerably well. Our readers will find the extract in the Miscellaneous department of this month's Journal, which is all we propose to say on the subject of the smell of our canal, "the pride and glory of the state." The article claims for the Thames the championship of the world as

an odorant—the Englishmen probably had not examined our Hamburg canal. Our remarks upon the subject several months since are fully sustained by the observation of the eminent men we have quoted. In this quotation our citizens are all deeply interested, as it will allow them to breathe easier if they are obliged to go near the perfumed neighborhood. The article referred to does not, however, cover the question of using the products of the dredging of the canal as a condiment in our water. Sewerage water as a beverage does not seem to have suggested itself for investigation. If the Hamburg canal is to be dumped in the river above the inlet to our reservoir, it is but fair that the citizens have due notice, when they will be at liberty to use it or not as they see best. If it is put anywhere in Niagara river, it will of course pass into Lake Ontario, out through the River St. Lawrence and into the Atlantic Ocean, and if increased in strength and efficiency, according to the Homoeopathic principle, by trituration, both shores of the Atlantic will be unfit for bathing purposes, in a very short time, to say nothing of the waters of the rivers and lakes for culinary purposes. This canal, while it contains no germs of specific disease, in the simple matter of most diabolical smell, appears comparatively harmless; but the *idea* only, that it might *possibly* enter the reservoir and be served in our coffee, and with some, as a slight diluent to stronger beverages, produced a sensation of nausea, and vomiting followed, by violent diarrhoea, causing many families to discard its use altogether. If imagination has done this, pray tell us what will be the effects of the reality.

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Resolutions of the Erie County Medical Society upon the Death of Dr. Gorham F. Pratt.

At the meeting of the Erie County Medical Society, held on Saturday, the following preamble and resolutions were unanimously adopted:

Whereas, In the providence of God our associate, DR. GORHAM F. PRATT, has been removed by death from us, and

Whereas, Our late associate was esteemed as an honored member of this society; therefore be it

Resolved, That in the death of Dr. PRATT the society deplores the loss of its oldest and one of its most highly esteemed members, the profession of Buffalo and of Erie county the loss of a wise counsellor, the sick a sympathising and devoted friend, and this community a physician in whom implicit confidence was reposed in all times of need.

Resolved, That we deeply sympathize with the family of the deceased in their affliction and with this community in its irreparable loss.

Resolved, That we will ever cherish the memory of the departed, endeavor to emulate his many virtues, and profit by his wise example.

Resolved, That a copy of these resolutions be forwarded by the Secretary to the daily papers of the city, and Buffalo *Medical Journal* for publication, and

an engrossed copy signed by the President and Secretary be transmitted to the family of the deceased.

C. C. F. GAY,
S. F. MIXER,
C. C. WYCKOFF,

JOHN HAUSTEIN,
P. H. STRONG,
Committee.

Books Review.

On Diseases of the Spine and Nerves. By Charles Bland Radcliffe, M. D., F. R. C. P. Lond., Physician to the Westminster Hospital, and to the National Hospital for the Paralyzed and Epileptic.—John Netten Radcliffe, Medical Superintendent of the National Hospital for the Paralyzed and Epileptic.—J. Warburton Begbie, M. D., F. R. C. P. Edin., Physician to the Royal Infirmary of Edinburgh.—Francis Edmund Ainstie, M. D., F. R. C. P., Senior Assistant Physician to Westminster Hospital; Lecturer on Materia Medica in Westminster Hospital School.—And John Russell Reynolds, M. D., F. R. S., F. R. C. P., Lond., Professor of the Principles and Practice of Medicine in University College; Physician to University College Hospital, and to the National Hospital for the Paralyzed and Epileptic. Philadelphia: Henry C. Lea. 1871.

We most heartily endorse the following publisher's notice: "This volume comprises a series of essays, extracted from the "System of Medicine," edited by J. Russell Reynolds, M. D., on a group of diseases of great interest, and many of them of frequent occurrence. These essays are from the pens of gentlemen of acknowledged ability and experience, who have paid particular attention to the several diseases on which they have written. The volume will be found to present the latest advances in our knowledge of the following subjects":

Diseases of the Spinal Cord; Meningitis; Myelitis; Spinal Congestion; Tetanus; Spinal Irritation; General Spinal Paralysis; Hysterical Paraplegia; Reflex Paraplegia; Infantile Paralysis; Spinal Hemorrhage; Non-inflammatory Spinal Softening; Induration of the Spinal Cord; Atrophy and Hypertrophy of the Spinal Cord; Tumor of the Spinal Cord; Concussion of the Spine; Compression of the Spinal Cord; Caries of the Vertebral Column; Spina Bifida; Epidemic Cerebro-spinal Meningitis; Neuritis and Neuroma; Local Paralysis from Nerve Disease; Local Spasm; Torticollis; Local Anæsthesia."

A Treatise on Physiology and Hygiene for Educational Institutions and general Readers. Fully Illustrated. By JOS. C. HUTCHINSON. New York: CLARK & MAYNARD. 1870.

This work has remained on our table for several months, and has not until now received the attention it richly deserves. We have from time to time ex-

amined its contents and manner of arrangement, and have always been more and more strongly prejudiced in its favor.

The plain methods adopted for communicating knowledge to the young, and of attracting and interesting as well as instructing the student, has increased in special manner our admiration for the work as one eminently adapted to the wants of schools, academies and colleges. The text, while adapted to the popular wants, is at the same time full and complete, making it a book which maybe studied with profit by medical students, and those in quest of quite full knowledge of the subjects presented. It is very beautifully and fully illustrated, and cannot fail to commend itself in an eminent degree, to students and teachers of physiology.

Health Officer's Annual Report of the City of Rochester. By B. L. HOVEY, M. D.

RELAPSING FEVER.

In this most excellent Report, we find the following upon Relapsing Fever and Disease of the Heart:—"Early after this disease appeared in New York, and published accounts of its prevalence were circulated, His Honor, the Mayor, called a special meeting of the Board of Health, and a committee was appointed to investigate its causes and to report to the board what was required to prevent the appearance in this city. At the request of the committee I corresponded with Dr. Harris, the corresponding secretary of the Metropolitan Board of Health, of New York City, upon the subject, and through his courtesy and gentlemanly kindness, I obtained from him the following, in answer to questions which I submitted, which may be inferred from the answers here given:

1. Relapsing Fever was not largely prevalent in the city of New York, for there were less than 500 cases in all since its outbreak, in October last.
2. That it is a malady of the poorest and most ill fed classes.
3. The exciting cause is dependent upon extreme poverty and the crowding together in ill ventilated apartments.
4. Relapsing fever is in a very high degree, communicable from sick to healthy, and the more confined the atmosphere in which sick and healthy are together the more certain is the disease communicated, and specially to those who have had poor or bad diet, or are intemperate.
5. Only two per centum die from this disease who are treated in the hospital and five per centum of those who are left at their lodgings.
6. It is difficult to diagnosticate relapsing fever from simple continued or Typhoid Fever in a single case, but easy after seeing a few cases or studying a single case for fourteen days.
7. The treatment is expectant and only varied from day to day, to meet symptoms as they appear.

8. The sanitary rules and regulations of the Metropolitan Board of Health are as positive and commanding as they are in Typhus Fever or Small Pox. Persons found sick with this disease are not allowed to remain in the apartments for a single day, and the premises, beds, clothing, &c., are not allowed to remain unpurified for even half a day.

The above is a brief of the answers given, and they are fully corroborated by published statements in medical journals by several of the leading physicians of New York, as well as by the best medical authority.

DISEASE OF THE HEART.

This is reported to be a very common disease and is made the "cover of the causes" for many sudden deaths. It is not uncommon for persons to state that they have a "heart disease," and this supposition is confirmed by some pretender to *Medical Science*, with the consoling information that the sufferer is liable to die in a sudden and unexpected moment.

From such statements and teachings communities expect death in this sudden manner and attribute its cause to some organic disease of the heart. These same pretenders of medical science will look upon the dead body and with all the gravity of "*dignitaries*," say to friends and coroners, that "disease of the heart" was the cause of death. Such sayings are absurd and have a very injurious effect upon the living. It is much more honorable to say, we cannot tell the cause of death than to *guess at it*, for by doing that we affect whole families and make them distrustful of their own life and render them objects of fear and sadness through their whole existence.

Recent investigations of chronic disease of the heart, or lesions of that organ, fully show that sudden death is a very uncommon occurrence from that cause.

The present means of diagnosis of lesions of the heart are so perfect and can be discriminated with such accuracy, that there need not be any difficulty in diagnosing ordinary cases in life, and no physician is justified in guessing at it after death.

We may then positively assert that but few persons die suddenly of chronic disease of the heart, and the so often reported deaths from heart disease is no doubt made by persons or physicians who have not diagnosticated the case with any degree of accuracy.

Comments of the Medical Press on the alleged Mal-practice Suit of Walsh vs. Sayre.

We copy the following as showing the case very freely; and as it comes from England cannot be supposed to be influenced by considerations of favor:

"ALLEGED MAL-PRACTICE.—A gentleman well known by reputation in this country as an able surgeon, Dr. Sayre, of New York, has lately been subject to the annoyance of an unfounded action for malpractice, which was, we regret to say, supported by two of his medical brethren.

A child named Walsh, aged six years, was suffering from an abscess near the left hip. Dr. Sayre was called in, and in the presence of Dr. Gross and two other surgeons, punctured it, giving exit to a large quantity of pus.

The child's father, it is said, conferred with his "family physician," a person called Vaughan, who held a consultation with Dr. J. M. Carnochan and Dr. Willard Parker. They asserted that Dr. Sayre had punctured the joint, and allowed the synovial fluid to escape. An action to recover \$20,000 was brought by the father. The case was, however, referred by the Supreme Court to three Referees—one, at least, of whom was a medical man. They found Vaughan was not a graduated physician, but had merely been employed in drug stores; that Drs. Carnochan and Parker had not made an examination of the alleged synovial fluid; that the patient had been treated with all proper skill and care; and that she had derived benefit from the operation. The Court confirmed the report, allowing costs to Dr. Sayre. The plaintiff again brought the case before the Supreme Court, by moving that the defendant should show cause why one of the Referees—Dr. Swinburne—should not be set aside on the ground of incompetence. This was refused with costs.

Assuming the correctness of the narrative from which the preceding abstract has been taken, we must say that the action appears to have been a most disgraceful one; and that the conduct of Drs. Carnochan and Parker—who, we believe, are men of some standing in their profession in America—was, to say the least, very reprehensible. The *New York Medical Journal*, in noticing the case, makes a remark with which we heartily agree:

"We have but a single regret to offer in view of the happy termination of the suit, and that is, that those who instigate such proceedings could not be made to suffer an equally severe penalty with that which they would extort from their designed victims."—*British Medical Journal*.

Medical and Surgical Memoirs. By JOSEPH JONES, M. D., Professor of Chemistry, Medical Department, University of Louisiana.

This work will embrace the investigations of Fifteen Years into the Causes, Geographical Distribution, Natural History and Treatment of Intermittent, Remittent and Congestive Malarial Fevers, Yellow Fever, Typhoid and Typhus Fevers, Small Pox, Spurious Vaccination, Measles, Pneumonia, Diarrhoea, Dysentery, Scurvy, Tetanus, Cerebro-Spinal-Meningitis, Diseases supervening upon Gun-Shot Wounds, Pyæmia, Hospital Gangrene, Erysipelas, etc.

The result of the investigation of the Diseases of the Confederate Army during the American Civil War, 1861-1865, will occupy a prominent portion of the work.

These investigations have been prosecuted unremittingly during the past 15 years; and the author proposes to lay the results before the Medical profession, as soon as a sufficient number of subscribers have been obtained.

Physicians and others desiring to become subscribers, will please forward their names; and those receiving this Circular are respectfully requested to

call the attention of their friends, and also of the County and State Medical Societies to the proposed work.

There will be two volumes of 1000 pages each, furnished to subscribers at actual cost.

Address, Joseph Jones, M. D., Glass Box 1542, New Orleans, La.

Treatment of Croup. By FORDYCE BARKER, M. D., with Remarks by A. JACOBI, M. D.

The careful reader of this very instructing pamphlet, is liable to conclude that as yet we *know* nothing of any great value, as to the nature, differential diagnosis or treatment of this most common and formidable disease. There is yet no harmony of opinion as to the nature and varieties of the affection, and no uniformity in treatment, the whole being based upon some supposed indication, and for the most part treated with medicines of questionable value. When authors announce uniformly favorable results in their treatment of croup, during a period of twenty years, physicians who have seen much of the disease, and observed its fatal effects, naturally conclude that they exclude from their nomenclature all cases which prove fatal, thus obtaining a great success in disease regarded by others as generally fatal.

This pamphlet is worthy of careful perusal: is a reprint from the American Journal of Obstetrics, published by W. A. Townsend & Adams, New York.

Guide to the Examination of the Urine. By J. WICKHAM LEGG, M. D. Second Edition. Philadelphia: LINDSAY & BLACKINSTON. 1870.

This little work, we believe, is well adapted to supply the student of medicine a concise guide in examinations of the urine. A plan is given, step by step, by which to determine the nature of the alterations which most frequently occur in disease. Its condensed form permits examination by the most busy practitioner, and we believe it will prove a valuable guide in the examinations which are so frequently required.

Circular Nos. 3 and 4. War Department, Surgeon General's Office—Report on Barracks and Hospitals, with descriptions of Military Posts, and approved Plans and Specifications for Post Hospitals.

These reports are very instructive and valuable, as indeed are all the publications from the Surgeon General's Office. The reports and plans constitute a standard work upon the subject which will be appreciated by those who direct the construction of Military Forts, Hospitals, &c.

The energy and ability with which the Surgeon General's Office furnishes valuable medical, surgical and sanitary reports, is creditable alike to the office and country, to say nothing of the individual merit which is every where apparent. It is the more noticeable since it makes such striking contrast with the same office before the war. Truly war is not an unmixed evil—out of it may spring some valuable knowledge.

Report of the Board of Health of the city of Chicago for 1867, 1868 and 1869; and a Sanitary History of Chicago from 1833 to 1870. Lakeside Publishing and Printing Co., Chicago.

This volume contains a vast amount of Sanitary and Hygienic science and literature, together with valuable historic record of the most rapidly grown, great city of the world. It has charts and maps showing the points of greatest prevalence of cholera and other epidemic disease, the text pointing out the possible causes of such prevalence.

The report is very creditable to the Board of Health from which it originates, and will prove interesting and instructive for future reference.

Retention of Urine dependant on Stricture of the Urethra. By ALEXANDER STEIN, M. D.

This paper was first read before the New York Journal Association. It is now published in pamphlet form, and is an excellent lecture on Stricture.

Photographic Review of Medicine and Surgery. Edited by F. F. MAURY, M.D. and L. A. DURING, M. D. Published by LIPPINCOTT & Co., Philadelphia.

This is an attractive Journal of Medicine and Surgery, teaching and illustrating cases in the most natural and accurate mode, "What we see we know." It is published bi-monthly at \$6.00 in advance. It is worthy of support by the profession. The plates are large and life-like—true as nature itself.

University of Wooster, Ohio.

We are indebted to Dr. S. W. Wetmore, of Buffalo, for Catalogue of the University of Wooster, O., the medical department of which is located in Cleveland, in which institution Dr. Wetmore occupies the Chair of *Descriptive and Surgical Anatomy*. The number of students attending the last Term was 58, of which number 25 were of the Graduating Class.

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Suits for Mal-practice.

We observe that Prof. S. D. Gross, and Dr. Gross, Jr., were before Judge Linn for mal-practice on the person of a young fisher, who died as the result of an operation for aneurism. After hearing the complaint, the Court entered a *non-suit* in the complaint. Pity the complainants had not aneurism operated upon with similar results.

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The Posthumous Works of Sir James Y. Simpson, Bart.

By a special arrangement with the Messrs. Black, of Edinburgh, and with the consent of the Executors of the late Sir James Y. Simpson, his posthumous works will be published in this country by Messrs. D. Appleton & Co., of New York. These works embrace in three volumes:

Select Obstetric and Gynæcological Works.—Edited by J. Watt Black, M. D., Physician Accoucheur and Lecturer on Midwifery and Diseases of Women and Children to Charing Cross Hospital, London.

Anæsthesia, Hospitalism, etc., etc.—Edited by Sir Walter Simpson, Bart.

The Diseases of Women.—Edited by Alexander Simpson, M. D., Professor of Midwifery in the University of Edinburgh.

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Lectures on the Anatomy and Physiology of Vision, by Dr. B. Joy Jeffries, M. D., of Boston.

A series of eighteen lectures will be delivered by Dr. B. Joy Jeffries, on the Anatomy and Physiology of Vision, at Boylston Hall, Cambridge, on Monday and Thursday afternoons, at 4 P. M., commencing April 10th. The lectures cannot fail of interesting medical men. Officers and members of any department of the University, graduates of this and other Colleges, and teachers of public schools have a right to admission. Other persons may be admitted to the course, on the payment of five dollars at the Steward's office.

Books and Pamphlets Received.

Surgical Memoirs of the War of the Rebellion, collected and published by the United States Sanitary Commission. Edited by Prof. Frank Hastings Hamilton.

The causation, course and treatment of Reflex Insanity in Women. By Horatio R. Storer, M. D., L. L. B. Boston.

Bound Vols. I. & II. of the Gynæcological Journal. Boston.

Anæsthetics. By Edward R. Squibb, M. D., of Brooklyn, N. Y.

Transactions of the State Medical Society of Michigan.

Woman as a Physician. By J. P. Chesney, M. D.

Rush Medical College. Valedictory Address to the Graduating Class, 1870-1. By Moses Gunn, A. M., M. D., Professor of Surgery.

Report of the Board of Trustees of the Michigan Asylum for the Insane, for the years 1869-1870.

Harvard University Announcement. Medical Department, 1871.

Report of the Resident Physician of Brigham Hall, a Hospital for the Insane, for the year 1870. Canandaigua, N. Y.

Eleventh Annual Report of the Superintendent of the State Lunatic Asylum for Insane Criminals at Auburn, N. Y.

The Freeman Trial. By David Dimond, M. D. Auburn, N. Y.

Management of the Obstetrical Forceps. By C. C. P. Clark, M. D. Oswego, N. Y.

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Original Communications

ART. I.—*Medical Society of the County of Albany.* Semi-monthly Meeting, March 28th, 1871.

REPORTED BY JAMES S. BAILEY, M. D.

Dr. Wm. H. CRAIG in the Chair.

Dr. J. W. MOORE presented a specimen of flexor sublimis muscle, 8 inches in length, which was torn from the arm, by the wrist of a woman being caught in a hook and forcibly detached.

Dr. E. R. HUN moved that Dr. Lambert, of Salem, be requested to read his paper.

Dr. LAMBERT then read a report of a case of disease of both kidneys. He first saw the patient in Dec. 1862, aged 33, married, nervous temperament, weight 115 lbs., habits good; was suffering from a painful swelling in the right hypochondrium, and in the region of the right kidney; and had also suffered for eight years from painful and difficult micturition, with occasional hæmaturia and abundant brick red deposits; general health not greatly impaired. Diagnosis: Abscess of kidney. The tumor enlarged, and was opened January 11th; three pints of purulent matter escaped. He resumed his business in eight weeks, the opening healing in two months. From this time his health was apparently as good as usual—virility impaired. In March, 1870, experienced weight, pain and tenderness in left loin, with an increase in urinary difficulties; general health

failing. April 20th, slight tumefaction and considerable tenderness over kidneys, on pressure. July 25th, symptoms more decided with excruciating pain in vicinity of kidneys, extending to the bladder and extremity of urethra; a sense, and weight, and dragging in the perineum; urine scanty and voided frequently; appetite almost totally lost; nausea and vomiting became permanent symptoms, and continued to the end; but little relief obtained from anodynes and hypnotics. The tumor on the left hypochondrium well defined: it was covered with a perceptible bulging of the loin posteriorly. Diagnosis: Suppurative disease of the kidney. Prognosis unfavorable. Early in October a white, creamy deposit was observed in the urine, which gradually increased to two-sixths ounces per day; urine slightly albuminous; cystiles appeared evidently developed by the presence and decomposition of pus and urine. Would not allow a catheter or sound to be introduced during his illness. Directly on the free passage of pus, per urethra, the tumor in the hypochondrium abated, as did the severe painful symptoms. Amount of urine voided, 16 to 28 f $\frac{3}{4}$ per day, —sp. gr. 1.012 to 1.020—until about ten days of death, when it was reduced to 6 to 10 f $\frac{3}{4}$, and was passed with great suffering. Indications of uramic poisoning not manifested until the last three or four weeks of life, and then only in a mild form. Conscious, and able to urinate, till a few minutes before death. Died without a struggle, Dec. 24th.

Sectio Cadaveris twelve hours after death: Body greatly emaciated; rigor mortis moderate; walls of abdomen thin, and contained only a trace of adipose tissue. The viscera appeared in their natural position, except in the left hypochondrium, where they were displaced by a large tumor, which bulged high up in the abdominal cavity, over which the descending colon was found lying very much contracted, and adhered for about five inches in extent. The tumor was the left kidney greatly enlarged and firmly adherent. The fibrous adhesions were so firm that the entire organ required to be dissected out before removal. It had an elastic boggy feel, and measured 5 $\frac{3}{4}$ inches in length, 4 inches in breadth, and 3 $\frac{3}{4}$ inches in thickness, and weighed 22 ounces. Its capsule was much thickened, (it was 1 $\frac{1}{4}$ inch thick), and adherent to the surrounding tissues, easily detached from the kidney, leaving a smooth surface. The

greater portion of the kidney was degenerated into a white, cheesy substance, and contained several large abscesses filled with pus, opening into the pelvis. A portion of renal substance, equal to about one-third of a normal kidney, appeared rather pale. The pelvis was almost obliterated, and its contracted cavity filled with cheesy substance, mingled with pus and urine. Urethral coats thickened, and its cavity dilated; at the termination of the urethra in the bladder, its membranes was found ulcerated, and presented a granular appearance.

The right kidney was firmly adherent posteriorly in apposition with the cicatrix of an external opening made in January, 1863. The kidney was degenerated into two fibrous bodies loosely connected, and measuring $1\frac{1}{2}$ inches in diameter, together weighing $2\frac{1}{2}$ ounces; capsule firmly adherent to kidney. The cut surface of the two bodies presented a firm, compact and shining tissue; ureter was occluded; the bladder contained about six ounces of urine and pus; its coats were greatly thickened, and the lining membrane extensively ulcerated. No calculus was found in the bladder or kidneys. Liver or spleen slightly enlarged, but apparently healthy. The other abdominal organs were in a normal condition. No farther examination was permitted. Dr. Stephen Rogers examined the kidneys, and found that the portion of the larger kidney shows that it had been invaded by both interstitial and tubercular inflammation. It appears to have been the seat of a most destructive pyelo-nephritis. The other kidney presented the condition known as renal cirrhosis.

Dr. C. H. PORTER then offered the following:

Resolved, That the thanks of this Society are hereby offered to Dr. John Lambert for his promptness in reading, before this Society, his report of a case of Disease of both Kidneys; and that a copy of the same be requested for the Society. Carried.

Dr. E. R. HUN stated that he had examined the kidneys microscopically. The larger one was an example of pure fatty degeneration: the smaller one was cirrhorised. The larger one contained traces of what was apparently tuberculous matter, certainly of some foreign substance. Last summer he stated he had two similar cases, both containing a large quantity of a creamy substance. In one patient there was tubercular disease of both lungs. The patient

from whom the second specimen was taken had had tuberculosis of the lungs fifteen years before, and had apparently recovered; cicatrices were formed in both lungs. Dr. Alonzo Clark considered that the condition in which the kidneys were found was the result of pyelitis; others, however, did not hold this view. He believed that the pathological condition of the kidneys in Dr. Lambert's case was the result of tuberculosis.

Dr. C. A. ROBERTSON then reported the following cases of Degenerative Diseases of the Kidneys detected by Ophthalmoscopic observation of the Fundus Oculi. Mrs. M. M., age 71, small, thin, complained only of "salt rheum," or psoriasis, of long standing. Remarkd that her strength was somewhat diminished, and said she was compelled to void her urine several times at night, and had some uneasiness in the back below the region of the kidneys. Vision seriously impaired; ophthalmoscopic examination showed retina choroidal exudation; urine contained waxy tubular casts, epithelial scales, and hyphosphatic crystals in abundance. Diagnosis: Parenchymatous degeneration of the kidney. Prognosis grave; no disease of the kidneys had been suspected before.

Mr. H. M., aet. 29, a heavy, lumpy, amorphous German. Drove a team in the old country, walking the entire day. Drank wine and lager freely; feet swelled occasionally after work. Last summer found beer to affect him, causing unpleasant symptoms in the head. Refrained from stimulants, only taking on Sunday two glasses of lager. Thirst intense; anasarca of feet and legs; felt weak; had now a pasty appearance. Within six weeks sight growing dim; now useless in one eye; could only count three feet off with better eye. Ophthalmoscope showed fundus of the eye largely invaded, with exudative patches in choroid and retina, and effusions of blood in several spots. Urine contained albumen, abundant oil globules, and epithelial scales. Diagnosis: Amyloid degeneration of kidneys. Prognosis more favorable than in the former case. Treatment: Iron and bark, and an absolute milk diet.

Dr. J. L. BABCOCK said that Dr. Lewi was detained, and had requested him to present a statement of the case which he (Dr. Lewi) was to have reported; he would therefore give a brief epitome of it. The patient had excessive flooding, which it was supposed arose from a premature labor. On digital examination, a soft,

spongy body was found lying partly external to the os uteri. Two fingers were inserted in the os, and passed completely around its circumference. The fingers came in contact with what the Doctor believed to be the funis of a placenta. The hemorrhage, after a time, ceased; and, since that time, now six weeks, there has been no labor pains or expulsion of the foetus, and the patient was apparently well. Dr. Babcock stated he had known the placenta retained for six weeks after delivery, but had never heard of such a case as that of Dr. Lewi's.

Other members regarded it as possible that there might be a mistake in the diagnosis, but thought that the facts presented would not justify a positive opinion.

The Society then adjourned.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, }
SPECIAL MEETING, April 6th, 1871. }

Dr. W. H. BAILEY, President, in the Chair, said: *Gentlemen*,—It becomes my painful duty to announce the sad intelligence of the death of Dr. ALEXANDER EDMESTON. He died yesterday, at half-past two, at his residence, after a lingering illness of several years. We have met to pay proper respect to his memory, and to express our sorrow that another vacancy has been made in our ranks. During the early part of the late rebellion, stimulated by a desire to render his country the service due from every patriot, Dr. Edmerston was one of the first medical officers that joined the army. This is not the time to dwell upon the faithfulness with which he discharged every duty through that fearful struggle; nor of the appreciation of such service by the government in his promotion, and in placing him in responsible position. It was in this fraternal contest that he contracted the disease that finally proved fatal. Gentlemen, take such action as you think suitable on this melancholy occasion.

Dr. Wm. H. CRAIG said: *Mr. President*,—I should feel myself derelict to duty, as well as fail to give expression to my own feelings, were I to allow this occasion to pass without making some expression of the sorrow I feel, in common with you all, at this time. Dr. Alexander Edmeston died from an attack of hemorrhage from the bowels. His illness followed him ever since he left the army, where he contracted his disease, which frequently confined him to

his house for several weeks at a time. The last attack lasted longer than former ones, although not characterized by as much acute pain. He gave promise of recovery until within a few hours of his death. I have known Dr. Edmeston since our student days, and have had occasion to see him frequently in council in regard to his disease, in common with many other physicians, and can bear most cheerful testimony to his worth as an able physician and valuable citizen.

Dr. Edmeston was a man of great energy of character, which sometimes caused him to overtask his physical strength. No matter what he undertook, whether it was the discharge of professional duties, public enterprise, or the requirements of social life, he exhibited the same untiring energy and enthusiasm.

He was one of the first to respond to the call of his country and the last to return home; and he has now given up his life as a sacrifice to his patriotic devotion. And assembled as we are, to-day, to pay a last tribute to his memory as a valuable member of this Society, as an esteemed physician and a worthy citizen, we can at best fully express the sense of our loss, and reflect, in fitting words of condolence, the public sorrow.

Dr. Edmeston has occupied an important public position as Supervisor of his Ward, and discharged its duties with vigilance and fidelity.

We would, in common with a bereaved community, express our sympathy with his afflicted family, and bear this public testimony to his worth.

Dr. STEVENS said: *Mr. President and Gentlemen*,—It is with deep sorrow that I rise to speak of the associate and friend who has so recently passed from us for all time. We have lost a colleague who, by his courteous manner, his jealous friendship, and his remarkable energy, had endeared himself not only to his co-workers in his profession, but to a very large circle of friends. As I recall the history of my own acquaintance with Dr. Edmeston, it is with unsullied satisfaction with its continuance, and with deep grief at the severance. When, some five years since, I came to this city a stranger, I learned that Dr. Edmeston had been for a short time connected with the army corps of which I was a member, I soon became acquainted with him, and have since that time known him

intimately. I have watched him in his pleasant social relations, in his kind and sympathetic care for the sick, in the excitement of political struggle, in the sufferings of more than two years of most painful illness, and in the dark hours of death, yet I have never known a departure from that urbanity of manner which so eminently characterized his association with all classes of men. His intercourse with his friends was characterized by the warmest regard, while to those who were in any way opposed to him he manifested only kindness and courtesy. It is now about two and a half years since I was summoned in haste to attend Dr. Edmeston in a sudden and violent attack of sickness. In a day or two he was sufficiently recovered to resume his business, but was by no means well. Soon another attack prostrated him, and again he resumed his business with redoubled energy. About the middle of December, 1863, he was, for the third time, brought to his bed by severe illness. This time he remained confined to his room for some ten days. From that time forward, Dr. Edmeston was a confirmed invalid. Rallying from a severe illness, he would enter upon the duties of his profession with all the zeal and energy which had characterized his day of robust health, only to be suddenly prostrated by the most violent suffering.

About a year ago Dr. Craig became associated with me in attendance upon him, and aided by the wise counsels of Drs. James McNaughton and Thomas Hun, we have together labored, if possible, to arrest the progress of his disease.

While in the army he had contracted chronic diarrhoea, from which he has never been free, until during the last year, when it seemed to alternate with obstinate constipation. His sufferings seemed to arise from an inflamed and doubtless ulcerated condition of the bowels—a condition, in all probability, resulting from the chronic disease acquired in Southern lagoons.

During the last year he had several attacks of violent hemorrhage from the bowels, at which time he seemed upon the verge of death. From his attack on Tuesday last, although extremely low, we hoped that, as at other times, the hemorrhage would cease, and that his strength might again rally, but our hopes were cut off—the vital flame became lower and dimmer until, at half-past ten yesterday, Dr. Edmeston was dead.

He has left a sorrowing wife who, throughout all his long illness, has watched over him, and ministered to his many wants, with that devotion which could only have been sustained by the most ardent affection; a mother, whose idol he had ever been; relatives, to whom he was bound by most endearing ties; friends, in great numbers, who loved him most earnestly; and a profession in which he was a most zealous and earnest worker. In our sorrow for our great loss, we have the consolation that our friend has closed his useful and active life only to go to his reward.

Dr. STEVENS then offered the following:

Whereas, It has pleased Him, in whose hands are the ingoings and the outgoings of life, to remove from our midst our esteemed friend and colleague, Dr. Alexander A. Edmeston.

Resolved, That we have heard with deep sorrow of the death of our late beloved associate, who has been cut down in the midst of a most active and useful life, by which event we are deprived of our most active and efficient member.

Resolved, That, while we remember his unvarying kindness and courtesy in his relations with his professional colleagues, we cannot but regard his loss as a deep personal affliction to each.

Resolved, That, in our heart-felt sorrow for our great loss, we extend our earnest sympathy to those who were bound to him by the most endearing ties, and who, by this sad dispensation of an All-wise Providence, have been overwhelmed by the deepest affliction.

Resolved, That, in token of our sorrow for the loss of our associate, we attend his funeral in a body; and that the usual badge of mourning be worn by the members.

Resolved, That a copy of these Resolutions be sent to the family of Dr. Edmeston; and that they be published in the newspapers of this city; and that they be entered upon the records of the Society.

The Resolutions, being duly seconded, were voted upon, and were unanimously adopted.

Dr. C. D. MOSHER said: *Mr. President*,—I desire, with other members who have spoken, to express the profound respect I entertain for Dr. Edmeston. Only of late have I known him well: he was one who improved on acquaintance; he was a modest and unassuming physician. I desire to express my appreciation of his good qualities as a man and as a physician. In the early part of

the rebellion young and inexperienced physicians went out as medical officers, and after the war, by the exercise of peculiar qualities not necessarily connected with their professional abilities, became very prominent. Even a drug clerk, having spent a certain time in the army, became a physician, and asked the favor of the public because he had been in the military service. But Dr. Edmeston, a modest physician, entered the army as assistant, soon became chief surgeon, and came back a modest surgeon. I wish to attest my appreciation of his conduct as being worthy of being followed by others. He really sacrificed himself by his service in the field, as much so as if he had lost a limb.

Adjourned.

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ART. II.—*Treatment of Simple Ulcer of the Stomach.* By H. ZIMMSEN, Professor of Clinical Medicine in the University of Erlangen, Bavaria.

(From collection of Clinical Lectures in combination with German Clinical Professors, edited by Richard Volkman, Professor of Clinical Surgery in the University of Halle, Prussia, V. 15, 25th January, 1871.)

TRANSLATED BY GEO. NIEMEIER, M. D., FOR THE "BUFFALO MEDICAL AND SURGICAL JOURNAL."

(Continued From Last JOURNAL.)

Regarding the time of life there is not the same unanimity: the main point is to determine at what age the ulcer at first commences, not at what age it leads to death or is accidentally found at dissections. Clinical experience teaches, that only a small fraction of patients sink under the first attack; that the majority attain middle or even old age, and perish by relapses, or by the sequels of the ulcer, and of other diseases; it chiefly attacks young and middle aged persons. I have to mention of those conditions causing the disposition in young individuals, changes of the chemical contents of the blood, and of the nutrition, in connection with the bodily development during and after puberty, chiefly chlorosis and anemia. We infer a priori from the frequency of the coincidence of these chemical changes with ulcer a casual connection; and Virchow, and Rokitsansky, proved, in chlorotic females, the walls of vessels to be extremely thin, frequently with a premature fatty degeneration, and their lumen narrow, which, as a matter of course, exposes the smallest arteries and capillaries to be more easily torn, and makes it probable that relatively trifling injuries can lead to a circumscribed

hemorrhagic infiltration. The combination of ulcers with tuberculosis, and chronic pneumonia, is also frequent. I cannot prove, at present, certain casual connection of both; and we have to leave it undecided whether this combination is only merely accidental, caused by the absolute frequency of both processes; or, if not, rather the weakness of the constitution, and the various alterations in the nutrition of all tissues, consequently those of the walls of vessels likewise found in individuals with hereditary disposition to phthisis already at an early age—remember the disposition to bleeding from the nose, and haemoptysis—serve as a simultaneous issue of both processes. It is possible that the alteration of assimilation and general nutrition, as a consequence of the ulcer, hasten the development of the lung affection. At least I have often observed that very obstinate ulcers preceded the latter for years. You will now understand that diseases of the endocardium, and of the tunica intima of vessels, are very frequently combined with ulcers, caused, as they are, through embolism and thrombosis of the minutest arterial branches of the stomach. How disturbances of innervation can lead to disturbances of circulation in the wall of the stomach is yet undecided; but the nerves of vessels play certainly an important part in diseased organs regarding circulation and nutrition. As occasional causes, I mention all those noxious substances to which the stomach is exposed, especially those which cause or maintain hyperaemia and inflammatory conditions in the mucous membrane, such as hard indigestible food; too hot or too cold, alcoholic, or otherwise, irritating liquids. My experience shows a frequency of the ulcer in professional cooks, easily to be explained in this manner. I might be induced to believe a traumatic cause of the circumscribed hemorrhagia not quite so rare. Blows externally; compression of the stomach, caused by long and sitting posture; tight lacing in women; belts in men, especially during digestion; pressure to which the stomach is exposed on account of the abdominal press during vomiting or hard evacuation of the bowels; all these mechanical actions may be able, provided the walls of vessels are tender, especially under a concurring digestive hyperaemia, or may be a catarrhal irritation, to produce rupture of small vessels or hemorrhagic infiltrations.

Now for the anatomical changes. The first changes are not yet

sufficiently studied. The hemorrhagic infiltrated part, after the disturbance of nutrition, rapidly appears to scab and soften; we then find a sharp, limited, rounded part of the mucous membrane changed into a blackish pulpous or mory dry scab, the loosening of which shows the submucous or the muscular; or, after the destruction of both, the serous membrane. We have frequently a chance to study this early stage in extensive burns of the external skin, or if the ulcer was caused by mechanical violence or embolism. Rindfleisch found in a man who, on account of a strangulated hernia, vomited severely several days, and at last masses streaked with blood, besides several smaller hemorrhagic infractions, two circular spots in the *curvatura minor*, of which the one proved to be a hemorrhagic infraction of the mucous membrane, while the other showed all the characters of a pure *ileus simplex*. This observation makes it probable that necrosis, and the loosening of the necrotic mass, takes place rapidly under the influence of the gastric juice. The loss of substance ensuing after the loosening of the scab is of a longer duration, and therefore found more frequently. The extent of the primary defect, in breadth and depth, apparently depends principally upon the extent of the defective circulation; that is, upon the size of the impervious vessel or upon the extent of the hemorrhagic infiltration; but we always observe in penetrating, especially in perforating ulcers, the defect in its depth renewed terrace like. The further changes, the gradual increase of the loss of substance, must be ascribed principally to the peptic influence of the gastric juice. This deleterious influence of the gastric juice, or of the corroding products of the acid fermentation of the contents of the stomach, especially acetic and butyric acid, is explained partly by the loss of the epithelial coats, partly from the insufficient supply of alkalic blood to the ulcer. The alkalies of the blood do not sufficiently neutralize the acid penetrating the tissues, in consequence of the circulatory derangement, as Virchow pointed out at first. It depends upon the state of the vessels in the ulcer, and upon the qualities of the contents of the stomach, whether the ulcer extends rapidly or slowly; whether it is perforating or spontaneously, granulating or cicatrizing. It is evident that the blood-vessels must be corroded by progressive corrosion of tissues; but hemorrhages, especially severer ones, are comparatively rare, only

one-third or one-fourth of all cases, because the erosion of smaller vessels is preceded by thrombosis of their lumen, and larger ones are only affected by a very deep penetrating destruction. The erosion of a larger artery must necessarily lead to a fatal hemorrhage, most frequently the *A. gastroduodenalis*, *coronaria ventriculi*, and *gastro-epiploica dextra* in the *curvatura minor* and pyloric portion. I observed an almost momentary fatal hemorrhage from the *A. lienalis*. Extensive destructions of the stomach-wall, in slowly progressing ulcers, are not nearly so destructive to life, as those acute and more latent ones: the latter frequently perforate the wall in its entire thickness, especially the anterior wall. In more slowly progressing ulcers of the *curvatura minor*, and neighborhood, the conglutination of the serous membrane with the surrounding parts, such as the pancreas, or the left lobus of the liver, puts a stop to the destruction; but these firm conglutinations of the stomach with the pancreas or liver, even after thorough healing of the ulcer, often lead to a permanent impediment of the free mobility, and of the peristaltic action of the stomach, and aided by the cicatricial contraction of the wall, cause contortions and changes in its form, impeding its digestive motions, and probably causing the severe cardialgia, which so frequently continue after the ulcer has thoroughly healed. An amelioration, even a cure, can spontaneously ensue, in spite of firm conglutinations, in the course of years, provided the bottom of the ulcer is yet formed by the stomach wall, and not by a neighboring organ. The original conglutination is gradually elongated by the peristaltic motions of the stomach, and changed into a string-like adhesion, which latter, by continuous pulling, gets thinner and finally ruptures. This natural cure may be noticed in cicatrices, and thickened spots of the serosa, without conglutination with the surrounding parts, the same as in partial adhesive pleuritis and pericarditis with the pleura and pericardium. The sequels of a cicatrix of large annular ulcers near the ostia, or *curvatura minor*, are more serious: the progressive cicatricial contraction causes strictures of the ostio, especially of the pylorus, or hour-glass strictures of the whole stomach, highly disturbing its functions. And this cicatricial stricture of the pylorus, with secondary gastrectasia, is often, many years after the healing of the ulcer, the subject of treatment.

The diagnosis of the ulcer is, in many cases, without difficulties; the coincidence of the more important symptoms, principally the cardialgia, disturbance of digestion, vomiting, hemorrhages, the long continuance of the complaint, with a relatively good condition of nutrition, and frequent pauses—youth or middle age make a certain diagnosis possible; but every experienced physician knows how frequent one or more of these more important symptoms are absent. The differential diagnosis, in middle aged people, between ulcer, cancer, and chronic catarrh, may be impossible, if the disease is not yet of long standing, without hemorrhages, no severe pain, if the physical exploration gives no positive result, and the nutrition of the whole body not lowered. The diagnosis is not less difficult in young individuals of a chlorotic and anaemic tendency, if the disturbances of nutrition are not yet of long duration, with trifling pain and sensibility of the epigastrium, if neuralgic pains exist also in other parts, and hemorrhages, cardialgia, and vomiting are absent after meals; the diagnosis frequently becomes more distinct in course of time through hemorrhage and perforation. But the diagnosis, with a favorable issue, remains doubtful even to the end of the treatment; and we may judge possibly in consequence of a relapse upon the nature of the former disease. These difficulties of the differential diagnosis of the ulcer, often quite paradoxical in its symptoms, from nervous cardialgia of chlorotic females, or of young women, suffering with uterine disease, from chronic catarrh and cancer in older people, make it desirable, in doubtful cases, to draw a conclusion from the success or nonsuccess of the therapeutical remedies upon the nature of the affection. The results of a careful treatment with alkalies may be cautiously used for the diagnosis, as a large majority of ulcers, and chronic catarrh, are either cured or improved for a longer period by it, while the symptoms of cancer and nervous cardialgia are either not changed at all or absolutely aggravated by it.

I come now to the most important part of my lecture, the treatment. All authors, since Cruveilhier, consider dietetic regime as most important, even many as the main point, and expected only a palliative effect from medicines, such as bismuth, argent nitr., plumb. acet. alum, tannin, ferri perchl. Oppolzer and Niemeier recommended highly the Carlsbad spas. Every physician agrees that narcotics

are indicated against cardialgia, ice and cold against hemorrhage, carbonate of soda against the acidity of the stomach. Let us put three questions: 1. What conditions are favorable to the formation of the ulcer? 2. What movements cause the enlargement and dangers of it? 3. What, at last, are the impediments of its spontaneous cure? I may answer to the first question, that we may often prevent the ulcer provided that we are able to remove those casual conditions by early treatment of chlorosis and anemia, regulation of the diet, &c., &c. These are the points for a rational prophylaxis of the ulcer. The two other questions are, practically, of more importance, for we are only rarely in a position to use these prophylactic measures; far more frequently we see the ulcer long after its formation, neglected and maltreated, and my answer is: The first and most important object is the neutralization of the acidity, in whatever stage you see the ulcer, in order to protect the young granulation from the influence of the acid and pepsin. For such a neutralization, a simple watery solution of Carb. of Soda, little concentrated, and in larger quantities in an empty or only partially filled stomach would be sufficient, provided this could be done continually, and this would make the assimilation of albuminous substances impossible, and gravely injure the general nutrition. Such a continuous neutralization is not necessary at all; once a day is sufficient, under the condition that at least once a day the sour contents of the stomach are completely emptied into the bowels, and for this purpose I recommend the sulphate of soda, which powerfully excites the peristaltic motion of the stomach without irritating the mucous membrane and the ulcer, it promptly causes the evacuation of the stomach, and to a certain extent reduces or even prevents the sour fermentation of its contents. Common salt—Chloride of soda—acts similarly, but far weaker as an anti-fermentative and antiseptic, and slightly stimulates the muscular membrane of the stomach and intestines; but this effect, is, in most individuals, quite insufficient. These three substances, sulph. of sod., carb. of sod., and chloride of sodium, are the principal constituents of the celebrated Carlsbad Spring Waters. I consider the permanent intensely sour quality of the stomach, caused, not by the ulcer, but by chronic Catarrh, as especially injurious for the decrease of the

11 c11c. Dyspepsia, eructations and vomiting, pyrosis, the perma-

ment sensibility and tympanitis in the epigastrium, the costiveness, emaciation and general anemia, are mostly caused by chronic catarrh. The mucous, produced in abnormal quantities, acting as ferment, causes a sour fermentation so much quicker, the less carbohydrate the food contains—people in general, have an aversion against meat and other food containing proteine, and such food is the more disposed to fermentation the longer it remains in the stomach, and this latter condition, the obstinate delay of the chyme in the stomach deserves especial attention. It is a priori very probable, that this delay and the vomiting may be caused by a temporary mechanical obstruction or stenosis of the pylorus; still we often find after death, the pylorus sufficiently pervious; in other cases the frequent changes of the symptoms, the temporary complete disappearance of all symptoms leading to a suspicion of a stricture of the pylorus, but mainly the thorough recovery of the patient, proves that there was only a temporary obstruction of the pylorus. We are therefore to conclude that this mechanical obstruction is caused by the catarrhal swelling of the mucous membrane of the pylorus, together with a spastic contraction of its sphincter, that the energy of the muscularity of the stomach decreases the longer the ulcer and catarrh continue, and that the contractions are not more than sufficient to open the closed sphincter. Kussmaul lately proved, by experiments with the stomach pump, that the sour fermenting contents of the stomach, in spite of frequent and copious vomiting, are never entirely emptied. If there exists a certain degree of paresis of the muscularis and of gastrectasia, this remaining small portion of fermenting chyme produces at once upon all fermentative substances carried into the stomach the same change, so that this power of fermentation and the catarrh become permanent, and the ulcer is always under the corroding influence of sour chyme. The majority of patients are for a long time in this state before they seek medical advice. * *

You may give either the natural or artificial Carlsbad Spring Water, or the natural or artificial Carlsbad Salt in a more or less concentrated hot watery solution, to which latter I give the prefer-

* * * It has become necessary on account of the length of the original article to abbreviate a little.

ence; the natural Carlsbad salt contains about 87 per cent. sulph. sod., about 13 per cent., carb. sod., and only a small quantity chlor. sod., (common salt.) †

A few words about the diet: Your patients should avoid most of the vegetables, fruit, fat, sugar, beer; you will allow them roasted veal and chicken, beef tea, raw ham, wheaten bread, light French Claret, milk in any quantity, either alone or to prevent rapid fermentation, with the addition of a little carb. sod., buttermilk. I generally give, for about four weeks, in the morning, fasting, two large teaspoons of either the natural or artificial Carlsbad salt, dissolved in a quart of water, previously boiled and moderately cooled, and have the fourth part of this solution taken every quarter of an hour, so that one or two watery evacuations follow; during the drinking, or shortly after it, I increase, if necessary, and in course of time decrease the dose of salt, giving at last only one teaspoonful in the same quantity of water. In severe cardialgia, I give morphine, either subcutaneously or by mixing 2 grains with half an ounce of Aq. amygd. amar., and giving of this repeatedly ten to fifteen drops. I have never seen any benefit of nitrate of silver, and only very temporary, but no curative results from nitr. of Bismuth with opiates.

Let me say a few words about the treatment of hemorrhage and perforation: Hemorrhage, if it can be stopped at all, is treated the simplest and surest with cold—ice—externally and internally, perfect rest, and absolute abstinence from solid food and liquids; I don't advise you to use astringents at first, such as alum, perchl., iron, plumb., acet., they can never reach the bleeding vessels of the stomach if it is filled with coagulated blood, often increase the vomiting and so are apt, by loosening the provisional thrombus in the contracted lumen of the vessel, to renew the bleeding. On the 2d or 3d day I allow iced albumwhey, in small quantities, an injection if necessary, but never a physic, not even the mildest; milk, beef tea, wheaten bread, iced champagne. Perforation, especially for the purpose of euthanasia, and to quiet the movements of the stomach and intestines so as to check the *extravasation* of the contents of the stomach into the peritoneal cavity—almost always only

† The translator has used for some twenty years an artificial Carlsbad salt, by mixing extemp. 1 ounce of sulph. sod., with 1½ teaspoonful of carb. sod., and 3-4 of a teaspoonful of common salt.

a pious wish—requires opium in large doses subcutaneously or per anum. I use ice in bladders against peritonitis and tympanitis.

I wish yet to draw your attention to the treatment of some consecutive troubles which require our care not seldom after the healing of the ulcer.

1st. To strictures of the ostia, caused by gradual cicatricial contraction near the pylorus or cardia. The cicatricial strictures of the ostia is of the greatest importance, and as we have seen the ulcers frequently near the pylorus, so we observe these secondary strictures mostly near the pylorus. We may safely put the diagnosis of cicatricial pylorus stricture, if the catarrh does not entirely stop or return with a retention and sour fermentation of the contents of the stomach, with vomiting, at first only at times, gradually more frequent, and at last quite regular after meals, obstinate constipation of the bowels, with a sinking of the hypogastric region, and a physical demonstration of gastictricia. Less characteristic are the symptoms of a distortion or stricture of the central part of the stomach; they, also, are accompanied by disturbances of digestion and assimilation, cardialgia and vomiting. Strictures near the cardia are as seldom, as ulcers near the cardia are rare.

In the treatment of stricture near the cardia, I recommend a mechanical dilatation by a daily introduction of bougies, with gradually increasing thickness, as used in strictures of the œsophagus from burns or caustics. In strictures of the pylorus, not being accessible to treatment by bougies, if all the outer treatment fails, we may employ the stomach pump every morning; empty the stomach completely, and inject through it either natural or artificial soda water, in order to relieve the stomach, often enormously distended by its sour contents and gas.

2d. To the mechanical restriction of the peristaltic motion caused by conglutination of the stomach with neighboring organs. To a tonic dyspepsia and pyrosis, I order, in such cases, natural or artificial soda sulphates, containing small quantities of iron, or amara combined with a little iron, always using Rhubarb as a physic, if needed, but iron has to be cautiously used, and obstruction of the bowels carefully guarded against.

3d. To habitual constipation of the bowels, which generally follows the ulcer for months, even for years, I give Rhubarb, either

as simple or comp. extr., regularly every night before going to bed, and combine with in extr. Bellad., or extr. Nux. Vom. spirit., until the stomach has regained its normal energy. A certain vulnerability of the mucous membrane of the stomach, however, will mostly remain, which forces patients to keep always a scrupulous caution in their diet, the stomach will always be a "*locus minoris resistentiae*."

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

BUFFALO, May 2d, 1871.

The President, Dr. JOHNSON, in the Chair.

Dr. STRONG was called, January last, to a case of croup, the patient being a girl three years of age. From the want of success in his previous treatment of this truly formidable disease, he had very little confidence in the efficacy of medicine; and, in common with the mass of the profession, had come to regard true croup as a fatal malady. The symptoms were very conclusive fever, some difficulty in breathing, slight cough during the first twenty-hours, all of which were more marked the next day, so that at night he had no hope of seeing his patient alive the next morning. The treatment had consisted mainly in the exhibition of quinia and calomel; but that night, rather as a last resort, ordered the inhalation of vapor in a room kept at a high temperature, about 90°, and also ordered bicarbonate of soda to be dissolved in the water which was evaporated. These instructions were strictly carried out, and the next morning found the patient greatly improved and in a fair way to recover. Tonics were afterwards administered, and the patient was well a few days afterwards. The most convenient method of generating the vapor was to place the patient on a chair and throw over him a quilt, then place a pail, containing the hot water, in which the soda has been dissolved, under the chair or between the feet, and throw in any cold article most convenient, as bricks, pieces of iron, &c.

Dr. CROLYN fully agreed in the remarks of Dr. Strong, and had found vapor the most valuable remedy that he had ever used. There is much difference of opinion among writers as to the treatment of croup, but they all believe it to be a diphtheritic disease.

Under five years of age it is almost uniformly fatal. The use of vapor is now *sub judice* by the profession. He has always used it, and last year lost no cases. Generally he gave as remedies, in addition, the iodide of ammonium and the iodate of potash. Saw a case with Dr. Tobie in a family where two children had died under or during treatment. This patient was treated with carbonate of ammonia and vapor, and recovered. He, also, in cases where there is marked diphtheritic exudation, gave chlorate of potash and iron.

Dr. WHITE considered the pathology and treatment of croup of great interest, and since he began the practice of medicine there has been a great change in its treatment. He did not think that any particular routine of management are adapted to all cases, but that different cases require diverse treatment, both local and internal. He believed that sustaining remedies were always indicated. He generally combined iron and chlorate potash, as follows: \mathcal{R} : ferri, muriat., \mathcal{Z} i.; potass. chloratas \mathcal{Z} ss.; sacch. alba., \mathcal{Z} ii.; aq. bulient, \mathcal{O} i. Of this give two teaspoonsful every third hour. Turpeth mineral has been used by Fordyce Barker and others extensively. It is indicated in cases where there is a large accumulation of false membrane, and the patient has sufficient strength. In this class of cases the membrane will often be dislodged by the act of vomiting. The use of vapor is of value in conjunction with the turpeth mineral; but feeble cases always require stimulants. Oxygen has been largely used in New York the past winter for the purpose of keeping the patient alive till the poison can be eliminated from the system. Has seen it prove of great value in some cases. It is also employed in conjunction with vapor medicated with an alkali. In those cases where the obstruction is confined to the larynx, tracheotomy is to be considered. While in Paris learned from Trousseau that the operation is often made; and that about twenty-eight cases in one hundred, or about one in four, recover. When used it should be much earlier than is the practice in this country.

Dr. STRONG is not sure as to the value of the alkali in the vapor, although a solution of bicarbonate of soda will dissolve the false membrane out of the body; but the difficulty, he conceived, lies in getting a sufficient quantity, through the glottis, to be of any value as a solvent. He thinks that the high temperature of the room should not be overlooked. It should be kept at 100° at least.

Influenza, diarrhœa, and malarial fevers, were reported as most prevalent.

Adjourned.

W. C. PHELPS, Secretary.

Miscellaneous.

American Medical Association.

FIRST DAY.

The twenty-second Convention of the American Medical Association was opened in Pacific Hall, San Francisco, Cal., on Tuesday morning May 2d, at 11 o'clock. The present officers are: President, Dr. Alfred Stille, of Pennsylvania; Vice-Presidents, Dr. J. S. Wetherby, of Alabama, Dr. Henry Gibbons, of California, Dr. G. J. Heard, of Texas, Dr. Samuel Willey, of Minnesota. Permanent Secretary, Dr. W. B. Atkinson, Philadelphia; Assistant Secretary, Dr. Joseph Tucker, of California; Treasurer, Dr. Casper Wistar of Pennsylvania; Librarian, Dr. F. A. Ashford, of District of Columbia.

Dr. Arthur Stout, of San Francisco, called the meeting to order, and introduced the President of the Association, Dr. Alfred Stille.

President Stille received a warm greeting from the meeting. He introduced the Right Rev. Bishop Kip, of California, who invoked Divine blessing upon the proceedings of the convention.

The report of the Committee upon Credentials was called for. Dr. Stout, the Chairman, delivered an address in which he heartily welcomed the members to the hospitalities of California.

Dr. Stout reported that the registration had not yet been completed, two hundred members having thus far been registered.

On motion, the Committee were given until Wednesday to present their report.

A letter was read from Prof. S. D. Gross, of Philadelphia, ex-President of the Association, regretting his inability to attend the sessions of the Convention. It was ordered spread on the minutes.

On motion of Dr. Stout, all members of the California State Medical Society not delegates were invited to sit as members by invitation.

The President commenced his annual address by calling attention to the vast change which had taken place in the State of California during the quarter of a century of the existence of this Society. He then adverted to the objects for which the Association was formed, and the progress which had been made in the profession, as he felt, by its agency. Further maturity, however, he said, was needed, a higher growth was to be looked for; the idea of development in education is as natural and as necessary as it is in the growth of an organized being. In speaking of advance in professional education, he considered it a fact that, although scarcely one of the many reforms recommended by the Association had been formally adopted by the colleges, medical education has been continually improving. Obstacles to farther and more rapid improvement exist and must be met.

“Either some one institution must be endowed so as to be rendered independent of its rivals, or a number of the leading schools

must agree together to adopt a curriculum in harmony with the present state of medicine, and with the system of instruction pursued in the principal schools of the world. Of these two conditions there seems no prospect whatever that the first can be fulfilled. The execution of the second depends entirely on the good will of the colleges that are interested in the decision. No one can act alone; and every effort to induce several of them to enter into a compact which shall be of mutual obligation, and not to be abrogated without the consent of all contracting parties, or, at least, a large majority of them, has hitherto proved unavailing. What motives, if any, will determine the adoption of a different policy, may be conjectured, but need not be suggested; yet it is safe to affirm that if the profession at large were to lend their support to those colleges and only those which determine to carry out essentially the recommendations of the conventions of medical teachers held at Cincinnati in 1867, and at Washington in 1870, we should soon enjoy the benefits of a system of education which would place the American medical profession upon a perfect equality with that of the most favored country."

Dr. Stille spoke, in sequence, of quackery, of the question of women entering the profession, of colored physicians, of the granting of diplomas, of the right of colleges to revoke the diplomas of men who leave the ranks of legitimate medicine for quackery, and of alcoholic stimulants as medicines.

At the conclusion of the address a vote of thanks was accorded to the President.

Several invitations of an agreeable nature were extended to the members of the Association, which were accepted.

The reports of a large number of Committees were expected. But few of them responded to the invitation of the chair, and those principally to gain time. The report "On Protest of Naval Surgeons, &c., by Dr. S. W. Ruschenberger, U. S. N., was read and was laid on the table. That "On a National Medical School," by Dr. Francis Gurney Smith, of Pennsylvania, was read and adopted. That on "Criminal Abortion," was referred to the Committee on Obstetrics. That on "Medical Education," was sent in printed by Dr. Geddings. That on "Prize Essays," by Dr. T. M. Logan, was read. The reports on the "Climatology and Epidemics," of various States, were for the most part, continued till next year. That on the "Climate, &c., of California," by Dr. F. W. Hatch, was referred to the Special Committee on the subject. A voluntary communication on "The Operations for Stone," was referred to the Committee on Surgery. After some discursive remarks by various members, the meeting was adjourned to 10, A. M., on Wednesday.

SECOND DAY.

The Association met at 10, A. M., pursuant to adjournment. The attendance was large.

The minutes of Tuesday's session were read and approved.

The Committee of Arrangements and Credentials reported the names of accredited delegates and permanent members of the American Medical Association. The following members were present from the New England States:—

Connecticut.—E. R. Hunt, W. Woodruff, J. W. Phelps, Chas. L. Ives, Levi Ives, L. N. Beardsley, F. L. Diddle, W. B. DeForrest, B. H. Catlin, Alfred North, Moses C. White, Sheldon Beardsley, H. D. Holton, Henry McKnight.

Massachusetts.—George N. Thomson, H. R. Storer, E. Cutter, E. B. Moore.

New Hampshire.—John W. Parsons, J. L. Swett.

Rhode Island.—L. F. C. Garvin, G. L. Collins.

Dr. Ames, of Minnesota, moved that the report, with the exception of that portion referring to the members by invitation, be accepted.

Dr. Storer moved to amend the motion, in that the report be accepted as a whole, and not as at present adopted.

Dr. Toner desired to have the relations of Dr. Thomas, (of Philadelphia) to the Association defined.

Dr. Henry Gibbons doubted the propriety of catechizing members, after the Committee had accepted their names. It would establish a bad precedent, aside from creating unhealthy wrangles. He suggested the reference of the Thomas case to the Committee on Ethics—but he believed such a Committee did not exist.

Dr. Pinkney attempted to define his position, &c., but was declared out of order.

Dr. Pancks moved that the case of Dr. Thomas be referred to the Committee on Ethics; if none existed—holding over from last year—one might be appointed.

The President stated that Dr. Thomas was in full communion with the Association; no case for consideration existed.

Dr. Toner moved that the vote whereby the report of the committee on Credentials was accepted, be reconsidered.

Declared out of order.

Dr. Thomas arose to a question of privilege, and enumerated the Medical Societies in Philadelphia with which he was connected.

Dr. Storer remarked that Dr. T.'s explanation did not satisfy him. It showed that the gentleman was in better standing than he had supposed, but he favored the reference of the matter to the Committee on Ethics.

A delegate suggested that Dr. Pearson, of Woodland, occupied questionable relations with the Association.

Dr. Johnson, of Missouri, endorsed Dr. Pearson as a highly educated physician and able practitioner.

The Dr. Thomas case was finally referred to the Committee on Ethics by a vote of 85 to 15.

Dr. H. Gibbons stated that there was no Committee on Ethics in existence.

The President, by vote of the Association, was authorized to appoint a Committee on Ethics at an early day.

Dr. Logan presented a list of members of the San Francisco Medical Society, and moved that they be declared members of the Association by invitation.

Dr. Stout favored the motion, and recited cogent reasons for his action. California, situated on the verge of the continent, and yet in her infancy, failed to afford some of the facilities for progress found in the East. Medical Societies were not numerous here, and chances for physicians to become eligible for membership to the National Society were comparatively few. It was for this reason that he supported the motion.

Dr. Simmons, as one of the Committee on Credentials, would have been pleased to recommend the gentlemen for membership, but found that the Constitution prohibited such action.

Dr. Davis, of Chicago, (Ill.), said that there were other medical gentlemen, outside of those read in the list by Dr. Logan, who were desirous of becoming members of the Association. The speaker did not favor excluding the gentlemen, by any means. Let them come in and witness our proceedings; extend cordial invitations to them to mingle with members of the Association; but they cannot be admitted as members. The Constitution would not permit the passage of the motion offered by Dr. Logan—and the Association must cling to the Constitution.

Dr. Logan's motion was lost, and a motion to invite the applicants to visit the meetings of the Association prevailed.

Dr. Yandell, of Kentucky, read a report of the Committee on Medical Education, prepared by Dr. Geddings, of South Carolina. In a private letter, Dr. Geddings notified the Association that the entire report was written by himself, without consulting other members of the committee.

On motion the report was accepted and referred to the Committee on publication.

In the discussion of the report, considerable time was occupied by appeals from the decision of the Chair, &c.

Dr. Henry Gibbons extended still farther invitations to the members, which were accepted.

Dr. Gibbons read an article on Vaccination, published in a homœopathic journal,* by Dr. Henry A. Martin, with his official title as Chairman of Committee on Vaccination of the American Medical Association affixed. The opinions enunciated by the writer seemed to grate harshly on the ears of members of the profession. When he had finished reading the article, Dr. Gibbons moved for a reconsideration of the vote, whereby Dr. Martin was continued Chairman of the Committee on Vaccination for another year. The gentleman had insulted each and every member of the Association by the publication, and in justice to themselves immediate action should be taken in the matter.

Dr. Storer was unacquainted with the circumstances of the case,

* The New England Medical Gazette, January, 1871.

and felt that the Association should suspend judgment until Dr. Martin could be heard.

Members called for a second reading of the article.

Dr. Gibbons read the first few lines.

Members—"That's enough."

Dr. Dawson said that the article was an insult to every member of the Association, and moved that Dr. Martin be expelled as a member of the Association.

Dr. Bibb offered an amendment, that a committee of three be appointed to prefer charges against the gentleman.

Dr. Davis suggested the reference of the matter to the Massachusetts State Medical Society, to which Dr. Martin belonged.

Dr. Johnson gave Massachusetts a shot for her delinquencies; many of the members consorted with homœopathists in that State, hence nothing would be accomplished by referring the matter to the local Society there.

Dr. Stout offered an amendment to Dr. Bibb's motion—that the matter be referred to the Committee on Ethics.

Dr. Gibbons's motion to remove prevailed; Dr. Stout's amendment to refer the matter to the Committee on Ethics was also passed.

The Committee on Ethics was appointed by the Chair, and consists of Dr. Henry Gibbons, Dr. Davis, of Chicago, Dr. F. S. Smith, Dr. Parsons and Dr. Toner.

A motion to refer all questions of membership and character to the Committee on Ethics prevailed.

Several protests from Connecticut, Massachusetts and New York were referred to the Committee on Ethics.

Dr. T. M. Logan, of Sacramento, Chairman of the Committee on Prize Essays, reported in favor of awarding prizes as follows:—First prize—to E. R. Taylor, of Sacramento, for essay upon the "Chemical Constitution of the Bile." Second prize—to Benj. Howard, M. D., of New York, for essay upon "The direct method of artificial respiration for the treatment of persons apparently dead from suffocation, from drowning, or from other causes." Several other essays were received and considered.

On motion, the Committee on Prize Essays were instructed to return essays to writers when desired.

Dr. Davis of Chicago, member of the Committee on Resolutions, appointed at the meeting of the Association in 1869, submitted an elaborate report, closing with the following resolutions:

Resolved, That each State and local Medical Society be requested to provide, as a permanent part of its organization, a Board of Censors for determining the educational qualifications of such young men as propose to commence the study of medicine, and that no member of such Societies be permitted to receive a student into his office until such student presents a certificate of proper preliminary education from the Censors appointed for that purpose, or a degree from some literary college of known good standing.

Resolved, That a more complete organization of the profession

in each State is greatly needed, for the purpose of affording a more efficient basis, both for educational and scientific purposes.

Resolved, That a committee of three be appointed for the purpose of continuing the correspondence with the State Medical Societies, and asking their earnest attention to the foregoing resolutions, in addition to those submitted for their action in 1869.

Dr. Moore, of St. Louis, offered a resolution that all medical colleges charge \$100 as the fee for a course of lectures, and that a forfeiture of this rule shall exclude such college from representation in the Convention. After a protracted discussion, the resolution was voted down, on the ground that quality of education does not depend on price.

The resolutions offered were all tabled, and the Convention then adjourned until Thursday.

THIRD DAY.

The Association met pursuant to adjournment. In the absence of Dr. Stille, Dr. Henry Gibbons assumed the chair.

The Committee on Publication reported that the copy of Vol. XXI. was put into the hands of the printer on May 26th, 1870, but in consequence of ascertaining definitely, by means of circulars distributed to the members of the Association, how many copies it would be necessary or safe to print, the volume was not fairly started until the 1st of July. They then went to press, and 650 copies were printed. The report is accompanied by a table, exhibiting the number of copies of each volume, and the number disposed of since last report.

The Treasurer's report was read by the Secretary, from which we learn that the receipts during the year were \$3,802.88; disbursements \$3,098.56; the balance on hand is \$704.32. The Treasurer reiterates the hope that the Association will not refer any matter to the Committee on Publication not of real value, as all matter thus referred must be published, at times causing the volume of transactions to cost more than the sum fixed for its purchase by the members.

Referred to the Committee on Publication.

The report of the Librarian, F. A. Ashford, M. D., of Washington, was received and read. He reported that the books entrusted to his custody by his predecessors had been well preserved at the Smithsonian Institute, through the kindness of Prof. Henry and its Regents. Three hundred and thirty-nine volumes, including pamphlets, monograms, &c., composed the collection at the date of the last report, and the additional matter received during the past year has been chiefly a continuation of the medical and surgical journals. The report is replete with important suggestions.

Referred to the Committee on Publication.

Association of Superintendents of Insane Asylums.—John C. Atlee, M. D., delegate to the Association of Medical Superintendents of American Institutions for the Insane, made a report, following which Dr. Storer offered the following resolution:

Resolved, That the Association of Superintendents of Institutions for the treatment of the Insane and the American Medical Association should be more closely united, and that the meetings of the two Associations should be held at about the same time and at the same place.

Adopted.

Dr. Johnson, of Missouri, presented a report from a special committee, suggesting a plan for the elevation of medical attainments and establishment of a National Academy of Medicine. Referred to Committee on Education.

Dr. Yandell, of the special committee, to whom was referred the report of Dr. Pinkney on Foreign Naval Medical Affairs, submitted at the session of the Association in 1870, presented the said report and moved its reference to the Committee on Education.

The motion prevailed.

Dr. E. T. Barber, of Yreka, submitted a report upon a case of fracture of the neck of the femur in a child seven years of age.

Referred to the committee on publication.

The Chairman of the Section on Materia Medica and Chemistry, Dr. Yandell reported having received a valuable paper from Dr. Gibbons, of Alameda, entitled *The Botany of the Pacific Coast*. The paper was accompanied by one hundred and eighty specimens of indigenous plants, &c., and would certainly be considered a valuable contribution to the science of medicine.

The committee moved that the paper be referred to the committee on publication.

Dr. Gibbons arose and requested that the recommendation of the committee be withdrawn. The paper was not complete—not as perfect as he could make it by additional work.

On motion, a vote of thanks was passed, and the paper returned to its author for completion.

Dr. H. R. Storer, delegate from the American Medical Association to the Canadian Medical Association, submitted a verbal report in behalf of himself and associates—Dr. Sullivan, of Boston, and Dr. Gerrish of New York. He eulogized the Canadian Association. Its members were far above the members of the American Association in point of medical education—almost all of them having graduated from European Colleges of note.

The committee on Nominations made the following report: For President, Dr. D. W. Yandall, of Kentucky; First Vice-President, Thos. M. Logan, of California; Second Vice-President, C. L. Ives, of Alabama; Third Vice-President, R. M. Mitchell, of Alabama; Fourth Vice-President, J. K. Bartlett, of Wisconsin; Assistant Secretary, D. Murray Chester; Librarian, F. A. Ashford, Philadelphia; Treasurer, C. Weston, Philadelphia. Next place of meeting, Philadelphia.

On motion of Dr. Davis, the report was accepted, and the officers unanimously elected.

The Committee on Ethics submitted a partial report, recommending some removals, &c., and asking time in the case of Dr.

Thomas, the delegate from the Female College of Philadelphia.

The report was accepted.

Under the head of unfinished business, an amendment to the Constitution, offered at the last meeting of the Association by Dr. Hartshorne, of Philadelphia, was taken up for consideration. The proposed amendment is embodied in the following resolution:—

“*Resolved*, That nothing in this Constitution shall be so construed as to prevent delegates from colleges in which women are taught and graduated in medicine, and hospitals in which medical women, graduates in medicine, attend, from being received as members of this Association.

A lively discussion ensued, in the course of which remarks were made in favor of the resolution by Drs. Harding of Indiana, King of Pennsylvania, Gibbons of California, Atlee of Pennsylvania, and Thomas of Pennsylvania; and in opposition by Drs. Davis of Illinois, Johnson of Missouri, and McArthur of Illinois. A vote was taken, and the motion to adopt the resolution was indefinitely postponed. The Convention then adjourned until Friday.

FOURTH DAY.

The Association assembled at 9, A. M., President Stille in the Chair.

A number of the delegates having departed for the interior, the attendance did not equal that of previous sessions.

The minutes of preceding meetings were read and approved.

Dr. T. M. Logan, of Sacramento, submitted a series of resolutions recommending the establishment of a chair of hygiene in medical schools, and suggesting a National Health Council based on the principle of the State Boards of Health of Massachusetts and California.

Adopted, and referred to the Committee on Publication.

Dr. Logan moved that the State of Pennsylvania be represented by the President, Dr. Stille, on the proposed Committee. Carried.

The nominating committee reported the names of gentlemen selected by them for the various standing committees and for the officers of the sections.

The Secretary read the minutes of the Committee on Obstetrics and Medical Jurisprudence. Referred to the Committee on Publication.

Dr. O'Donnell offered a resolution condemning criminal abortion, and urging stringent measures for its prevention.

Surgeon J. M. Brown, of the United States Navy, returned the thanks of the medical gentlemen of this department of the public service for the hearty cooperation of the Association in the recent contest between line and staff; a contest to define the position and rights of the latter, and acknowledge the dignity of the profession.

The law now recognized the usefulness of the staff, and regulated the rank of officers: it did not give them all they were entitled to, but enough on which to make an honorable concession and a fair compromise.

Referred to the Committee on Publication.

Dr. Montgomery, of Sacramento, offered a resolution to the effect that a Chair of Ethics should be established in all the Medical Colleges in the United States, either as an Independent Chair or in connection with some other department. Withdrawn.

The number of licensed physicians in the United States has been ascertained by Dr. J. M. Toner, after considerable labor—according to the statement of Dr. McArthur, of Illinois. There are some 60,000 physicians; only 3,000 of them homœopaths. In view of the importance of these statistics, it was moved that they be referred to the Committee on Publication.

The motion prevailed.

In view of the fact that a proposition for a memorial to Sir James Y. Simpson had been inaugurated by the physicians of Europe and Canada, and that the co-operation of the American Medical Association was desired, Dr. Storer moved that the Association take the necessary steps in the matter as an evidence of their appreciation of the deceased. Carried.

The Committee on Ethics reported to refer the case of Dr. Martin of Massachusetts, mentioned in the record of the first day's meeting, to the local society. Dr. T. M. Wise of Kentucky, was appointed Chairman of the Committee on Vaccination, in place of Dr. Martin, removed.

Dr. Atlee, of Philadelphia, offered the following resolution:—

Resolved, That the American Medical Association acknowledges the right of its members to meet in consultation the graduates and teachers of Women's Medical Colleges, provided the code of ethics of the Association is observed.

Dr. Storer hoped that no action would be taken on the resolution. Inasmuch as the question was discussed fully yesterday, he would protest against the question coming up again. He thought that the sense of the Association was fully ascertained by the votes already taken.

Dr. Johnson, of Missouri, had a few words to say in behalf of the resolution. He hoped it would pass. This was not a question as to the admission of women into the Association; it was merely a resolution to protect the medical science. He would regret to have the women assailed by the Association; any honorable man would agree with him on that proposition. Let the women have their own associations and manage their own affairs—but when it comes to consulting, all barriers should be removed.

A sprightly discussion then ensued, which was engaged in by various members of the Convention; the proceedings assumed an uproarious character, and an incessant din took the place of legitimate debate.

The question recurred upon the original resolution.

Dr. J. M. Brown moved that the subject matter be indefinitely postponed.

Dr. Toner moved to lay the resolution upon the table.

The President called for an expression of opinion by the Association.

Misunderstanding the question before the house, many delegates arose, then became seated, and continued to give evidence of indecision, until the body of the house recalled reminiscences of the fishing excursion by the incessant bobbing in progress.

Finally a delegate called upon the President to state the question.

Dr. Atlee called for a vote upon his original proposition.

Dr. Davis desired to know if the Association would falsify its record of yesterday, and continue to wrangle until it was too late to go over the bay. The question under consideration did not amount to any more than tweedledee and tweedledum at best.

Dr. Cole—I move that we adjourn until 8 o'clock this evening, and make the consideration of this resolution the special order. Carried.

The members of the Association, together with other invited guests, proceeded on an excursion to Oakland.

EVENING SESSION.

The Association assembled in the evening, pursuant to adjournment, President Stille in the chair.

The resolution on the female physician, the special order of the evening, was discussed with great freedom. Finally after a spicy debate—

Dr. Matherly suggested that the American Medical Association had no authority for meddling in local quarrels, and therefore moved an indefinite postponement of the subject matter.

The motion prevailed.

Dr. Storer submitted the following resolution:—

Resolved, That this Association views with dissatisfaction the course of gentlemen who, in setting at defiance their local and State Societies, have contemplated the establishment of a precedent that, admitted in other matters, would at once destroy the authority of this Association.

Indefinitely postponed, on motion of Dr. Gibbons.

Resolutions of thanks to the officers, the Press, and Railroad Companies, were passed, after which the meeting adjourned *sine die*. *Boston Medical and Surgical Journal*.

—:O:—

Proceedings of the Medical Journal Association.

At 10 o'clock yesterday morning the Medical Journal Association met at the rooms of the San Francisco Medical Society on Sutter street. Dr. H. R. Storer, of Boston, President of the Association, called the meeting to order, and stated that from the arrangements being made the Delegates of the Medical Association from the East would have a pleasant time.

In the absence of the Secretary, Dr. Henry Gibbons, Jr., was elected Secretary, *pro tem*.

The proceedings of the last annual meeting not being at hand,

Dr. N. S. Davis, of Chicago, read the plan of organization of the Society, the object of which is to cultivate fraternal relations among members of the medical profession, to urge a higher standard of preliminary education of persons proposing to enter the profession and to collate vital statistics.

On motion, the committee on Foreign Exchanges, consisting of Drs. Dawson, of New York, Parvin, of Louisville, and Mitchell of New Orleans, was continued, and Dr. Jones, of New Orleans, was added to the committee.

The President stated that he had communicated with Professor Henry, of the Smithsonian Institute, who had promised to aid in keeping up the International exchanges. The Chair also stated that last year the Society only numbered twelve or thirteen journals, but at present numbered about forty members.

RESOLUTIONS.

Dr. Davis offered the following resolutions :

Resolved, That the social, educational and scientific interests of the profession would be greatly promoted by a more complete organization in every State and district in our country, such organization being calculated not only to direct and diffuse knowledge, but also to afford the most efficient means for procuring concerted and efficient action on all important questions of medical education and progress.

Resolved, That deficiency in the general education of young men entering upon the study of medicine in this country is an event of great magnitude, not only constituting a barrier to individual progress in professional life, but greatly lessening the general reputation and usefulness of the profession.

Resolved, That the members of this Association be requested to use their respective medical periodicals as agencies for calling the special attention of the profession to the topics mentioned in the foregoing resolutions, until such a professional sentiment is created that no regular practitioner will feel at liberty to receive a student into his office who does not present testimonials from some competent source that he has at least a competent knowledge of the ordinary branches of education, including the lower mathematics and the natural sciences ; and the several organizations are so far complete that the several State Societies become the real and authoritative representatives of the profession in each State.

On motion, they were laid over until the evening session.

EXTRACT FROM THE ADDRESS DELIVERED AT THE ANNUAL MEETING
OF THE ASSOCIATION OF MEDICAL EDITORS AT SAN FRANCISCO,
BY HORATIO ROBINSON STORER, M. D., PRESIDENT OF THE
ASSOCIATION.

Gentlemen of the Association of American Medical Editors :

Coming together from the opposite portions of the Continent, we have met to-night, not merely "to cultivate professional cour-

tesies and to facilitate the conduct and general management of our journals," but, still further to quote the language of our constitution, "to promote their usefulness, and make them a still greater power for professional and popular good, and thereby, most especially, to advance the interests of Medicine." Such being the purpose and intent of our organization, there can be no topic more appropriate for me to present to you, none more fitting to the time, the place, and all the circumstances of the occasion, than

THE MUTUAL RELATIONS OF THE MEDICAL PROFESSION, ITS PRESS
AND THE COMMUNITY.

These relations are manifold. To consider them all would be impossible in the brief space of an half hour's address. I shall, therefore, endeavor to speak only of the most important of them, and, avoiding all attempt at fine writing to make my remarks terse, very plain, and thereby, I trust, effective.

The Medical Profession in this country consists of what? To

To this question a multiplicity of answers present themselves; all of them true to a certain extent, and yet all of them, save one, very degrading to the term's highest idea. Were every physician what he should be—a thoroughly honest, straightforward man, anxious only for his patients' welfare, laboring for the development of his science and not alone for gain, liberalized by education, humanized in the highest sense by a constant entering into the sufferings he is compelled to meet, and, above and beyond all else, spiritualized by the recognition that his every success is but a vouchsafement of God's great mercy, and he but its humble instrument—what a different art were medicine, what a different place in the world.

Of the seventy thousand or more persons in the United States licensed under the Revenue laws to practice medicine, how large a proportion, is it supposed, can be claimed to possess the qualifications just adverted to? Even if we eliminate all who, in default of professional graduation, have no valid title to the name, and all professional empirics, of whatever stripe or hue—Caucasian, aboriginal, or Chinese; tackers, whether of "path" or "ist" to their names—there still remains a mighty host, swelled again to its original dimensions, if the title is permitted, as in many sections of the country, to dispensing druggists, and still again to that doubtful sex wearing the habiliments of womanhood, but assuming the work and the prerogatives, while it seeks to escape the legal responsibilities of man. * * * * *

That the education of physicians is frequently so limited goes far, there can be no doubt, to prevent that general bestowal of confidence which otherwise would be conferred. For this, however, the community partly, as in part ourselves, are to blame. If a second-rate article is all that is sought by the purchaser, he should no complain if it be received. If the medical colleges are content to underbid each other, and year after year to pursue the suicidal warfare, they should not grieve that their students, become practi-

tioners, so often are starvelings, and so frequently do them discredit.

Professional "intuition" in the treatment of disease is seldom to be found. It is a very different thing from the *vocation* of which I have already spoken—without a sense of which none should ever assume so sacred a trust. A knowledge of human nature is useful to us, as a matter of course. It no more, however, constitutes a complete preparation for practice than would a knowledge of mechanics, or of inorganic analysis. It is as with houses built upon a rock and upon the sand,—unless early education be well laid and solid, a broad foundation, and the most elaborate after-structure will prove easily shaken and unsafe. It matters not what, or how many, the apparent exceptions to this rule, for these brilliant self-made men would have shone with far more lustre had they received the early training of whose lack none are more painfully conscious than themselves. However great is the credit their due, there's always a blur to the gem, and sometimes the very contrast with what might have been, makes this seem the greater. President Eliot, of Harvard University, told but the truth in that now famous paper of his, upon "The New Education." "The term 'learned profession,' he said, "is getting to have a sarcastic flavor. Only a very small proportion of lawyers, doctors, and ministers, the country over, are Bachelors of Arts. The degrees of LL. B. and M. D. stand, on the average, for decidedly less culture than the degree of A. B., and it is found quite possible to prepare young men of scanty education to be successful pulpit exhorters in a year or eighteen months. A really learned minister is almost as rare as a logical sermon." And as for the yearly graduates from our medical schools, "Poor humanity," continues President Eliot, "shudder at the spectacle of so large a crop of such doctors." Who of you will not admit that a really learned physician, in the highest sense, is as rare as, by differentiation, the only possible method, a perfectly correct abdominal diagnosis,—which, I am sometimes inclined to say, has never yet been made.

Such being the truth, what of ourselves—to a certain extent representative members of the profession—and of the power which we yield, the press? As individuals we may be far from the standard our responsibilities demand—many of us undoubtedly are—but, in the aggregate, there's a mightiness in this editorial function, that makes one's chair well-nigh the throne of Jove. Woe to the evil-doers upon whom its bolts chance to descend!

This address is full of useful suggestion, and we regret our space will not allow us to present it entire to our readers.—Ed.

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BOSTON MILK.—According to the analyses of twenty samples of adulterated milk by Mr. J. F. Babcock, for the Inspector, the only adulterant found, save a little salt or caramel, was water, the average quantity added being more than thirty-two per cent.

Editorial.

Recent Meeting of the American Medical Association.

We devote as much space as possible to the re-publication of a part of the proceedings of the meeting of the American Medical Association in San Francisco. That there were very valuable medical papers presented to the various sections, there can be no doubt, and that the transactions of the Association will be the medium of communicating to the profession the results of recent and original investigation and study; while it is not so certain that the legislative action of this body was really of any service or credit to either the profession or public. The resolutions on the subject of distinct chairs of Hygiene, or other professional chairs in our Medical Colleges, can hardly be regarded as likely to be of any avail; while the discussion of the question of admitting women to all the rights and privileges of the profession, appears quite crude and unconsidered, in its detail and aggregate, taking from, rather than adding to the respect which is generally entertained for the profession. It will be time to consider this question when any considerable number of women comply with the usual terms of graduation in this country, and actually become well qualified, intelligent and trustworthy physicians. The general fact that most of the female practitioners of medicine, are, at present, little more than imperfectly educated nurses, and are likely to generally be found of this class for a long time to come, is not to be placed as a bar to any woman who actually does study, under proper instruction, the requisite time, and finally graduates in medicine with the proper qualification. Whenever *such* female physicians can be met in consultation, sex cannot, with any show of fairness be urged as ground of denial of the civilities and courtesies which all the cultivators of medical science naturally, instinctively and gladly extend to all other faithful, intelligent and earnest workers in the same great field of human knowledge. Educated minds have an "affinity" which race, and nation, and color, and *sex* cannot change. Show us an intelligent, experienced, honest and earnest female physician, who faithfully pursues the calling, with modesty and courtesy, and if invited to do so, we propose to meet her and not be greatly outdone in professional politeness. But, alas! too many never pass through the door into the true "sheep fold," but climb up some other way. These are medical thieves and robbers of which all should beware.

These local quarrels, which last year had origin in Washington, in the negro hatred; and this year in Philadelphia in the question of the admission of female physicians to consultations, are neither profitable or creditable to the American Medical Association, and if such questions are allowed year after year to engage the attention, and the discussions are published, in full, in the daily papers of the country, the intelligent public, as well as the great body

of fair-minded physicians, will come at length to look upon its meetings as only affording opportunity for expression of personal or local prejudice or jealousy or passion, and of no value to truth or science or professional usefulness, or any other praiseworthy object. The meeting in San Francisco appears to have been greatly enjoyed and a larger delegation from the Atlantic States was present than could have been expected. The hospitality of the profession of California was characteristic of the earnest men who have so recently manifested their resolute purposes by settlement in this new world. The ride to the Pacific, the incidents of so long a journey, the warm reception, together with the many objects of attraction, all, we understand, made the meeting one of the most pleasant ever held by the Association.

—————:O:—————

Naval Rank.

There may be some young physicians who will be glad to learn how the question of *Rank* in the United States Navy was finally settled. The rank presented below was conferred by Act of Congress, approved March 3, 1871:—

TITLES.	RELATIVE RANK OF
Surgeon-General (Chief of Bureau).....	Commodore.
Medical Directors.....	Captain.
Medical Inspectors.....	Commander.
Surgeons.....	Lieut.-Com. or Lieut.
Passed Assistant Surgeons.....	Lieut. or Master.
Assistant Surgeons.....	Master or Ensign.

—————:O:—————

Semi-Annual Meeting of the Erie County Medical Society.

The Erie County Medical Society will hold its semi-annual meeting June 13th. Physicians in Erie County who are not members of this society should file a copy of their Diplomas in the County Clerk's Office, and become members. This is very important to their regular standing.

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The Richmond and Louisville *Medical Journal* says: "Readers must prepare themselves to hear infinitely of *Cundurango*. It is a vegetable growth of Ecuador. It "cures venereal diseases, ulcers, and cancers." the pathology of these morbid conditions being notoriously identical, why should not one medicinal agent cure them all? Hon. Hamilton Fish, E. Rumrey Wing, Dr. Cæsares, etc., are (through the State Department) arranging a medicinal *coup d'état*, and the medical world is warned in advance. Ricord, Cullurier, Hunter, etc., have been great stars in the pathological firmament, but these now wane; their cycle is ended. The medical world looks to Cæsares, Wing, and Fish, for future light and guidance!"

The Pool of Siloam.

The miraculous efficacy of the Pool of Siloam, as recorded in the Scriptures is familiar to us all, but its modern condition appears as fraught with danger, as was its ancient with the power of healing. Speaking of a fatal case of enteric fever, the surgeon of H. M. S., *Endymion*, Dr. Alex. Fisher, says:

"I attribute the origin of this case to the use of the water at Jerusalem, and consider ourselves fortunate in having escaped with only one case of enteric fever among the seventy-two persons visiting it. Without the walls of Jerusalem the water appears to be very good, but inside it is received into vast tanks and reservoirs beneath the Harem area, and elsewhere. These, from what I saw in the excavations recently executed by the Palestine Exploration Society, are entirely without protection from receiving a large proportion of the sewage of the city, in some cases without even the slightest filtration through earth or other obstacle. At the fountain of Siloam and Pool of Siloam, the water distinctly tasted like soap-suds, brought down by the water from the baths, etc., close to the Temple enclosure.

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THE AMERICAN JOURNAL OF OBSTETRICS.—This journal enters upon its fourth year and fourth volume with the May number, 1871. Of the value of the journal we have repeatedly spoken, and can add nothing new; its character is already fully established. The work is published by William Baldwin & Co., 21 Park Row, New York.

Books Review.

Memoirs of United States Sanitary Commission.—Issued by U. S. Sanitary Commission. Published by HURD & HOUGHTON.

This is the title of an exhaustive and well written Report of the workings of the Sanitary Commission during our last war. The work is divided into Historical, Statistical and Surgical, and consists of four volumes, elegantly bound in cloth. The editorial department consists, as its name implies, of an elaborate sketch of the great system of the Society from the first moment of its organization, through the war to its close, being a faithful story of its experiences, showing what a great work of beneficence it accomplished. The statistical is devoted principally to anthropological considerations concerning American soldiers, and is properly illustrated with charts, diagrams, etc. The last two volumes are reserved for the (to us at least) more important subject of Military Surgery, and certainly seem to be as complete an epitome of the question as could well be imagined. The views given are all of the most recent character, and the topics discussed show a vast amount of original re-

search. Clinical illustrations are prominent features in the work, and serve to give a more thorough interest to the reader.

This volume of the Surgical Memoir comprises an analysis of four hundred and thirty-nine recorded amputations in the contiguity of the lower extremity, by Stephen Smith, M. D.; and investigations upon the nature, causes and treatment of Hospital gangrene, as it prevailed in the Confederate Armies in 1861—1865, by Joseph Jones, M. D. This paper by Dr. Jones is most beautifully illustrated by chromo-lithographic plates, showing the appearances, both general and microscopic, of parts involved in gangrene. These reports are very complete and instructive, constituting valuable chapters upon military surgery. The United States Sanitary Commission have contributed largely to humanity, and to sanitary, and medical, and surgical science.

Causation, Course, and Treatment, of Reflex-Insanity in Women. By H. R. STORER, M. D., L. L. B. Boston: LEE & SHEPARD. New York: LEE, SHEPARD & DILLINGHAM, 1870.

This is the republication in systematic form of a communication to the American Medical Association, in 1865, at its session in Boston, and presented in the Transactions of last year.

The following are the main propositions presented in the book, which are fully shown, and at the present time, we believe, recognized and accepted by the profession:

"1. That while the brain is undoubtedly the seat of insanity, yet it is not necessarily the seat of its cause.

"2. And that this is proved by *a priori* reasoning and both negatively and positively, by the results of autopsies.

"3. That while idiopathic insanity, requiring direct cerebral or simply moral treatment alone, is very rare, sympathetic, or reflex insanity, requiring treatment of a special character, is extremely common.

"4. And that, on one hand, such reflex causation is, and should be, much more common in females than in males; while, on the other hand, of the various forms of it occurring in females, the majority of them are owing to functional or organic diseases of the uterus and its appendages: in other words, that they are of a sexual character."

These several propositions are sustained by the testimony of a large number of Superintendents of Insane Asylums and others familiar with the insane.

The whole ground involved in these propositions is most ably discussed; and the absurdity of many of the opinions formerly entertained concerning the causes and treatment of insanity are amply shown. Some of these are: That insanity in woman is seldom dependant upon a pelvic cause; that thorough physical examinations of insane woman are not required; that they would be injurious to the patient herself, and, if in an asylum, to the other patients, and to general discipline, etc., etc.

This book, if carefully read by the profession, would do much towards direct-

ing attention to the causes of insanity, and thus, in many instances, lead to an earlier judicious treatment.

The chief merit of the paper is, that it is one of the first upon the subject, and was given to the profession at a time when the propositions were comparatively new to all, and violently opposed by many: written in the very beginning of a revolution which has now become complete.

The Freeman Trial. By DAVID DIMON.

The case of Freeman, who murdered the VanNest family, is still fresh in the minds of the public, though some twenty years have passed since the committal of the act, and in this pamphlet we have a *resume* of the evidence evolved at this remarkable trial. Those who take an interest in cases involving "temporary insanity," may gain an idea from its perusal.

Announcement of the Summer Session of Harvard Medical School.

Embraces the usual amount of matter peculiar to Medical Colleges, with a schedule of recitations and lectures for the coming year.

Report of Board of Trustees of Michigan Asylum for Insane, for the years 1869-70.

Giving an account of the financial condition and management of affairs pertaining to this institution, with Report of Medical Superintendent concerning 543 cases treated; with what success a few tables of statistics make known. The report is of same interest to the Psychological inquirer.

Anæsthetics. By EDWARD R. SQUIBB.

A paper on the above subject, from the pen of Dr. Squibb, cannot be otherwise than valuable. He deals with his subject in a manner which expresses much study and research in the premises. We can assure our professional friends that it will repay perusal.

Management of the Obstetrical Forceps. By C. C. P. CLARK, M. D.

The doctor enters the field in earnest, and gives us a not all-to-gether pleasing picture of the dangers and difficulties to be encountered in the use of the Forceps. He attributes them to be too often the result of the teachings of the manipulator, which, as he expresses it, is usually "defective and erroneous in substance, and in manner unnecessarily complex and obscure, rather than a defect in the instrument itself, them which the "whole armory of our art furnishes none calculated to be of more benefit in saving life and lessening suffering." In place of the usual instructions, he proposes to institute a set of rules which shall be simple, intelligible and in all places applicable to the emergency. They are ten in number, and differ somewhat more or less from those now in vogue. The paper affords, undoubtedly, some valuable matter for the consideration of all, and is certainly entitled to an earnest perusal.

Eleventh Annual Report of Superintendent of State Lunatic Asylum for Insane Criminals.

The report embraces the usual features of papers of the character, composed mainly of statistical matter, and not dealing with individual cases.

Valedictory Address to Graduating Class of Rush Medical College, Class of 1870-71.
By MOSES GUNN, M. D., Professor of Surgery.

A reprint from "Chicago Medical Journal," of the eloquent and instructive address at the last commencement of Rush Medical College.

The Earth Closet System.

We had occasion, says the *Journal of Applied Chemistry*, during the summer, to subject the earth closet system to a thorough test, and are so fully convinced of its practicability and efficacy that we deem it our duty to publish the results of our experiments. We prepared the earth by passing it through a sieve such as masons use, and allowing it to dry in the sun. A few minutes sufficed to get ready enough to last a week, and, as we used the same earth over again five or six times, the labor and trouble of this part of the operation was very slight. We had a self acting seat, and a hopper large enough to hold dry earth sufficient for a week's supply for a family of five persons. The tank under the seat was made of wood, on runners, so that it could easily be run out into a wheel-barrow, ready for dumping. A more convenient method would have been to put this on wheels, ready to remove to the shelter for drying. When the tank was full it was emptied upon a floor under an open shed, and in a day or two the earth was usually sufficiently dry to be employed again. After the earth had been used five times it had the odor of guano, but was not in the least offensive. There was not the least smell observable in the closet, so that we had it constructed under our piazza, and could have used our commode in any apartment of the house without the slightest inconvenience.

So far as disagreeable smell is concerned, we did not fully appreciate the great advantages of the earth system over the water closets until we came to town, and we should be glad to be able to use earth in the city on the score of its freedom from the unhealthy smell that attends the employment of water if it could be obtained from dealers, and could be called for by the drivers of ash carts. We have no doubt that, in the course of time, dry earth will be substituted for water in a majority of our best city houses. The open privy system of the country is the occasion of much sickness, and is such an unmitigated nuisance, that it ought to be prohibited by law. It poisons the air, fills the well water with organic matter, and produces fevers and cholera. There is really no valid excuse for not introducing the earth closet system in the country, and we are of the opinion that nothing but ignorance stands in the way of its universal adoption.

The Drug Clerk Law.

Dr. Henry Saunders, Act. Ass't Surgeon, U. S. A., objects to the New Drug Clerk Law :—

1st, That its operation is confined to the City of New York, leaving all other cities, towns and villages in the State unprotected.

2d. That *owners* or *proprietors* of stores are not amenable to the law; only clerks!

If strictly enforced it will in time, drive all the incompetent clerks out of New York city into other parts of the State, or other States; and the question presents itself, "Why should the city of New York be favored thus at the expense of the whole State?" As regards the second defect, it is a fact well known to most physicians, that many persons more or less ignorant of chemistry and phararmacy are engaged in the drug business as owners of stores who rely almost entirely on the knowledge and ability of their clerks, but do not hesitate, in their absence, to sell drugs, dispense medicines, and compound prescriptions. And the question is why should *they* be exempted from the operation of this law.

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The Yellow Fever.

It seems that we are threatened with an epidemic of yellow fever this season, and it will require the greatest vigilance on the part of our various municipal Boards of Health to keep the disease from our shores. Advices from Buenos Ayres to April 12, have been received. The ravages of yellow fever were dreadful, and the deaths have increased to seven hundred per day.—*Med. and Surg. Reporter.*

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—The method of watering streets with a solution of the chlorides of sodium calcium and aluminium, as proposed by Mr. Cooper, appears to have been successfully carried out in London.

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BELLEVUE HOSPITAL MEDICAL COLLEGE.—At a meeting of the Faculty of this Institution, Dr. W. T. Lusk was elected Professor of Obstetrics and Diseases of women and Infancy. Dr. E. L. Keyes was also made Lecturer on Dermatology.

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AMERICAN DOCTORS.—According to the present census there are seventy four thousand Doctors in this country.

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CASES OF POISONING FROM CHLORAL are reported in a great number of the medical journals, both in Europe and America. In most of the cases it has been used without medical advice.—*Pacific Medical Journal.*

Books and Pamphlets Received.

Insanity and its Treatment. Lectures on the treatment, Medical and Legal, of Insane patients. By G. Fielding Blandford, M. D. Oxon. With a summary of the laws in force in the United States, on the confinement of the Insane. By Isaac Ray, M. D. Philadelphia: 1871.

On Wasting Disease of Infants and Children. By Eustace Smith, M. D. Lond. Second American, from the second revised and enlarged English edition. Philadelphia: H. C. Lea, 1871.

The Change of Life in Health and Disease. A Practical Treatise on the Nervous and other Affections incidental to Women at the Decline of Life, By Edward John Tilt, M. D. Philadelphia: Lindsay & Blackston, 1871.

A Treatment on the Chronic Inflammation and Displacements of the Unimpregnated Uterus. By Wm. H. Byford, A. M., M. D. Second edition. Enlarged. With numerous illustrations. Philadelphia: Lindsay & Blackston, 1871.

Chemistry: General Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. By John Attfield, Ph. D., F. C. S. Philadelphia, H. C. Lea, 1871.

Obstetric Report of the Charity Hospital to the Medical Faculty of the University of Louisiana. By James Jones, Jr., M. D., Chief Obstetrical Clinic Medical Department University of Louisiana. New Orleans.

The Medical and Scientific Circular and College Register, 1871.

The Medical Section of the work of N. B. Doubeveyer. By Doctor Gans. Carlsbad.

Annual Report of the Commissioners of Quarantine. Albany: 1871.

On Dacilylitis Syphilitica, with Observations on Syphilitic Lesions of the Joints. By R. W. Taylor, M. D. New York.

On the Study of Dermatology. By Louis A. Duhring, M. D. New York.

Medical Ethics and Medical Dissensions: A paper read before the Albany County Medical Society. By Charles A. Robertson, A. M., M. D. Albany.

Semi-Centennial Report of the Directors and Surgeons of the New York Eye and Ear Infirmary, for the year 1870.

Proceedings of the State Medical Association of Arkansas, at Little Rock, November, 1870.

Proceedings of the Homœopathic Medical Society of Ohio.

Uterine Catarrh frequently the Cause of Sterility. New Treatment. By H. E. Gantillon, M. D. Boston.

Hæmatoma Auris. By E. R. Hun, M. D.

The Atlantic Monthly; The Nation; N. Y. Observer; Every Saturday; Newspaper Reporter; Little's Living Age; Peterson's Musical Monthly; American Educational Monthly.

B U F F A L O

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No. 11.

Original Communications.

ART. I.—*Medical Society of the County of Albany. Semi-monthly Meeting, March 14th, 1871.*

DR. WM. H. BAILEY, President, in the Chair.

Dr. ROBERTSON remarked that the patient whose case he had reported at the last meeting, viz: A man, æt. 29, whose kidneys were undergoing degeneration, and who was unable to see at all with one eye, and could only count the figures three feet off with the better eye, had been placed upon a milk diet alone, using it in various forms, cooked and uncooked. He had sensibly improved, the thirst, edematous condition and pasty appearance had disappeared, the sight of the better eye had improved so that he could read large type; other prospects were favorable for his recovery.

Dr. THOS. BECKET, reported an interesting case of *Stricture of the Urethra*, successfully treated by himself.

Dr. JAMES S. BAILEY, reported a *Case of Spinal Lesion*:

Mr. E. R. G—, aged 43, a stout, muscular man, May 29, while carrying a heavy plank upon his shoulder a distance of three blocks, sank under its weight from syncope. He was soon restored to consciousness, but complained of pain in the lower part of his abdomen which did not yield to the application of mustard, warm fomentations, liniments, &c. He suffered without sleep until the next morning, when a physician was sent for, who prescribed an anodyne with temporary relief.

The next morning he was comparatively free from pain and rode half a mile in a lumber wagon, over a rough pavement, the jolting of which gave him much pain.

He was again compelled to send for his physician. He now could not go up and down stairs without clinging to the banisters, nor walk across the floor without assistance.

The sixth day after the accident, he was seated in his saloon; in attempting to rise to wait upon a customer, he fell upon the floor, having lost the use of his lower limbs.

For two or three days after this he could move his toes slightly. June 8th, I first saw him. He was seated in an easy chair with his legs closely wrapped in flannel blankets, complaining of their being cold; they had a peculiar doughy feel, and their sensibility was diminished; his countenance looked well, pulse normal, complete retention of urine and torpidity of his bowels, not having had a movement for three days; they readily responded to a moderate dose of castor oil, and when the catheter was introduced, one quart of high colored urine was passed; his appetite remained good.

I ordered him placed in bed so that I could examine him more thoroughly. Upon the lower part of the spine I found a small dark spot about the size of a thumb nail, with the surrounding skin somewhat inflamed from pressure while sitting. During the day he laid on one side, and when his position was changed his hip was blistered and inflamed from the same cause. There was no tenderness along the spine except one spot over the lower part of the lumbar region, which was but slightly sensitive. There was but little change in his condition until June 12th, when his appetite became impaired, could not sleep well, skin looked dusky, sweat profusely, both hands were shriveled and cold, he was somewhat delirious, and there was numbness in his right arm, the bowels were distended with flatus, tongue coated, pulse 120, urine abundantly secreted. The discoloration over the sacrum, and inflammation of the surrounding parts extended, notwithstanding every effort to relieve the pressure.

June 14th, his legs were observed to be moist from perspiration for the first time, there was some twitching of his toes, and his legs were quite sensitive to pressure from the weight of the bedding, pulse now reduced to 100, and had occasional priapisms.

June 18.—The moving of the bedding caused spasmodic contractions of both legs, complained of an asthmatic difficulty in breathing, which was only relieved by an anodyne; turned over without assistance.

June 22.—There was but little change in his condition; tried the current of electricity, the sensation was decidedly pleasurable, and reduced the number of pulse.

June 26.—The asthmatic difficulty in breathing comes on once in 24 hours and is exceedingly annoying, passed his urine for the first time without the use of the catheter, blisters were appearing about his mouth, was very restless, which friends attribute to the extreme hot and sultry weather.

June 28.—Right foot and leg much swollen and temperature increased, left leg cold to the touch. The spasmodic difficulty in breathing lasted two hours, the blister extended down upon the neck.

July 1.—Suffered much pain, which seemed like neuralgia; there was much subsultus tendenum; countenance looks anxious; secretion of urine diminished; there is a general flagging of the system; pulse 120, small and weak, complains of feeling cold, hands cold and congested, nails blue, frequent mucous evacuations, pupils dilated.

July 3.—Pulse, p. m., 140, temperature of body 102, seems drowsy, back much more inflamed and gangrenous.

July 4.—Temperature 96, no pulse at the wrist, skin cold and clammy, pupils dilated, urine nearly suppressed, very restless, and could not get in an easy position, hands cold, shriveled and bluish; 2 p. m., pulsation of the heart very feeble, mind perfectly clear and conscious that he was dying. In half an hour he expired.

Post Mortem—External appearance—Rigor Mortis well marked, no emaciation, an old cicatrix of a bubo in the left groin, old cicatrices along the tibia of both legs; the left leg and thigh somewhat larger than the right; a large eschar over the right trochanter and a larger one over the sacrum.

Thorax—The anterior portion of the lungs were pale and healthy, considerable hyperstatic congestion at their posterior portions; slight adhesions at both apices, no tubercular deposits; the pericardium contained no serum whatever.

The Heart was of normal size and appearance, but the tissues were somewhat friable; the semi lunar valves were slightly thickened.

Abdomen—The abdominal walls contained a thick layer of adipose tissue; the liver was large, pale and fatty; both kidneys were of normal size, but on section they presented a granular appearance, spleen slightly enlarged and soft; pancreas normal; stomach and intestines appeared healthy.

Spinal Cord—The spinal canal was opened anteriorly by removing the bodies of the vertebra; the lower dorsal and lumbar portions were removed, and considerable serous effusion was found in the theca; the vessels of the lumbar portion of the cord, as well as those of the corda equina, were very much engorged with blood; the cord was placed in alcohol for subsequent examination with the microscope, which did not reveal anything additional. Brain not examined.

This case presents many interesting features. That a man in the prime of life, physically stout and robust in appearance, should be stricken with paralysis from so trivial a cause, languish and die in a little more than one month from the accident.

It is a nice point to know the amount of lesion of the spinal cord which is sufficient to produce death. In this instance the injury seemed insufficient, yet there was complete paralysis from the hips downward, caused by overtaxing the muscular and nervous system.

The symptoms, upon first examining the case, indicated compression of the spinal cord. My opinion was subsequently confirmed by a number of the leading physicians of this city, yet no one could foretell the fatal termination. There is no doubt but the habits and excesses of the patient did much towards debilitating and hastening a fatal issue. Remedies seemed of little avail, there was a gradual wasting of the strength and tissues, although at death the body was far from being emaciated. There was a great lack of vitality in the system, as observed in the great tendency to inflammation and suppuration from pressure in the parts of the body coming in contact with the bed.

The asthmatic difficulty referred to, was undoubtedly of nervous origin, and yielded to remedies usually employed under such circumstances.

The galvanic battery was used for several days without benefit, the patient described the sensation produced by its current as agreeable. I am strongly impressed with the belief that the electric current is not applicable to acute affections of the spine, but in chronic cases I have no doubt of its utility.

For the last ten days prior to death, a careful record of the temperature of the body, twice daily, was kept, also of each of the lower extremities, together with the number of pulse before and after the use of the battery, which is given in tabular form below. The thermometer did not indicate approaching dissolution. Death took place, seemingly, from the lack of nervous stimulus to the heart. The paralysis seemed to extend up to and embrace this organ.

RECORD OF TEMPERATURE, PULSE AND RESPIRATION.

Date.	Time of Observation.	Body.	Right leg	Left leg	Pulse.	Resp.	
June	25	9 o'clock a. m.	98 [~]	96 [~]	94 [~]	100	25
"	"	After using bat.	99 [~]	98 [~]	96 [~]	108	27
"	26	9 o'clock a. m.	100 [~]	98 [~]	95 [~]	120	33
"	"	After using bat.	101 [~]	99 ^{2/5}	97 ^{2/5}	110	28
"	"	9 o'clock p. m.	101 [~]	100 ^{2/5}	99 [~]	108	27
"	27	9 o'clock a. m.	101 [~]	100 ^{3/5}	96 [~]	116	30
"	"	After using bat.	102 [~]	100 [~]	95 [~]	112	29
"	"	9 o'clock p. m.	97 ^{3/5}	100 ^{2/5}	96 ^{2/5}	110	28
"	28	9 o'clock a. m.	100 ^{2/5}	100 [~]	97 [~]	110	28
"	29	" " "	98 ^{2/5}	99 ^{2/5}	99 ^{2/5}	110	28
"	30	" " "	99 ^{2/5}	100 ^{3/5}	99 ^{1/5}	108	27
July	1	" " "	102 [~]	101 [~]	100 [~]	116	30
"	2	" " "	99 [~]	100 [~]	98 [~]	120	33
"	"	" " p. m.	102 [~]	102 [~]	99 ^{3/5}	120	33
"	3	" " a. m.	99 [~]	100 [~]	99 [~]	125	34
"	"	" " p. m.	102 [~]	102 [~]	99 [~]	140	40
"	4	" " a. m.	96 [~]	100 [~]	95 [~]	No pulse at wrist	30
"	"	" " p. m.	99 ^{1/5}	100 [~]	94 [~]	Died at hall past two.	

Semi-Monthly meeting, April 24th, 1871. The President being absent, Dr. DEVOE was called to the Chair.

Dr. C. D. MOSHER wished to know the experience of the members with Hydrate of Chloral. He having lost a patient by the use of one grain.

Dr. ROBERTSON had noticed distinct conjunctivitis following its use. In doses of from 5 to 10 grains for wakefulness it was very successful. In his own practice had noticed a singular coldness following its use.

Dr. HUN stated that he had seen it used at the Insane Asylum at Utica in doses of 40 grains every half hour with little effect. A private patient had taken 40 grains per day for three months with no ill effect. He had never seen bad results from its use.

Dr. J. W. MOORE had found it valuable in whooping-cough.

Dr. BECKETT had a case of a woman who had been drinking excessively, and took by mistake, ʒii at one time. She slept two hours then repeated the dose. She recovered in a few hours without experiencing any ill results.

Dr. J. S. BAILEY had used it successfully in insomnia of children, had given a child one year old 5 grains with happy result.

Drs. J. S. MOSHER, NORTHROP, HALL, QUACKENBUSH and others participated in the discussion, giving their experience.

Dr. QUACKENBUSH then remarked that a quarter of a century ago he had recommended a man for membership who had been an honor to the Society by his quiet, courteous deportment, earning a large circle of friends and retaining them through years of change. As he is about to leave us for a new field of labor, he thought we owed him an expression of our good will and kind wishes for him, and would therefore offer the following. Whereas

Dr. SAMUEL H. FREEMAN is about leaving this city for the purpose of taking up his residence in the County of Saratoga, and

Whereas, he has, by an honorable conduct as a member of this society, and as one of its former Presidents sustained the honor and dignity of our profession, therefore

Resolved, That this society parts with regret, with its honored and esteemed associate of twenty-five years standing, and hopes that in his new abode, and from his new associates, he may receive that courtesy and kind consideration to which his urbanity of manners and his professional conduct have ever entitled him.

Resolved, That Dr. Freeman, in leaving this city, carries with him the good wishes and respect of every member of the Albany County Medical Society, of which he has been a member for over a quarter of a century.

Resolved, That this society wish Dr. Freeman continued success in his profession, and happiness in all his relations of life.

The resolutions were unanimously adopted.

Dr. McMURDY spoke of the value of *Pinus Canadensis* as an as-

tringent, and gave a sample bottle to each member. A vote of thanks followed.

Dr. J. W. MOORE then gave his experience in Turpeth Mineral in Croup.

Dr. QUACKENBUSH stated he had used it, and thought it a mechanical remedy in its action, and only to be used as a last resort. The Society then adjourned.

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SEMI-ANNUAL MEETING OF ALBANY COUNTY MEDICAL SOCIETY.

REPORTED BY JAMES S. BAILEY, M. D.

Dr. WM. H. BAILEY, President, in the Chair.

The minutes of the last annual meeting having been read and approved

Dr. MILTON M. LAMB, Chairman of the board of censors remarked that the censors had examined the credentials of the following named gentlemen, and found them satisfactory, viz:—Drs. L. R. Boyce, Lorenzo Hall, K. V. R. Lansing, Wm. H. Murray, E. B. Tefft, L. C. Graveline and Barnabas Wood. After which they were elected members.

Dr. Andrew Wilson, Vice-President, then proceeded to deliver the semi-annual address upon "The Relation of Physicians to Patients." Dr. Wilson said:

Mr. President, and Gentlemen of the Albany County Medical Society:

By an Act of the Legislature of this State, passed April 4th, 1806, and subsequently amended, this society was duly incorporated, and empowered to make such By-Laws and Regulations as should be deemed proper. By Article 2d of Sec. 3d of the by-laws, it is made the duty of the Vice-President to deliver before the members of the society, at the semi-annual meeting, an address "on some medical topic."

Two different constructions can be put on the words, "on some medical topic." He who would give them a strict and literal interpretation, in making his address before you, would take a single text, and devote himself to its developement, turning neither to the right nor to the left. While on the other hand, another of his brethren, regarding the words, "on some medical topic," as being

vaguely directory, rather than at all mandatory, would feel free to range; and I, belonging to this latter class, shall, in offering some general desultory remarks, feel conscience clear as to the discharge of the duty of addressing you.

It was said of the Great Physician, "He went about doing good." There can be no higher eulogium than is contained in that simple sentence, and it is one of the peculiar rewards of our exacting and most trying profession, gentlemen, that it bestows on each capable and conscientious member the comfort and consolation of those words, "He went about doing good." I speak of capable and conscientious members, for alas! in our profession, as in that of law and divinity, there is the sham, the quack, the empiric, all "seeking whom they may devour." What the quack is, is just what the physician ought not to be; and what the physician is, that the quack cannot be, from the nature of the case. The empiric, in having one medicine for all diseases, has, in reality, a reliable medicine for none. His greedy ambition continually overleaps itself. The true physician, on the other hand, in humility and faith, works out the cause of some of the ills to which the flesh is heir, and meets them with effectual remedies. To the success of the former, ignorance and great professions of skill are essential, while to the latter, knowledge, patience, and a realization of the wisdom of the words, "becoming fools that they may be wise."

Diseases are so many and so complicated, patients so differ with their perplexing peculiarities, that in important cases no one feels the necessity of a correct diagnosis, and the importance of a correct medicine as demanded by that diagnosis, more than does the physician. Hence in consultations, while there is nothing so offensive to the physician as the flippant arrogance of the quack, he does not feel that he has done his whole duty to the patient or exhausted his resources, until he has availed himself of the best consultation he can procure. Want of means is not a valid excuse for the neglect of his duty. Very often a suggestion from a thoughtful and intelligent fellow-worker may induce the correction of errors and an adoption of treatment that is saving. We all know how common and useful in ordinary life is the suggestion of a friend of culture and experience. The spreading out before him of your difficulty is a common benefit; both become wiser there-

from. In the medical profession, as elsewhere, "friend sharpeneth friend." It is true that in the ultimate resort, every practitioner must rely on his own judgment, but human life must not be sacrificed to an obstinate adherence to an unsuccessful method of treating a case.

Perhaps there is no more delicate duty than the duty of consultation. The necessities of the patient, the realization of what is due to oneself, either in the character of regular attending, or special consulting physician, as well as what is due to anxious friends of the patient; all this presents one of the difficulties and trials of our profession in a most emphatic manner. Life and friendship may hang on a single suggestion, even upon a word, aye, even upon the manner of expressing either.

We have thus spoken of the physician in *contradistinction* from the empiric, contrasting the true with the false, the real with the counterfeit; and have dwelt for a moment on the difficulties incident to a wise discharge of the delicate, difficult, yet most important duty of consultation. And yet, delicate and difficult as is this last mentioned duty, it would be less greivous to be borne, if it could be left to physician with physician. Not that I would, by any means, undervalue the suggestions of the intelligent and experienced nurse, who, with that peculiar "suaviter in modo," the especial prerogative of woman, in such a valued assistant to every doctor. By no means, to the faithful nurse, can be fitly applied the beautiful words of Scott:—

"O woman! in our hours of ease,
Uncertain, coy, and hard to please,
And variable as the shade
By the light quivering aspen made;
When pain and anguish wring the brow,
A ministering angel thou!"

But while I thus would pay due honor to the regular nurse, I will make war against those attendants at the sick-room who are neither nurse nor physicians, and are always pregnant with opinions and suggestions. I allude to those individuals whom Cooper in the "Spy" calls "the bitch doctors of the regiment." There are those who worry the family, disturb the sick room, and presume to show the nurse how every duty is to be discharged. These unconsulted consulting physicians, can inform all who will listen to them,

with an absolute certainty, what will cure the patient ; the fact that they are ignorant of the disease not making the slightest difference in any case. Some universal quack has given them a universal remedy, and they regard it as potent and able to save in all cases. They see no reason why it should not check a raging fever, or drive off malignant small-pox, for, look you, it once cured a sprained ankle, and was known to have been the salvation of a child troubled with worms !

An incident that occurred in my own practice is apposite just here. When I was just starting in my professional life, I had as a patient, one of the most prominent and influential citizens of the place in which I was located. He was a very sick man, and the entire village, as well as his immediate friends and family, were very anxious and alarmed about him. I tell you, gentlemen of this society, I felt most deeply the responsibilities of my profession. It was in the dead of winter, and the residence of my patient was away among the cold bleak hills of Duansburgh, where they look off upon the beautiful valley of the Mohawk as it stretches towards Schenectady. I made my way through snow drifts across the fields as best I could, until I reached one of the main roads running through the valley to the city. I induced a professional brother to accompany me to the chamber of our sick friend, and upon reaching our destination, we were at once surrounded by a bevy of ex-officio unconsulted consulting old women, each of whom was sure she could mention a specific for the cure of our patient, without so much as knowing what ailed him. The good old doctor whom I had brought with me, listened to their clatter in silence for a few minutes, and then looking around at his helpers, remarked with great good humor, and yet with a show of solemnity and sternness, " Won't you all be silent, I think I know as much about this case *as you and I put together.*" The speech did not tend to the doctor's popularity among his auditors, but his directions were followed, and the patient recovered.

We have thus far spoken of doctors in their professional relations. I now propose, in conclusion, to say a word or two as to their intercourse with one another. The phrase, " when doctors disagree who shall decide," implies that sometimes even the members of our profession fail to see eye to eye. How can it be other-

wise, living as we doctors do, in a world in which there are no two things alike? Did the geologist ever find two stones exactly alike? Or the botanist two flowers? Or the astronomer two stars? Did the student of humanity ever find two men alike in every particular? Did any member of our profession ever have a patient exactly duplicated? There is but one answer to all these questions, and that is an undisputed negative. Medicine, no more than Divinity, is an "exact science," and no man is fit to be a doctor unless he thinks for himself, and who supposes that thinking men will all arrive at identical conclusions? It cannot be! and it must happen, therefore, that doctors will disagree.

It is no disparagement to doctors of medicine, law or divinity, to be bold and *independent thinkers*, and being so, their *differences* are to their *credit* as showing energy and vigor of mind. This topic could be treated of beyond the limit proper on this occasion, so I shall content myself with the few words I have already uttered in regard to it. I should, however, hold myself *derelict* in duty if I did not, at the *expense* of inclination, make a single remark relating to unfriendly differings in the profession. He has read the Inspired Word to very little purpose, where it dwells on man's intercourse with his fellow-man, who has forgotten the injunction so pregnant with wisdom, "First cast out the beam out of thine own eye, and then shalt thou see clearly to cast the mote out of thy brother's eye." It is the violation of this teaching of the plainest common sense, this most charitable precept of the great "Sermon on the Mount," that leads to undue and most unwise *asperity* in difference. Both parties to the controversy are *presented* to the world in an unfavorable light, *irrespective* and disregardless of their professional standing, of which outsiders are too often not competent judges.

I cannot close this part of my subject better than by presenting a quotation from an authority none here can question:—

"Honor and Justice," he writes, "particularly forbid a medical practitioner's infringing upon the rights and privileges of another who is legally accredited, and whose character is not impeached by public opinion or civil or medical authority; whether he is a native or a stranger settled in this country. There is no difference between physicians but such as results from their personal talents

medical acquirements, or their experience, and the public, from the services they receive, are the natural judges of their intellectual advantages. In all probability, every good physician would receive a merited share of patronage, were there not many who usurp a portion through artful insinuation and slander of others, or combination against, or improper interference with the more worthy practitioner. Any physician thus molested or injured, is justifiable in applying for redress to the County Medical Society to which he is attached."

-I have thus, gentlemen, presented you some random, disconnected thoughts, on some general topics connected with our profession, a profession to which, I believe, we are all devotedly attached. We love it, not so much, in my humble opinion, for the gain that attaches to its successful prosecution, as because of its own mate sake. Medicine, like law and literature is "its own exceeding great reward." The physician, if he be worthy of the name, if he is studious, conscientious and patient, is one of the noblest of God's creations; he is a philanthropist in one of the best senses of that much abused term. Day by day, fervent prayers from anxious hearts accompany him as he goes in and out in his professional rounds. The most important earthly issues are committed to his hands, life itself depending constantly on his decisions, as controlled by Providence. The profession is full of trials, but it is likewise full of triumphs; and, in conclusion, gentlemen, thanking you for the kind attention with which you have honored me, permit me to express the hope that for each and every one of you, the trials of the coming years may seem as nothing, because of the overweight of triumph. And saying this, I ask you to join with me e'er I sit down, in the wish that our Albany Society may have before it many years of usefulness, and be in the future as in the past, the scene of many interchanges of friendly greetings, and the medium of much that is of great professional value.

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ART. II.—*Hospital Notes.* By C. C. F. GAY, M. D., Surgeon to the Buffalo General Hospital. *Operation for the Radical Cure of Hydrocele.*

CASE 1st.—Mr. M—, aged 22 years, from Rochester, entered hospital March 14th, having hydrocele upon right side; had been

tapped once, and again treated for radical cure by injection of iodine fluid; had now re-accumulated until the hydrocele had attained a very large size. On the 15th I introduced trocar and drew off half a pint of straw colored fluid, afterwards inserted a silk seton, consisting of a double silk thread. The seton was introduced by a needle four inches in length, having an eye at its point, the same needle I use for the radical cure of hernia. The needle entered the sac at the fundus of the scrotum, and was made to emerge at a point three inches above the point of entrance. This seton is expected to excite sufficient inflammation to effect a radical cure. In three days from date of operation the sac filled up again, which necessitated the use of the trocar on account of pain from over distention. The next day the patient removed the seton on his own motion, because, as he said, "he could no longer stand it." There has been considerable pain and swelling of the scrotum and testis, but these gradually subsided, and the swelling and enlarged gland are diminishing, and he feels so comfortable that in ten days after operation, he left hospital for his home.

April 20th—He visited the hospital. There is no re-accumulation of fluid, the testis is nearly reduced to its normal size, and the patient feels confident of radical cure.

CASE 2.—Mr. B—, aged 44 years, has hydrocele on left side, small. Has been cured, he says, of a hydrocele upon right side. The gland feels hard, does not fluctuate, and the diagnosis is so doubtful that I first made use of the exploring needle. On the 15th, I operated as in the former case, using the seton after the trocar, passing the needle through the puncture made by this instrument. The point of entrance and exit were two and a half inches removed from each other. In this case I determined to make trial of the tolerance of the seton to ascertain how long it might be allowed to remain with impunity. I therefore, with this view, ordered anodynes to allay pain, and kept the seton in situ thirty days. The parts became much enlarged, an abscess formed, which was opened, giving free escape to pus, when the swelling was at once measurably reduced, the patient leaving the hospital before the testicle had resumed its normal shape, but so much diminished in size as to cause no longer any discomfort.

CASE 3d.—This hydrocele was upon the right side, the seton was

first introduced, and immediately afterwards the fluid was drawn off with the trocar. The seton was removed on the fifth day. Its presence was attended with considerable pain and inflammation, but the cure was complete in a fortnight. This operation was upon a private patient.

REMARKS.—Of the several operations for the radical cure of this affection, the one here employed and described, perhaps, presents as many advantages and as few objections as any other. It is certainly as safe and as easy of execution as any, and I know of no reason why it is not as efficient as any. It is attended with as little pain, both during and after the operation, as any of the various methods now employed. If sufficient number of cases should prove the operation inefficient, then there might be added to it or employed along with it, the injection of iodine. Before the cannula is removed a drachm of this tincture might be thrown into the sac through the cannula. If any advantage could possibly result in this double method it would arise from the fact of the more speedy excitation of the inflammatory process. I think the better way of operating by this method is to insert the seton first and immediately thereafter draw off the water with the trocar, but the fluid would escape even without the employment of the trocar, it will dribble away, and in time escape, but the objection arises, to the non-employment of the trocar, which will be at once anticipated, viz., the delay of the inflammatory process.

Two or three days is, doubtless, sufficient-length of time for the seton to remain, since inflammation will have been attained in degree and amount to affect the closure of the sac.

In an operation made May 5th, 1871, upon a female patient in the country, I thrust the needle, which is four inches in length, through the scrotum its entire length, thus making the point of entrance and exit nearly or quite four inches apart; fluid dribbled away from both the lower and upper punctures, but I did not leave the fluid to escape in this way, nor deem it best to so leave it. I made use of the trocar, and the case terminated favorably, although the patient was somewhat infirm from previous disease and advanced age. Very little pain attended the operation or followed it, and there was no constitutional disturbance. Whether this method of operating for hydrocele is to take precedence over that of swab-

bing out the sac with iodine, or the other operation of laying open the sac entirely and packing it with lint, thus allowing the healing process to commence from below and within, remains an open and moot question. I have reported the cases in the order in which they occurred with a view to assist in solving the question, and if possible to substitute, for an operation somewhat dangerous, quite painful and protracted in its healing processes, one comparatively painless, simple of execution, little dangerous, and with duration of after treatment much abridged.

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ART. III.—*A Case of Fracture of 7th Cervical Vertebra. Death on the 20th day.* By J. W. GROSVENOR, M. D., Lockport N. Y.

January 30th, 1871, I was called to L. W—, a rather large stoutly built man, about 45 years of age. Three quarters of an hour previously, he had fallen in a barn from a scaffold, a distance of fifteen feet. His head is supposed to have struck upon a wooden rail. I found a severe scalp wound, extending from near the outer corner of the right eyebrow to the posterior part of the right mastoid process. The line of the scalp wound was curved, the highest point of the curve reaching to near the parietal suture. He was reported to have lost much blood, pulseless and extremities cold. He complained of severe pain on the back of his neck, which was aggravated by the slightest movement of his head in any direction. He could move his head slightly of his own accord; could raise his arms to his head; had no control whatever over his lower extremities. Examining with the point of a pin no sensation was discovered in the lower extremities, none in the right hand, none in the trunk, inferior to a horizontal line drawn about three inches below the top of sternum. A slight sense of feeling in the left hand. The power of sensation remained in both arms, head, and all that part of the trunk, superior to the horizontal line above mentioned. On 5th day, sensation remained in both arms, but patient had only slight control over them; could carry his hands to his head with an irregular jerking movement. From this day until death he suffered occasionally from dyspnoea.

Electricity being applied on the 6th day, battery was not felt except when applied to arms and head.

On the 8th day patient had lost complete control of right arm and hand, but still retained partial use of left arm and hand. He could move his head from side to side with less pain.

On the 11th day, complete anæsthesia existed in both hands and wrists; also on outside of both arms as high as elbows. On front side of both arms sensation commenced two or three inches above the wrists. In other parts of the body power of sensation remained as before described. From this date until death no change was observed in the power of sensation in any part of the system. Retention of urine existed at the outset and continued throughout the case, necessitating the use of the catheter twice daily. Bowels were easily moved by castor oil, though unaffected by enemata of simple water.

After re-action took place on the day following the accident, the pulse assumed fulness, regularity, and sixty beats per minute, and continued thus until the 10th day, when it rose to sixty-six beats per minute. From the 10th day the pulse gradually became weaker and increased in frequency until death, but at no time rose above seventy-two beats per minute.

The tongue was, most of the time, dry and covered with a brown fur.

On the 16th day was observed on the nates, an inflammatory condition, which passed into gangrene, doubtless the result in part of a bruise at the lower extremity of the spinal column, which was received at the time of the injury, and in part of a constant supine position.

During the last two days of life the patient had an occasional aberration of mind. Throughout his sickness there existed a difficulty in the articulation of words—a thickness of speech.

Treatment consisted, at first, of alcoholic stimulants, until re-action came on, anodynes to procure rest and sleep, quinine as a tonic, animal broths for nourishment.

Autopsy, 30 hours after death. Body rigid and extremely bloated so as to assume twice its natural size, cellular tissue filled with gas so that percussion gave a resonant sound. Examined only upper part of spinal column. On removing 4th, 5th, 6th and 7th cervical vertebra, a fracture was found in the superior part of the body of the 7th. Two pieces were split off horizontally from the right

side of the body of the vertebra, one was about half an inch thick at its outer edge and very thin at its inner edge, and covered about half of the upper surface of the body of the vertebra. The other fragment was not larger than a wafer of ordinary size, and was chipped off from the upper surface of the left side of the body of the vertebra. These fractures permitted the 7th cervical vertebra to fall backward about a third of an inch, and press upon the spinal cord. Membranes of spinal cord intact, cord itself for half an inch below and half an inch above the fractures was liquified to the consistency of thick cream.

This case was chiefly remarkable for the length of time the patient survived after the accident.

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Miscellaneous.

Propylamin in Rheumatism.

By JOHN M. GASTON, M. D.

I propose, on this occasion, to simply give you, in a few words, some of the results of my experience in what might be called the specific treatment of acute articular rheumatism.

My reason for bringing this subject before you is, that rheumatism is one of the staple diseases of the country—is almost always present in some form, and in the fall, winter and spring months it often abounds. It is a painful and dangerous disease to have. It has always been a hard thing to manage professionally, baffling, sometimes for weeks, the best directed medical skill—often bringing reproach and discredit upon the profession—and if I can suggest anything that will improve its treatment in your hands, or shorten its duration in the hands of the patient, I shall be repaid.

I need not, on this occasion, enter into any discussion of the pathology of the disease, nor dwell upon its history, its symptoms, diagnosis, nor the ingenious theories of it which, from time immemorial, have entertained the professional mind, interesting though they might be; and I may only refer to the diversity that has always existed among all classes of practitioners with respect to its treatment, to remind you how unsatisfactory a customer it often proves, both to physician and patient, even when best treated, and when neglected or mismanaged, as you have doubtless seen, involving its subject in months of suffering, and important joints and organs of the body in irremediable ruin.

But few statistical observations, that I am aware of, have been recorded with a view to ascertaining the average natural duration

of the disease when let alone; but *without* such observations, its reputation as a *durable* and disagreeable disease is pretty well established among us already; and the oft quoted reply of the elder Dr. Warren to a young medical friend, that "the best remedy for rheumatism was six weeks," has, to most minds, forestalled the necessity of such statistical observation, and has often furnished an excuse to calm the conscience of the doctor for his inefficiency, or his inability to cure it, and a melancholy and poor consolation to the patient for his suffering. The truth is, it varies greatly even under apparently the same circumstances, being fickle, and whimsical in a high degree; sometimes beguiling our hopes by an apparent convalescence, only to disappoint and provoke us by renewing its onslaught with greater ferocity than ever, perhaps upon the same or other organs, and fortunate will it be for the victim if it do not involve some vital part.

"In 1862 Prof. Flint observed at Bellevue Hospital thirteen cases, which were allowed to pursue their course, uninfluenced by therapeutical interference, and the duration of these cases, respectively, from the date of attack to convalescence, was as follows:— In three cases, under fifteen days; in one case, between fifteen and twenty days; in three cases, between twenty and twenty-five days; in three cases, between twenty-five and thirty days; the remaining two cases, forty-five and fifty-six days. The mean duration being a fraction under twenty days."

"Of eighteen cases *treated* in different ways, (but he does not say how,) analysed with reference to duration, in 1856, the minimum duration was seven days, and the maximum was forty-seven days. The mean duration being a fraction over seventeen days."

He also speaks of some cases analysed by him in 1854, in which the mean duration was a fraction over sixteen days.

These data, though very meagre, show that intelligent treatment is of some benefit, although that has been sometimes doubted. A duration of twenty-six days without treatment, is something greater, to say the least, than sixteen or seventeen days with treatment; yet even this is a long time to endure the pains of such a malady. And in passing, I may here allude to some of the more recent and approved modes of treatment in vogue, not wishing, however, to detract from the just merits of any.

Based probably upon correct pathological views, Fuller has introduced the alkaline treatment, which shortens the duration of the disease somewhat, and proportionably lessens the liability to cardiac complication. He deserves great credit. But this treatment involves the necessity of taking such quantities of alkaline substances that I apprehend but few patients in private practice can be induced to undergo the ordeal, even for the relief promised.

I have had no experience in the use of the lemon juice treatment. Flint, in his *Practice*, says this is really an alkaline treatment, but I do not see how it is so. At all events it must be much less disagreeable to the patient than the above.

The treatment of Dr. Davis, of London, by the use of repeated

blisters, is favorably spoken of; but under all of these plans I observe the average duration of the disease does not fall much under fourteen days—something of a gain, it is true, yet, if perchance this period might still be shortened, it would be a boon indeed to rheumatic humanity. And it is with this hope that I desire to give you the result of my own experience for several years past in the use of *Propylamin*, an agent not sufficiently known and appreciated, I apprehend, by the profession at large.

It is about eleven years since this article was placed before the profession as a remedy in rheumatism, on the recommendation of Prof. Arsenarius of St. Petersburg, Russia, in a report published in the "Annals of Therapeutics in 1857, p. 74, claiming for it specific powers of a high degree in this disease. He treated with it with success, in two years, between 1854 and 1856, two hundred and fifty cases of rheumatism, acute and chronic, with all sorts of complications, metastatic, pericardial, pleuritic, meningeal, hemiplegic, and paraplegic, and all recovered."

Numerous articles appeared in the journals some years ago confirmatory of these claims for it, and setting forth its uses in other diseases, as neuralgia, etc., but of late years I have not seen much mention made of it in the journals. But my own experience during the past eight years, the time during which I have been using it, has accorded so harmoniously with these reports, and that of the distinguished gentleman named above, as to give me great confidence in its usefulness, and some assurance in recommending it to the profession.

I need not attempt to give you a detailed report of the cases I have treated with it, as that would involve the consumption of too much time, but will, if you please, relate circumstantially only the first case and the last one in which I have used it. And I here take occasion to say that in no single instance has the pain and the soreness of the parts failed to yield completely in 24 or 48 hours, the cure progressing from that time on without interruption—except in two cases, occurring in individuals affected with gonorrhœa at the same time, and even in these two cases it afforded decided relief, but failed further to arrest the disease, and did everything else that I could do, and finally lost sight of both cases. It will be remembered here, that of all forms of rheumatism, gonorrhœal rheumatism is the most inveterate and unamenable to treatment of any form of the disease.

My first experience in the use of this agent occurred in 1863, in the case of an interesting little girl, a child five years of age, in which all the joints of both the upper and lower extremities were successively invaded by the disease, despite my most strenuous efforts to the contrary; and fearing daily the involvement of the heart in the grand ruin, I was in an agony of anxiety and apprehension. I sought counsel, but it availed nothing, as to relieving the case. At last, almost in despair, and scarcely knowing the powers of the remedy for good or evil, and unable to obtain from any source the information I wanted, I brought to bear upon the

case, as a sort of forlorn hope, the propylamin, and to my great surprise and gratification, in a little less than forty-eight hours the relief was complete to the aching little limbs, but I regret to say a slight valvular murmur was left in the heart.

I presume every physician, when a case of this disease has gone pleasantly with him, and yielded in apparent obedience to some new agent, has fancied that he has at last found the true remedy for rheumatism, but on the next trial it has perhaps disappointed and deceived him. It had been so with me in former years, and I soon learned to distrust such experience. But in the case of this, the time has been so long, and the success so uniform and so good, that it must be more than a simple coincidence.

My last case occurred a few weeks ago, in the person of John Whitaker, a blacksmith, 30 years of age, involving the feet, knees, wrists, shoulders and elbows successively, with great constitutional disturbance, fever, furred tongue, constipation and loss of appetite. In this case the disease was arrested in a little *over* forty-eight hours—delayed a little beyond the usual time on account of having to stop in the midst of its use, and wait for the administration and operation of a cathartic, the patient being one of those matter of fact individuals, who believe in the importance of the daily performance of that particular function sick or well. His recovery progressed satisfactorily for two or three weeks, but on the very day that he had set to go to work again he suffered a relapse, and became worse than ever. After administering a cathartic, this time in advance to make sure, I put him on the use of the agent, and in forty-eight hours he was all right again.

I may observe here, that my experience with the use of it has been confined to cases of acute rheumatism altogether—and so confident have I become of its powers that I have been in the habit for years, on first diagnosing a case of rheumatism, of promising relief in twenty-four or forty eight hours. The cases have not been so very numerous, but perhaps as many as would naturally come under the attention of a physician in ordinary practice in that space of time—at least one or several a year.

Most cases of acute rheumatism are ushered in by chill, fever, and general disturbance, as well as pain. I usually see that the patient is in a proper condition for the use of the agent, his bowels not constipated. I sometimes order a cathartic, and I frequently premise its use by administering 15 or 20 grains of quinine, in the first twenty-four hours to an adult, after which from 2 to 6 or 8 drops of the liquid propylamin in a tablespoonful of water every two hours for the first twenty-four hours, and at longer intervals the next twenty-four hours, and the cure is accomplished, so far as relief from soreness of the joints and pain is concerned.

The propylamin is found in the shops in two forms, the liquid and the chloride, or muriate. The former is a colorless, transparent liquid, with a singular ammoniacal, and fish-brine odor; is soluble in water, and has an alkaline reaction, and in solution of 2 to 10 drops in a teaspoonful of water is nearly tasteless, and is, so far

as I have been able to learn, devoid of poisonous or injurious properties. Its chemical equivalent is C_6H_5N .

The chloride is in the form of white crystals, very soluble in water, one grain of which is equivalent in action to about one drop of the liquid.

The agent in either form is somewhat expensive, and that has perhaps been a hindrance to its general use. It formerly sold for five dollars an ounce in this city, but it is cheaper now, costing about three dollars per ounce. I imagine it is sometimes diluted as found in the stores, and if it should fail sometimes on trial, it might be well to bear that in remembrance, and increase the dose.

It is said to exist in cod liver oil, in ergot, in chenopodium, and in sorghum, and is extracted chemically from opium and several other sources, but the most abundant source of its supply is found in herring-brine.

A very convenient formula for its administration is as follows:—

℞ Propylomin 50 to 80 or 100 drops.
 Distilled water 8 oz.

M. S.—Dose, tablespoonful every two hours to adult.

This is a larger dose than was used by the authority above referred to, but experience has assured me that it is within bounds of perfect safety.—*Indiana Journal of Medicine.*

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Structure of the Red Blood-Corpuscles.

Nothing can better illustrate the difficulties that beset the determination of the minute points of microscopical inquiry than the discrepancy of opinion that exists amongst the best observers in regard to the structure of the red blood-corpuscle. For many years it was held to be indisputably a cell, and to consist of a definite cell-wall enclosing cell-contents. For some time past, however, a change of opinion has been visible; and in most of our text-books of physiology, if it be not expressly stated, it is at least hinted at as probable, that the corpuscles are homogeneous semi-solid bodies, the surface of which may perhaps be a little more condensed than the interior. The remarkable experiments of Mr. Roberts, of Manchester, on the action of the anilin and tannin, though at first apparently in favor of the cell theory, were yet subsequently considered to be explicable on the theory of homogeneity, by supposing that these agents hardened the surface, and so led to the phenomena observed. The peculiarity and persistence of the form of the red-corpuscles, and their behavior on the application of pressure, are certainly in favor of this latter view. A paper, however, by Dr. Joseph Richardson, of Philadelphia, which we have just received, speaks strongly in favor of the old cellular view. This gentleman's experiments were conducted upon the Menobranchus, which he obtained from the Cayuga lake in Western New York, the blood corpuscles of which animal are, as is well known,

gigantic, being about 216 times larger than those of man. In endeavoring to discover some indications of the presence of a cell-wall, he found quite unexpectedly that the colored portion possesses the remarkable property of crystallising with great readiness *within* its envelope. Dr. Richardson states that, on slightly concentrating the blood of this animal, one or two crystals form in almost every corpuscle; and the effect of their formation and elongation is precisely what we might expect to be produced by bodies of similar shape contained within an ordinary bladder partially filled with fluid, the ends of the corpuscle being in some instances thrust out till the length becomes a third greater and its breadth correspondingly diminished, the nucleus being closely compressed against the prism. In other instances, where the corpuscles lie across, the whole corpuscle assumes a lozenge or rectangular form, in which state it may be mounted dry. Dr. Richardson further argues—though this is less satisfactory evidence—that on briskly stirring freshly drawn blood with several times its volume of water the coloring matter can be withdrawn, leaving the cell-membrane intact. And, finally, he has succeeded in dividing a corpuscle under the microscope with a sharp needle; the contents escaped, while the cell-wall shrank up around the nucleus into a perfectly hyaline particle. From these researches he concludes that the older theory, which asserts that the red corpuscle of the vertebrates generally are vesicles, each composed of a delicate, colorless, inelastic, porous, and perfectly flexible cell-wall, enclosing a colored fluid, which is sometime crystallisable and is freely miscible with water, explains the physical phenomena presented by the red globule far more satisfactorily than any other hypothesis that has hitherto been advanced.

Without disputing the accuracy of the observations here recorded in reference to the corpuscles of the Amphibia, we would just remark that it by no means follows that the structure of the corpuscles of the higher animals is at all similar; and we are still disposed to hold the opinion of Mr. Gulliver, that, in mammals at least, the red corpuscles are nuclei, and as such are probably homogeneous in composition, and destitute at any rate of a proper cell-wall.—*London Lancet.*

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Quinine.

BY CHARLES S. SHELDON, M. D., WINONA

Read before the Winona County Medical Society, May 1, 1871.

The subject I have chosen is one familiar to all. We have used this remedy daily for years, and have given more or less of study and thought to its proper administration and action in disease.

In treating this subject I do not expect to give you any discoveries, or even theories, of my own, but shall endeavor simply to review the ground gone over by others.

I shall consider briefly its action and therapeutic use.

We cannot devote too much attention to the subject of therapeutics. Diagnosis and pathology have of late made great advances, and perhaps before long we shall know what we *have* to cure; but we have to admit that in the understanding of the action and agency of medicines in the cure of disease, we are not so very much superior to our ancestors. We should rise to a higher degree of enlightenment, when we discard the empirical, and adopt the rational system of therapeutics. This can only be, till on the one hand, by an accurate knowledge of the symptoms of disease, we can meet each by its appropriate remedy, and, on the other hand, by a more definite acquaintance with the general action of a medicine, we may use it with greater skill and effect, and apply it even in cases where it has not yet proved beneficial. Especially should we study a remedy so generally used and so highly esteemed as quinine. Not a day passes but that we meet cases or conditions where its use is indicated. Questions relating to its absolute or relative efficiency in these cases, its mode of action in curing disease, its dose and manner of administration, daily suggest themselves to us, and claim our careful attention. Here in Minnesota, these considerations are especially important. We have among us those who have formerly lived under malarious influences, and there is, undoubtedly, more or less of malaria in the State. It therefore requires a nicer discrimination to ascertain those cases when quinine is indicated, and in what way to give it, than in Illinois, used heroically for ague, or in New England, used merely for its tonic effects.

As to the mode of action of quinine, there has always been, and there is now, a great diversity of opinion. Its tonic effects in some cases, its stimulant effect in others, and its sedative effects in still others, have led authors to take very different and opposite grounds. The views here presented are condensed from Headland, in his work on the action of medicines, often in his own words. I am aware that they will be met with disfavor by many, especially by those who have adopted the theory which regards the nerves as the prime factor in the production of most diseases; but they are, at least, worthy of consideration. He considers quinine as an hæmatic, and as being restorative rather than catalytic, i. e., a medicine which acts primarily in the blood, to restore some material wanting, rather than to destroy a poison existing. He asks, and attempts to answer, the following questions:

1. "*Does quinine act primarily in the blood, or on the nerves, and is its action of a permanent character?*"

2. "*Is it naturally present in the blood, or is there in the blood a substance which resembles it?*"

3. "*Does it remain in the blood, or is it wholly excreted?*"

4. "*If acting in the blood, does it effect a cure by supplying to it a material wanting, or by counteracting in it a morbid process?*"

There is no doubt but that it enters the blood, since it can be detected in that fluid after its administration. Once there, does it produce its tonic and anti-periodic effects by improving the blood,

and so the whole system, or does it at once, and in the first place, act on the nerves? Is it an hæmatic or a neurotic? He believes it is *primarily* a neurotic, for the following reasons: Other nerve medicines are distinguished by an action which rapidly follows their administration. This action is not permanent, but rapidly passes away. It takes place in health as well as disease; as in the use of alcohol and digitalis. Most neurotics are capable of producing action by mere external contact with the nerves. They are chiefly used when the nervous system is unusually excited or depressed, and are of no permanent benefit in diseases depending upon blood disordered.

The action of hæmatics, on the contrary, is of an opposite kind in all these particulars. When we consider the primary action of quinine, too, we must conclude that it more resembles hæmatics, and that its influence on the nervous and muscular systems is secondary. Judging from analogy in the use of neurotics and astringents, we could not expect that any permanent improvement could be effected in either nerves or muscles, without its first acting in the blood. To make the case clearer, it can be shown that the diseases in which quinine is most used, are blood diseases. *Debility* seems primarily to be due to a want in the blood, which impairs the nutrition of the nerves and other organs, and thus interferes with the performance of their functions. It follows fevers and accompanies chronic diseases, in both of which cases the blood has been exhausted by continual waste and excretion. I know that some will take exception to this doctrine. Intermittent fever, too, is now considered by most a blood disease. We might infer this from the analogy of other fevers; but we know, in addition, that it is caused by a peculiar poison, which produces in the blood a process like fermentation, causing periodical paroxysms. In the progress of the disease, too, the blood rather than the nerves, seems to be concerned. We have first a chill, then a hot stage, and then sweating. It would seem, then, as if the poison were eliminated in the sweating; but after working in the blood for a definite period, the same symptoms recur. The results of the disease, also, are evidence of its true nature. Long continued ague causes general anæmia, and an enlargement of the spleen, which could only be produced by a faulty condition of the circulation. In typhoid and typhus fevers, in scrofulous and tuberculous diseases, and in fact in all affections where deterioration of the blood is a known cause of disease, quinine, in tonic doses, has the most beneficial effect. The periodical attacks of neuralgia, benefitted by the use of quinine, are generally malarial in their origin, and so due primarily to a poisoned condition of the blood. Another fact pointing in the same direction, is, that ague is often, if not always connected with derangement of the liver. I think these positions are, in the main, well taken by the author, and the probabilities very strong that quinine is *primarily* an hæmatic.

We now come to the next question: *Is it naturally in the blood, or is there in healthy blood any substance which resembles it?* that

is, is it a restorative hæmatic? for to act as a restorative, it must take the place of something which should be present in healthy blood. Although the bitter principle of the bile seems to possess a similar character to quinine, it is only till recently that we have found proof of the existence in the blood, of a substance similar to quinine. Dr. Dupre and Dr. Bence Jones having discovered quinine in the blood of a Guinea-pig to which it *had* been administered, found precisely the same reactions in a pig to which it had *not* been given. These experiments were carefully conducted, and were conclusive as to the presence in the blood and tissues of a substance chemically identical with quinine. This they have named *animal quinoidine*. If this be not quinine itself, we may at least conclude that the presence of quinine in the blood, would not be unnatural to it.

THIRDLY.—*Is quinine wholly excreted from the blood?* If not, we may conclude that it remains in it, and so can act as a restorative. From many experiments it has been proved conclusively that it does remain in the blood, i. e., when given in a small dose, it is not excreted at all, but when given in an excessive dose it makes its appearance in the urine, like other restorative medicines.

FINALLY.—*Does it improve the condition of the blood when deficient in any of its natural materials, i. e., does it act as a restorative in supplying something wanting, or as a catalytic in counteracting something present?* The fact that it is not unnatural to the blood, and is not always excreted from it, is in favor, *a priori*, of its being a restorative. Besides, a catalytic has some peculiar action on the blood in health, but a restorative, in moderate doses, none. On all these grounds we must consider quinine a restorative. Compare quinine with arsenic, a catalytic, and we find they differ in all these particulars. and also in their use; quinine being used in debility and when there is some want in the system, arsenic in lepra and kindred skin diseases, caused by some morbid agency. To be sure both are used in ague, but perhaps this disease is curable either by supplying something, or by neutralizing something else.

If these points have been well made, we must conclude that quinine is a restorative hæmatic, and a presumption is established that in those diseases where it is curative, there is some deficiency in the blood, which can be supplied by it. It may be that this is simply a *theory*, but we accept many medical ideas as facts, which have really fewer grounds for our belief. These views are presented on the supposition that they might be new to some, and with the hope that their presentation might excite a more earnest spirit of inquiry and discussion regarding such an important topic.

Therapeutically considered, quinine is certainly one of our most valuable remedies, not only from its positive, but also from its negative virtues; for while other medicines of equal power and value, are often harmful and destructive in their character, I think we may justly class quinine among the most harmless and safe of our remedies. It is a *remedy*, and not a *poison*; and while opium and mercury have killed many, and destroyed the constitutions of more,

I can find no case where quinine has produced lasting harmful results. Not but that it may be injudiciously used, especially in acute diseases, but that, on the whole, there is less danger in its use than in any other remedy of equal power. It is very unfortunate that there exists such a strong prejudice against it in the popular mind, many persons being unwilling to take it, and its beneficial effects being lessened in the case of others by their suspicion of its injurious nature. It is difficult to account for such popular delusion; but we know that many confound cause and effect in cases of long continued ague, accompanied with the use of quinine, and that a large proportion of the community, including well educated professional men, are so grossly ignorant of its character as to suppose it a preparation of mercury or opium. We can only wait and hope that this and kindred delusions will be dissipated by time, and a greater enlightenment of those who have a moderate stock of common sense on topics *disconnected* with medicine. Although there is no disease in which quinine acts so favorably and surely as in malarial fevers, there is no doubt of its value in a vast number of affections. In intermittent fever the profession now favors large doses in the interval of the paroxysms, the rule being to give enough to produce a moderate degree of quinism. To stop a single paroxysm, Prof. Alonzo Clark gives gr. j. of opium and gr. x. of capsicum, with the quinine. In intermittent neuralgia all authors agree that large doses, gr. xx. to gr. xxx. daily, for a week or more, will afford the best results in most cases.

The use of quinine in typhoid fever has given rise to much discussion, some claiming for it the virtues of a specific, and others stigmatising it as highly injurious. Stille concludes that it is a remedy of secondary value here, even if it possesses any virtues at all. Wood has never found in it any other favorable influence than a moderate supporting effect in the low states of the disease. Prof. Clark does not mention its use in this affection. Aitken simply says it is recommended by Dr. Murchison in half grain doses. Flint advises its use, as a tonic, in small doses. Headland thinks it admissible in all fevers, care being taken to give when the pulse is soft and the skin and tongue moist. Liebermeister, basing his belief on a long and carefully conducted series of experiments, thinks it has actual curative properties, in reducing the fever, and ameliorating the other symptoms: I think we may safely conclude, from our daily experience, that it cannot claim a directly curative influence, it certainly has a tonic and supporting power, and that it will be safe and useful to give, in small doses, in nearly every stage of the disease.

In several diseases of the digestive organs it is of much service. In atonic dyspepsia, we often get excellent results from its use, either alone or with other remedies. In the night-sweats of phthisis, with sulphuric acid, it is especially serviceable, and all agree that a profuse sweating during sleep, in *any* disease, is an indication for its use. In convalescence from most fevers, and in all cases of

general debility, it is indicated. — *Northwestern Med. and Surgical Journal.*

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On the Production of Hæmorrhage, Anæmia, and Emphysema in the Lungs by Injuries to the Base of the Brain.

By C. E. BROWN-SEQUARD, M. D., &c.

[From the London Lancet, Jan. 7.]

My object in this short paper is to call the attention of practitioners to some experimental facts which, in connexion with a great many clinical facts, show how frequently the lungs are altered consecutively to a lesion of the brain. In making experiments on the comparative locality of injuries to the left and to the right sides of the brain, I found, a year ago, that one of the most frequent causes of death, when it does not occur immediately or very soon after wounds of the brain, in guinea-pigs especially, was pneumonia. I was led by this fact to perform a large number of experiments to ascertain the immediate effects of an injury to the brain on the lungs. The results obtained were startling; in almost all cases of injuries by crushing or section of the pons Varolii, ecchymoses were found in the lungs. Sometimes the whole lung was crowded with blood, and real pulmonary apoplexy existed. In some instances the effusion took place in the bronchial tubes. Injuries to other parts of the base of the brain, especially the crura cerebri and the crura cerebelli, sometimes are followed by the same effects on the lung, and it is extremely probable that a slight pressure upon the pons Varolii by effused blood is sufficient to produce it. Injuries to the medulla oblongata and to the spinal cord have but very rarely (only in three or four experiments out of a great many) caused an effusion of blood in the lungs. This is the more remarkable that without any doubt, the nerve fibres going from the pons Varolii to the lung, which cause the rupture of small blood-vessels in this viscus, pass through the medulla oblongata and the cervical part of the spinal cord. Many experiments have shown me that it is not through the par vagum, but through the sympathetic nerve, especially by its spinal roots, which throw themselves in the first thoracic ganglion, that the peculiar influence of the irritated pons Varolii exerts itself in producing a pulmonary hæmorrhage.

Many experiments, some of them made with the help of an ingenious physiologist, Dr. J. S. Lombard, of Boston, U. S., have shown me that the condition of the lung, as regards distension or collapse of the air cells, does not materially change the effect produced on the lungs by the crushing or a wound of the pons Varolii. I have filled the lungs (the thorax opened sometimes) with as much air as insufflation could push in, and seen ecchymoses, small or large, appear at once, or almost at once, after the irritation of the

pons. On the other hand, I have withdrawn as much as I could the air contained in the lungs, and ascertained that ecchymoses appeared then, as in the preceding experiments, from the same cause. It is not essential at all that there be a continuation of breathing after an injury to the pons for a protection of hæmorrhage in the lungs. Indeed, in all cases of crushing, and in a great many of the cases of section of the pons Varolii which I have performed, the kind of syncope which I have described as the respiratory syncope (inhibition of respiration) exists at once after the lesion; and notwithstanding this complete cessation of respiratory movements, the breaking of small blood-vessels takes place in the lungs.

A lesion in one of the lateral halves of the pons produces generally a much greater effect in the lung on the opposite side than in the one on the same side.

The above experiments have been made on guinea-pigs; but in two rabbits and three cats I have found that the section or crushing of the pons Varolii produced also a hæmorrhage in the lungs.

A hæmorrhage is not the only immediate effect that can be observed after an irritation of the base of the brain by crushing or cutting; and anæmic condition, œdema, and emphysema can also be produced. Some small parts of the lungs are found perfectly white, and, according to the examination of a distinguished micrographer, M. Rauvier, who has kindly helped me in some of these researches, absolutely deprived of blood, no doubt through a spasm of the blood vessels, having emptied them of their contents. This may occur after injuries of almost all parts of the base of the brain, but especially the pons Varolii. Not so as regards œdema, which principally appears after an injury to the medulla oblongata. Looking at a lung in which such an alteration exists, one observes one or several greyish spots, generally circular, and of the size of the head of a pin, protruding as a part of a sphere from the surface of the lung. This pearl-like part of the lung, according to my able friend, M. Rauvier, contains a good deal of serum, and its minute blood-vessels are filled with the white corpuscles of blood, and free from red corpuscles. This is, indeed, a most wonderful fact, and the more so that this change in the contents of the pulmonary capillaries is immediate.

The last effect I intend to mention of an injury to the base of the brain on the lungs is already known to experimenters; I mean emphysema. But what I will state about it is a new and very remarkable fact, which does not agree with the reigning theories of the mode of production of emphysema. It is that this morbid condition can appear when not a single respiratory movement takes place, after an irritation of the base of the brain either by crushing or cutting.

When I publish the details of my experiments on the influence of injuries to the brain on the lungs, I will show that, in man, diseases of or injuries to the brain very frequently produce organic alterations in the lungs. I will content myself here, to prove the

frequency of that morbid influence of the brain on the pulmonary organs, to state that out of 188 cases of organic disease of the brain recorded by Calmeil,* there was a morbid state of the lungs, especially inflammation, in more than sixty cases—i. e., in one case out of three. I have no doubt that many patients attacked with brain diseases die from disease of the lungs caused by that of the central organ of the nervous system.

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The New York Drug-Clerk Law.

“SECTION 1. The Mayor of the city of New York is hereby authorized to appoint, within ninety days after the passage of this act a board, to consist of one skilled pharmacist, one practical druggist, and two regular physicians of the city of New York, to hold office during the pleasure of said Mayor, to act as an examining board for the examination and licensing of all druggists and persons now employed, or hereafter to be employed, as clerks by any druggist, keeper, proprietor, or superintendent of any drug store in said city, who shall be engaged in preparing and putting up physicians' prescriptions or dispensing medicine. On and after six months from the date of the organization of such board, any person who shall not have passed an examination before and received a certificate from said board, who shall make up, or attempt to make up, a prescription—any physicians' prescription—shall be deemed guilty of a misdemeanor, and shall, upon conviction thereof, be fined not more than \$500, or imprisoned not longer than six months, or both, at the discretion of the Court.

“SEC. 4. It shall be the duty of said board to examine, on application, all persons employed, or hereafter to be employed, in putting up prescriptions or dispensing medicine in the city of New York, and give a certificate of such examination to the person so examined, if found competent to act in such capacity, and which certificate shall be deemed as a license for such person to engage in such employment.

“SEC. 5. Said board shall, with the approval of the Mayor, fix the sum to be paid for such certificates by the persons to whom they shall be issued, and all sums or fees for certificates raised by said board shall be appropriated to the payment of the expenses and salaries of the members of said board, or so much thereof as may be necessary, the balance, if any, to be paid into the city treasury. Said board shall cause a true and accurate account of its receipts and disbursements to be kept, and shall, once in three months make a return of the amounts received and expended to the Controller of the city of New York.”

* *Traite des Maladies Inflammatoires du Cerveau*. Two Vols., Paris, 1850.

The Fungoid Theory of Cholera.

Mr. T. R. Lewis, M. D., who was specially appointed to investigate the theories of Hallier and Petenkofer with regard to cholera, announces, after long and careful examination, that.

1. No "cysts" exist in choleraic discharges which are not found under other conditions.
2. Cysts or "sporangia" of fungi are but very rarely found under any circumstances in alvine discharges.
3. No Special fungus has been developed in cholera stools, the fungus described by Hallier being certainly not confined to such stools.
4. The still and active conditions of the observed animalculæ are not peculiar to this disease, but may be developed in nitrogenous material even outside the body.
5. The flakes and corpuscles in rice-water stools do not consist of epithelium, nor of its *debris*; but their formation appears to depend upon the effusion of blood plasma; and the "peculiar bodies" Parkes found therewith correspond very closely in their microscopic and chemical characters, as well as in their manifestations of vitality, to the corpuscles which are known to form in such fluid; these are generally, to a greater or less degree, associated with blood-cells, even when the presence of such if not suspected, especially as the disease tends toward a fatal termination, when the latter have frequently been seen to replace the former altogether.
6. No sufficient evidence exists for considering that vibrones, and such-like organisms prevail to a greater extent in the discharges from persons affected with cholera, than in the discharges of other persons, diseased or healthy; but that the vibriones, bacteria, and monads (micrococcus) may not be *peculiar in their nature*, for these *do* vary, and may not be the product of a peculiar combination of circumstances, and able to give origin to peculiar phenomena in a predisposed person, is "not proven."—*Med. and Surg. Reporter*.

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Will Snake Poison Kill a Snake?

Dr. Fayrer, in India, has been experimenting to correct the popular error that a snake cannot kill a snake. He took a young and very lively cobra, fourteen inches long, and which was bitten in the muscular part of the body by a krait forty-eight inches long. The krait had not bitten for some days before. From a detailed report by Dr. Fayrer, it appears that the cobra was bitten at 12:40 P. M. At 1 P. M. it was very sluggish, at 1:3 P. M. so sluggish that it moved with difficulty, could easily be handled, and made no effort at resistance. At 1:20 it was apparently dying, and its movements were scarcely perceptible, and at 1:22 it died, thirty-two minutes after the attack. Dr. Fayrer has found that the water-snakes of India are deadly poisonous. In the Bay of Bengal they swarm, and it is noted as ominous that lately it was proposed to erect a sea-bathing establishment for Calcutta at Barwar, under the

assurance that there were no sharks. It is remarked that sharks need not be noticed when a bather may have deadly water-snakes swimming after him.—*Med. and Surg. Reporter.*

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Detection of Blood Stains.

Iodine of potassium dissolves traces of blood, even from clothing which has been thoroughly washed, but hæmin crystals cannot be obtained from the solution.

Gunning has discovered, in the acetate of zinc, a reagent that precipitates the slightest traces of the coloring matter of blood from solutions, even where the liquids are so dilute as to be colorless. Blood washed from the hands in a pail of water can readily be detected in this way. The flocculent precipitate, thrown down by the acetate of zinc, must be washed by decantation, and finally collected on a watch glass, and allowed to dry, when the microscope will readily reveal hæmin crystals, if any blood be present. This test has been repeatedly tried with entire success.

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Is it Right to Vaccinate or Revaccinate Pregnant Women?

Dr. Robert Barnes, of London (*British Medical Journal*), in an answer to this question, states that so far is vaccination from causing abortion, cases are known in which the fetus has gone safely through the vaccine disease *in utero*, so that it has subsequently been proof against vaccination. He believes we may conclude, in the absence of decisive evidence of special danger, that pregnant women are entitled to equal protection against smallpox with the rest of the community; and that vaccination or revaccination should be practised on pregnant women, in their own interest as well as that of the community of which they form a part.

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Treatment of Enlarged Tonsils:

Dr. Rumbold, St. Louis, Mo. (*Med. Archives*), has treated successfully a number of cases of enlarged tonsils by injecting the glands by means of a hypodæmic syringe, with a solution of iodine—iodine gr. ij., potass. iod. ℥ ij., aquæ ℥ j. Generally a slight inflammation followed the injection, but soon subsided. From 12 to 17 injections—ordinarily two a week—were sufficient to reduce the gland to its normal condition. The advantage claimed for this mode of treatment was, saving the substance and function of the gland.

Items.

CHLORAL HYDRATE IN NOCTURNAL ENURESIS.—Dr. J. B. Bradbury states that he has used the chloral hydrate successfully in the treatment of this affection. He mentions one case particularly, a girl fifteen years of age, who had wetted her bed every night for nine years. She was ordered fifteen grains of the chloral every night, and after taking the first dose there was no return of the complaint. She had no relapse at the end of six weeks. Other cases are given showing the marked beneficial results from the use of the agent in this affection. He claims chloral possesses the following advantages over belladonna: 1. The effect of belladonna is not so immediate, frequently taking weeks to produce any marked control over the disease; whereas the influence of chloral hydrate is most rapid, the malady frequently disappearing after the first dose of the remedy. This quick improvement can not be over-estimated in the treatment of these affections, upon which the mind exerts a powerful influence. 2. That belladonna some times induces profuse diarrhœa. 3. That belladonna, when pushed to the extent to which it is necessary to be really efficacious, not unfrequently impairs vision, etc., which is not the case with chloral hydrate. 4. That belladonna has often failed to be of any service.—*British Medical Journal*.

THE REPLANTING OF TEETH.—Dentists are now testing a plan proposed by Mr. Coleman, an English dentist, as follows: Extract the tooth, clear away caries and the contents of the pulp cavities and canals, wash out with carbolic acid, fill the canals with cotton dipped in carbolic acid, fill the cavity, scrape off all diseased periosteum and cementum, leaving the healthy portions of the mucous membrane attached to the neck of the tooth; bathe alveolus and the tooth in a solution of carbolic acid, and return the tooth to its socket. Out of fourteen cases Mr. Coleman succeeded with nine; operating on bicuspid and molars.—*Pacific Med. and Surg. Journal*.

WOMEN are now allowed to attend the cliniques at the Pennsylvania hospital, in Philadelphia. The result is that the number of hospital tickets sold is not half as great as formerly. The audience at the lectures, moreover, consists almost entirely of Homœopaths, Eclectics, and the like, to the great disgust of the lecturers. As these gentlemen give their services gratuitously, their wishes ought certainly to be respected.

THE *Medical Record* gives an account of an interesting case of intussusception cured by the persistent injection of salt and water. The introduction of air was abandoned after a second trial, on account of the pain it caused.

Editorial.

Newspaper Notices of Medicines, Medical Men and Quacks.

The newspaper press furnishes the great majority of families in our country with the principal part of their reading. When the morning paper has been read, other duties claim attention, and nothing more is taken up until the arrival of the next issue of their accustomed sheet. The chosen paper is a kind of law to many, it is the exponent of their political or christian faith, and in many cases, it is also their standard authority in medical belief. The popular press has been mainly subsidized to the interests of quackery, and imposition. Regular medicine has thus far required little *advertising*, while imposters in medicine, and worthless and inert compounds have afforded revenues to publishers which have been important, and thus far, controlling. The influence of this advertising over the masses of mankind is truly astonishing, so much so, that the dupes themselves, conscious of the folly, ridicule and curse, and then accept as "better than advertised." Itinerant quacks herald their approach, and their paid announcements are made to read as though the editor was the father of them; they would thus father Satan, for due consideration and sometimes, without much pay, we mistrust. The political and secular press, give large space to abominable falsehood, every word of which is well known to be a lie; paid for, of course, but none the less a lie. Our worthy editors are very estimable citizens as editors. They furnish much knowledge of this world's working, and we could not do without them, no, not at all. We entertain for them profound respect as *editors*, but they show that they have never studied medicine, and are wholly incapable of giving the public any rational knowledge of medicine.

The religious press, too, attempts to teach everything; one must read with considerable attention to determine what he is perusing, his difficulty being to decide if he has a religious tract, a political speech, an Almanac or a Patent Medicine circular. If they are not more correct in their religious teaching than in medicine, they will have their part with the great, great grandfather of all lies, and that is the only disposition that can be made of them. We do not propose to organize any society to correct the customs of our editorial friends in this respect, but expect they will continue to do that which pays them best. We only desired to state the general facts, and leave it as the history of our times, and country and profession.

It does not stop here. The issues of the daily press contain mention of worthy physicians, in the same language, and apparent style, in which they speak of the quacks. It has come to be supposed that physicians who do not write or seek such notice, are yet glad to receive it, if placed gratuitously in connection with the reporters account of death or attempted suicide or murder or surgical operation, or something else, in which noble and praiseworthy deeds may be announced.

A very intimate friend of ours was visited a day or two since by a countryman, who had slight injury of the hand. He says, "is this doctor—," yes, sir, that is my name, was the reply. "Well, I see your name mentioned in the newspapers pretty often in taking care of such things, and have come some ways to get you to just look at my hand." The laconic reply was, "I am not the man spoken of at all, and if one of these editors ever speak of me in connection with accidents or injuries, I will give him a notice which shall silence his quill forever. Rage and grief still agitating him, he proceeded immediately to the editorial sanctum and requested the discontinuance of such practice. Mr. Editor replied, in astonishment. "We can, generally, leave out *your* name, but these items come to us with the *names in*—the *name* being the most important point in the item.

It is useless, in the present debauched state of popular journalism, so far as Medicine, Quack Doctors and real Physicians are concerned, to expect any great change, but it is not very unreasonable to suppose, that in most places, persons injured can obtain satisfactory care, and if some one has broken a leg, it is not an important point in the case to state by what physician it was dressed. With my friend, I will forgive everything in the public press if it will keep silence in regard to the operations of physicians. May do anything and say anything of Quack Doctors and Quack medicines they please, may spread religion and politics and all healing Balsams and Strengthening plasters, eternally upon their sheets if they can make any money out of it, and we will not complain of personal abuse. As a journalist, it will, however, remain an open question, upon which many an editorial may be based, always protesting against the mention of an honest physician in the advertising mediums of the Quacks.

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The President of the American Medical Association.

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The editor of the Richmond & Louisville *Medical Journal*, Prof. E. S. GAILLARD, M. D., of the Louisville Medical College, in his editorial for June, alleges that DAVID W. YANDALL, M. D., Prof. of Clinical Surgery in the University of Louisville, and *now*, *President of the American Medical Association*, and editor of the *American Practitioner*, is a QUACK!!!

At present, in the subject matter of the accusation, we have nothing to say, but as a journalist we simply announce the fact, and inform the profession that in Louisville, Ky., there is now raging a very active professional fire. If it should spread, it bids fair to *rage* considerably. Fire, of course, is not always an unmixed evil. It does, sometimes, clear up matters quicker and better than any other one of the elements. At this distance, and at present writing, it looks as though they would be obliged to send to Buffalo for "Babcock's Fire Extinguisher.

When this matter becomes reduced to proportions compatible with our

columns, we may give a *resume* of the life and character of the President of the American Medical Association, meanwhile advise readers to suspend judgment.

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S mi-Annual Meeting of Erie County Medical Society.

This society held its semi-annual meeting the second Tuesday in June ; a large number of the members in attendance.

The admission of new members, report of committee on fee-bill, and report of committee appointed at the annual meeting to investigate charges made by Dr. Edward Storck, against Dr. Otto Burger, were the main items of business.

The report of the committee was, in effect, that the charges of consulting with irregular physicians, and of unprofessional conduct, were sustained.

Dr. Storck moved that Dr. Otto Burger be expelled from the society. Dr. Burger introduced affidavits intended as contradictory of the charges, and most of the members indulged in expression of opinions upon the general question involved, or upon the collateral questions supposed to be worthy of discussion.

As this society have heretofore had some experience in expelling members and refusing applicants for membership, slight differences of opinion were manifest as to the legal rights of the society, and the regularity of its own action. After a lengthy and very free expression of opinion, occupying most of the day Tuesday, and all the time of an adjourned meeting one week later, the final ballot was taken, resulting in a vote for expulsion by a very large majority.

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The Pension Bureau and Dr. Spooner.

We copy from the *Commercial Advertiser* of June 16th, the following very sensible article, and call attention to it, since such an editorial article on medicine or medical policy is so rarely seen in the *Commercial Advertiser* or any other popular sheet. We do not introduce the article as covering the ground, but as a sign of returning consciousness in the management of a very influential political paper:—

WHERE WILL IT END ?

“The physicians of the Homœopathic school are much elated over the restoration of Dr. Spooner, of Oneida. It will be remembered that this doctor was deprived of the office of Examining Surgeon for the Pension Bureau, under a decision of ex-Commissioner Van Aernam. The new Commissioner is more liberal in his treatment of the medical profession. With the approval of the Secretary of the Interior, the degraded Homœopathist has been restored to his position.

At first sight no good reason appears why the Government should require the medical men in its service to be of one school any more than it insists that the federal chaplains shall be of a certain religious sect. It looked like intolerance to close the doors of the Pension Bureau upon a regularly educated and competent physician, no matter what his method of practice might be.

It may now be regarded as decided that, in the department of the Interior at least, Allopaths and Homœopaths shall have equal chances.

But to what limit is this liberal treatment of different medical schools to go? If Allopaths and Homœopaths are admitted to office in the Pension Bureau, why not admit Hydropaths, Eclectics, Botanics, Electricians, and every other of the numerous schools into which the medical men have divided themselves? It may be an erroneous idea, and we hope that it is so; but it looks as though the apparent liberality of the new commissioner of Pensions would make him liable to be called upon to decide now amongst a score of disagreeing doctors. A movement in the direction of peace promises to give rise to any quantity of discord." * * * * *

Dr. Spooner, it is said, was not what is called a regularly educated physician at all, was not in fellowship with his own craft, and would have been dismissed on account of incompetency, from his own record. Comment upon this action in a medical journal is quite unnecessary. Physicians understand and instinctively pity.—ED.

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Annual Meeting of the Massachusetts Medical Society.

We chanced to be in Boston the first day of the meeting of this Society, and took much pleasure in looking in upon its proceedings. We found the New York State Medical Society most ably represented by Drs. Hutchinson of Brooklyn, and Kneeland of Onondaga, and were happy that we had nothing to do except as a private citizen, to observe the workings of this ancient and honorable Society. Papers were read by the following physicians:—

Dr. Edward Wigglesworth of Boston, on *Baldness*.

Dr. Henry Tuck, Boston, *Torsion of Bloodvessels*.

Dr. R. H. Fitz, Boston, *Tuberculosis*.

Dr. Wm. L. Richardson, Boston, *External Manipulation in Obstetrics*.

Dr. H. J. Bowditch, Boston, *Venisection*.

We were not present during the reading of any of these papers except the one on Torsion of Bloodvessels, and this was a well written paper upon the subject, showing that torsion, if properly made, can be trusted for arresting hemorrhage in vessels of the largest class.

A visit to the city Hospital offered opportunity to observe several minor operations in surgery, which were made by the attending surgeons. Ether was used as the Anæsthetic; was administered prior to the patient's being brought to the operating room, and was continued in some cases, no apparent notice being taken of the livid appearance and stertorous breathing of patients. So far as the administration of ether is concerned, and its apparent effect upon the patients, the exhibition was far from attractive.

The Editor of the *Boston Medical and Surgical Journal*, not long since, thought that a surgeon who should be guilty of administering chloroform, was justly chargeable with manslaughter. If it was given with the apparent recklessness that ether is given in Boston, we quite agree with him. We returned home with the conviction, that chloroform, with careful watching, was safer,

more pleasant, and every way to be preferred to sulphuric ether as administered in the city claiming to have made its discovery.

Of the second days proceedings we have no personal knowledge, but learn from reliable sources that the grand features of the meeting were comprised in the scientific papers, Annual address of Dr. Bigelow, and Poem by Dr. T. Stone, of Wellfleet.

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Nature of Life.

We clip the following from the Philadelphia *Sunday Dispatch* of the 25th ultimo. Its perusal cannot fail to provoke a "molecular" smile, and to sharpen the "protoplasic" appetite of our readers :

"Professor Poey, of Lycoming county, in this State, has been trying to tell us what 'life' is. According to Poey, 'Life results from a double molecular motion, general and continuous, of composition and of decomposition in relation to the organism and the inorganic medium. The medium is the combination of external agents, physical and chemical, proper to furnish to the organism the principles necessary for its nutrition and the manifestations of the properties of the anatomical elements.'

Strange! how Error fastens itself in the human mind, and by its rank growth chokes the tender plant of Truth! During all the fourscore years of our existence we have cherished the fond delusion that Life was rather an immorigerous outgrowth of a retiary paradox, which engrafted upon the persiflage a mephetic diapason, causing it to permeate the neurosthenic rhomboid, and so producing isothermally protoplasic vitality. That is what *we* thought life was. But we see the mistake now, since Poey mentions it! "It is hard, though—very, very hard—to see the idols of our youth thus thrown down and broken one after the other. And by a man named Poey, too! It will make our whole Christmas season sad."—*Medical Times*.—*Can. Phar. Journal*.

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Books Review.

Chemistry: General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. A manual on the general principles of the science and their applications to medicine and pharmacy. By John Attfield, M. D., F.C.S. &c., Ph. From the second enlarged English edition. Revised by the author. Philadelphia, Henry C. Lea, 1871, 8 vo. 552 pp.

Mr. Attfield shows no small amount of well directed labor in laying before the profession engaged in pharmacy, a manual and guide of so great value. It contains "the chemistry of every substance recognised officially or in gen-

eral practice as a remedial agent." He commences with the principal properties of the elements, followed by the official preparations and tests of the metallic elements, the acids and their salts; the general qualitative analysis forms the next subject, which is followed by chemistry relative to animal and vegetable substances; then follow chapters devoted to the chemical toxicology, and the examination chemically and microscopically of morbid urine, urinary sediments and calculi, and closes with quantitative analysis. The appendix contains valuable tables of tests for impurities in pharmacopœial preparations. Each subject is followed by a series of well selected questions, designed for testing the proficiency of the student as he proceeds. We cannot but recommend the work, not only to the student of pharmacy, but also to the practising physician, who may find many items of interest and value in its pages.

Wasting Disease of Children. By EUSTACE SMITH, M. D., Lond. - Second American Edition, Philadelphia. Henry C. Lea, 1871.

Of the practical value of this work we have previously had occasion to speak, so that upon the appearance of the second edition it remains only for us to note the changes which have been made. It appears, from the "advertisement" of the second edition, that "the text of the first edition has been carefully revised, inaccuracies have been corrected, and additions suggested by increased experience, have been freely introduced." Two chapters have also been introduced, and a few illustrative cases have been added. This book has a peculiar title, which would lead one to infer that it is a monograph upon "marasmus." Such however is not the case. The chronic diseases of infancy are thoroughly and wisely discussed, and the conditions of perverted nutrition incident to nearly all, are explained and their causes traced. For the general practitioner of medicine the work is invaluable; it has only to be known to be appreciated.

Change of Life. By EDWARD JOHN TILT, M. D. From the Third London Edition. Philadelphia, Lindsay & Blakiston, 1871.

This is a practical treatise on the nervous and other affections incidental to women about the menstrual decline. From what we have been able to examine the work before us, we conclude that it presents the philosophy of the diseases incident to women, at the decline of the menstrual period, in a truer and clearer manner than has before been done, and that all the advances recently made by the most careful students of nervous diseases have been truthfully incorporated into this book.

The field is truly very large, comprising the physiology, principles of pathology, and principles of treatment and hygiene at the change of life. Diseases of the brain and ganglionic, nervous system, with the various neuralgic affections, together with diseases of the reproductive and gastro-intestinal organs, and all other affections occurring at the change of life, are embodied in the work. We think it cannot be too carefully studied or too highly prized.

Insanity and its Treatment. Lectures on the treatment, Medical and Legal, of Insane Patients. By G. FIELDING BLANDFORD, M. D., Oxon. With summary of laws in force in the United States on the confinement of the Insane, by ISAAC RAY, M. D.

We are happy to announce the publication of this book, for it has, for a long time, been greatly needed by the profession. Vague, unsettled and even erroneous views of insanity prevail, to a great extent, in the profession, and a systematic work presenting the recent and more scientific views as to the nature, causes, morbid changes and treatment of insanity will be received by the general practitioners of medicine with great satisfaction.

This work is evidently arranged with special reference to the wants of the general practitioner, and we know of no work which at present equals it in this respect. It consists of twenty lectures, which were given at St. George's Hospital, London, and condensed, constitutes the work before us.

We regret that space will not allow us to speak in detail of the teaching of the work. It must be read and studied to be appreciated, and we earnestly recommend it as a standard authority on the subject, to be in the library of all physicians.

The Medical Section of the work of N. P. Doubereyer. A Vade-mecum for the use of Invalids and tourists visiting Carlsbad. By Dr. GANS, resident physician. Carlsbad, 1871.

This little pamphlet contains the temperature, chemical constituents and action of the water at the springs at Carlsbad, and for the benefit of those who may visit Carlsbad, we will give them in detail. The spring of Marktbrunn attains 390 Reaumur, while that of the Sprudel reaches 590 R. Their chemical constituents are: Sulphate of soda, chloride of sodium, carbonate of soda and carbonic acid. The author speaks highly of the beneficial effects of these ingredient. "Carlsbad Salts," containing sulphate of soda, chloride of sodium and carbonate of soda, which are used as a safe and effective purgative, may be obtained by evaporating the water of the Sprudel.

Annual Report of Commissioners of Quarantine.

The above pamphlet contains interesting particulars of the proceedings of the Commissioner, and a statement of the condition of the establishment for the past year. There is also annexed the "Annual Report" of Dr. Carnochan, Health officer of the port of New York, containing some interesting mention of contagious and infectious diseases met with during the year past.

Dactylitis Syphilitica, with observations on Syphilitic Lesion of the Joints. By R. W. TAYLOR, M. D., Surgeon to New York Dispensary, &c.

This is a reprint from the American Journal of Syphilography and Dermatology, of an article which has attracted some considerable notice among medical Journals. The author treats his subject thoroughly, illustrating his views with several wood cuts. This paper will repay a careful perusal.

Uterine Catarrh frequently the cause of Sterility. By H. E. GANTILLON, M. D.

This work was originally written in French, and the Doctor therefore apologises for any gallicisms and inaccuracies which may have escaped him in the hurry of translation. The Pamphlet covers the entire ground, leaving out none of the essential points, and gives us his "New Treatment" for its cure by "Intra-Uterine Injections," proving its efficacy by numerous clinical cases.

The Study of Dermatology. By LOUIS A. DUHRING, M. D., Physician to Dispensary for Skin Diseases, Philadelphia.

Reprint of Journal of Syphilography and Dermatology. A criticism of considerable merit on a subject which offers a large field for the critics pen. The author gives us the views which the German, French and English schools maintain on this subject.

Hæmatoma Auris. By E. R. HUN, M. D.

A paper having for its central idea, "The phenomena and Pathology of Hæmatoma in relation to Mental Derangement." Dr. Hun is connected with the New York State Lunatic Asylum, and having had the best possible opportunities for developing his views, is prepared to speak from original observations. Before giving an account of individual cases, the doctor treats us to a general outline of the appearance, pathology, &c., of the disease, and then gives us his clinical observations, which number some twenty or more cases, five of which are photographically illustrated.

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Books and Pamphlets Received.

A treatise on the Diseases of the Nervous System, By W. A. Hammond, M. D., with forty-five illustrations. New York, D. Appleton & Co., 1871. Breed, Lent & Co., Buffalo.

On the Physiological effects of Severe and Protracted Muscular Exercise; with special reference to its influence upon the excretion of nitrogen. By Austin Flint Jr., M. D. New York, D. Appleton & Co., 1871.

The Eye in Health and Disease. Being a series of articles on the Anatomy and Physiology of the Human Eye, and its Surgical and Medical treatment. By B. Joy Jeffries, A. M., M. D. Boston, Alexander Moore, 1871. Breed, Lent & Co., Buffalo.

Students Chart of the Sympathetic Nerve. By Ralph M. Townsend, M. D. Philadelphia, Turner Hamilton.

Atlantic Monthly; The Nation; New York Observer; Little's Living Age; Peterson's Musical Monthly; American Educational Monthly; American Agriculturist; Phrenological Journal; Newspaper Reporter, &c.

The New York Observer year book and almanac, 1871. Sidney E. Morse, Jr. & Company, 37 Park Row, New York.

88th Annual Announcement of the Harvard University, Medical School. 1871-72. The year begins Sept. 28th and ends June 27th.

The "Fibrinous Crasis." Its cause a loss of albumen from the blood. By Rollin R. Gregg, M. D., Buffalo, N. Y.

The Detection of Criminal Abortion. By Ely Van De Warker, M. D., Syracuse, N. Y.

Seventeenth Annual Report of William J. Mullen, Prison Agent. Philadelphia, January 1871.

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Original Communications.

ART. I.—*On the Treatment of Puerperal Eclampsia.* By HARVEY JEWETT, M. D., Canandaigua, N. Y. A paper read before the State Medical Society, at Albany, 1871.

Puerperal Eclampsia may be regarded as one of the most frightful and alarming diseases that medical men are called upon to treat.

In view of the new and tender relation of the young mother to her offspring as well as the anxious solicitation of relatives and friends, there rest no ordinary degree of responsibility upon the medical attendant who suddenly and unexpectedly finds his patient (who, a moment before was flushed with bright prospects and high hopes for the future) insensible, frightfully distorted with violent convulsions.

The suddenness of the attack—the alarming character of the spasms—the consternation of attendants and relatives—all contribute to make the case one of fearful magnitude and responsibility, and demands at the hands of the attending physician prompt and positive measures for relief.

Unless we are successful in arresting the spasms in a short time the patient is doomed to a speedy death from the repeated recurrence of the convulsions.

Hitherto—in my own experience at least—so large a proportion of cases have proved fatal when guided by the highest authority in the treatment, that I have been induced to cast about for some

other theory, and more reliable remedial agents to arrest the spasms and save the patient. In this regard I am happy to say that in some measure I have been successful. At all events, when my patients were treated in strict accordance with the best authority laid down in the books—they died. Whereas, when treated upon the presumptive theory that the convulsions are the result of “*Materies Morbi*,” generated during pregnancy, and that delivery is a developing influence of the peculiar morbid condition of the system, acting upon the brain and spinal nerves—or as Dr. Tyler Smith expresses it, as dependent upon some irritation of the excito-spinal nerves, they have recovered.

These views are founded upon Dr. Marshall Hall’s researches into the Physiology of the Nervous System, and a practical application of that eminent writer’s discoveries to the pathology and treatment of Puerperal Eclampsia.

Many cases, apparently well authenticated, are on record, where females in the earlier stages of gestation, and without labor pains as a procuring cause, or when pregnancy does not even exist, have suffered from this peculiar form of Eclampsia. But these, I apprehend, may be regarded as exceptional cases, or more properly ruled out of the classification under discussion, and treated under the head of Hysteria or Epilepsy.

It is far from my purpose, however, in this short paper, to allude to the well authenticated classification of these cases, or to speak of that which all medical men can so easily refer to in any recognized authority on this subject. My object is merely to make a practical note on the treatment of this disease, which, to some extent, has bid defiance to the remedies so universally recommended by the highest authorities both past and present, and thus draw the attention of the profession to a plan of treatment and the use of remedies which have proved eminently satisfactory in my hands.

What is the nature and the cause of the disease we have to contend with? Is it the blood, or is it the brain or nervous system we have to deal with in our efforts to arrest the spasms? I apprehend neither exclusively, and both, to a certain extent, in their relation to each other.

In all cases of pregnancy the blood and fluids of the system are abnormal—are changed, to a greater or less extent, from a healthy

standard, and charged with certain influences calculated to overwhelm the nervous system, and tend to the developement of Eclampsia. Whether this toxic influence in different individuals is in degree or kind, is not well understood. We know that certain females are strongly predisposed to take on this spasmodic condition without any well defined indications preceding the attack of Eclampsia. This poisoned condition of the fluids of the system may arise from various causes, but principally from the pressure of the gravid uterus upon the renal veins. The pressure of any hard body upon the kidneys tends to interfere seriously with the function of that organ—to produce congestion, thereby abating its eliminating function, and producing toxæmia of the blood. The non-elimination of the kidneys under any circumstances would necessarily produce more or less mischief, but especially so during pregnancy, when the blood requires an extra degree of depuration to cast off the excrementitious matter from the child and mother.

This faulty or impaired function of the kidneys is marked in the latter stages of gestation by extreme œdema of the lower extremities—a peculiar waxy puffiness of the face, scanty urinary secretions, almost invariably loaded with albumen, together with general lassitude, weariness of body and confusion of mind. I would not be understood to say, however, that when all these symptoms are prominently marked that Eclampsia necessarily follows, but that convulsions seldom occur without these primary indications, and especially albuminous urine.

According to Niemeyer's theory—these symptoms are due to a temporary parenchymatous change or degeneration of the kidney itself, and not to congestion or Nephritis from the pressure of the gravid uterus upon the emulgent veins, which we can readily understand, will cause both albuminous urine and the retention of a large amount of urea in the blood.

If the system is charged with toxic influences accumulated during gestation, which act as a procuring cause of the spasms, then it should be an object of vital importance to remove this agent or influence whatever it may be, as speedily as possible.

Almost all writers, for the last half century, have based their practice upon the theory that the brain in primiparous females, especially, is to be regarded “*ipso facto*,” in a hyperæmic state for

weeks and months preceding parturition. This was supposed to be consequent of the pressure upon the descending aorta—and also during violent and long continued labor pains, the solid contracted globe of the uterus is pressed violently against the descending aorta—thereby impeding the flow of the blood to the lower extremities, and necessarily compelling the carotids and superior vessels to carry a preternatural quantity to the brain.

Based upon this theory of the pathology of the disease, we have no alternative but to carry out the advice so uniformly and peremptorily laid down in all works on this subject, both in this country and by continental writers—and that is to bleed copiously as the first and last great remedy—the extent to which it is carried being regulated by the violence and frequency of the convulsions, without much reference to the amount left in the system, absolutely essential to carry on the vital processes.

The history of the case—previous habits and peculiarities of the patient in regard to predisposition and exciting causes, are all ignored as indications for or against the use of the lancet, and we are commanded to bleed almost empirically, to the utter exhaustion of the vital forces of the patient. The practitioner is left without any guiding principles, any data by which to regulate his practice in the use of this important and powerful remedy.

In compliance with this advice I bled, in my earlier practice, copiously, and repeatedly with very unsatisfying results, as in a large proportion of cases my patients died under the treatment; and simply because it did little or nothing towards removing the cause which produced the disease.

The introduction of chloroform as an anesthetic agent has been in this as in many other diseases, a boon of priceless value to suffering humanity. Not that I believe there is anything in the use of chloroform that tends in the least degree to remove the existing cause of the spasms—and I never administer it with any such view, but simply to abate the frequency and violence of the convulsions, and give time for eliminating remedies upon which we are to rely for a radical cure.

The three great channels upon which we are to depend for this purpose are the skin, the kidneys, and the bowels. The first two are too slow and indirect in their operation to be made available

and answer the indications of the case, and we are to depend as the only alternative upon the *vicarious* action of the powers to cast off this poisonous element in the blood, and stay the progress of the spasms.

In all cases of convulsions I administer chloroform at once. If the patient has not been delivered and the head of the child is within reach of the forceps, apply them, and deliver as speedily as possible. If this is not practicable, and version can be effected, this is the next best plan of relieving the patient of this source of irritation. When this has been effected, give croton oil in connection with turpentine enemata in such quantity, and as frequently repeated as the stomach will tolerate, until the bowels have been freely evacuated.

In scarcely an instance under my observation has the patient had more than one or two convulsions after this has been effected, and generally they cease altogether, if the evacuation is copious and liquid in character.

Prior to 1860, I find ten recorded cases that were treated in compliance with the best authority of that time—by copious and repeated bleeding—cupping, leeches, blisters, sinapisms, cold to the head and spine, opium, anti-spasmodics, &c., &c. Of the ten cases thus treated, seven died.

Since that period I find six cases that were treated with chloroform and drastic cathartics, not one of the number were bled and all recovered.

There exists in Puerperal Eclampsia such a uniformity of symptoms and condition that I need give but two or three as representative cases, in illustration of my views concerning its treatment.

CASE 1st.—Mrs. T—, aged 25, of delicate, nervous temperament, was delivered of her first child after an ordinary labor in July 1864. Just at the termination of labor, and before the removal of the placenta, she went into a violent convulsion. She was put immediately under the influence of chloroform and ether, and as soon as the spasm subsided, given three drops of croton oil in a tea-spoon full of milk. She was kept slightly etherized for an hour and a half, when she had another convulsion. The coma was quite profound after the second spasm, the breathing loud and stertorous. Two drachms of spirits of turpentine was beaten with the yolk of

an egg diluted in a quart of warm water and used as an enema. In half an hour there was a profuse evacuation of the bowels, the chloroform was gradually withdrawn and in six or eight hours the patient was restored to consciousness and recovered in due time without any recurrence of the convulsions.

CASE 2d.—Mrs. F—, aged 23, of full, plethoric habit and sanguine, nervous temperament, was confined with the first child in March 1868. The labor was progressing satisfactorily, the head of the child was engaged in the lower straight of the pelvis, when suddenly without any premonition, she went into a convulsion. As soon as practicable chloroform was administered—the forceps applied and the delivery effected. Three drops of croton oil were administered in milk. In half an hour it was evident the oil was taking effect from the internal disturbance. In one hour from the completion of the first she went into another spasm, from the effect of which she was insensible for several hours. The oil operated freely in an hour and a half after it was given, and the patient recovered in due time without any untoward symptoms.

CASE 3d.—Mrs. A—, aged 40, of delicate health and nervous temperament, was confined Dec. 1870, with her fourth child. The labor was completed in three or four hours without any unusual indications, except, she said there was pain in the head and glimmering before the eyes. In half an hour after the birth of the child and the removal of the placenta she remarked that she could not see, and was instantly seized with a convulsion. A combination of chloroform and ether was administered, and three drops of croton oil given. In an hour she took two drops more, and at the end of two hours she took two drops more, making in all seven drops of croton oil without any effect.

Large enemas containing turpentine were given at short intervals, which were retained. In addition to the croton oil and enemas during the twelve hours, she took 3 oz. of castor oil, which had no effect on the bowels until the end of seventeen hours from the birth of the child, when the medicine operated freely as a cathartic. During this period the convulsions recurred at intervals of from one to two hours, making in all twelve convulsions in seventeen hours. After the operation of the cathartic the spasms ceased altogether, and in two or three days the patient gradually

returned to consciousness. In this connection it would be proper to state that during the convulsive period, one drachm of bromide of potash was given, and during the last hour, immediately preceding the cessation of the convulsions, she took at three different times, eighty grains of chloral. It might be claimed, inasmuch as the convulsions ceased in connection with the administration of the chloral, that relief is properly due to that remedy. My own experience in the use of this agent in this disease is so limited, that I can arrive at no definite conclusion as to its power in controlling or mitigating its severity. This is an instructive case, and one from which different deductions may be drawn as to the credit due to the remedies administered.

In view of all the facts connected with the case, however, it is my opinion that little or no benefit was derived from the anæsthetics, bromide of potash or hydrate of chloral, inasmuch as there was an unmitigated persistence of the spasms until the action of the cathartic, when they ceased altogether.

During the seventeen hours the patient was kept almost constantly under the influence of chloroform and ether, which had the effect, together with the spasms, of producing severe capillary bronchitis, with laryngeal inflammation, thereby retarding convalescence of the patient, and at one time seriously threatened her life. The aphonia was complete, and lasted between two and three weeks.

In the three cases just cited, and in every case where tests were made, a large amount of albumen was found in the urine, and the specific gravity ranged about 1020.

The general principles applicable to the treatment of other forms of disease are eminently proper in the treatment of Puerperal Eclampsia.

If, when strictly carried out, they do not always tend to definite and satisfactory results, they will at least, reconcile the apparently contradictory and conflicting opinions and theories of various authors on this subject.

There is some diversity of opinion in reference to artificial interference in the progress of natural labor. Perhaps no arbitrary rules can be laid down to govern, under all circumstances, but it can be safely assumed that if delivery is practicable, either with forceps or

by version, it is proper to affect it as speedily as is compatible with the surrounding indications. Upon no one point is there such universal unanimity of sentiment as that of copious and repeated bleedings to relieve the hyperemia of the brain, which, in a large proportion of cases, exists only in the fertile imagination of visionary theorists. In my own limited experience and observation, it has been perfectly impotent to arrest or even to mitigate the violence of the spasms.

Grave objections may be urged against the indiscriminate use of chloroform in the treatment of this disease. It can not have escaped the observation of any one, in the treatment of these cases, that the heart's action fluctuates in a remarkable manner. The pulse, at times, indicates a preternatural degree of vascular activity and force—at other times so feeble as scarcely to be felt, and may be suspended altogether if the effect of chloroform be super-added to the other depressing influences.

Then, again: if chloroform is free from this objection, we may very properly ask, how much does it accomplish in the way of holding the convulsions in check, and thereby give time for the radical eliminating remedies? The legitimate action of chloroform is confined to the function of the cerebral or sentient portion of the nervous system. It neither abolishes nor diminishes the proper function of the excito-motory or spinal nerves, as indicated in the suspension of suffering, but not in the least degree interfering in the progress of natural labor. If this be true, we may very naturally infer that chloroform has little or nothing to do with the arrest or suspension of these involuntary spasms, any more than it has to do with the arrest of natural labor-pains.

If puerperal eclampsia is the result of uremia or any other poison acting upon the excito-motory spinal nerves, as the result of non-elimination during the period of gestation, we are, in the treatment of this disease, to address our remedies to the casting off of this poison by the use of drastic cathartics, as the only channel we can make available in the exigencies of the case; and in no instance under my observation, when it has been faithfully carried out, has it failed to produce satisfactory results.

The obscurity hitherto connected with the remote and proximate cause of this disease has left prophylactic or preventive measures

quite out of view. Scarcely any suggestions are on record in reference to preventive treatment.

In puerperal patients, where there is reason to apprehend the development of eclampsia, from the obscure indications in the case, I have been in the practice of giving saline diuretic remedies, such as sulphate of magnesia, acetate of potash, or the super-tartrate of potash with flowers of benzoin. How much benefit results from the use of prophylactic remedies is a question not easily solved, as we can have no assurance that the convulsions would have resulted had not the remedies been administered. Frequent tests for the presence of albumen should be instituted during the latter period of gestation, and the diuretics persevered in until the urine is comparatively free from the presence of albumen.

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ART. II.—*The Lymphatic System of the Human Body—its function—and the identity of the force stored up in the contents of the thoracic ducts, with the so called vital force or forces.*

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BY Z. C. MCELROY, M. D., ZANESVILLE, O.
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Recent efforts in influential medical circles to revive and re-instate in professional and public confidence, the now almost obsolete remedial measure of venesection, and the responses occasionally made elsewhere, induced me, some time since, to take up the subject for investigation. My purpose was to ascertain whether venesection was ever a proper remedial measure, and if so, whether there were any exact indications for its employment. In determining on a plan to be pursued in the investigation, from the many suggested to my mind, the following was adopted. To interrupt a practitioner, at the moment he was about opening a vein, and ask him the following questions:—“What is human blood? What is the relation the blood of this person bears to his, or her physical body? What end do you expect to attain by taking the blood from this person? Is anything known of how this end will be accomplished? Have you any exact indications to guide you in the use of the lancet?”

My design was to ascertain, if possible, whether these questions could be answered with the brevity and comprehensiveness required under such circumstances.

To find a reply to the first question, What is human blood? the food going into my own mouth at one meal, was fixed on as the starting point; and the endeavor to follow it through its various chemical mutations to blood; believing that in that way a more correct solution could be reached than any other. All the necessary data were at hand in works on chemical physiology for forming definite conceptions of what really took place among the more obvious changes in the mouth and stomach. But beyond that I soon got into difficulty. And at the system of chyloferous absorbents my progress was completely arrested. Before entering on the investigation, I thought I knew all about the absorbent system, not only in the abdomen but elsewhere. But I was not long in ascertaining that my knowledge of either was very imperfect.

All the books on anatomy, histology, physiology, chemical physiology, and chemistry of man in my library were soon piled up before me, and a diligent study and review of the whole absorbent system entered upon. To my very great surprise the more I studied what the books taught in regard to the functions of the lymphatic system, the less I seemed to know, or rather feel certain about. If the pepsin of the stomach converted co-agulable albumens or proteins into peptones, or non-co-agulable albumens; and as peptones were so nearly identical with blood albumen, why this complicated apparatus for taking them up, and conveying them through the thoracic duct into the blood stream? Why was chyle—fasting—so nearly identical with lymph from other parts of the body in physical appearance, as well as chemical composition? The caliber of the thoracic duct, it seemed to me, was too insignificant to convey into the blood stream any considerable proportion of the products of the digestion of the food required by an ordinary sized man in health. Why are the contents of the thoracic ducts added to the blood stream so near the right heart? The only conclusion I found it possible to reach was that here was a mystery which physiology had not yet cleared up.

And so, not discouraged, I once more returned to the beginning; studied the anatomy of the whole absorbent system over again, the character of its histological elements of structure; its very great complexity; the large number of ganglia, plexuses and glands, again fixed my attention, but to deepen the mystery in regard to

their function. And the only conclusion reached was that the lymphatic system had other functions than those now assigned to it by physiology. But what were they?

The next conclusion reached was that the lacteals did not take up any part of the products of intestinal digestion. The volume of chyle—its chemical structure, together with the fact—general law as immutable as gravity—that each histological structure in the human body performed its functions at the expense of its molecular forms of substance, forced that conclusion on my mind. What they did take up in the so-called lacteal system, was precisely what the absorbents took up in other parts of the body. The absorbent system was, therefore, a unit in the body in regard to function, connected with the abdominal viscera and elsewhere, be that what it may.

Then, again, that it was concerned in gathering up certain portions of the material resulting from tissue disintegration in the performance of function, seemed to be certain beyond any doubt whatever. But that what it did gather and pass through so complex a system of ganglia, plexuses and glands, was simply in the interest of economy of material, seemed to me altogether incredible, though that was the teachings of physiology. So that was rejected, and the search for a more satisfactory solution of their function renewed.

My attention was now turned to pathology, as I felt certain that here I would get some positive information. The lymphatic system in disorder, the result, Scrofula, the Kings Evil, a Cachexia; a state of the solid structures wholly different from those of an ideal physiological human body. Hereditary, a sort of leprosy, stamping the possessor of an imperfect lymphatic system, as a peculiar person; never in full health, and the remedial arts powerless to wholly change or eradicate the "diathesis." Closely allied was the condition known as Tuberculosis, another cachectic, and irremediable condition.

Pathology thus taught me that there was some very close relationship between a perfect physiological human body, and perfect lymphatic glands. And here I might have stuck forever, but for another incident in one of my studies of life, for another and different purpose, and in which I now saw that my conclusions fell

something short of the reality—or rather fell short of reaching a symmetrical unity. In a previous study the present year on the correlation of the physical and vital forces,* I had reached the conclusion that pepsin, for instance, in converting coagulable albumens, into peptone, orⁿ now coagulable albumens, did more, and the more was in perpetuating and reproducing the molecular forms of the stomach itself—that is, stored up the force in so much material as was required for the accomplishment of this object. Not long after this conclusion had been reached, Prof. Flint's† paper was diligently studied, with the result that my conclusion that pepsin performed this function was somewhat strengthened, as well as that the peculiar organic principles elaborated by other viscuses and textures were credited with similar duties. And the general conclusion heretofore reached, that each histological structure, in the act of decay, and the performance of function, stored up the force for its own reproduction and perpetuation in one or more of the chemical compound there formed, considered settled. And I was all the more satisfied that this conclusion was correct, because it was in harmony with the mode of the reproduction and perpetuation of annuals in the vegetable world. For the vegetable seed represented so much material as was necessary to store up the force and maintain the young plant up to the point of independent existence, under favorable conditions—that is, with the capacity to appropriate other and new material, not furnished by the parent plant—to the evolution of its own special forms of structure in the vegetable world; and that like its parent, when the means for its own production and perpetuation were provided, the plant was dead, or died soon after.

And dead, because its mission in organic life was ended, in that it had perfected the means for its own perpetuation and reproduction.

With this simpler analagous process for guidance, I once more returned to the complexity of the absorbent system of the human body, to renew my study of it, determined, if possible, to find out its function—for it had a function, and an important one—and as

* Chicago Medical Journal, May, 1871.

† New York Medical Journal, March, 1871.

its gatherings were added to the blood stream at a particular point, I could not answer the question what was human blood until I cleared up this mystery of the function of the lymphatic system.

Returning to the stomach, I was not long in reaching the conclusion that but an unimportant part of the products, if any, of the food digested in it found their way into the blood through the lacteals and thoracic duct. And as they could not get there by accident, the further conclusion reached that they were passed, as other matter wholly soluble in water, directly into the venous blood vessels. This, however, modern physiology teaches as to a part of the products. These products underwent some not well understood changes in the liver through which they were passed on their way to the lungs. But it seemed probable to me that the acids employed in the stomach were satisfied with alkalies in the liver—but whatever were the changes occurring there, the new material thus modified was forwarded on its way to the right heart, and with it, just before reaching the right heart, were mingled the contents of the thoracic ducts—the material collected by the general lymphatic system, and elaborated by its complex system of plexuses and glands, whatever its uses, were added to the stream containing these recent products of digestion.

It gradually became more and more evident to me, that here was the proper place where the material, in which was stored up the force for carrying this new material up into the dignity of tissue forms, ought to be added, and that that was the character and functions of the material supplied by the thoracic ducts.

From the right heart, the material in which was stored up the force for the reproduction of normal molecular forms of structure, momentarily disintegrating in the performance of function—with the new material for that purpose supplied by the stomach—were forwarded to the lungs, the seat of, perhaps, the most active chemical changes in the whole body. The contents of the blood stream arriving there were, 1st—Old venous blood, certainly charged with some of the results of tissue disintegration, to find exit from the body through the nostrils. 2d—The material supplied by the thoracic ducts, containing so much material as was necessary to store up the force for carrying it with new material up to the dignity of tissue forms of structure. 3d—The new material from the stom-

achic and intestinal digestion of food; in the lungs a fourth element was added, viz: the inhaled gaseous atmosphere. Among the chemical changes occurring in the lungs, carbonic acid was certainly disengaged, and found exit from the body through the nostrils; while oxygen, and very probably, nitrogen, were united with these complex materials. Other, not well understood chemical changes take place, with a result left in no doubt, viz: The chemical union of these four ingredients to form ARTERIAL BLOOD which was returned to the left heart, to be from thence distributed to the capillaries, the actual seats of molecular disintegration and repair.

I now felt that I had reached the necessary data to give a brief, comprehensive and accurate reply to the question whose solution had occasioned this particular investigation. In endeavoring to formulate the answer, none could be found more comprehensive or so brief as that given in Gen. ix. 4. "But the flesh, with the life thereof, *which is* the blood, &c." What is human blood? The life of human flesh. That is, the material and force for the construction of the various viscera and tissues composing a human body. Brief and pertinent, and compared with the accumulated data in regard to it, physiological, pathological, chemical and dynamic—accurate and scientific, and accounting for all its results.

But in obtaining the solution of this query, I had reached other unexpected, not sought after, and much more important results. In a word, I had brought to light the means by which the stream of new material, required, and actually going into the human body, during life, was carried up to the molecular forms of structure, capable of performing its various functions.

The complexity of the means corresponded with the complexity of the ends accomplished, yet withal, so simple, so natural, so necessary, and it may be added, so obvious. My only surprise was that it had remained so long undiscovered. And it was in harmony with the means and ends used to perpetuate simple forms of organic life, which point unmistakably to the existence of similar provisions in the more complex life of mobile animals.

And it unites in harmony man's spiritual nature and material body. Corresponds scientifically and accurately with the inspired account of the creation. "And the Lord God formed man of the

dust of the ground, and breathed into his nostrils the breath of life, and man became a living soul." Gen. 11:7. Precisely what occurs in each individual case of reproduction and multiplication of the human body to day. The forms of the body are built up during intra-uterine life, of material common to earth--the food of the mother--the dust of the ground--and by the earth's forces. For life, or motion, has still to be communicated to each individual human form through the nostrils, with the same result as in the beginning—a living soul! The act of creation, worthy of a Creator, the unmistakeable evidence of creative power, was the combining materials common to earth into molecular forms of organic structure, capable of evolving the complex phenomena of the human body, mechanical, chemical, thermal, emotional, sensational, and physiological, and providing means for their perpetuation, reproduction and multiplication. An ideal Creator, and ideal molecular forms of structure created; invisible spirit and physical science united.

My subsequent investigations have only resulted in accumulating additional evidence in support of the conclusions reached, and confirming their importance.

The foregoing facts and inductions, it seems to me, warrant the following general conclusions:

1st—That physiology has, up to this time, wholly misapprehended the functions of the lymphatic system of the human body.

2d—That the molecular forms of structure of the human body in the act of momentary disintegration and performance of allotted function, stores up in one or more of the chemical compounds then formed, the force necessary for their own reproduction, and perpetuation, as well as general and special physical contours.

3d—That the lymphatic system is the special means for the collection of the material in which the force for the preservation and perpetuation of the human body, as well in minutest detail, as in aggregate, is stored up; adding it to the blood stream to accompany new material from the stomach and intestinal track, to the lungs, to be subjected to the change brought about by the gases of the atmosphere; and to combine the material and force to form arterial blood, so that when returned to the left heart, and from thence distributed to the seats of molecular repair and disintegration,

These processes may proceed without interruption or delay, either of which occurring, life and function would soon be impaired or wholly arrested.

4th—That the force stored up in the contents of the thoracic ducts is identical with that which is now known as the vital force or forces of the human body.

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ART. III.—*Annual Meeting of the Monroe County Medical Society.* June 14th, 1871.

Dr. H. W. DEAN, President, in the chair.

Dr. C. E. RIDER presented a patient who had been almost blind for a year, the effect of granular ophthalmia, both corneas having become almost wholly opaque. To relieve his condition, on the 9th of February last he made trial of innoculating the opacity with pus from the eyes of a child suffering from ophthalmia Neonatorum, and to-day the patient can readily count fingers at two feet distant, and the sight of both eyes is still steadily improving.

Dr. RIDER remarked that in cases where the encroaching blood-vessel cover two-thirds or more of the cornea, there is but little danger of corneal ulceration; and that in these very cases not amenable to other treatment, the innoculation of pus in some unknown manner clears away the pannus.

ANNUAL ADDRESS OF THE PRESIDENT, DR. H. W. DEAN.

Before entering upon the consideration of the special subject which I have proposed very briefly to occupy your time on this occasion, I wish to make a passing note of the working and potentia condition of our society. Comparing this with similar organizations in this State, the fact of our infrequent meeting requires explanation, which is this: So many of the members of this, are connected with the Rochester medical Society, it has been deemed not desirable that a more frequent than the annual meeting of the county should be attempted. Since my connection with this Society, now almost thirty years, of course a very material change has occurred in its membership. Then it was composed almost wholly of men past middle life, but a small number of them remain; but few young men then held membership here, and those

few for the most part, constitute the senior members of this Society. As no reflections of an invidious nature can arise from the comparison, I venture an allusion to another notably changed feature of our membership. A considerable number of the then members of this society, as also of the medical men in all this region of the State—meritorious and representative men in our profession—receive their rights to the privileges and immunities of the profession through a license from the State or a County Medical Society. It seemed to me strange, then, that efforts at relaxation of statutory protection to the profession should be attempted. In common with many medical friends, I regretted the passage of the Act by our Legislature, in '44, by which all restraint upon practitioners of medicine was removed. But the observation of the working of this Act—for something more than a quarter of a century, has impressed me of the prudent forethought of the late Dr. Backus, then representing this senatorial district in our legislature, through whose influence largely, the Act became a law. It was designed by him to be the beginning of a series of efforts to place the profession of medicine beyond the contingencies of political legislation, to elevate its morals to a condition of independent self-protection. All subsequent legislation has been in the same direction. To-day we have, I think, evidence of the judiciousness of this policy, it is eminently consistent with the genius of our civil institutions, admitting of no exclusiveness in professional life, any more than in other business callings. A very large proportion of the additions to our profession, are young men who have had the advantages of critical intellectual culture preparatory to their medical course, and who, during their initiatory professional studies have had clinical advantages known to only a small proportion of medical pupils of a quarter a century ago. The advantages and successes of many of you, who have but just entered upon your professional career, mirror back to me the embarrassments under which I have labored, and always must labor. "Our glory is in our young men," and I bid you all God speed, assuring you that your highest aspirations in the pursuit of science, philosophy or art—also as benefactors of the race, will find abundant resources for their gratification in legitimate medicine.

Dr. Dean remarked that he had chosen his special subject, be-

cause of the murder trial, which had lately taken place here, and I was glad to see that Dr. Hammond, in his article, which appeared some weeks after his own was written, took similar views with himself on this subject:

RESPONSIBILITY OF EPILEPTICS.

Concerning what may be denominated the epileptic condition.

Proposition 1st—The literature of epilepsy, and facts obtained from most critical clinical observation, justify the following formula: That a susceptibility to epilepsy, after the period of early childhood, pre-supposes the existence of a peculiar permanent bodily condition, an individual idiosyncrasy of the nervous system, either congenital or acquired, without which, epileptic convulsions, or seizures would largely not be induced, and the existence of which would expose its possessor to epileptoid disease, on comparatively trifling provocation.

Prop. 2d.—All that is necessary to constitute an epileptic seizure “is a sudden and temporary, but absolute arrest of both perception and volition.”

Prop. 3d.—A momentary aphasia, a single interruption of a step in walking, a sigh, are as characteristic of true epilepsy, as protracted suspension of consciousness, or chronic and long continued muscular convulsions.

Pathological changes, belonging to, or specifically characteristic of epilepsy, have not been determined. Patients known to have had epilepsy, dying from other disease, have exhibited no pathological change; in others, a mere trance of hyperæmia of the cerebral vascular tissue has been discovered. In others, again, cases of long standing, the medulla oblongata and its immediately elevated structure, as also, the peripheral parts of the brain, have been found in a condition of disorganization.

Epilepsy attended with chronic and long continued convulsions is most commonly followed with the *furor epilepticus*, an insanity of the senses rather than of the intellect, and ultimately resulting in that form of cerebral disorganization in which dementia, imbecility and idiocy are almost necessary consequences.

Concerning the petit mal of its influence on cerebration, testimony is abundant that the simple vertiginous seizures, or mild epileptic attacks, destroy the intellect more rapidly and more cer-

tainly than the more violent and protracted epileptic convulsions, and that patients demented from such causes are subject, under slight excitement, to maniacal outbursts, as with those subject to chronic muscular convulsion.

Accepting the general proposition relating to the epileptic condition, we accept a constitutional tendency to epilepsy—a special susceptibility to a specific disease. No argument is needed to convince the minds of medical men, that as a rule, epilepsy tends to the impairment of the functions of the brain. Exhibiting itself in the deterioration of mental power, especially in the exercise of attention, apprehension and ideation, excepting the wild fury—the furor epilepticus, which not unfrequently succeeds to chronic epileptic convulsions, there is wanting evidence of any physical condition consequent upon epilepsy, justifying the appellation of insanity. A very appreciable degree of dementia, the most frequent psycho-pathological sequel of epilepsy may exist, compatible with the power of correcting false impressions made through the sensuous organs upon the brain, hence in no degree diminishing individual responsibility. In addition to the mental impairment already mentioned, a popular interparoxysmal mental state of intensified passions—irritability of extreme impressibility, often, though not as a rule, attaches to the epileptic condition. The literature of insanity—of insanity conditioned by epilepsy, is wanting in evidence of an instance of premeditative crime committed by an epileptic. Insanity complicating a criminal act committed by a subject of epilepsy, now, probably, will appear as an incident rather than as a consequence of epilepsy.

Conceding the epileptic bodily condition referred to, as also the interparoxysmal nervous and mental condition recognized in epileptics, except during the wild fury preceding or following a specific epileptic attack, the clinical history of epilepsy carefully scrutinized, affords but doubtful evidence at least, of incapacity on the part of its subjects to decide what acts are criminal and what are not.

Reports were received from standing committees, and under this head Dr. Kuichling read the following paper on

PAUPERISM.

Every state is constituted by the combination of all the families in a certain district of land, with the tendency of self-maintenance, preservation and mutual protection for the promotion of common wealth. Every body in the state obliged to contribute according to his ability to the promotion of the common wealth; so the rich by birth, the man prosperous by his own perseverance and activity, the common laborer, and even the poor, all contribute their share.

The activity of every member of the state is the basis of the common welfare. With the obligation of contributing is connected the right of mutual support in case of need. Whoever is by nature, merely as by a step-mother considered and endowed, or by misfortune, disease or old age, impoverished and crippled, and therefore unfit to acquire any longer by his own activity the absolutely necessary means of supporting his life, is a pauper, and has as such, the right *per se* to claim and to require the sympathy and assistance of his fellow citizens. The means of support are contributed by general taxation and voluntary donation and are distributed by the superintendent of the poor and his subordinates, the overseers of the towns. The support itself consists in presenting provisions, wood, light, money, medicine and medical assistance or in transferring the unfortunates to public institutions, alms houses, orphan asylums, asylums for the blind, the deaf and dumb hospitals, and hospitals for the insane.

The causes of pauperism, as far as they are within our reach, are chiefly neglected education, looseness of family morals, immortality, idleness, debauchery, misfortune, sickness, mutilation and old age; while the causes out of our reach are such as inundation, tempest, earthquake, drouth, stoppage of commerce, war, &c.; and to counteract these evils it will be our duty to take care for the education of children, especially by good schools; by improvement of manners and morals; by rousing the sense of honor; by temperate habits and industry.

In the country we find less poverty than in cities; in agricultural districts less than where there are many engaged in manufacturing; in the northern regions less than in the southern. So for example we find very few paupers in Sweden and Norway, both countries highly renowned for their sense of hospitality. With a refined

manner of living and luxury goes pauperism always hand in hand. When Rome's star shone very bright poverty was very deep, settled and horrible. Expenses had to be incurred for the relief of the poor. We see the same thing in England. And if we direct our view to our own beloved country we find immense sums given away for the relief of the poor, increasing every year, not in proportion to the augmentation of the population, but keeping equal step with the advancing pomp, luxury, licentiousness and greediness of gain. And we shall not deceive ourselves by looking at these existing evils in our beloved county as having already assumed terrible dimensions; so that we have to regard them as threatening destroyers of our glorious republic. For with the neglect and decline of the true republican virtues, simplicity in manners and morals, and temperance, they will prove to be the pillars of despotism and monarchy.

In our country where there do not exist particular classes in society or distinctions acquired by birth, every one can work according to his choice; every laborer is esteemed for his work; no work is disgraceful. Whoever has the good will to do any work can find also the necessary means for supporting his life. It is therefore astonishing to see the number of poor increasing every year; and it is consequently our duty to be wise in distributing the means of support. Far be it from me to blame our officers in performing their duties. But I think it is not merely necessary to have established offices where the requisite support can be had in case of want; there should also be connected with their functions the duty of informing the poor where work is to be had. In this way the means for his support may easily be given to the applicant for alms, and at the same time the taxpayer can easily get the helping hand he needs. The good will to help the indigent is in intimate relation with the duty of improving the situation of the poor. Occupation is plenty. It is only necessary to know where it can be found. In maintaining this principle we do not need the especial societies of charity and benevolence, with which in general are combined particular sentimentality and a certain degree of vanity. It would be far better to put their crimes in the hands of the officers of the poor, as the relief can thus be made more uniform and extensive.

With these two methods of support there is also a third—namely, the establishment of colonies of the poor. They have especially been tried in Holland; but even in that comparatively small country this course has proved itself too costly, and is therefore a failure.

It may be said that many who have lived in better circumstances and lost their fortunes suddenly, without their own fault, will feel very bad to apply for support to the poor officer. This may be so. But I ask, is it not the same whose interference may be asked for, that of a friend or that of a respectable officer of the community. You, gentlemen, are health officers, and how many have called on you and asked your professional services! How many, I say, dressed in fine clothes, as well as clothed with rags, have received your costly advice—have occupied your time! How many operations have you performed on them! And still in these cases you have never received any compensation. You are in your social position on an equal footing with the other officers of the commonwealth; and all these persons did not feel ashamed to come to you for help.

Although it is the duty of everybody in the country to contribute to the common welfare his share according to his faculties; there are, nevertheless, a great many spending their time in idleness and still relying upon public charity. These must be admonished to do their duty, by forcing them to work; and for such the best place will be the workhouse.

Dr. E. M. Moore, from the Committee on epidemics and endemics reported that the city had been free, during the past year from any extensive or prevailing epidemic.

Dr. E. V. Stoddard read an article on

INFANT MORTALITY.

In reviewing the mortuary statistics of childhood in various countries, we are startled by the fact that such an enormous per cent of those born into the world die during the first five years of infant life. We propose briefly to consider the causes most active in the production of this condition, and the means for greatly lessening the evil. The mortality of children of all ranks in various countries below five years of age, varies from nineteen to fifty-five per cent. By far the greatest mortality occurring in the earlier

months of the first year, and the per cent. of mortality in cities greatly exceeding that in the country. Amongst all classes of children the highest mortality is found in the foundling hospital. In the foundling hospital at Lyons and Parthenay the children are principally suckled, here we have a respective mortality of 33 and 35 per cent. In Paris, Rheims and Aix, artificial feeding is mainly resorted to, and we have a death-rate of 50, 63 and 80 per cent. In various institutions of our own, and other lands, where recourse is had to artificial feeding, we find a mortality ranging from 50 to 95 per cent. Considering these various statistics, it at first appears that a want of breast milk was the cause of the great difference; but however injurious this want may be, I cannot but think that there are other causes far more potent in causing this fearful sacrifice of human life. We must consider the crowding, insufficient ventilation, and especially the lack of proper care in the preparation of the infants food, necessarily existing in these institutions, as compared with the free air and the more careful and painstaking nursing of the young so universal in the country. In no nation of the world, I speak it with pride, is the value of individual human life so fully estimated as in the United States. It is to a peculiarity of our republican institutions that we owe this national tendency to rear and protect our young. With our uniformity of laws, free from the hampering prejudices of a State Church, not subject to the will or influence of individual authority, and gladly receiving any addition to our population—more than any other people, we are bound to care for the lives of each and all, and so far as possible to produce a healthy race of men and women. A recent German author states that 34 per cent. of the population of Europe is below fifteen years of age, and only 48 per cent between the ages of twenty and sixty, or the period of activity, *i. e.*, one half the population are consumers only. It is easy for us to see the necessity of prolonging life till a period is reached which shall have made the productive power of the individual equal to at least, if not greater than the amount of his consumption. Saving the life is not the whole of the duty incumbent; but infancy and youth, in their relations to the future, have a special claim upon us—that in so far as possible, we should reprove all causes which may interfere with the growth of a healthy, vigorous and

well-developed mental and physical constitution. Congenital causes, such as malformations and any hereditary, feeble condition of the system, (in so far as this cannot be remedied,) are not to be reckoned in our estimate. One prominent cause of infant mortality, especially in cities, is zymotic disease. Any circumstances which produce a foul and vitiate atmosphere, are fatal to the well being of the infant. Another and the most important cause of mortality, is improper food and injudicious feeding. This cause I propose to consider especially. The food best adapted for the infant's wants is the mother's milk, and it should be regarded as the imperative duty of every mother to nurse her offspring. Whenever, however, it is necessary to find a substitute for this, it is for us to as nearly imitate the natural article as possible; and this we find to be the milk of some animal. Taking a number of analysis of different authorities, deducing therefrom an average, we conclude that next to human milk that most appropriate for the child is the milk of the cow, next of the goat, then that of the ass. The prominent constituents of milk—as water, casien, butter, &c., vary greatly in amount in the milk of different animals, and in the same animal at different times. The manner in which the casien of human milk and that of cow's milk curdles in the stomach, constitutes the distinguishing point between them. Casien of human milk curdles in light flakes, that of the cow in heavy lumps; and in substituting one for the other, a proper regard must be had for this varying action of the gastric juice on each. Again, cow's milk is more nearly neutral (sometimes even fatally acid) in its reaction than human milk. Remembering these main differences between the milk of the mother and that of the cow, we would call attention to a few simple, yet important points, to be remembered in the preparation and administration of artificial nutriment to children, care should be taken to secure milk from a cow which is properly fed and exercised. As cows milk, more easily than human, becomes acid, we must render it alkaline, by the addition of an alkaline solution. The best is a solution of bi-carbonate of soda in water, ℥j to ℥vi, of this a teaspoonful to be added to the milk at each feeding. Many conditions of the infants stomach exist, in which cows milk alone is not as well digested as when some farinaceous substance is mixed with it, as arrow root. These

are usually cases of acid digestion, and here, the farinaceous food improves digestion in two ways: First, by adding to the milk its own nutritive properties, and more especially by retarding the coagulating of the casein, by minute duction, in such a manner that instead of coagulating into lumps, it forms small flakes, upon which the gastric fluid can act more easily and rapidly.

A nurture of cow's milk and wheat flour can be made, which contains all the blood making and caloric generating properties of human milk. Wheat flour, however, has an acid reaction, and needs the addition of an alkali. By its use, also, it adds another task to the digestive organs of the infant, viz: that of converting the starch of the wheat into sugar. We may accomplish this process before adding the flour to the child's food, by mixing malt meal with the flour. When milk and wheat flour are boiled together and malt meal is added to the gruel, while hot, the mixture assumes a sweet taste. This reaction having taken place and an alkali having been added to neutralize the acid of the flour, we have essentially Liebig's food. Liebig's formula is:

℞ Wheat Flour.

Malt Meal, aa ℥ ss.

Bi Carbonate Potassai, grs. vii ss.

Mix with the aid of water ℥j' afterwards adding milk ℥v. Heat upon a slow fire and stirring until it gradually becomes thick, remove it from the fire for a few minutes, stir, and again place upon the fire, remove it as before, again place on the fire and leave it till it boils. Remove the bran by straining. German authors highly praise this preparation as a substitute for the mother's milk.

I have said more upon the preparation of the infants food than the general character of this article would warrant, but I desired to present distinctly one or two points.

1st. That the present excessive mortality of infants is partly preventable.

2d. That the most prominent of the exciting causes is improper feeding in those reared artificially.

Thus, I think, by proper care, we may modify greatly, or entirely remove some of these causes. The choosing of the proper article of food is the primary consideration, and its proper preparation and administration in quantity and strength, is equally impor-

tant. Here I must protest against the largely diluted food of infants. The custom of diluting the milk with an equal or even greater quantity of water is wrong. The amount of fluid has no effect on the digestability of the milk, only increases the work necessary for the stomach to absorb it. Ordinary cows milk does not contain twice the amount of blood-making and caloric generating material that is found in the human milk, and are we not, in following this custom, failing to imitate the natural food, and giving a less nourishing article of food than we design.

Absolute cleanliness is another essential requisite, the nursing bottle should be thoroughly washed in hot water after each feeding, and also in some alkaline solution to thoroughly cleanse it from any acidity.

The comparative mortality of cities and country remind us to insist on plenty of fresh air and sunshine.

Lastly, it is a mistake to feed infants with a spoon, food should always be given in a bottle with a properly constructed alkaline nipple. This necessitates the act of sucking, whereby the saliva is poured forth and thoroughly mingled with the food; which is very essential to the proper digestion of food in infants.

Dr. E. M. Moore asked if there were any facts to show if the difference of mortality in the foundling hospitals between those that used artificial feeding and those which employed wet nurses, could be accounted for by any other causes, *i. e.* by any difference in the ventilation or internal arrangements of these hospitals, more especially, he would suggest, it might be due to the less regular care those who were artificially fed received; and also that they, as a rule, obtained less fresh air and sunlight than those who feeding at the breast were therefore more commonly carried about by their nurses.

Dr. B. L. Hovey laid particular stress upon three points. 1st. The food should consist of the pure cows milk, and the top of it. 2d. That food should be given only at regular times and at stated intervals. 3d. That much of the domestic troubles of infants is due to too large an amount of food, whereby flatulence and colic are produced, the most perfect cure for this condition being oftentimes an emetic.

Dr. Chas. S. Starr, from the committee on obstetrics and diseases

of women and children, read a report giving a *resume* of the year's literature on the latter branches. Special interest was shown to the varied views of the profession as to the propriety and use of intra-uterine medication, on which topic, though somewhat divided, the majority of testimony seems to favor its use. Also to the varied views as to the pathology and therapeutics of croup, especially to the use of the turpeth mineral, (see Dr. Barker's article) as an emetic in that disease. Amongst other items of this report we would call special attention to Dr. Byrd's Ready Method in Asphyxia (see Butler's half-yearly compend of Medical Science, January, 1871) to the fact that parenchymatous nephritis exists as a complication of other infantile diseases, in perhaps, one case in five, especially in cases of intestinal catarrh. (See Dr. Kjellberg's article in the same journal, half-yearly compend,) and to the interesting clinical observations of Dr. Fordyce Barker on malignant disease of the uterus, contained in the American Journal of obstetrics for March, 1871.

Dr. Llayton, of Spencerport, gave the detail of two cases of fractured clavicle, treated successfully and recovered from, without deformity, under the use of the bandage proposed to be used in this class of cases by Dr. Moore, at the meeting of the State Society at Albany in April, 1870. Dr. Montgomery also gave details of two cases treated according to this method, one of which proved a perfect success, the other a partial success. Er. E. M. Moore gave an account of an unique case of dislocation forward of the sternal end of the clavicle, which being reduced, and his bandage for fracture of the clavicle applied, was recovered from completely, and no deformity apparent.

Dr. B. L. Hovey, from the Committee on Surgery, read an account of a case of Traumatic Aneurism.

Dr. Hovey read a paper on Aneurism, and with it gave a detailed history of a case of Traumatic Aneurism, its cause, the pathology and increase of the disease, and his mode of treatment, with the result. The patient was forty years of age, good constitution, and a mechanic. The aneurism was situated in scarpal space, and caused by buckshot. The shot entered on the posterior side of the thigh, and was extracted immediately over the seat of the tumor. One

year after the injury the aneurism was detected ; the only treatment given for about five years was a tight compress over the tumor. This treatment did not prevent the increase of the disease. On or about the 1st of December last, the patient submitted to a course of treatment, which was continued, confining him for six weeks. The first process was to partially restrain the circulation, by compressing the artery as it passes over the pubic bone, this was continued twelve days. The integuments at this time were ulcerated, and the parts became so tender that it was deemed advisable to desist further treatment by this process. The second mode adopted was flexion. This was accomplished by confining the thigh to the pelvis, with a well adjusted pad securely fastened in the groin. This process was continued nine days. A third means was by making an instrument similar to a common truss, with a well adjusted pad applied over the artery as it passes over the pubis, and this pad forced upon the artery with a spiral spring. It is claimed by the author that by each of these means the same principle of treatment was adopted, and that there is no other rational mode of imitating nature to produce a permanent cure of this disease.

The principle of treatment was to induce the formation of clot either in the supplying vessel or the aneurismal sac. This is done by moderating the flow of blood to the part.

When the blood is retarded in its normal force and quantity, through the sac, fibrine of blood is separated, and becomes a vital substance. This new formation unites to the coats of the sac, or new tissue already formed, and a cure is thus effected by occlusion of the sac or artery supplying it.

The result of the treatment in the case presented, was a success. The increasing and hard pulsating tumor had diminished its size one-half and was nearly solid and only a *slight thrill* was distinguished by the touch.

After the Annual Election of Officers and election of delegates to the State and American Medical Associations, the Society adjourned.

CHAS. S. STARR,
Secretary.

Editorial.

Buffalo Medical and Surgical Journal.

We announce the completion of our tenth volume with some feelings of personal pride as well as pleasure. Those of our readers who commenced with us, and understand the circumstances of our beginning, will fully appreciate the triumph of completing ten years of editorial labor without having had to "change base" or even "halt." It will be remembered by them, how our *Journal* was born during the darkest period of our late war, though perhaps they may not all know that it took several years to breath into it the breath of independent life, so that it could really be said to be a "living soul." It was received kindly by the editorial brotherhood with hearty good wishes, always attended by the sad prediction that at such a time of financial and political distress, such enterprise could not prove successful; their own journals were about to be suspended, and the idea of a new one being offered to the medical public appeared to them inconceivable. It was so well supported (by the proprietor) that it did not suffer in the least by the general distress, and was for a long time, the only medical journal in the State, except the reprints. At length it became able to sustain independent life, and has gradually grown in strength and influence until it has completed its tenth year, passing that uncertain and perilous age during which so many of its associates fall by the way. It owes its life, "under a favoring providence," to the general and hearty support of the profession, and while it has received much from contributors and subscribers, we believe it has rendered ample *quid pro quo*.

It has been conducted upon the most liberal principles of exact justice to all; its pages open for the expression of intelligent, honest conviction, however much it might differ from the views of the editor, or of the profession in general. It has been the policy to allow the fullest expression of personal opinion, knowing that the attentive readers of the journal are able to gather for themselves the wheat, and leave the chaff, (if there is any,) "to be burned in unquenchable fire." It cannot be supposed that everything we publish meets our approval, and no one will hold the editor responsible for the opinions of others.

Our readers will be more anxious to learn the prospects of the future, than to read the history of the past. They cannot but have observed how distinguished members of the profession in distant places are favoring us with their contributions, and thus greatly adding to the value of our journal. It cannot have escaped careful observers that every year has increased the number and merit of our original articles, and that the pages of the journal con-

tain in original and republished papers, a complete compend of the progress of practical medicine and surgery: such facts speak more favorably of our future, than anything we can promise.

Again, our list of subscribers is a source of pride which cannot be overlooked. Within the legitimate circle of the journal, the members of the profession favor it with their names, and the exceptions to this are only sufficient to prove the general rule, these few would not increase, very much, our satisfaction, if added. The journal has, a few times in ten years, been tardy a day or two in its appearance. This was not owing to any delay in the payment of the dues of subscribers, but to unavoidable accidents in the office of publication.

We had proposed, at this period, should we ever reach it, to rest from our editorial labors, and let our works follow us, but we have become so joined to our idols that as the period arrives, we cannot let them go. We should be lost to life, if, after the duties of the day, we *must* not spend the evening and often the early morning hours in professional converse with our old friends, who have so faithfully and so generously sustained us. It is a matter of *pride* and of *pleasure* that makes us promise our readers ten years more of medical journal. Alas! the uncertain future. We will offer the profession an impartial medium of communication while we may, and when we cannot longer bear its labors, hope to transmit it to abler, but never to more earnest hands.

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Errors in Dr. Gay's Hospital Notes for Hydrocele. in our last number

Our printer and proof reader made Dr. Gay operate upon a *female* instead of a *private* patient, and on page 413, 2d line from top, there should have been a dash between iodine and fluid. This much we take great pleasure in correcting, as arising from our own neglect. We suppose also, that his cases and remarks are open for review. First case operated upon by seton required second operation by tapping to relieve tension. Second case kept in seton thirty days, parts became much enlarged, abscess formed, and patient left hospital before testicle resumed normal shape. Third case was a private patient who had considerable pain and inflammation, but had complete cure. Fourth case, also a private patient, referred to in his remarks, "terminated favorably." These cases were operated upon by the introduction of a seton, the usual manner of doing which, he describes. Upon such data he makes the following

"REMARKS.—Of the several operations for the radical cure of this affection, the one here employed and described, perhaps, presents as many advantages and as few objections as any other. It is certainly as safe and as easy of execution as any, and I know of no reason why it is not as efficient as any. It is attended with as little pain, both during and after the operation, as any of the various methods now employed. If sufficient number of cases should prove the operation inefficient, then there might be added to it or employed

along with it, the injection of iodine. Before the cannula is removed a drachm of this tincture might be thrown into the sac through the cannula. If any advantage could possibly result in this double method, it would arise from the fact of the more speedy excitation of the inflammatory process. I think the better way of operating by this method is to insert the seton first and immediately thereafter draw off the water with the trocar, but the fluid would escape even without the employment of the trocar, it will dribble away, and in time escape, but the objection arises, to the non-employment of the trocar, which will be at once anticipated, viz., the delay of the inflammatory process.

Two or three days is, doubtless, sufficient length of time for the seton to remain, since inflammation will have attained in degree and amount to effect the closure of the sac.

Whether this method of operating for hydrocele is to take precedence over that of swabbing out the sac with iodine, or the other operation of laying open the sac entirely and packing it with lint, thus allowing the healing process to commence from below and within, remains an open and moot question. I have reported the cases in the order in which they occurred with a view to assist in solving the question, and if possible to substitute, for an operation somewhat dangerous, quite painful and protracted in its healing processes, one comparatively painless, simple of execution, little dangerous, and with duration of after treatment much abridged."

These remarks would almost lead us to infer that he is proposing a new operation, the advantages of which have not yet been fully tested, or is endeavoring to establish superior advantages in a plan of operation which had not before been much practiced. We perhaps infer this partly because he makes no reference to the general fact that this operation was anciently, almost wholly employed by surgeons, and as universally abandoned for the more recent plan by injection, as introduced by Sir J. R. Martin of Calcutta, or perhaps by Sir James Earl, about 1791. The operation by seton originated with the Arabians, and was much in vogue in the fourteenth century, according to Dr. Gross. The progress of his own cases so far as they show anything, would seem to favor very greatly the operation by injection, if, according to statistics, only from one to three per cent fail by it, of radical cure.

The question of treatment of hydrocele, is presented so perfectly in accordance with our own views and teachings by Erichsen, in his recent large work on surgery, that we quote the paragraph on that subject, and leave our readers to their own conclusions, guided as most of them are, by ample personal experience, as to what is really the best plan of procedure for the radical cure of hydrocele:—

"The *curative treatment* has for its object the excitation of a sufficient degree of inflammation in the tunica vaginalis to restore the lost balance between secretion and absorption; but it is not necessary that the serous cavity should be obliterated by adhesions between its opposite sides, though these not unfrequently take place. The means by which the surgeon sets up this inflammation are either the introduction of a small seton into the tunica vaginalis, or throwing a stimulating injection into that cavity after tapping it. Whichever plan is adopted, a certain amount of inflammation ought to be set up. This is always attended by considerable swelling of the testis, and by the effusion of a fresh quantity of fluid into the tunica vaginalis. As this is absorbed, the part gradually resumes its normal bulk, and the disease will probably not return.

"In order that the radical cure, in whichever way undertaken, should be safe and efficient, it is necessary, in the first instance, that the disease should

have been allowed to attain a chronic condition, more particularly if the hydrocele have been of rapid growth. In order to prevent its attaining too large a size, it will be well to adopt palliative tapping once or twice before attempting the radical cure. Care must also be taken to remove all inflammation and tenderness about the testis, before having recourse to this means of treatment. If attention be not paid to this, recurrence of the hydrocele will probably ensue. After the proper amount of inflammation has been set up, it will be well to treat the patient as if he were suffering under an ordinary attack of orchitis, confining him to the bed or to the couch for a few days; indeed, care in the after-treatment is of very considerable importance in securing a favorable result.

"The treatment by *injection* is that which is commonly employed. It consists in tapping the tumor in the usual way, and then throwing a sufficient quantity of stimulating fluid into the tunica vaginalis through the canula, so as to excite a proper amount of inflammation in it. The liquids that are employed are generally either port wine, or a solution of the sulphate of zinc of the strength of ℥j to ℥xij, or most commonly the tincture of iodine. If the port wine or a solution of the sulphate of zinc be employed, a sufficient quantity partly to distend the sac should be injected from an India-rubber bottle or brass syringe that can be adapted to the canula; six or eight ounces are commonly required for this purpose, and it should be allowed to remain in some minutes before being evacuated.

Injection of Iodine.—The injection of tincture of iodine, originally introduced by Sir J. R. Martin, whilst practising at Calcutta, is now commonly preferred as a more certain and a safer mode of treatment than any other. It is usually sufficient to inject about one or two drachms of the pure tincture. It should be left in for a few minutes, in proportion to the amount of pain it occasions, and then allowed to escape. (I believe the operation to be more likely to succeed if the tincture of iodine be allowed to remain in the sac as recommended by Prof. Syme. The amount used should vary from one to three finidrachms according to the size of the hydrocele.—A.) The canula used for this purpose should be made of platinum and not of silver, which is apt to become corroded and made brittle by the action of the Iodine. A good deal of inflammation will usually be set up, on the subsidence of which, the cure will be found to have been effected.

"Useful as the iodine injection is, it sometimes fails in producing a radical cure of hydrocele. This is attributable to two causes: the first is, that in some cases sufficient inflammation is not set up to induce that condition of the tunica vaginalis which is necessary for a radical cure. It is well known that when a hydrocele is radically cured by injection, it is so, not by any adhesion, taking place between the two opposite surfaces of the tunica vaginalis and a consequent obliteration of its cavity, but by the inflammation that is artificially induced exciting such a modification to this membrane as to restore the balance between the secretion and absorption of the fluid by which it is naturally lubricated. Now, in some cases, sufficient inflammation is not induced by the introduction of the irritating fluid to restore the natural balance between these two functions of the membrane; and the tunica vaginalis gradually fills again after the injection, as it would after the simple operation of tapping. It occasionally happens that the patient may suffer excruciating agony at the time of the injection, from the contact of the stimulating fluid with the surface of the testis, and yet little or no inflammation may be excited. The amount of suffering, therefore, at the time of the operation is by no means proportionate to the amount of consecutive inflammation likely to be set up. Indeed, the reverse would appear to be the case in many instances; and I have often observed that, in those cases which progress most steadily to a radical cure, there is but a moderate amount of pain experienced at the time of the injection.

"There is a second way in which injections would appear to fail; a considerable amount of inflammation is excited, and effusion takes place into the

tunica vaginalis, which, in the course of three or four days, becomes distended to the same size, or nearly so, that it had obtained previously to the operation; but this effused fluid, instead of being absorbed by the end of the second or third week, remains unchanged in bulk, or absorption goes on to a certain point, and then seems to be arrested; the tunica vaginalis remaining distended with a certain quantity of fluid.

"The proportion of cases in which the iodine injection fails to bring about a radical cure of the hydrocele is variously estimated by different surgeons. Thus Sir J. R. Martin states that in India the failures scarcely amount to 1 per cent.; Velpéau calculates them at 3 per cent. I am not aware that any statistics of this mode of treatment in this country have been collected; but the general opinion of surgeons would appear to be decidedly in its favor, as being the most successful as well as the safest plan of treatment that has yet been introduced. In this opinion I fully coincide; yet I think it by no means improbable that the success of the iodine injection in this country might not prove to be quite so great as is generally believed. I have, during the last few years, seen a considerable number of cases of simple hydrocele of the tunica vaginalis, both in hospital and in private practice, in which a radical cure had not been effected, although recourse had been had to the iodine injection by some of the most careful and skilful surgeons of the day, as well as by myself.

"One circumstance connected with the injection of tincture of iodine into the tunica vaginalis deserves note. It is that although in some cases it occasions but little pain, in other instances the suffering induced by it is of the most severe and agonizing character—more so than follows the introduction of any other of the ordinary stimulants into the tunica vaginalis.

"*Seton.*—The cure by the introduction of a seton, though formerly much employed, is seldom practised at the present day, chiefly on account of the danger of exciting too much inflammation. It may, however, conveniently be employed in the true hydroceles of children, and in some of those cases in which the injection fails, if practised in the manner that will be immediately described. There can be no doubt that, as a first remedy, iodine injection is preferable to the seton, in the treatment of hydrocele; but when the injection has failed, and this from no want of care on the part of the surgeon, or of attention to the after-treatment of the case, but apparently from insufficient inflammatory action having been set up in the tunica vaginalis to restore the lost balance between secretion and absorption in this membrane, the seton will, I think, be found to be the most certain means of accomplishing our object. It is true that several objections may be urged to the use of the seton; it requires much watching and care, and is occasionally apt to excite a dangerous amount of inflammation in the areolar tissue of the scrotum; and these objections are, to my mind, sufficient valid to prevent our employing it as the ordinary treatment for the radical cure of hydrocele. But it must be remembered, that the particular cases to which I am now alluding are those in which ordinary means have proved insufficient to excite proper action, and in which, consequently, it would appear as if a greater amount of irritation could safely be borne. Indeed, nothing is more remarkable than the difference in the intensity of the inflammation that is set up in different individuals by the means that are commonly employed in the treatment of hydrocele. In some cases the most irritating injections may be thrown into the tunica vaginalis, or a seton may be drawn through the scrotum and left there for days, not only without giving rise to any injurious inflammation, but without setting up sufficient action to bring about a cure of the disease; whilst in other instances simple tapping may effect a radical cure, or may give rise to such an amount of irritation as to terminate in a fatal sloughing of the scrotum.

"The seton that I employ in these cases is composed of one or two threads of dentist's silk. It may be introduced by means of a nevus-needle, the fluid of the hydrocele being allowed to drain away through the punctures thus made; or, far better, by tapping the hydrocele, and then passing a needle about six inches long, armed with the seton, up the canula, drawing it through the upper part of the scrotum, and then removing the canula, cutting off the

needle, and knotting the thread loosely. [The seton may be conveniently introduced by replacing the trocar and making a second puncture, this time from within outwards. An eyed probe carrying the thread may then be passed through the canula and upon the withdrawal of the latter the seton will be in place.—A.] The thread should not be removed until the scrotum swells and becomes red, with some tenderness of the testis and effusion into the tunica vaginalis. When these effects have been produced, it may be cut and withdrawn, and the case treated in the same way as when the radical cure has been attempted by iodine injection; viz., by rest and anti-phlogistic treatment. The length of time during which the seton must be left in before sufficient, or even any inflammatory action is produced, varies very considerably. In most instances, the proper amount of inflammation is excited in from twenty-four to thirty hours; but in other cases the seton may be left in for ten or twelve days, giving rise to but little inflammation although a radical cure may result.”

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Death of Barent P. Staats, M. D., of Albany.

Many of our readers will be pained to hear of the death of Dr. Staats, of Albany, F. Y., who died recently, in the 75th year of his age. He was one of the oldest and most respectable members of the medical profession in that city, and for many years an active and influential member of the State Medical Society. He received the confidence and support of the public in marked degree, and was honored by his fellow citizens with important positions of trust. In all the varied positions of his long and useful life, (having practised his profession fifty-four years,) he was ever true to his profession, faithful to his friends and the general good. His life was one of great usefulness, and his memory will long be cherished by all who knew him, with affectionate regard.

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Faculty of Bellevue Medical College and Prof. James P. White.

We to notice the following resolutions were offered to Prof. James P. White.

“The *Faculty of the Bellevue Hospital Medical College*, desirous of expressing their sentiments in relation to the services of Professor James P. White in behalf of the College during the session of 1870-71, unanimously adopted, April 4th, 1871, the following resolutions:—

Resolved, That the Faculty were peculiarly favored in being able to secure the services of so eminent a teacher and practitioner as Professor James P. White, when the College was deprived, by illness, of the services of their late lamented colleague, Professor George T. Elliott.

Resolved, That the lectures given by Professor White in the Bellevue Hospital Medical College were characterized by great learning, the practical knowledge derived from large experience, zealous exertions to render his instructions

as useful as possible, and an efficiency showing peculiar ability and qualifications as a public teacher. These characteristics were fully appreciated by the class, who received his lectures with gratitude and enthusiasm.

Resolved, That in refusing to receive compensation for his lectures, relinquishing the fees to Prof. Elliott, Professor White exemplified a spirit of sympathy and generosity which is deserving of admiration.

Resolved, That the Faculty will ever cherish the remembrance of their pleasant social intercourse with Professor White during his residence in New York, and they most cordially tender wishes for his welfare, and for a long duration of his active usefulness.

Resolved, That a copy of these resolutions be properly engrossed, attested, and bearing the College Seal, be transmitted to Professor White.

ISAAC E. TAYLOR, M. D., *President*.

AUSTIN FLINT, Jr., M. D., *Secretary*.

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Death of Dr. Barnes—Action of Erie County Medical Society.

A special meeting of the Erie County Medical Society convened at its rooms, June 1st, 1871, at 8 o'clock P. M. The President, Dr. Wm. Gould, occupied the chair, and announced the object of the meeting, to take action on the death of Dr. Josiah Barnes.

Dr. Rochester gave a brief account of the last illness of the deceased, as well as a slight sketch of his general character. He said: Dr. Barnes died about one o'clock this morning, after having lingered between life and death the past fortnight; he had been in practice here thirty-five or more years, and was such a man that his presence could not but be missed by the profession and the general public. He had practiced his profession with resolution, and at a time, and for several years, when it was almost necessary that he should have abstained from professional duties, and retired from active life. The disease from which he suffered was supposed to be cardiac, but, over a year ago, I became convinced his complaint was hepatic; his right lung was likewise filled with fluid, and these complications were doubtless the cause of his death. Mr. President, on this solemn occasion, and in respect for the memory of our departed friend, I move the appointment of a committee of five to draft resolutions expressive of the feelings of this society on this occasion.

Dr. J. P. White said: It was with no ordinary feeling that he arose to second the motion of Dr. Rochester. That Dr. Barnes and myself had been shoulder to shoulder battling with disease for nearly forty years. That himself, Dr. Winne, and myself, had been longer engaged here in practice than any other members of the Profession. I knew him first in 1832. The sum-

mer in which I commenced the practice of my profession. He came here to visit a brother-in-law, Hon. Geo. B. Webster, who was suffering from a painful and protracted illness. He was so well pleased with the place that in the following spring he came here to take up his abode with, and practice his profession among us. Both Dr. Winne and Dr. Barnes commenced the practice of medicine in this city in 1833. Every member of our profession then practising medicine in this city, except myself, has passed away. Our offices were in adjoining building, and for a considerable period after his arrival we were thrown very much together, especially in the second epidemic of cholera in 1834. From that period to this, though we never were remarkably intimate, we never had any professional difference. He was peculiar in attaching himself to no parties or cliques. Dr. Barnes possessed a classical education which was remarkable for the time he entered the profession. He graduated at Yale College among the first in his class. Subsequently studied his profession and received his degree of Doctor in Medicine in Philadelphia. He possessed a remarkably well balanced mind, was a very sound practitioner; he had no hobbies; his patrons were among the first citizens of the town, and his patients became very much attached to him. They as well as the profession of our city will greatly deplore his loss.

The motion of Dr. Rochester prevailed, and the President appointed Drs. J. F. Miner, S. F. Mixer, C. C. Wyckoff, C. C. F. Gay, and P. H. Strong, a committee to draft resolutions.

This committee, after a short absence, returned, and the chairman, Dr. Miner, read the following:

WHEREAS, After a long and painful illness, death has removed from our circle our beloved friend and colleague, Dr. Josiah Barnes, who devoted the energies of his educated, strong and active mind to the faithful cultivation and honorable practice of our profession for nearly half a century, and who, by his worthy example and blameless life and character, had endeared himself, not only to the members of the medical profession, but to a very wide circle of relatives and friends; therefore

Resolved, That we learn with the deepest sorrow of the death of our venerable and most highly esteemed friend and associate, Dr. Josiah Barnes, whose life has been cut off at a period of great usefulness, when his large experience and mature judgment were most valuable to the profession and the world, by which providence we are left to mourn the death of an educated, accomplished and faithful physician, an able counselor, a warm hearted and generous friend.

Resolved, That we remember his unvarying kindness and courtesy in his relations with his professional associates, and recognize with admiration, his impartial judgment in the questions which, during his earlier years, agitated and estranged his professional associates; and that in view of his whole life

and character, we regard his death as a great professional and personal affliction.

Resolved, That, in great sorrow, on account of professional, public and personal loss, we extend our deepest sympathies to the family and friends of our deceased member, who are called to mourn the loss of an affectionate husband, father and friend.

Resolved, That, in token of our loss and sympathy, we attend his funeral in a body and wear the usual badge of mourning.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased, and that they be published in the *Buffalo Medical and Surgical Journal*, and in the daily papers of this city.

J. F. MINER,
S. F. MIXER,
C. C. WYCKOFF,
C. C. F. GAY,
P. H. STRONG.

Dr. Miner accompanied the report with some appropriate remarks, and was followed by Drs. Mixer, Harvey, Ring, Hill, Loomis and others.

On motion, the resolutions were adopted unanimously, after which the meeting adjourned.

M. G. POTTER, M. D., *Secretary*,

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Death of Dr. Lockwood.

A special meeting of the Erie County Medical Society was held at their rooms, in the Young Men's Association building, at 12½ P. M. on Tuesday, Dec., 27th, 1870, the object of the meeting being to pay a proper tribute of respect to the memory of their late associate, Dr. T. T. Lockwood.

After appropriate remarks by several members of the Society, the Committee on resolutions reported the following, which were unanimously adopted:

Resolved, That in the death of Dr. Timothy T. Lockwood, we mourn the loss of one of our oldest and most highly respected members, who was especially endeared to us by his unswerving fidelity to the interests and honor of the profession, by his earnest discharge of all the duties and obligations of professional life, and by his constancy and faithfulness as a friend, in all these respects, leaving us an example worthy of imitation.

Resolved, That we will attend his funeral in a body and wear the usual badge of mourning.

Resolved, That a copy of these proceedings be transmitted to the family of

the deceased, and that the same be published in the *Buffalo Medical and Surgical Journal* and in the daily papers of the city.

J. B. SAMO, *Secretary*.

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Books Review.

The Eye in Health and Disease. By B. JOY JEFFRIES, A. M., M. D.

The following subjects are presented in language adapted to the understanding of the general public. The chief object of publication appears to be to furnish the general reader with adequate and reliable information upon the Eye: Anatomy of the Eye. Physiology of the Eye. Old Sight and Spectacles. Near-Sightedness, or Myopia. Long-Sightedness, or Over-Sightedness—Hypermetropia. Astigmatism. Cataract in Children simulating Near-Sightedness. Cataract. Artificial Eyes—How and Why they are Worn. Squinting Eyes—Why and How they must be operated on. An Artificial Pupil—What it is, How and Why the Operation is performed. The Ophthalmoscope—What it is, and how it is used. Injuries and Diseases of the Lids and Eye—Their General Care and Treatment. Type for Testing Vision.

The fact that the articles are adapted to the comprehension of the general reader does not detract from its value as a manual for the student and practitioner. The scientific facts, and practical instructions it contains, should, at least, be thoroughly understood by all practicing physicians.

Atlantic Monthly.

We have to acknowledge the regular receipt of the *Atlantic Monthly*, which is always welcomed by the home circle with great pleasure. This journal may truly be regarded as one of the necessities of all well regulated and intelligent families. It is thus appreciated by all who regularly receive it.

Detection of Criminal Abortion. By ELY VAN DEWARKER, M. D.

This pamphlet is a guide to the practitioner, containing a table of the differential diagnosis of accidental and spontaneous from instrumental abortion to the third month, and also a table exhibiting the differences between dysmenorrhœa and instrumental abortion. This pamphlet is a reprint from the *Gynæcological Journal of Boston*.

Leffel's Illustrated Mechanical News.

Among the popular and useful journals of its class in the country is *Leffel's*

Illustrated Mechanical news. Each number contains from eight to twelve illustrations, with a large amount of reading matter pertaining to all branches of mechanical science. It is published in Springfield, Ohio.

Physiological effects of Severe and Protracted Muscular Exercise with special reference to its influence upon the Excretion of Nitrogen. By AUSTIN FLINT, Jr., M. D.

Under the above title, Dr. Flint, the well known Physiologist, has layed a reprint from the New York Medical Journal, before the medical profession, containing his researches, mainly of the relation of urea to exercise. The observations were taken from Mr. Weston during his extensive walk, and were made at three different periods, of five days each. During the first period, five days before the walk, the average excretion of nitrogen in the urea and fæces amounted to 95.53 parts, for every 100 parts of nitrogen of food. During the second period, five days during the walk, the average excretion of nitrogen in the urea and fæces amounted to 174.81 parts for every 100 parts of nitrogen taken in with the food, while during the third period, five days after the walk, the average excretion of nitrogen in the urea and fæces amounted to 91.93 parts per 100 parts taken with the food.

It will be seen from the above figures, that muscular exercise greatly influences the elimination of nitrogen.

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NOTICE.

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Reviews of Books, and some Original Articles designed for this number, have been crowded out for want of space. These will appear in the next number.

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Appointment in Michigan University and Admission of Women.

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We learn that Prof. Theodore A. McGraw, of the Detroit Medical College has recently been elected Lecturer on Surgery in the Michigan University. We congratulate Michigan University on its being able to obtain the services of a man so eminently fitted for the position.

By virtue of the resolution of the Board of Regents opening the University to women, one young lady was admitted to the Academic Department at the close of the last year. At the beginning of the present year women were received for the first time into all the departments of the institution. The whole

number of female students registered is thirty-four, two in the Law Department, eighteen in the Medical, and fourteen in the Department of Science, Literature and the Arts, the latter being distributed as follows: Three in the classical course, five in the Latin-scientific, one in the scientific, two in selected studies and three in the course of pharmacy. One has already graduated in law, one in medicine and two in pharmacy.

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Books and Pamphlets Received.

A practical treatise on the diseases of infancy and childhood. By Thomas Hawkes Tanner, M. D., F. L. S. Third American edition. From the last London edition, revised and enlarged by Alfred Meadows, M. D., Lond. Philadelphia: Lindsay & Blakiston, 1871. Buffalo: Theo. Butler & Son.

Opium and the Opium Appetite, with Notices of Alcoholic Beverages, Cannabis Indica, Tobacco and Cocoa and Tea and Coffee, in their Hygienic Aspects and Pathological relations. By Alonzo Calkins, M. D. Philadelphia: J. B. Lippincott & Co., 1871. Buffalo: Breed, Lent & Co.

Atlantic Monthly, Advance, New York Observer, Newspaper Reporter, Missionary Herald, Phrenological Journal.

The Physiological action and Therapeutic use of Chloral, by J. B. Andrews, M. D., Utica.

Bossange's Catalogue of Anatomy, Paris, 1870.

Annual Report of the Health Officer of the City of Rochester, 1871.

The Modern Operation for Cataract. By Hasket Derby, M. D., Boston.

Amputation of Redundant Scrotum in the Treatment of Varicocele. By M. H. Henry, M. D., New York, 1871.

Seventeenth Annual Report of the New York Infirmary for Women and Children, for the year 1870. New York, 1871.

Twenty-Eighth Annual Report of the Managers of the State Lunatic Asylum for the Year 1870. Albany, 1871.

