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No. 1.

LEUCOCYTHÆMIA.

[Read before the Boston Society for Medical Improvement, November, 1858, and communicated for the Boston Medical and Surgical Journal.]

CASE I.\*—BY HENRY J. BIGELOW, M.D.

*“Leucocythæmia”*; with Disease of the Cervical, Axillary, Inguinal, Iliac, Lumbar, and Mesenteric Glands; Enlargement of the Spleen, Liver, Kidneys and Renal Capsules, with whitish formations in the last three; Subsidence of the Cervical and Axillary Glands; Herpes; Death.

LEUCOCYTHÆMIA is a term applied by Bennett to a condition of the blood described by himself (*Ed. Journal*, October, 1845), and a few weeks after by Virchow, characterized by an excess, sometimes considerable, of the white corpuscles. This condition is usually accompanied by disease of the absorbent glands, or of some of the viscera supposed to be concerned in the production of the elementary constituents of the blood. But it may be yet a question whether this excess of the white corpuscles is a cause, or an effect, of the visceral disease, or only a collateral circumstance. Virchow views it as a secondary lesion, dependent upon affections of the absorbent glands, or of the spleen; and late English writers adopt his division into the *absorbent* and the *splenic* variety of leucocythemia, both of which are embraced in the present single case. Dr. Wilks, in *Guy's Hospital Report* (Vol. II., 1859), makes this division more fully as follows, and attempts to found upon the second variety a new disease. 1. “*Leucocythæmia Splenica*,” characterized by an excess of white corpuscles and an enlarged spleen. 2. “*Anæmia lymphatica*,” a name suggested by the extreme pallor, debility and prostration of patients affected with the enlarged absorbent glands; the writer apparently inferring from these symptoms a fact which might be difficult to establish in the field of a

\* This case, with the autopsy, was presented to the Society in November, 1858. Its publication has been delayed a year by accidental circumstances. The remarks have been added since.

microscope—that the white corpuscles are not more numerous, but only the red ones less so.

To the surgeon, this disease is interesting, as the frequent, though not constant, accompaniment of an enlargement of the absorbent glands, which occurs, as I have seen it, oftenest in the neck. About ten years ago, a gentleman of middle age and remarkably robust constitution, died, under my care, with great enlargement of the cervical, axillary, inguinal and lumbar glands, gradually increasing during about a year; the autopsy showing also a slight enlargement of the spleen. This was doubtless a case of the general character of that now reported, but which passed for one of encephaloid disease of the absorbent glands.

Near the same time, a man in fair health, of about 65 years of age, presented himself with a single ovoid gland at the front of the neck, sufficiently loose to justify the operation he desired. Excision was effected without difficulty, but the patient fell off and died a week after. A few slightly enlarged cervical glands were discovered behind the first, and the autopsy revealed, also, disease of the left lumbar glands. No visceral enlargement was noted in a brief examination for cancerous disease; but the large gland, of which I have preserved an admirable colored drawing, measures four by three inches, and presented, on section, the appearance hereafter described. Microscopically, it proved to consist almost wholly of uniform granulated corpuscles, resembling those of a healthy gland, and which were recorded as an exceptional appearance of encephaloid structure. A child two and a half years of age was brought to me with a chain of very large glands around the neck and in the axilla; also one below the clavicle, all wholly destitute of inflammation, and which were considered to be encephaloid—the child dying the next year, the masses having continued to enlarge without other change.

These cases, like others which might be cited, are doubtless examples of a lesion which is now considered to have nothing in common with encephaloid disease. The peculiar condition of the blood, now described, may indeed accompany a cancerous or a tubercular diathesis, with the development of either disease, even in the glands, but it is said to have no relation to them. The voluminous, elastic, and well-rounded outline of the glands, moulded one upon another, without adhesion, cannot easily be mistaken for the hard, beaded kernels of the scirrhus affection, nor for glands hardened by chronic inflammation, whose brown interior contains spots of whitish lymph or of cretaceous matter. They have still less resemblance to this scrofulous inflammation when tending to suppuration. But without inflammatory adhesion or change, they show, on section, a uniform reddish white, semi-translucent and tender tissue; of which the microscopic elements are uniform nuclei, very similar to those of the healthy absorbent gland; with the addition of abundant white corpuscles or cells, and granules.



At the same time it should be borne in mind that certain tissues are still regarded as cancerous, which are mainly composed of minute and uniform granulated cells, and which strongly simulate in their gross and microscopic appearances some of the products of the disease now under consideration.

In the following case, the gradual diminution of the cervical glands, during the persistent use of the hydriodate, adds to its interest, whether the decrease resulted from the remedy or not.

CASE.—The patient was a tall, well-formed man, aged 39. The obvious and striking feature of his case was an enlarged neck, of lobulated outline and elastic feel; the interval between the lower jaw and collar bone of either side being distended almost to a level with the cheek, while behind, the tumor overlaid a part of the trapezius muscle. This swelling plainly consisted of enlarged glands, varying in size from that of a flattened goose's egg downward, and impacted together, yet elastic and without induration; destitute of heat or the signs of acute inflammation.

Upon inquiry, similar masses were found to exist in the armpits and in the groins. In the left armpit, the largest gland was about three inches in diameter, and one lay behind on the scapula, the whole being pressed out when the arm fell. The right armpit contained a somewhat smaller mass, while the larger glands of the groin may have measured an inch and a half across. None of these tumors were attended with pain or tenderness.

The patient was at this time (June, 1858) easily fatigued, but otherwise his health was good, and he was in active business.

*History.*—Without especial hereditary tendency; and with previous good health, he had a bad cough through the spring of 1858, which excited the serious anxiety of his friends. In May he visited Sharon Spring, a sulphur water, where he was subjected to active daily catharsis during six weeks, his strength not improving, though he felt pretty well. Immediately on his return home in June, there was a simultaneous and painless enlargement of all the glands above described. He thought there had been, for a month or two before, a little fulness of the left side of the neck, yet of this he was not certain; but the sudden growth of all these masses was now unequivocal and striking.

He was directed to take the iodide of potassium, and in a few weeks reached the dose of fifteen grains, three times daily; applying, besides, the iodide of lead ointment abundantly at night to all the glands. This treatment was continued through the summer and autumn, alternating occasionally with the experimental application of the tincture of iodine to a part of these glands. During this time the cervical glands slowly and steadily decreased in size, becoming flabby, and the circumference of the neck decreasing from fifteen and a half to fourteen inches, until the end of August, from which time till the death of the patient, in November, they rapidly subsided. At the time of death, the glands on the neck were

quite flat, the largest measuring less than an inch in length, and the neck being of normal size.

Equally remarkable was the subsidence of the swelling in the left axilla, where a gland, previously enlarged to the size of a hen's egg, had now diminished to a third of that size, others being reduced to normal dimensions. But in the groins, the glands were still large as before, while the autopsy revealed large glandular tumors, existing in the abdomen.

During the summer, the patient became pale, and had, occasionally, epistaxis; but till October, no other symptoms of importance occurred, except a sudden and intense hemicrania in the early part of this month, which yielded in three or four days, after the administration of Fowler's solution.

In the latter part of October, a remarkable vesicular eruption appeared on both the lower limbs, occupying chiefly the thighs; the vesicles presenting an inflamed base, and attended with intense smarting and burning. The pulse was accelerated to 130 and upward, while the vesicles increased to large phlyctænæ, until by their coalescence the cuticle was detached; so that the front of the thighs and the abdomen offered continuous raw surfaces of inflamed granulations over most of their extent, apparently occupying the substance of the true skin, and adding greatly to the suffering of the patient. This circumstance prevented examination of the chest further than to ascertain the probable existence of pleuritic effusion, to which attention had been called by the dyspnoea which now supervened.

The patient was confined to the house only a fortnight before death, which occurred Nov. 11th, 1858, its immediate cause being fever of an irritative type, apparently induced by the spread of this remarkable herpetic eruption; although neither this nor the final pleurisy had any obvious connection with the disease of the glands and of the viscera, which the autopsy revealed.

*Autopsy*, by Dr. ELLIS. Head not examined.

The left pleural cavity contained, by estimate, nearly one pint of serum. The pleura of the lower lobe of the lung was covered with a thin, recent, reticulated, fibrinous layer. In the opposite pleural cavity, there was also a small amount of serum.

The greater part of the lower lobe of the left lung was compressed, but a portion, upwards of two inches in diameter, had a somewhat yellowish appearance, as in the third stage of pneumonia, but was limited in a remarkable manner by a sharply-defined line. A part of the lower lobe of the right was also firm, and of a dull-red color, as from compression. The remainder of the lungs was healthy.

The heart was generally hypertrophied, but without valvular disease or other lesion. The right side was filled by a large yellowish-white coagulum, which extended into the vessels in different directions. In the left ventricle, was a small amount of the same.

Many of the veins examined in the different parts of the trunk were filled with similar coagula. These all differed from the coagula usually seen, where a separation of the fibrin has taken place. They were less gelatinous, more opaque, and altogether peculiar, their exact appearance not being expressible in words. From the jugular or subclavian vein, however, there escaped a substance resembling thick pus.

The liver was very large, weighing, by estimate, about seven pounds. On some parts of the surface, were depressions or cicatrices, and portions had a somewhat lobulated appearance, but the latter was not well marked. The substance generally was of a brownish-red color, very much like that of the healthy organ, but the cut surface did not look perfectly healthy, although the change was indescribable. In the right lobe, scattered over a portion three or four inches in diameter, beneath the upper surface, was a peculiar whitish deposit, looking somewhat like firm encephaloid; distributed, for the most part, in the form of points and lines, as an infiltration among the lobules, the largest portion not being more than two or three lines in diameter, but still continuous with the rest.

The spleen was ten inches long, six broad, and four thick. Its consistence was sufficiently normal.

In each kidney were a number of white bodies, about a line in diameter, and of the same color and general appearance as the deposit in the liver.

The left supra-renal capsule was quite large, and contained much of the same whitish substance described in connection with the liver. The right capsule was perhaps slightly affected in the same way.

The intestines were not opened, but, externally, appeared healthy.

The cervical glands were somewhat enlarged, but not sufficiently to produce any deformity of the neck.

Those of the abdomen, generally, the lumbar, the iliac, the mesenteric, &c., were very much enlarged, many of them being upwards of two inches in diameter. They were, for the most part, rather soft, friable, and of a mingled light and dark-red color. Some contained small ecchymoses. In one, in the left lumbar region, suppuration had taken place.

The other organs appeared sufficiently healthy.

*Microscopic Examination.*—The purulent-looking substance from the subclavian, and the yellowish-white coagula, were found to be composed almost entirely of small granular corpuscles from 0.004 mm to 0.005 mm in diameter, corresponding with the "globulins" as described by Robin in the Memoirs of the Biological Society of Paris. The globules in the liquid blood from the subclavian were mostly red.

A few larger cells were seen, resembling the ordinary white

corpuscles of the blood. Acetic acid caused, perhaps, some contraction of the smaller corpuscles, and showed them to be identical with the nuclei of the larger.

The enlarged glands, the spleen, the white substance in the liver, and that in the left supra-renal capsule, contained an abundance of small corpuscles, similar to those found in the blood. In the spleen, they were gathered together in groups, while the red discs floated single through the field.

This case is one of great interest, being, as it were, almost an epitome of the facts which have been slowly gathered from isolated sources, since the attention of the profession was first called to the disease by Virchow and Bennett.

We have here combined the two great varieties—splenic and lymphatic—but not that precise condition of the blood which we should expect, were the views of Virchow correct. Two kinds of white corpuscles have been described—one large, like the ordinary white corpuscles of the blood; the other small, to which Robin has given the name of “globulins.” An excess of the former, Virchow declares belongs to the splenic variety, that of the latter, to the lymphatic. In one case, the enlargement of the spleen and glands was equally well marked; yet the globulins were almost the only white corpuscles seen. Robin reports a case in which the spleen only was affected, and yet the same small corpuscles predominated very much over the others. He also speaks of the resemblance between the small globules and the nuclei of the large, after the addition of acetic acid.

New formations like those found in the liver and supra-renal capsule, although exceedingly rare, have been noticed. In Virchow's *Archiv. für Pathologische Anatomie* (Vol. XII., p. 38) there is reported a case in which white deposits were found in the pleura, stomach, intestines and liver. These presented the same appearances as the enlarged glands, and, examined microscopically, proved to contain the same nuclei.

Virchow (*Gesammelte Abhandlungen*, p. 207) mentions two cases of the kind, in one of which the liver contained minute whitish deposits composed of nuclei like those of the lymphatic glands. In the other, the liver and kidneys were the seat of growths, in which were corpuscles resembling those found in the blood of the heart.

This new formation he regards as similar to that which occurs in the lymphatic glands, not owing to mere infiltration with blood, but to a substitution of lymphatic elements.

But by far the most important feature in the case is the subsidence of the lymphatic glands. So far as has been ascertained, nothing of the kind has been anywhere recorded.

The connection between the condition of the blood and that of the internal organs is established. The question of their relation to each other will naturally arise. Virchow considers that the

change in the blood is consecutive, but it must not be supposed that it necessarily follows the enlargement of the spleen or other organs, for such is not the case. Neither does an increase in the number of the white corpuscles always indicate the existence of leucocythæmia. There may be an excess of them after great losses of blood, in chronic exhausting diseases, or in those which are very acute, especially in pneumonia.

[To be continued.]

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RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE,  
AND UPON THE TUBO-OVARIAN MUSCULAR APPARATUS, IN  
THEIR RELATIONS TO OVULATION AND MENSTRUATION.

BY DR. CHARLES ROUGET, ADJUNCT PROFESSOR IN THE FACULTY OF  
MEDICINE AT PARIS.

[Translated for the Bos. Med. and Surg. Journal, by WM. REED, M.D.—Continued from p. 374, Vol. LXL.]

THE utero-ovarian artery does not distribute itself equally in all parts of that organ; whilst throughout the whole extent of the neck of the uterus, the branches which pass off are few and scarcely convoluted at all, when we come to the body, in the vicinity of the insertion of the Fallopian tubes, it suddenly divides into twelve or eighteen arterial tufts quirked into spirals, most frequently preserving a well-marked regularity, but so numerous and so crowded upon each other, that in some preparations they completely cover the lateral angles of the fundus of the uterus. This mode of distribution is evidently a repetition of that which presents the arteries of the organs of copulation transformed, at the bulb and root of the corpora cavernosa, into true vascular clusters. The analogy does not cease there; if, in a preparation of which the arteries alone are injected, we open the large uterine sinuses, we there see the curling arteries pushing back (*repoussant*) the walls, and their convolutions projecting into the venous cavity, as do the helicine arteries into the areolar spaces of the corpora cavernosa. Along the inferior border of the ovary, the utero-ovarian trunk again sends off a series of ten or twelve branches, all of which, in succession, one after the other, start from the superior border of the artery, and almost immediately after their origin divide, curl up and entangle themselves together in exactly the same way as the arterial knots at the root of the corpora cavernosa, and penetrate at last into the parenchyma of the ovary, where they again form spirals.

As to the venous system of the uterus, these channels are so numerous, so large, and anastomose so frequently, that even without any injection, a section of some uteruses resembles a true sieve. If, after a full injection of the arteries and veins, we suffer the preparation to dry, the body of the uterus maintains, almost without alteration, the form and dimensions which it presented

while in a fresh state, and the surface of incisions show nothing but vessels crowded upon each other, and separated by delicate partitions of muscular tissue only; but the mode of preparation which gives the best idea of the proportions of this vascular mass of the uterus, is that which consists in filling the arteries and veins with a mixture of Spanish resin, wax and Venice turpentine, and afterwards destroying the substance of that organ by maceration in concentrated nitric acid for the space of nearly a month. This mode of preparation, although very difficult, has succeeded well with me, particularly in women confined a month or two previously, or dying at a menstrual period, conditions of which I was able to avail myself during the last epidemic of cholera. The injection should be made, in preference, by the ovarian veins, in a very hot bath. By this procedure we obtain the aggregate of the venous plexuses, already recognized in the ovary, and those enormous venous masses, which, running along the lateral portions of the vagina and uterus, establish a free communication between the erectile organs and the generative system properly so called.

This vast plexus—which has for its channels of discharge at its inferior origin, the veins of the pudenda, in the middle, the uterine veins, and at its termination, the ovarian veins—this plexus presents two principal enlargements; the first, located behind the arch of the pubis, which separates the bulbs of the vestibule; seated upon the lateral portions, it is often prolonged between the rectum and vagina, surrounding the anterior part of this passage, at a depth of two or three centimetres (about an inch), by a ring sometimes complete: the other enlargement, much more voluminous still, covers a large space behind, and especially the extra vaginal portion of the neck of the uterus, upon which it moulds itself in some way or other.

When empty and collapsed, these venous masses can give no idea of the form they present when distended by a full injection. But what I especially wish to call attention to, and which the preparations by corrosion show most plainly, is the existence, throughout the whole extent of the body of the uterus, and upon the ovary at its umbilicus, of true erectile systems entirely distinct from the venous plexuses which I have just pointed out, and with respect to which they have the same relation as the erectile tissue of the penis to the venous plexuses of the pelvis. Freed from the muscular bands which cover it up, the erectile substance of the uterus exhibits, like an internal model, the exact form of the fundus and body of that organ; but it terminates abruptly on a level with the superior orifice of the cervix, from which place the cervico-uterine venous masses appear to continue beyond. Independently of the uterine sinuses, which in a manner form its basis, the erectile mass of the uterus is made up of venous channels, convoluted, interlaced, often forming regular spirals like the arteries themselves, and bearing a strong analogy to the well-defined plexuses of the glans

and corpus spongiosum. In some instances, we especially observe large, contiguous, and frequently anastomosing sinuses; in that case, the general aspect more resembles that of the corpora cavernosa.

The arterial tufts, convoluted into spirals to the farthest extent of their ramifications, are so numerous and so crowded, just at the angles of the uterus, that they make up by far the greatest portion of the vascular mass. These ultimate ramifications of the uterine arteries do not communicate with the sinuses of the retiform plexus, except by very small intermediate vessels which (0mm, 1 to 3) a venous injection fills.

It is hardly necessary to mention that the corpus spongiosum of the uterus communicates freely with the large plexuses which run along the lateral borders of that organ, and are continuous inferiorly with the vaginal, and superiorly with the sub-ovarian plexus. Upon the latter plexus, from which it may be clearly distinguished, rests a *well-marked network* of veins, the constituents of which are not, on an average, more than 0mm, 5 to 1mm in diameter; located exactly at the inferior border of the ovary, it forms a true corpus spongiosum, a vascular erectile formation, the helicine arteries of which I have already shown in the convoluted tufts of the ovarian artery, and whose muscular trabecules I will now point out. The corpus spongiosum of the ovary is elongated and flattened, its length equal to and even exceeding that of the ovary; its thickness, when it is isolated by corrosion, is little less than one centimetre, and its height a little more; its volume is almost equal to that of the bulbs of the vestibule, generally less, however; in one of my preparations by corrosion, this erectile body, formed of innumerable tortuous veins, similar to those of the bulbs, has almost twice the length of the ovary, and is certainly greater in volume than the bulbs of the vestibule. The erectile formations of the internal organs of generation, like those of the organs of copulation, are developed gradually up to the period of puberty; but they exist, perfectly recognizable, at the time of birth; it is very easy to observe them in female fœtuses who have been stillborn, and in whom the whole venous system of the pelvis is gorged with blood. The bulbs of the ovary are then represented by vessels very numerous, frequently ramifying and anastomosing, but very minute and very little convoluted. As to the corpus spongiosum of the uterus, in one of my preparations deposited at the Museum of the Faculty, and which came from a little girl about 10 years old, we can see it covering the whole body of the uterus by a venous layer of very fine network, and terminated very distinctly at the union of the neck with the body of the uterus.

[To be continued.]

## THE EFFECT OF CLIMATE UPON TUBERCULAR DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

THIS question has been so much discussed, that many at the present time are in great doubt about the conclusions adopted by those who have most thoroughly investigated the subject. On this account, it seems desirable to give a concise summary of a review of several works, in the *Archives Générales* for August, 1859, by P. Garnier.

That tubercular disease of the lungs is one from which many recover, is clearly proved by the results of autopsies. But there is still much doubt concerning the best means for promoting recovery. Medicament after medicament has been tried, has been held in high favor for a time, and has gradually lost its reputation. But among the general curative means which have been resorted to, a change of climate holds the first place. Unfortunately, the study of climatology has not, generally, been prosecuted with that scientific accuracy which its importance demands. Some specific climate has been sought, suitable for all phthysical persons, without regard to the great difference in cases. An effort should be made to place the sick in an atmosphere which bears some relation to their strength and constitution, the period of the disease, and the exciting cause.

The effect of climate is noticed particularly upon the cutaneous transpiration. M. Edwards found it, in a healthy man, five or six times more abundant in a moderately dry air than in one saturated with moisture. On the contrary, it is reduced to a minimum under the opposite circumstances, as in deep and sheltered valleys. Dr. Fourcault, mindful of the close relation existing between this function and that of the lungs, has shown the influence of its variations upon chronic diseases, particularly phthisis. The latter is frequent in low, cold, moist places, and relatively rare in dry, elevated ones. It is most rare among those who lead active lives in the open air. This is shown by statistics prepared in London, Paris, Geneva, Vienna and Hamburg.

The fact that the inhabitants of certain countries are liable to phthisis should not lead us to suppose that the climate would be prejudicial to those from colder regions, for it is generally the case that a climate warmer than that in which the patient lives is most beneficial, as the power of generating heat is less than in healthy individuals. In the French Antilles, where phthisis is very common among the native inhabitants, it is hardly known among Europeans. The same is true with regard to Senegal, Rio de Janeiro and Egypt. Still, it does not follow that cold climates are always hurtful, but on the whole a certain amount of heat is best. But it must be remembered that there is a difference in cold climates with regard to moisture. A dry, cold climate agrees with some phthysical persons, particularly those who are in the habit of exercising in the open air.



In commencing phthisis, while the strength is good, and the disease is making but slow progress, and the pulse is not accelerated, the best climate is one which is mild, dry, and stimulating, where the air is moderately agitated, without too great or constant variations. Such is that of Upper Egypt, of the southeast coast of Spain, of Nice and Naples.

For lymphatic subjects, in whom the circulation is slow, simply warm and dry places are preferable. Mountainous regions are equally beneficial, when the excitement produced by them is not of too long duration.

Patients who are excitable, nervous, disposed to hæmoptysis and inflammation, and in whom the circulation and respiration are accelerated, above all those who have reached the second or third stage, are best in a warm, uniform, calm, and slightly moist climate, like that of Madeira, Pisa, Pau, Rome, Nice, Malta, or the Isle of Wight. The climate of Pau and Rome has such a sedative action that depression is caused in healthy persons as well as in the phthisical. Many of the latter who are benefited by remaining a few weeks in Rome, see their health fail and their symptoms increase if they reside there five or six months. Hence a change is often desirable.

An extremely cold temperature, when uniform, appears in certain places to prevent phthisis. Thus, according to Professor Martins, this disease is infinitely more rare in Norway under the 70th parallel of latitude, than at Stockholm under the 59th parallel. In Finmark, he had not seen a single case. In America, it is almost unknown in the northern parts of Canada. In the United States Army, the minimum of deaths from phthisis is in the northern part. In the French Army, the maximum is noticed among the soldiers in the south.

The same exemption is seen upon the elevated plateaus of the Andes, and quite a number of observers state that the disease diminishes very rapidly in proportion as the altitude of places increases.

The influence of equatorial regions upon phthisis is to render its progress much more rapid and more acute than elsewhere.

Taking into consideration the advantages of different places, it is conceded that Madeira holds the first rank, \* \*

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EXPERIMENTS upon the new method of hypnotism have been made upon a very large scale in nearly all the hospitals of Paris, and it is likely to end in the flattest evaporation, as we predicted.

DR. FILHOT considers the carbonization of organic matter, and its subsequent treatment by nitric acid, an excellent method for the detection of arsenic. He says that Orfila had repeatedly approved of it.—*London Lancet*,

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

SEPT. 26th.—*Aneurism of the Aorta.* Dr. AYER presented the specimen, which was taken from a patient who had been under the care of Dr. MICHILL.

The patient was a seaman, aged about 40 years, of intemperate habits, and had had repeated attacks of delirium tremens. He complained of severe pains across the chest, amounting frequently to violent paroxysms; deglutition very difficult, together with anorexia. The chest was not examined by physical signs. The pulse was natural—80 per minute, and no intermission. The breast was full—but no tumor was detected. The patient was under treatment about a month, and remedies had but little effect in the case, except morphia, to allay the pain and paroxysms. The diet consisted of liquids, taken very sparingly towards the last. A large anodyne plaster was worn over the thorax.

*Autopsy*, 24 hours post-mortem. Body much emaciated; rigor mortis well marked. Two quarts of blood, partially coagulated, in pleural cavity. Heart natural in size and appearance. Above the left ventricle a large aneurismal tumor was found, embracing the lower portion of the arch of the aorta, of the size of the two fists. This tumor presented an opening at its lower portion. Its dimensions were about three inches in diameter and four inches in length. Within its cavity a considerable quantity of lymph was noticed, both adherent to its walls and floating about.

Both lungs were collapsed. The appearances otherwise were natural.

SEPT. 26th.—*Hæmoptysis and Tubercular Deposits.* Dr. COALE was called on April 27th, to J. B., aged 28, five feet nine inches in height, well built. His chest measured forty inches around, under the arms, and was deep from back to front. The whole muscular system was highly developed, and it was found afterwards that he had the reputation of being the strongest and most active man of his set. While working as a farm laborer, without any previous indisposition, he was taken, on the 25th of April, with violent hæmoptysis. Forty-eight hours afterwards he was pale and very feeble, occasionally troubled by cough, which raised sputa colored with blood, mostly stale. Four days afterwards, as soon as percussion was considered practicable, an examination was made, eliciting no positive signs. The chest did not seem so resonant as one of his size and make should be, but there was no particular or localized dulness. Auscultation gave squeaking sounds behind the third rib on the left side, and a little higher on the right. The respiration elsewhere was rude, and mucous râles existed lower down. The treatment used consisted in the application of mild but extensive revulsives. Cloths dipped in mustard water, and Croton oil, to the chest; internally, simple demulcents, and opium at night. For diet, he had as nourishing food as he could bear, and cod-liver oil. The hæmoptysis recurred about the middle of May, coming on suddenly, without warning, very profuse, and exhausting him very much. From the exhaustion he rallied in a week, and seemed better, so as to be able to walk out, and not require any medical attendance from the 2d to the 19th of June. He then had another very alarming hæmop-

tysis, but rallied again by the 1st of July, and required no attention until the 19th, when the same symptom recurred. In the interval he had been walking out and enjoying himself—feeling well, having a good appetite, and being but little troubled by cough. After the 19th he never rose from his bed, but had some three distinct attacks of hæmorrhage, besides occasional light ones. In one of these attacks, in the course of fifteen minutes an ample wash-basin was more than half filled with blood and sputa. Under these attacks he sank, and died, July 31st.

A *post-mortem* examination exhibited the lower lobes of the lungs studded with miliary tubercles, in which softening had commenced in only one or two places. The amount of this tubercular matter was enormous—impacting the lungs in some places. The upper lobes, contrary to all rule on this subject, were completely free from tubercles. The hæmoptysis may be explained as a spontaneous relief to the vessels surcharged with blood, and obstructed from returning it by these tubercular deposits. The other organs were healthy.

Nov. 28th.—“*Black Tongue.*” Dr. READ reported the following case. A young man, aged 24, is affected about once in three weeks with a pricking pain, deep in the throat, about the region of the larynx, which mounts upward, his voice becoming hoarse, and the tongue dry and of a dark-brown color, as if he had been eating extract of liquorice. The color is darkest about the middle, and lighter at the tip and base, although, as far down as it can be exposed by the spatula, there is a decided discoloration, with but little or no inflammation. Accompanying this there is well-marked intermittent fever. The patient is worse by night, feeling very weak, and inclined, for a while, to sweat profusely, after which he becomes hot, thirsty and feverish. During these attacks he is very pale, has little or no appetite, and has a constant taste of camphene in his mouth. The extremities are at times numb, and the hands swell. During his illness last year, he took cold, and in consequence was very sick. If he can avoid this, he gives himself no uneasiness about the attack, but continues to work at his calling, that of a type-compositor, and lets the disease wear itself out. Occasionally he has a dark areola under both eyes, lasting an hour or two, and entirely disappearing; this was the case on the day previous to Dr. R.’s seeing him. There is no soreness of the tongue during the attacks. The patient has lost all taste for smoking or drinking, of the former of which, he was usually very fond.

The patient has had the disease since the age of five years. It always comes on at the same time in the year—from the middle of November to December. When it first attacked him, he was sick three months with it; of late years, it runs its course in about three weeks. An older brother and sister died of the same disease. The brother was sick eight days; after death, the tongue was very black and dry, and so swelled that it protruded from the mouth, and could not be replaced. The disease in this case was worse by day; during the night the fever and pain passed away, so that he was able to go out until within twenty-four hours of his death. Both before and after death, the odor of camphene was very perceptible in the body. No details of the case of the sister could be obtained. The patient’s mother is living and healthy. His father died some years ago—disease not remembered.

Nov. 14th.—*Colloid Cancer in the neighborhood of the Cæcum; Ex-*

*tensive perforating Ulcer of the Stomach; Old Peritonitis.* The specimens were shown by Dr. C. D. HOMANS, who also read a report of the case, and of the autopsy, sent to him by Dr. T. E. FRANCIS, of Brookline.

The patient was a man, 40 years of age, who for several years had been subject to constipation and nausea; the latter had never been very severe, and was generally relieved by vomiting the food which happened to be in the stomach. He had also at times pain in the abdomen, most marked over the sigmoid flexure.

Early in the morning of Oct. 27th, he was suddenly attacked with severe pain in the left iliac region, which soon spread over the whole abdomen; he said he had had some pain for several days previously, but not enough to keep him from his work. Emetics were given in the morning, and also several injections, but without producing any effect. Afterwards opiates were given, and a tube, twenty-eight inches long, was passed up the large intestine, to its whole extent, without at all alleviating the pain, which continued very severe till 6, P.M., when temporary relief was obtained by the inhalation of sulphuric ether. At seven o'clock in the evening, he passed into a state of collapse, which continued till his death the next day, at 8, P.M., about thirty-six hours after the first severe symptoms. During the last day, the abdomen was much distended and dull on percussion in its lower third.

The autopsy was made about fourteen hours after death, by Drs. T. E. Francis and E. A. Wild. The abdomen was very much distended and tympanitic. Emphysema existed all over the right side. An exploring needle was thrust through the walls, and allowed the exit of a great quantity of gas. The body was quite emaciated.

The abdomen contained a large quantity of fluid which had escaped through an opening in the stomach. The peritoneum covering the abdominal walls was gangrenous, with a strong odor of decomposition. Firm old adhesions existed between the omentum, the intestines and the abdominal walls, but there were no traces of recent acute inflammation, save a few drops of pus upon the surface of the liver. This organ was of average size, pale, and easily broken down by the fingers; its left lobe was adherent to the stomach. The stomach was opened by an incision along its larger curvature. Upon its anterior wall, towards the right extremity, the tissues were very much thickened over a surface two and a half inches in diameter, which was the seat of the adhesion to the liver; in the centre of this portion was an opening half an inch in diameter, with bevelled edges, evidently of long standing, which extended entirely through the parietes of the organ. At the lower edge of this perforation the adhesion to the liver had given way, and had allowed the contents of the stomach to escape into the abdominal cavity. Upon the internal surface of the stomach, along the line of its attachment to the pancreas, was the cicatrix of an old and large ulcer. The mucous membrane otherwise was normal. The pancreas was small and hard, and adherent to the stomach.

The small intestines were much distended with gas, while the large contained but little, owing to a constriction of the colon by the appendix cæci, which passed over it, while its usually free extremity was firmly attached to the peritoneum. The tissues near the cæcum were much thickened and hard, the result probably of old inflamma-

tion which had strongly united it to the walls of the abdomen. Upon the external surface of the cœcum were four cysts, each larger than an olive, filled with a yellowish, gelatiniform mass, resembling colloid. The interior of the intestinal canal presented nothing abnormal.

The spleen was large and engorged with blood. The other organs were healthy.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, FEBRUARY 2, 1860.

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It will be seen with regret, by the leading editorial in the last number of the *JOURNAL*, as well as by a glance at the title-page of the present issue, that its able and efficient editors have resigned the place they have so honorably and acceptably filled for five years past, and that, with the commencement of a new volume, the superintendence of the editorial department passes into other hands. Much as the medical community have reason to regret a step which involves the loss of services so long and faithfully rendered, it is gratifying to know that this has been occasioned by the increasing duties of more active professional life. We congratulate our predecessors upon their release from the cares and distractions which we already begin to feel must at times have been peculiarly irksome and wearing, and upon their return to the more quiet and lucrative, but not less honorable paths of practical medicine. They carry with them the best wishes of the profession for their prosperity and success.

It is hardly necessary for us, upon whom the editorial mantle has thus unexpectedly fallen, to assure our readers that in consenting to take upon ourselves so important a charge, we are by no means unmindful of the responsibility and labor it involves; and that we have assumed its duties with no small degree of hesitation and distrust. Yielding to urgent solicitation, in accepting a position from whose trials and troubles we would most willingly have remained exempt, nothing is left for us but to express the hope that our compliance will not prove a source of disappointment to those who have shown us so flattering a mark of their confidence.

In entering upon the task thus imposed upon us, we take occasion, in the outset, to notify our brethren of the profession, and particularly those who feel interested in the welfare and continued success of the *JOURNAL*, that they have a part to perform in this work, and that much necessarily depends upon their hearty coöperation and aid. The importance of such aid, and the slowness with which it has too often been rendered, are alluded to in the closing remarks of the late editors, whose labors would have been much lightened had the profession done its duty in this respect. Not only do these become far less burdensome where such assistance is liberally furnished, but, what is of more importance, as has been well said, "the profession at large, as well as those who cater to its wants, in this way reap an advantage, in the fuller presentation of those medical and surgical reports which are worthy of mention and preservation."

It is feared that pecuniary considerations, or the more attractive and sometimes pretending mien of the larger periodicals, too often decide the destination of valuable papers, which might otherwise find their way into the pages of the JOURNAL. Would not higher considerations suggest to all interested in the advancement of medical science, the propriety and expediency of allowing the only medical journal in New England a share at least of the results of their observation and experience, in original communications and carefully reported cases, and thus doing their part in giving it a rank and excellence correspondent with the medical advantages of Boston, and the character of the profession throughout this portion of the country? The subscribers may be assured that so far as lies in our power, no pains will be spared to render the JOURNAL in every way worthy its objects and position, and we would again express the hope that we shall not be left without a reasonable share of professional aid.

With regard to any proposed changes in the management or arrangement of the JOURNAL, desirable as they may appear, we have nothing, for the present, to suggest. Should circumstances call for any material modifications in these respects, we shall not hesitate to adopt such as, after careful consideration, may seem advisable. Our more immediate duties, however, will confine us pretty closely to the footsteps of our predecessors, and if we succeed in maintaining the character of the JOURNAL, earned by years of faithful editorial labor, we shall feel that we have not worked in vain.

In conclusion, we would merely add that we feel justified in claiming that some degree of consideration be accorded us by those before whom we now appear in a new and untried capacity.

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THE following Report of the Committee appointed to examine the Medical College, is well worthy of the attention of those who are interested in the progress of medical education. It shows that very important steps have been taken in the right direction; that students are now taught, more than formerly, to be workers and thinkers, or, to state the case more strongly, to fit *themselves* for those responsible duties which they will be called upon to perform.

Boston, Dec. 28th, 1859.

To the President and Overseers of Harvard University.

GENTLEMEN,—The undersigned, in behalf of the Committee appointed to make the annual visitation of the Medical School of Harvard University, has the honor to report:—That the visit was made on the day appointed, December 28th, at eleven o'clock; present of the Committee, Drs. J. Mason Warren, John Homans, W. J. Dale, and C. H. Allen. The Committee, attended by four of the Professors, visited the several departments of the College, and were much gratified at the excellent order in which they were found, and the great improvement that had taken place in several of them during the past year. They would particularly call attention to the following.

Under the care of the distinguished Professor of Pathological Anatomy the Warren Museum has been enlarged, by the addition of one hundred and sixty-nine specimens. By the excellent manner in which the specimens are arranged for practical purposes, as well as by the skill and ingenuity of their display, this museum is being made one of the most valuable for instruction in this country—and the im-

portance of the Pathological specimens, so far as they go, is not equalled by any abroad.

The Committee beg also particularly to call the attention of the Overseers to the very great improvement in the Chemical Department during the last year, and generally during the past five or six years. Instead of the perfect chaos which formerly existed, the apparatus is now systematically arranged in appropriate cases, with the most scrupulous neatness, and in such a manner as to be readily resorted to. Too much praise cannot be given to the present Professor for the great labor and untiring industry which he has bestowed to effect this object. An improvement also of very great importance, and the want of which has been long felt, in the Chemical Department, is the addition of a Laboratory under the present chemical rooms, for the instruction of students by practical experiment, the value of which can scarcely be appreciated but by those whose early education in this branch has been derived from books and lectures. The very important stand which Chemistry is now taking in philosophical medicine, will make this addition at the present time of extreme value.

Besides the above improvement in the College, a very neat set of cases has been placed in the ante-room, belonging to the lecture-room of Theory and Practice of Medicine, containing specimens arranged with the utmost care for the use of the Professor of *Materia Medica*, and another case for those belonging to the Professor of Obstetrics and Diseases of Women. Shelves have also been added for the purpose of containing a Consulting Library for the Professors, and the attention of the President and Overseers is particularly called to the necessity of the formation of such a collection of books, in addition to the Library of the College intended for students.

At the present time, when the subject of medical education is attracting so much attention throughout the country, it seems appropriate to take some notice of the efforts made by the Professors to promote the efficiency of the Medical School of Harvard University, and to sustain the reputation which it has always had among the other medical schools of this country—efforts which have resulted in an increased number of students; last year being one hundred and forty, this year one hundred and ninety. Among the means of effecting this, in addition to the usual winter term of lectures of four months, a spring and summer term of instruction has been added, of six months, so that the student who desires to avail himself of it, may keep up his medical studies at the University by lectures, examinations and dissections, for ten out of twelve months in the year.

The connection of the Medical School with the Massachusetts General Hospital, through the enlightened liberality of its Trustees, affords an opportunity for Clinical Instruction, we may safely say, unrivalled in any part of the world. The Clinical Professor, whose long experience and reputation in the investigation of Diseases of the Chest and for Practical Auscultation are so well known, together with the Professor of Theory and Practice of Medicine, who, in addition to his other duties, now makes a visit with the students at the Hospital three times in the week—conduct the student to the bedside of the patient, and there make him learn for himself the distinguishing features of disease. He also has the opportunity of obtaining information, through the influence of the Professors of Dispensary practice generally, of the diseases of the Eye and Ear, at the Infirmary, and

occasionally of Obstetric practice. A clinical conference of some of the Professors with the students, to which two hours are devoted every Friday afternoon, and in which specimens are shown and cases discussed, has been found to be of great value.

Under the present liberal-minded laws of Massachusetts in regard to Anatomy, and under the direction of the accomplished Professor and Demonstrator of Anatomy, the opportunities for dissection are now on a footing with those of any other college in the United States.

The advantages for the study of Surgery at the Hospital may also be considered as not exceeded by those of any similar institution; and one of your Committee, who has had a number of years' experience in attending the larger hospitals of Europe, can safely say, that for variety, number and surgical importance, the operations performed at the Massachusetts General Hospital are greater than at any of the Hospitals abroad. The reason of this may fairly be attributed to the situation of the Hospital in the middle of New England, and to its being the resort of uncommon and perplexing cases from all that region, and very frequently from Canada and the British Provinces. This is owing partly to the great reputation which the Hospital has always maintained, and also to the fact that in other cities the cases are distributed through a number of public institutions.

In conclusion, the attention of the President and Overseers is respectfully called to the remarks of Dr. Bowditch in regard to the present situation of the Medical College, and the possible propriety of an appeal to the public for funds for the improvement of the approach to it, and clearing away the unsightly buildings in its neighborhood.

Accompanying this report are enclosed the Reports of the several Professors attached to the Medical School. All of which is respectfully submitted.

J. MASON WARREN,

*For the Committee.*

In connection with the above report, we take the liberty of introducing some excellent remarks from the *Dublin Quarterly Journal* for November, 1859.

"It is obvious," says the writer, "from recent events, that those who have control of the education of medical students are beginning to find that the system of enforcing attendances on lectures has been carried too far. Some of the licensing bodies have accordingly reduced the number of lectures that they require candidates for diplomas to attend. We believe this to be a move in the right direction; we only fear that the many opposing influences such a reform must encounter will prevent its being carried to the extent that the altered circumstances of the present age seem to us to require, and we are anxious to direct the attention of our readers to the subject, that an enlightened opinion may assist and regulate the movement. \* \* \* \* \*

"Teaching may be of two kinds; following Dr. Whewell, who has well discussed this subject in his 'Principles of English University Education,' we may call these 'speculative' and 'practical.' Each of these methods has its peculiar advantage: in the speculative the lecturer expounds to his audience the doctrines or results of some branch of knowledge, the speculations of antecedent philosophers or his own, while the office of the audience is but to attend to him—to listen, to receive, think on, and treasure up what the speaker delivers—without being called on to take any active part, without being required to produce, to test, or to apply the knowledge thus acquired. In the other mode of teaching, the learner has not merely to listen, but to do something himself—not merely to receive, but to produce his knowledge—in fact, in this system the pupil is required to study and prepare a certain previously assigned subject, and to produce his knowledge,



that any errors or misapprehensions he may have fallen into may be corrected, and that his application and progress may be tested.

"It is evident that, for the acquisition of elementary knowledge, the practical system presents great and peculiar advantages over the speculative; while, on the other hand, the speculative is best fitted for teaching the advanced student to reason, and duly weigh and estimate the value and relationship of the facts he has acquired by the other system. Now an objection to the system of teaching by lectures is, that it partakes too exclusively of the nature of the speculative teaching and not sufficiently of the practical. To this, we believe, it is mainly to be attributed that students do not attend to the courses of lectures that are prescribed for them, and that they shun the lecture theatre to attend the class-room of the private teacher—the result being that, while both modes of teaching have their peculiar advantages, neither is fully developed. For this result our licensing bodies are chiefly to blame, for if, instead of enforcing attendance on certain courses of lectures, they would make their examinations more searching, and test the acquirements of their pupils at short and frequent intervals, allowing them to obtain their information where and how they pleased, each mode of teaching would develop its own merits; and, instead of being opposed to one another, as is too much the case at present, would coöperate in obtaining for the student a greatly improved education.

"No doubt, under such a free system, much of the lecturing of the present day would have to be given up; but this, we cannot conceal from ourselves, would be but a small loss, for we feel convinced that, however well suited the lecture-room may have been formerly for conveying instruction, it has, like many other time-honored institutions, been superseded by the printing press. Now, when books are so cheap, and diagrams and illustrations are so well executed, lecturing is little wanted, the permanency of a printed book, and the facilities it presents for re-perusal and reference, giving it advantages that the lecturer cannot compete with.

"At the same time, for many of the higher branches of knowledge, and for subjects requiring demonstrations, the efficient lecturer must be always sure of an audience. There is an influence in the living voice, and an advantage in coming face to face with the living teacher, that places the lecturer far above the competition of books; but teaching of this kind must be of a high description—the audience must be led to examine, to reflect; the lecturer must show that he is able to lead them in this path; he must, moreover, have something to communicate, and such lecturing will command an audience. It was such lecturing that drew the crowded audiences which attended the course delivered a few months ago, in this city, by Dr. Brown-Séguard, where the most senior and busy practitioners were seen vying with the student in the attention they bestowed.

"Let us not be misapprehended. We do not mean to decry lectures as useless, but we do assert, that for many purposes, lecturing is a bad system of teaching. For the acquisition of elementary facts, where the student has chiefly to exercise his memory, and to keep his attention fixed, we believe lectures to be about the worst system that could be devised; but when the facts have been acquired, and when it is wished to teach the student to weigh them, to reason on them, and to estimate their value, we believe there is no system so efficient as good lecturing, especially where the lecturer makes use of a text-book, and follows it in his remarks."

**DRAINAGE AND SEWERAGE.**—The attention of the readers of the JOURNAL is called to the following circular of Dr. Semmes, of New Orleans.

"At the meeting of the American Medical Association, held at Louisville, Ky., May, 1859, the undersigned was appointed chairman of the committee, on the '*Influence of Sewerage and Drainage of large cities on Public Health.*' Any facts, suggestions, documents, reports, or other matter having relation to this important subject, will be most thankfully received and duly acknowledged.

"As the residence of the undersigned will be permanently fixed at New Orleans, on and after the 1st of February, 1860, all communications for him must be, after that date, addressed to him at that city.

A. J. SEMMES, M.D.,  
Chairman of Committee."

**VRIÈS'S LAST VICTIM.**—The cause of the arrest and imprisonment of Vriès, the "Docteur Noir," under the charge of homicide, is sufficient to condemn his motives. A Spanish lady had arrived in Paris expressly to place herself under his care. The disease was cancer. Vriès, of course, promised that he would effectually eradicate the disease in consideration of an immediate payment of 10,000 francs. The 10,000 francs were laid down, and the patient grew worse and worse. Suddenly, Vriès, whose visits had at first been most punctually made, ceased to attend. A few days after, the lady died. Amongst her papers was found a letter from the quack, evidently in answer to her complaints. He says that he knows perfectly well that she is dying, and asks what else she can expect for 10,000 francs. If she will send him 40,000 more, he will cure her still; if not, however sorry he may be, he must let her die. This letter having been placed in the hands of the police, his arrest followed. Seeing that he promised impossibilities, we do not perceive how he can be found guilty of homicide for not fulfilling them. There was abundant fraud, but hardly homicide.—*London Lancet.*

**PROFESSORS OF MEDICINE AT THE GERMAN UNIVERSITIES.**—It is customary in these universities to offer the principal medical chairs to such men as have rendered themselves celebrated either by their works or teaching; and at the same time to ensure their services by rendering the charge advantageous to their possessor. In this way was the well-known Virchow, formerly at Würzburg, appointed some time professor at Berlin; and so has, quite lately, M. Lebert been given the chair of clinical medicine at Breslau, hitherto occupied by Frerichs. M. Lebert, whose reputation is world-wide as a profound pathologist, has laid the foundation of his fame in Paris and Zurich.—*Ibid.*

**A SMALL BABY.**—A living child, weighing two pounds and nine ounces, the *New Orleans Hospital Gazette* says, was lately born at full term, at an infirmary in that city.

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 28th, 1860.

#### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	36	34	70
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	40	34	74
Average corrected to increased population, . . . . .	..	..	86
Deaths of persons above 90, . . . . .	..	..	..

#### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . . 29.921	Lowest point of Thermometer, . . . . .	18
Mean Temperature, at sunrise, . . . . . 23.5	General direction of the Wind, . . . . .	Westerly.
Highest point of Thermometer, . . . . . 42	Whole amount of Rain in the week, . . . . .	..

**ERRATUM.**—In the last number, page 524, line 9th from bottom, for "tartaric" read tannic.

**Communications Received.**—Aural Affections.—Treatment of Diarrhoea and Dysentery.—Thoughts on the subject of Fever.—Case of Pelvic Cellulitis.

**Books and Pamphlets Received.**—The Physician's Pocket Memorandum for 1860. By C. H. Cleaveland, M.D., Cincinnati, Ohio.—Therapeutics and Materia Medica. By Alfred Stillé, M.D. (From the Publishers.)—Braithwaite's Retrospect. (From Williams & Co.)—The Medical Profession and its Claims. An Introductory Lecture. By James Bryan, A.M., M.D. (From the Author.)—Criminal Abortion. By H. R. Storer, M.D. (From the Author.)—Coagulation of the Blood in the Venous System during Life. By George Murray Humphrey, M.D., F.R.S., Surgeon to Addenbrooke's Hospital, England. (From the Author.)

**MARRIED.**—In New York, 26th ult., Alexander E. Hosack, M.D., to Miss Emeline B. Scott.

**Deaths in Boston** for the week ending Saturday noon, January 28th. 70. Males, 36—Females, 34.—Asthma, 2—inflammation of the bowels, 2—bronchitis, 1—inflammation of the brain, 2—softening of the brain, 1—burns, 2—consumption, 14—convulsions, 3—croup, 2—dropsy (ovarian), 1—dropsy in the head, 2—debility, 1—puerperal disease, 1—erysipelas 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 2—inflammation of the lungs, 7—congestion of the lungs, 2—psoriasis, 1—pleurisy, 1—premature birth, 1—scrofula, 1—smallpox, 13—unknown, 1—varioid, 1—whooping cough, 2.

Under 5 years, 27—between 5 and 20 years, 10—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 6. Born in the United States, 49—Ireland, 12—other places, 9.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXII.

THURSDAY, FEBRUARY 9, 1860.

No. 2.

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LEUCOCYTHÆMIA.

[Read before the Boston Society for Medical Improvement, November, 1858, and communicated for the Boston Medical and Surgical Journal.]

CASE II.—BY CALVIN ELLIS, M.D.

*Disease of some of the Lymphatic Glands; Enlargement of the Heart, Liver and Spleen; Cavity filled with a bloody Fluid in the left side of the Chest; Peculiar Crystals in the Blood.*

IN November, 1858, an Irishman, a cigar-maker, 38 years of age, entered the wards of Dr. Bowditch, at the Massachusetts General Hospital. When 12 years of age, he had an attack of fever and ague, from which he entirely recovered, and continued well until ten weeks before he entered the Hospital, when he noticed that his abdomen was swollen. Nausea and vomiting soon became quite troublesome after taking food, but ceased in a few weeks. Appetite moderate. Bowels regular. Occasionally had night sweats, but no fever. No pain anywhere. Had lost some strength, but, as he thought, no flesh. Pulse 90. Tongue natural.

On examination of the abdomen, it was found, generally, fuller than usual, and occupied by a solid tumor, which extended from a point below the umbilicus, upwards, along the median line, and under the left ribs, where it was lost. In this region, there was dulness on percussion. No suffering was caused by pressure. Percussion over the liver, normal. The normal impulse of the heart was felt between the fourth and fifth ribs.

At the inner edge of the left scapula, was a rounded prominence, and dulness was detected over a space two inches or more in diameter. The respiration in this back was somewhat deficient, especially in the dull portion, and, in front, was less than usual, being scarcely heard below the third rib.

The urine was examined by Dr. BACON, Nov. 12th, and found to be acid. Density 1.020. It contained, also, a small deposit of the casts of the tubuli and granular matter.

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Nov. 21st.—A sulcus was noticed in the tumor, extending from the ribs downwards.

25th.—Some pain during the night in the region of the tumor. The abdomen measures  $33\frac{1}{4}$  inches.

28th.—At first, was able to be up most of the time, but now, only half an hour at once. Is unable to bear as much food, owing to a sense of fulness and pressure in the abdomen.

Dec. 2d.—For the last two or three days, some giddiness, and almost total deafness on the left side. No pain in the ear.

5th.—Rather more deaf. The cough which commenced yesterday is, to-day, almost constant. Expectoration consists of mucopurulent, greenish, or bloody matter. Nothing abnormal noticed on auscultation or percussion, as low as the third rib on the left side, and the fourth on the right. Below these points, there was dullness, and in the lowest part of the right side a muco-crepitant râle. No increased resonance of voice.

8th.—Much cough and more bloody sputa. Perhaps a little less resonance on percussion in the lower part of the right back, but respiration is less in the upper half of the left, though not particularly morbid. Strong expiration in the upper third of the right back. In front, on the right side, the respiration is loud; on the left side much less, with an occasional doubtful râle.

9th.—On the 7th, pain was complained of in the right shoulder and arm, but this disappeared in three days. To-day, there is pain in the left arm.

10th.—Since last night, pain in the left side of the chest, right hip, and both feet. The latter are now œdematous. Upon the left side are two prominences, as broad as the side itself, one extending from the axilla to a point situated a short distance below the line of the nipple; the other from that to the ilium. Both are elastic and tender, but not red.

Respiration obscure in the lower half of the left back, where a coarse râle is occasionally heard. Dullness over left breast, as high as the clavicle. Respiration very indistinct over the swelling in the left side. Rudely puerile in the right breast. Several bloody sputa.

11th.—About an ounce of purulent sputa streaked with blood. Some redness in the swelling.

12th.—The upper portion of the swelling is larger and redder, while the lower has rather subsided. The first, when the patient rises in bed, is four or five inches in diameter, and projects two inches from the surface of the ribs.

14th.—Sweating freely. Pulse weak. Considerable cough. Expectoresates, in twelve hours, about half an ounce of mucus, chiefly opaque and purulent. Upper portion of the external tumor larger and more prominent. The lower portion has wholly subsided. Tongue pale and clean. Is very thirsty.

15th.—Has sweat copiously. But little pain in the external tumor.

16th.—Fell, on attempting to walk last evening, and injured the right brow, which still bleeds a little. Was delirious in the night. Respiration easy. Countenance sunken. On the 17th, he died.

*Sectio Cadaveris*, by Dr. ELLIS.

Some blood extravasated beneath the dura mater. The surface of the convolutions had a somewhat opaque, reddish look. The latter was strongly marked in the pia mater of the anterior part of the longitudinal fissure. A number of small ecchymoses in the left optic thalamus. Choroid plexuses rather lighter colored than usual.

The posterior half of the lower lobe of the right lung, and a much smaller portion of the corresponding part of the left, were more solid and friable than usual, and presented somewhat the appearance of pneumonia. On examining the lungs on the following day, it was quite difficult to detect or limit the changes above described. Considerable œdema of the remaining portions, which, in other respects, were healthy.

Half an ounce of serum in the pericardium. In the right side of the heart were upwards of four ounces of dark-red, loosely coagulated blood, resembling the pulp of a softened spleen. The same extended into the vessels in every direction, as far as they were examined. About one ounce, of the same character, in the left side. Heart generally hypertrophied. Weight, fourteen ounces. In other respects not remarkable. In the jugular vein, or vena innominata, were dark-red coagula, upon the surface of which were green, purulent-looking collections.

Left edge of the omentum adherent to the spleen and parietes.

The liver and spleen had forced up the diaphragm as high as the fourth rib, at its point of junction with the cartilage. Liver much enlarged. Weight, six pounds, four ounces. Length, eleven and a half inches. Breadth, eight and a half inches. It was of a brownish-red color, and somewhat flaccid. No congestion of either system of vessels. On microscopic examination, much free fat was seen, in the form of minute globules, and the cells were deformed, broken and filled with granular matter. The blood of the vena portæ was liquid, though somewhat thicker than usual, and decidedly morbid in appearance, resembling red paint.

Spleen much enlarged, and adherent to the diaphragm. Weight, four pounds, fourteen ounces. Length, ten inches. Breadth, six and a half inches. Thickness, three and a half inches. A large portion of the capsule of the convex surface had the firm, whitish, cartilaginous appearance so often seen. Substance quite firm, of a dark-red color, and variegated by small, white points.

On microscopic examination, the peculiar corpuscles belonging to the organ were seen, but nothing which could be considered decidedly morbid.

The blood of the splenic vein resembled very closely that of the portal vein above described.

Kidneys paler than usual. Weight of each, seven and a half ounces.

Mucous membrane of the stomach of a light slate color.

Contents of the small intestine of an olive-green color, and of the usual consistence. Mucous membrane darker than usual, like that of the stomach. In other respects normal. Considerable faecal matter in the large intestine.

The lymphatic glands along the trachea were considerably enlarged, softened, and of a dirty-brown color. Perhaps some enlargement of those in the abdomen, but the change was not very decided here. Other organs normal.

In the left axilla, was a large cavity, containing, by estimate, upwards of a pint of thick, dark-red fluid, very much like the blood within the body. The walls, examined by the failing light, appeared to be formed by the muscles, with which the fluid had lain in immediate contact. The axillary vessels showed no traces of a rupture, as far as examined.

A microscopic examination of the blood from the heart, the splenic vein and the vena portæ, showed the same change in all, viz.: a *great preponderance of the white corpuscles*. Some of these contained nuclei, and the latter became apparent in all, after the addition of acetic acid. They were either single, granular, and about 0.005 mm in diameter, or composed of two or three smaller globules, the latter being in a number of instances so grouped as to form a kind of semi-circle.

Two or three days after the examination, crystals were noticed in the blood. These were analyzed by Dr. J. C. WHITE, whose report will be found below.

The fluid from the axilla contained both white corpuscles and red coloring matter, with a few red discs, but all were indistinct and broken.

The lymphatic glands contained a large number of corpuscles, like the white corpuscles of the blood, although some were perhaps a little larger, and many contained distinct single nuclei like those of the blood. Many free nuclei were also seen, resembling, like those within the cells, the "globulins" described by Robin in the *Memoirs of the Society of Biology of Paris*. After the addition of acetic acid, the resemblance between the cells from the lymphatic glands and the white corpuscles of the blood became still more striking.

*Analysis of the Blood, by Dr. WHITE.*—The chemical analysis of the blood is, under the most favorable and normal conditions, a difficult and unsatisfactory matter; for authorities still differ as to what is serum and what plasma, and different chemists give us quite different results. It is with much circumspection, then, that we should receive the quantitative analysis quoted by Bennett in

his monograph on this disease; for very little blood could be drawn from the patients while living, and after death the relative proportions of the fluid and solid properties change rapidly. Moreover, but few examinations have been made, too few for us to draw from them any just conclusion. We may, however, safely infer from the light specific gravity uniformly observed (ranging from 1036 to 1049, while the average of normal blood is 1055), that the volume of *water* is increased, and the solid matter diminished. This at first sight seems hardly probable, when we remember the enormous amount of coagula found distending the heart and vessels after death, but at the same time it proves that the colorless corpuscles must contain a relatively trifling amount of solid matter. With the decrease of the red corpuscles, the *iron* is also found to be proportionally diminished. According to the analysis quoted by Bennett, the *fibrine* in this disease is considerably increased; but more reliable investigations show that this substance, as well as the *albumen* and the *salts* of the serum, remain in their relatively normal proportion.

By far the best analysis yet made of the blood in leukæmia is that of Scherer, who had previously discovered the presence of hypoanthin in the spleen. He obtained the following results from the examination of the blood of a patient dissected by Virchow himself.

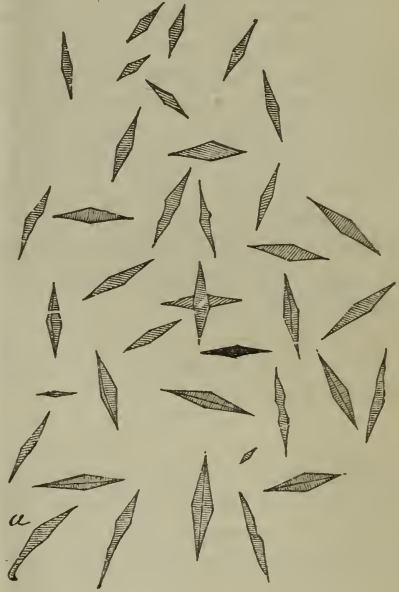
		Quantitative.			
Water,	791.7				
Solid matter,	208.3	}	Organic constituents,	197.300	
			Inorganic	" 11.084	
				}	Iron, 0.298
					Earthy phosphates, 0.598

Submitting it to a thorough investigation, he made the interesting discovery that formic, lactic and acetic acids were present, together with hypoanthin and gluten. Hypoanthin is a substance closely allied to zanthic oxyd and uric acid, and its presence in the blood in connection with the frequent urinary deposit of the latter in this disease, is well worthy of note, and may prove a valuable diagnostic sign. It is with reference to these important discoveries of Scherer that I have brought this subject before the Society, in order to make known the presence of another new principle in the blood of leukæmia.

The specimen given me for examination was of a dirty reddish-brown color, and had a conserve-like density, the upper parts of the coagula being in spots marked by white concretions of the colorless corpuscles. It was very slightly acid, and had a fishy odor, although no decomposition had taken place. On microscopic examination, in addition to the usual appearance of red and colorless corpuscles, &c., numerous minute crystals were noticed, such as I had never seen before. In the blood removed from the cavities of the heart, the large vessels, and from the spleen, they were very abundant, while the portal circulation contained fewer. In a

large exudation, or abscess, situated in the cellular tissue beneath the left axilla, none were observed, although, in other respects, its microscopic characteristics closely resembled those of the blood. The crystals, unfortunately, are of the same specific weight as the white corpuscles, and therefore cannot be isolated for a separate analysis.

They are colorless, transparent, and appear to be faintly-marked, elongated, rhombic octahedra, with sharp outlines in profile. In a few instances they are united by pairs, the long axes crossing each other at right angles. Many of them differ from the true type of crystallization, being extremely elongated, and exhibiting incurved faces and such irregularities of form, as to prove their organic nature. (See cut.) This supposition is fully confirmed by the result of incineration, to which on being submitted no residue was left. In sulphuric and hydrochloric acids they are quickly dissolved. In a solution of caustic potash they are readily soluble, but no ropiness is produced by its addition to the blood, as would be the case if pus were present. In acetic acid they are also soluble, though slowly. In concentrated nitric acid they are, strange to say, completely insoluble, even when heated, and assume a faint yellow hue. By



its action their acute angles are sometimes bent upon themselves, as seen at *a*. In cold and hot water they are alike insoluble, and they remain unaffected by alcohol, ether, benzole and ammonia. Judging by their behavior in the presence of the above re-agents, it is plain they are the crystals of a substance which must range itself in the class of neutral principles, and as nothing similar has ever been found in either healthy or abnormal blood, or in any part of the animal economy, so far as the latest chemical reports show, I propose for it the name of leukosin. This title seems appropriate, both on account of the color of the crystals and the disease in which they were discovered.

The blood of leukæmia is very like the natural condition of this fluid in the splenic system. Scherer first discovered in the spleen the very substances which he afterwards demonstrated in this disease, and the crystals often found in this organ, lozenge shapes of



a reddish-yellow color, and described by many observers, Becquerel tells us were present in great abundance in the coagula removed from the heart in a case of leukæmia. That the spleen is not the sole cause of the changes in the blood, is shown by the facts, that this organ is often otherwise affected without any consequent similar change, and that in some cases of leukæmia it is found in a normal condition. The other blood or lymph glands, on the contrary, are always found diseased. At all events, the presence of so much abnormal matter in the blood, penetrating every atom of the human frame, must be sufficiently deleterious to account for the peculiar symptoms of the disease, though it is evident that in the present state of our knowledge we are far from being able to solve its mysterious etiology; but whether the state of the blood be the prime cause of it, or merely its result, all observations which tend to throw light upon its chemical composition must be received as important facts bearing upon its future solution.

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## CASE OF PELVIC CELLULITIS.

[Read before the Suffolk District Medical Society, Jan. 28th, 1860, and communicated for the Boston Medical and Surgical Journal.]

BY A. D. SINCLAIR, M.D.

Mrs. F., stout and healthy, was delivered of a male child on Dec. 4th, 1859. Second pregnancy. Position and presentation natural. First stage of labor lasted eight hours; second, about fifteen minutes. The placenta was taken from the vagina by gentle traction on the cord, in about twenty minutes after the birth of the child. The uterus contracted well, and there was the usual sanguineous discharge from the vagina. She complained much, during the following twenty-four hours, of pain in the right hypochondrium, to which she had been previously subject at times; this pain was relieved by mustard. Nothing remarkable showed itself until the 7th, when she was seized with pain and throbbing in the right iliac region; the pain extending round towards the back, with tenderness on pressure; much pain on moving in bed. Considerable dysuria. Constitutional disturbance not great, although she complained of occasional slight chills. Breasts decreased somewhat in bulk. Pulse 78. No dejection since the 3d. On passing the finger into the vagina, a swelling, extremely tender to the touch, was felt on the right of the uterus. Vagina not remarkable as to heat or moisture. Six leeches were applied to the anus, and turpentine and water fomentations to abdomen, and eight grains of the compound cathartic mass were ordered.

8th.—Leeches, on account of late operation of medicine, were not applied till this morning, when the bites bled well. A pill, containing one grain of calomel and half a grain of opium, was

ordered every four hours. Also, a blister with nitrate of silver to the iliac region, and warm vaginal injections.

9th.—Less throbbing in pelvis. Some fulness now over the right iliac region. Scarcely any difference, on percussion, between the two sides. Internal swelling more marked. Pain is now complained of upon touch between uterus and rectum, and uterus and bladder. Otherwise about the same. Re-applied four leeches. Dressed blister with savine cerate.

10th.—Leech bites bled well. Less uneasiness complained of in abdomen. Tenderness on pressure about the same. No dejection since 7th. Repeated cathartic pill.

13th.—Dysuria increased; defecation difficult and painful. More constitutional disturbance. Applied leeches as on 9th.

14th.—Leech bites bled sufficiently. Lochial discharge nearly absent since confinement. Vagina for the most part moist, and not particularly hot. Micturition difficult and frequent. One natural dejection since medicine of 10th, with great pain before and during discharge. A slight sanguineo-purulent discharge from vagina this morning, for the first time. Less pain on pressure over diseased side. Sleeps pretty well; feels generally more comfortable. Slight tenderness of gums, for two or three days after taking eleven pills. Calomel and opium pill to be omitted. Warm vaginal injections to be continued, and large poultice to epigastrium applied and renewed.

15th.—Some purulent discharge from vagina this forenoon after vaginal injection. No chills nor fever. Costive; otherwise as on yesterday. Cathartic pill to be repeated, and treatment of yesterday continued.

16th.—Two dejections with pain. No vaginal discharge; occasional throbbing in uterine region. Dysuria still continues. Some dull headache.

17th.—Sanguineo-purulent discharge from vagina this A.M., lasting a short time. Dysuria less; feels generally better; pulse natural.

19th.—Discharge of matter from vagina again yesterday A.M. Hectic flush very marked last night. Feels always worse in the afternoon and evening. Two dejections last evening without medicine. Less sensitive to external pressure over the iliac region. Internal swelling somewhat less. There is now felt pain on pressure a little to the left of cervix uteri, where it hitherto has never been complained of. Steamed bran fomentations to abdomen. Dublin porter. Continue vaginal injections.

22d.—Purulent discharge from rectum, noticed this morning for the first time, to the amount of half an ounce perhaps. Chill and hectic yesterday afternoon. Some throbbing in uterine region for a short time yesterday. Has been subject now and then, since confinement, to attacks of heaviness, which she describes as a

"numbness, and a kind of sleepy feeling," lasting for two or three hours. Dysuria continues less, though still troublesome. No dejection for three days. Takes porter with relish. Milk scanty. Repeat cathartic pill p. r. n., and give half an ounce of the following three times a day:—R. Citratis ferri et quiniæ, ℥iiss.; infusionis colombæ, ℥viiij. M.

24th.—No dejection until yesterday, when it was accompanied by much pain, and discharge of purulent and bloody matter from rectum. Chill and hectic continue in the afternoon and evening. Pain and tenderness upon pressure, now complained of for the first time, in left iliac region. Internally, tenderness seems to be complained of all around cervix uteri, but no swelling could be detected on the left side. Dulness on percussion is more marked externally than when the disease first showed itself on the right side. Pains complained of in lower extremity, but not severe. Nitrate of silver and blister to be applied to the left side.

30th.—Complains very little of pain, except on pressure. Blister healed. Dysuria, except in the morning, but little complained of. Very slight purulent discharge occasionally from vagina; none from rectum since 24th. Chill and hectic less frequent and marked. General appetite much improved. Sat up for a short time yesterday, for the first time since confinement. Appetite good. Takes iron mixture twice, and porter once, daily.

Jan. 2d, 1860.—Had a return of pelvic trouble yesterday, probably induced by sitting up rather longer than was judicious. Two leeches were applied to anus. After a while, the pain in flexing and extending extremities, lessened. Considerable discharge of fetid purulent matter from vagina yesterday. To-day dysuria returned to a slight extent.

4th.—Improving. Sits up daily. No uneasiness experienced except when bending forwards. Appetite good. Sleeps well. Pulse 78.

16th.—Slight purulent discharge from vagina two or three days ago; also a little from rectum. Still continues to improve in general health. Attends to household duties.

25th.—No purulent discharge from vagina since 12th or 13th inst. Gains strength daily. Milk varies in quantity. Has worked hard for the past two or three days, which has excited some uneasiness in the pelvis. Sleeps and eats well. Takes mixture regularly, and cathartic pill occasionally.

This is the last record I have made in this case. It is one of convalescence. Recovery from pelvic cellulitis, when it results in abscess, is always more or less tedious and lingering; uncertain, too: for when the disease has apparently stopped, it is not very unusual for it to start anew; hence the necessity of closely watching the patient recovering from this affection, until the entire disappearance of uneasiness about the pelvis.

The first case of pelvic cellulitis which I recognized and treated,

as such, was that of a young primipara, who a few days after delivery was seized with fever, pains in the pelvis, and dysuria, with tenderness on pressure in the left iliac region. Three or four days later, a marked tumor was detected externally and internally. After the administration of calomel and opium, the application of leeches to the hæmorrhoidal veins, and nitrate of silver to the affected part, the tumor was gradually absorbed. This case impressed me with the fact that I had already learned from Prof. Simpson in regard to the different terminations of this disease—viz., that of absorption, deposit of coagulable lymph, and suppuration or abscess. Prof. Simpson first suggested the name of pelvic cellulitis on account of its being in accordance with the pathology of the disease; for, as he avers, we might with equal correctness call pleurisy empyema, as pelvic cellulitis pelvic abscess.

Though this disease was known to the ancients, it was not until 1844 that the first essay appeared on the subject in modern times, written by Marchal de Calvi, a Frenchman, entitled "Intra-pelvic Phlegmonous Abscesses." About the same time, Drs. Doherty and Churchill, of Dublin, each wrote an essay on this disease; that of the former entitled "Chronic Inflammation of the Appendages of the Uterus after Parturition"—that of the latter, "Abscess of the Uterine Appendages." But we are, I believe, most indebted to Prof. Simpson, of Edinburgh, for the best and most extensive analysis of this disease—first, in his *Obstetric Memoirs*, edited by Priestly and Storer; and, more recently, in his admirable clinical lectures published in the London *Medical Times and Gazette* for July 9th, 16th and 30th, 1859.

#### CLOSURE OF THE FONTANELLES.

[Communicated for the Boston Medical and Surgical Journal.]

PHYSICIANS are often questioned about the proper time for the closure of the anterior fontanelle, and it may be difficult for some to answer, since the best anatomists are at variance on this point. We therefore think that it may not be unacceptable to give a summary of some recent observations, by Henri Roger, in the *Union Médicale* for November, 1859.

The researches are based upon the fact, that a cephalic souffle is not heard when the opening is closed by bone.

In three hundred children the anterior fontanelle was never found closed before the age of fifteen months, and never open after the age of three years.

It must be stated, however, that a distinction is to be made between the clinical and anatomical closure—the first being recognizable during life, the second after death.

In the first case, that is the clinical closure, the size of the opening gradually diminishes, while, at the same time, the mem-

brane becomes thicker, until it finally feels like bone. When this takes place, the cephalic souffle is no longer perceptible. The only method of determining the absolute closure by bone, is to examine the dead body. Still, we may assume, that when the fontanelles appear to be closed by ossification, they really are so.

The results arrived at in the manner abovementioned are as follows:—The period of ossification is comprised between the ages of fifteen months and three years and a half. At the first age, the complete change is very rare; at the last, is always found. But these are the extremes. The occlusion generally takes place between the second and third year, and its frequency is regularly progressive from the twentieth to the twenty-third month, increases rapidly after the second year, and still constantly augments until the age of three and a half years.

Two diseases retard this change—rickets and hydrocephalus; the first by its influence upon the ossific process, the second by its mechanical action. The non-closure of the fontanelles at the usual time, may be one of the first manifestations of rickets, and warn us of the approach of the disease.

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#### FATAL OBSTRUCTION OF THE BOWEL BY MECONIUM.

BY GEORGE R. BARNES, ESQ., M.R.C.S., CHESHIRE.

On the morning of Nov. 25th, I was called to attend Mrs. R., who was in labor of her second child. The case was a natural presentation, and the labor easy. On the birth of the child, the funis was found around the neck, as well as the arm and thigh of the corresponding side. Respiration was fully established in three or four minutes after birth. The infant was above the average size, well developed in every respect, and, to all appearance, strong and healthy. Nothing extraordinary occurred to attract attention during the first twenty-four hours. It had been applied to the breast, and sucked well. At the end of this time it was noticed to be sick, although actual vomiting did not occur, and little heed was taken of this symptom by the mother or nurse.

On my visit, the morning of the day following its birth, this circumstance was mentioned, and also the fact that no stool had been passed. Micturition had taken place. Satisfying myself that I had not a case of imperforate anus, and no urgent symptoms being present, I ordered a teaspoonful of castor oil to be administered. In the evening of the same day a messenger arrived, saying that the child was much worse; that it had passed no stool, was vomiting continually, and they believed dying. I visited it as quickly as possible, and found it extended on the nurse's lap; limbs quite lax; surface below the natural temperature; a dark-colored fluid being ejected from the mouth and nostrils at short intervals. The abdomen was largely distended and tympanitic, pressing up the dia-

phragm, and interfering with respiration, which was short and intermitting. I gave, immediately, a grain of calomel, and injected two ounces of warm water per rectum. The latter was forcibly returned without bringing away more than a plug of mucus. It was repeated with the same effect. A warm bath had been previously employed. The child was evidently sinking, and died two hours afterwards—under forty-eight hours from the time of its birth. I was anxious to know what condition had given rise to these symptoms, having concluded, in my own mind, that they were owing to occlusion of some portion of the canal. I requested an examination, which was granted.

*Sectio cadaveris, twelve hours after death.*—Rigidity slight; deep lividity over entire surface; putrefactive process commenced; no fluid in the cavity of the chest or pericardium; lungs healthy; coronary vessels turgid; heart, right side, distended with fluid, dark, grumous blood; ductus arteriosus contracted; abdomen, the whole length of the small intestine, much distended, partly with flatus, partly with a dark, fluid matter; stomach healthy, but pale; duodenum intensely congested for a considerable extent, very little softened; ileum less distended than the portions of bowel above. For three to four inches upwards from the ileo-cæcal valve, the contents of the bowel solid, and with difficulty protruded from the canal. Immediately at the ileo-cæcal orifice was a mass as large as a walnut. Not a particle of contents in the large intestine, which was pale, and shrunk to about the size of the stem of a tobacco-pipe. The ileo-cæcal valve of normal dimensions. The liver and kidneys healthy.

Evidently, then, from the symptoms during life, and the *post-mortem* examination, death took place from the impaction of solid contents in the small bowel, immediately in front of the ileo-cæcal orifice. No opportunity was given for the employment of active measures, collapse occurring so speedily. I do not remember reading of a case of a similar character at so early a stage of existence.—*London Lancet*, Dec. 31, 1859.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

DEC. 27th.—*Chronic Laryngitis.* Dr. CABOT reported the case.

A little boy, 7 years old, was brought into the Massachusetts General Hospital, Nov. 14th, in a state of extreme dyspnoea. The respiration was labored; pulse 140, hard, quick and irregular; voice hardly audible. He was a stout, healthy-looking boy. A month before, he had contracted a cough, from exposure to cold, but was not confined to the house. The evening before his entrance, while shouting at the top of his voice, he was seized with a fit of convulsive coughing, fol-

lowed by great dyspnœa. Soon after entrance to the Hospital, he had an attack of coughing, almost causing asphyxia; the face became livid, and the extremities cold. The sputa were frothy, and mixed with blood.

The patient was immediately put into a room the atmosphere of which was saturated with the vapor of boiling water. The effect of the steam was striking; almost immediately the respiration became easier, the expression of pain and distress left his countenance, and the little fellow went off to sleep. He slept at intervals through the night, and the next morning appeared somewhat relieved. Pulse 142, more regular, but still hard. The epiglottis seemed to be slightly thickened. The respiration was comparatively easy. The sponge-probang, wet with a strong solution of nitrate of silver, was introduced twice, and one grain of iodide of potassium was ordered every two hours.

On the 16th, the pulse was 126; free muco-purulent expectoration, streaked with blood. There was pain in the trachea, at a point just below the larynx. The chest was resonant on percussion, front and back, throughout the whole extent. No vesicular murmur could be heard, on account of a peculiar whirring sound heard over the whole chest, and referred by Dr. Cabot to some cause seated in the trachea below the larynx. He was allowed a nutritious diet. The patient continued to improve, though he had occasional attacks of pain, just below the larynx, causing him to start from sleep, and scream. At these times his extremities became cold. On the 27th, his voice was quite strong, pulse 60, full and steady. Three grains of chlorate of potash were ordered three times daily. On the 28th, he was ordered quinine, in lieu of other medicine; on the 2d December, he was about the ward, and he was discharged, well, December 4th.

DEC. 27th — *Abscess and Urinary Infiltration in Perinæum, following Stricture.* Dr. CABOT reported the case.

The patient was a machinist by trade, 44 years of age, of poor physical development, and broken-down constitution. He had had gonorrhœa two years since, which lasted a long time. Three months before his entrance into the Hospital, he had difficulty in micturition, which rapidly increased, and his physician was unable to pass a catheter. Dr. C. found a stricture about two inches from the meatus, and there was a second, and very narrow one, near the neck of the bladder, which was excessively irritable. A No. 1 bougie was passed through this, and into the bladder. After this, the patient had less trouble in micturition. A week after his entrance, after the passage of a probe-pointed instrument, a few drops of blood flowed from the urethra. Subsequently, during the day, he had chills. These were followed by swelling of the penis, about the region of the first stricture, with acute pain extending along the track of the ureters, and in the lumbar region. His appetite failed, and he had much thirst. An abscess apparently burst, followed by symptoms of urinary infiltration, anterior to the triangular ligament. The patient had copious sweats, the tongue was covered with a dark-brown fur, was fissured and blistered. Skin hot and dry; pulse 120, small and unsteady. Countenance expressive of much distress.

The patient being etherized, Dr. Cabot passed a No. 1 elastic bougie with considerable difficulty through the urethra into the bladder, and made a free incision along the median line. This was followed by

great relief for several days, during which the general condition of the patient improved considerably. The urine escaped freely through the catheter. There was free suppuration. In nine days after the operation, however, he began to fail, became restless and delirious, relapsed into a typhoid state, and died.

Dr. ELLIS showed the organs. The cellular tissue around the penis was infiltrated with pus. The upper portion of the urethra, which remained entire, appeared healthy. The bladder was firmly contracted, and its cavity measured only an inch and one half in diameter, its walls seven eighths of an inch in thickness. The mucous membrane was of a deep red color, but not otherwise changed. The ureters were healthy. The kidneys were much lighter colored than usual. There was a considerable amount of pus in the pelvis of each. The mucous membrane was in many places of a deep red color, or covered with irregular fragments of whitish false membrane. The other organs were normal.

### Bibliographical Notices.

*Gustaf Von Dubin's Treatise on Microscopical Diagnosis, &c.*

WE are happy to say that this little work is all that it pretends to be—"A brief and practical Manual of Microscopical Diagnosis for the student and practitioner." Both may consult it with the assurance that they will be told, in a few words, many truths, perhaps not contained in cumbersome volumes, nor so hidden that it is difficult to discover them.

C. E.

*On Poisons in relation to Medical Jurisprudence and Medicine.* By ALFRED SWAIN TAYLOR, M.D., F.R.S., &c. Second American, from the second revised London Edition. Philadelphia: Blanchard & Lea.

IN this edition of his work on poisons, Dr. Taylor has very materially changed its plan and intentions, confining himself entirely to those substances which are of interest in legal medicine, and omitting a very large number of drugs which were treated at considerable length in his first edition. In this way he has much improved the usefulness of his book, which is further increased by a fuller treatment of the more common poisons, and the addition of others which the progress of science has furnished.

A work of this kind has been much needed, for the constant improvements in chemistry within the past ten years have introduced many poisonous substances into common use in the arts, to say nothing of the improved methods of analysis.

The preliminary chapters are devoted to the nature, mode of action, classification, absorption and elimination of poisons. The last two topics are treated at considerable length, and with much ability, including, as they do, many of those problems about which there is the widest difference of opinion among scientific men, and upon which medical experts are very often at fault. We have space only for one instance of these:—It was formerly believed that arsenic, like lead, when given in small doses, and continued for some time, accumulates in the tissues, and after a certain time as it were, bursts into full poi-



sonous action. Dr. Taylor combats this idea very successfully, asserting that so far from remaining for a long time, this poison is eliminated from the system with even more rapidity than most of the metallic salts. Among other experiments adduced in proof of his position, are those of Mons. Flandin, where arsenic was administered to animals in slowly increasing quantities for nine months. Three days after the last dose, which was fifteen grains, the animals were killed, and no trace of the poison could be found in any of the tissues.

We notice another erroneous idea properly refuted. We allude to the statements which appeared two or three years ago in an English literary journal, and which were copied quite extensively, that in Styria, and in some parts of Hungary, the common people were in the habit of eating arsenic—the men for the purpose of making them robust and better able to endure fatigue, and the women to enhance their personal attractions. This statement was originally made by Von Tschudi, who adduces no evidence that the white powders said to be used were indeed arsenic; on the contrary, from the manner and material from which it is obtained, it is much more likely to be the oxide or some other salt of zinc. In any case, nothing but the most complete and convincing testimony would be sufficient to establish a fact so directly contrary to the common and ordinary effect of the drug.

In describing the numerous tests and methods of detecting arsenic, we think Dr. Taylor places too much reliance upon that described as “Reinsch’s process,” which consists briefly in precipitating the metal from a diluted hydrochloric acid solution of the tissues, upon copper foil or gauze. It is sufficient, in proof of the fallacy of this test, to allude to the very grave mistake made in the late trial of Dr. Smethurst, of Richmond, Eng., for poisoning his wife. Dr. Taylor himself stated, in a preliminary examination, that he found arsenic in the contents of one of the vials submitted to him, after testing them by Reinsch’s process, in the proportion of one grain to the ounce. Subsequently, at the trial, he acknowledged his error, stating that on testing his copper gauge, he found that to contain arsenic in the proportion of nearly one grain to the ounce. We submit, that any test which, in the hands of Dr. Taylor, could be liable to so great an error, is hardly to be relied upon by less experienced operators.

We intended, had our limits permitted, to have noticed more particularly some other points in this very valuable treatise. We close by regretting to see in Dr. Taylor the same obstinate and unreasonable opposition to the use of sulphuric ether as an anæsthetic, which has from its first discovery characterized the English medical profession. In his article on ether and chloroform, Dr. T. makes no distinction, in his examples of fatal results, between sulphuric and chloric ether, calling everything simply ether; and in making up his list of casualties from its administration, he cites many which occurred before the discovery of its anæsthetic properties, when it is well known that both sulphuric and chloric ether commonly contained a sensible proportion of sulphuric or hydrochloric acid, to the vapor of which, the death was probably to be attributed. In what he says of the mixture of sulphuric ether and chloroform, first recommended by Dr. Chas. T. Jackson, of this city, to the Academy of Sciences of France, and published in their “*Comptes Rendus*,” he leaves entirely out of view the fact that this combination was used by the French army in both the Crimean and Italian wars, with perfect safety and success; in the lat-

ter, by the reports of the surgeon (Larry), out of the 30,000 cases in which it was used, not a single bad result followed.

On the whole, we have no hesitation in pronouncing the book under notice the best treatise on poisons that has hitherto been published.

F. S. A.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 9, 1860.

DALTON'S HUMAN PHYSIOLOGY.—Long ago, when Dr. Dalton's work was issued, it was noticed as it deserved, and welcomed as an honor to the author and the profession to which he belonged. Time has only served to confirm the opinions then expressed. It was therefore with no little pleasure that we read in the *Dublin Quarterly* for November, 1859, a full and able review of it, from which we extract the following. The praise awarded our countryman is expressed in terms so kindly and just, that we feel sure we cannot present to our readers anything more acceptable.

“In a field of inquiry so vast and extensive, the life-toil of a single individual might have been expended in vain, in the futile effort to constitute what might relatively be termed an appreciable progress. The time, the energy, the talent of multitudes, were required to smooth the road that was beset with so many difficulties, and even although they might have comparatively succeeded in their object, other hands were yet wanting to give form and arrangement to the mass of material which still lay scattered in a confused and discordant heap, without order or connection. It is, however, fortunate for mankind, that the human mind is endowed with such a versatile propensity, that where one can direct his attention to the more laborious occupation of direct experiment, another will be found equally zealous in the task of collecting and methodizing the results of the discoveries of his fellow-laborer, to mould them into a shape not only intelligible, but interesting to the general reader. We hold it to be, in fact, the highest attribute of our race, this rare power with which we are gifted—the tacit appropriation of ideas one from the other, making what was at one moment an individual right, the next the common property of a whole community—the unquestioned heritage of generations yet to come, bequeathed to them, to be rendered yet more valuable and prolific by the exercise of additional labor and mental exertion. And to such, therefore, is virtually due no small degree of real merit, who, apart from every selfish motive of display, are satisfied to sit down and calmly devote that ability with which they have been endowed to the less imposing task of collecting and bringing together the scattered views of others, reducing them to a uniform shape, scrutinizing with a critical but impartial eye the justice of what has been advanced, blotting out with an unsparing hand what would appear to be contrary to reason and incapable of bearing a strict investigation, impressing what is really useful and instructive, and, what is still more difficult, drawing such rational inferences from them as will have a tendency to promote the propagation of truth and the advancement of legitimate science.

“If it were necessary to produce an example of what may be accomplished in this way, we would direct the attention at once to the work at present lying before us, issued from the American press, from the pen of Dr. Dalton. This System of Physiology, both from the excellence of the arrangement studiously observed throughout every page, and the clear, lucid and instructive manner in which each subject is treated, promises to form one of the most generally received class-books in the English language. It is, in fact, a most admirable epitome of all the really important discoveries that have always been received as incontestable.

ble truths, as well as of those which have been recently added to our stock of knowledge on this subject by the labors of the leading microscopists and chemists of the present day, affording a concise but comprehensive view of the progressive steps by which the science has advanced to its present high standard of perfection, having with much wisdom, in our opinion, omitted the great majority of those disputed points, which in the infancy of this subject had crept into the field as great and established facts. In doing so, we conceive that the author has conferred a substantial boon on the student of physiology, as he has thus discarded a mass of material, curious, no doubt, in its nature, but avowedly erroneous, and, as such, worse than useless, for it could only have the effect of burthening the memory, where no positive advantage could be obtained as a compensating equivalent for the time expended in their acquirement. At the same time he has exhibited a most anxious desire to corroborate by actual experiment on his own part every result of importance that has originated from the researches of others, and has taken great pains to avoid introducing any single fact that has not been most cautiously sifted and thoroughly investigated. In all his inferences depending upon the exercise of reason, his deductions are always marked with good sense and discrimination; while his arguments in support of particular views are invested with a persuasive power that rarely fails in carrying his reader along with him in the ideas which he so ably advocates."

After several lengthy quotations, the writer concludes as follows:—

"In its purity of style and elegance of composition it may safely take its place with the very best of our English classics, while in accuracy of description it is impossible that it could be surpassed. In every line is beautifully shadowed forth the emanations of the polished scholar, whose reflections are clothed in a garb as interesting as they are impressive; with the one predominant feeling appearing to pervade the whole—an anxious desire to please and at the same time to instruct. The assistance of art has likewise been invoked as auxiliary to the powers of verbal description, and the faithful illustrations with which nearly every page is studded are such as to do infinite credit to the genius and enterprise of our Transatlantic brethren in this particular department. In closing our observations on this production of Dr. Dalton, we can only reiterate what we have already stated—the firm conviction that we entertain that it must yet take its place on the shelves of the physiologist, as one of the best and most effective works that has appeared for many years."

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THE SALTS OF CERIUM IN THE VOMITING OF PREGNANCY.—Dr. Thompson, of Edinburgh, in his admirable clinical lectures on the diseases of women, reported in the *Medical Times and Gazette*, mentions one of the salts of cerium, as the most efficacious remedy for the sympathetic vomiting in pregnancy that he has employed. The salt referred to, is the *oxalate*, and in regard to it, he says that he has been successful in curing this distressing affection in a larger proportion of cases with this, than with any other single remedy that he had used. And not only in the forms of vomiting dependent on the sympathetic derangements of the stomach, consequent upon functional or pathological changes in the uterus, and other organs, but where this is due to morbid conditions of the stomach itself.

Other salts of this metal, particularly the nitrate, which was also first brought to the notice of the profession by Dr. Simpson, seem to possess the same general therapeutical properties. The *nitrate* seems to resemble very nearly the trisnitrate of bismuth in its action, which is that of a sedative tonic, acting, in part, at least, upon the mucous membrane and nerves of the stomach, to increase the tone and allay irritability.

Cerium, it will be remembered, is one of those metals about which little is known. It was first discovered in Sweden in the mineral

called *cerite*, and has since been found in Greenland, and in the States of New York and Pennsylvania in another mineral called allanite.

The oxalate is probably a compound of oxalic acid with the protoxide of the metal, and not the peroxide. It is a snow-white powder, insoluble in water, but soluble in sulphuric acid, by which it is distinguished from other insoluble salts and earths.

The dose, as recommended by Dr. Simpson, is from one to two grains three or four times in the day, either in the form of pill or powder, mixed with a few grains of tragacanth.

So simple a remedy, and one so efficacious as this has proved in the hands of Dr. Simpson, in one of the most annoying and often distressing symptoms connected with pregnancy, certainly deserves a fair trial.

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GLASS SYRINGES. *Messrs. Editors*,—Soon after the vaginal glass syringes came into general use, there came under my notice a few cases of unpleasant accidents from spiculæ left in the vagina, consequent on the fracture of the instrument. I had therefore uniformly directed my patients to substitute others, not liable to fracture. The cause of the accident may be the sudden elevation of the temperature of a *portion* of the glass, by taking it, perhaps, from a cold closet, and plunging it in liquid of too high temperature. The fracture might occur, and yet the syringe hold together long enough for insertion, but crumble when the piston is thrust forward; and though no such case has come to my knowledge, I conceive it not impossible that a dangerous wound might be thus inflicted.

I was recently called to Mrs. —, and found her in much consternation, suffering considerable pain from irritation of the membrane, in her own vain attempts to remove fragments of glass, left in the vagina by such accident. With some difficulty, I removed several jagged fragments, the largest being the hemispherical termination of the syringe (which was in contact with the *os*), having three sharp-pointed projections, lying obliquely across the vagina—and, severally, two and a half, one and a fourth, and three fourths of an inch in length. No bad consequences followed.

I improve the incident merely as an occasion for urging my objection to the *general* use of glass for such purposes, a large proportion of our patients being either too ignorant or too heedless to use such an instrument prudently; and I enclose the *memorandum* to the *JOURNAL*, that the Editors may make such suggestions in the matter (if any are needed) as they deem proper.

J. L. CHANDLER.

*St. Albans, VI., January 12th, 1860.*

An excellent substitute for glass syringes may be found in those made of "hard gum," which is a peculiar preparation of India rubber.—EDITORS.

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MESSRS. EDITORS,—I read with much satisfaction the lead bar case. It reminded me of a case in an early volume of the *Medico-Chirurgical Transactions of London*, in which a silver dessert spoon was accidentally swallowed, and removed by cutting into the stomach. The operation was successful. The spoon was not of the largest size. In the same volume, I think, is the case of a Russian officer, in which the abdomen was opened and about six inches of the ileum removed, and

the cut ends connected by three sutures, with success; and if my memory serve, some other important operations within the abdominal cavity are referred to, which were also successful. I do not give these reminiscences for an *item*, but because of the remark that the lead bar case was thought to be unparalleled.

W.

ELECTION OF DR. CHANNING TO THE OBSTETRICAL SOCIETY OF LONDON.—We learn with much pleasure that, at a recent meeting of the Obstetrical Society of London, Dr. Walter Channing was elected an Honorary Fellow.

It is needless for us to say that the Society could not have selected a more worthy recipient of this distinguished honor, marked as he has been, through the long career of his professional life, by those high qualities which have placed him among the most eminent physicians of our country.

DR. BROWN-SEQUARD.—It is generally reported that this distinguished physiologist, whose researches on the nervous system, more especially in relation to epilepsy and paralysis, have gained him a world-wide reputation, will be elected a physician to the proposed Hospital for Epilepsy and Paralysis, in London. This appointment would command the universal approval of the medical profession, not more on account of the unrivalled merits of the candidate, than by the impulse it would give in this country to the scientific study and treatment of nervous diseases, the results of which would be of incalculable benefit to the public and to the medical profession."—*Edinburgh Med. Jour.*

FLORA OF ILLINOIS.—From a communication of Dr. George Vasey, of Ringwood, to the *Chicago Academy of Sciences*, we learn that about 200 species, including some 50 species of Cryptogamic plants, have been added to the Catalogue of the State; making some 1,200 species thus far observed.—*Chicago Medical Examiner.*

MORTUARY STATISTICS OF THE OHIO PENITENTIARY.—For the entire 26 years of the existence of the present prison, the yearly average number of prisoners is 439. The average of deaths for each year is 17, or nearly 4 per cent.; entitling each prisoner, of average age, to the expectation of 26 years of additional life.

An interesting aspect of these statistics is shown by dividing the period of existence of the institution into two periods; one including the first 21, and the other the last 5 years. In the first of these periods, the average number of inmates is 431; the annual average of deaths, during the same time, is 19, or 4.41 per cent., entitling each prisoner, of average age, to the expectation of 22 $\frac{2}{3}$  years of additional life. During the last 5 years, the yearly average number of prisoners is 671; the average yearly deaths 8 $\frac{1}{2}$ , or 1.15 per cent.; entitling each prisoner, of average age, to the expectation of 87 years of additional life.—*Ohio Medical and Surgical Journal.*

It is understood that Sir John Forbes, the eminent physician and author, having lately suffered from severe illness, has intimated his intention of retiring from active life. He generously presented his very valuable medical library, numbering about 3,000 volumes, to the

Marischal College, Aberdeen, where he received his early education. He graduated in medicine at Edinburgh in 1817.—*Louisville Medical Journal*.

**SOUTH CAROLINA MEDICAL ASSOCIATION.**—At a meeting of the Executive Committee of the South Carolina Medical Association, held on August 17th, 1859, the following resolution was adopted:

*Resolved*, That, with the view of promoting the interests in its meetings, and increasing the value of the essays presented, a prize of one hundred dollars be offered by the Association for the best essay on a subject in any one of the departments of Medical Science.

The competition for the prize is limited to the profession of the State.—*Charleston Medical Journal and Review*.

**NEW INSTRUMENT.**—We have been favored with the description of a new surgical instrument, devised by Prof. Paul F. Eye, of Nashville, Tenn., for the operation now performed in cases of vesico-vaginal fistula. It consists of a screw-clamp and the twisted suture. As the article is accompanied by wood-cut illustrations, it reached us too late to have them engraved in time for this number.

Dr. J. O. Bronson, of this city, has also introduced a new instrument for the same purpose—that of dispensing with the clamp of Dr. Sims, and the button of Dr. Bozeman, in this operation.

At the Woman's Hospital, of this city, under the direction of Dr. Sims himself, neither clamps nor button are used, the silver suture alone having been found uniformly successful. Whether the new instruments afford facilities for the operation, as now simplified, future experience must decide.—*Am. Med. Gazette*.

**M. GILLETTE**, a distinguished physician of the Children's Hospital, died in October from diphtheritic inflammation of the throat, contracted during the treatment of a child in the country. M. Valleix met his death from the same disease. M. Gillette was respected by his brethren for his abilities as a physician, his scholarship and cordial manners.—*Cincinnati Lancet and Observer*.

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 4th, 1860.

#### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	43	37	80
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	38.8	37.1	75.9
Average corrected to increased population, . . . . .	..	..	88.6
Deaths of persons above 90, . . . . .	..	2	2

#### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	30.316	Highest point of Thermometer, . . . . .	50
Highest point of Barometer, . . . . .	30.620	Lowest point of Thermometer, . . . . .	—8
Lowest point of Barometer, . . . . .	29.604	General direction of the Wind, . . . . .	S., N., NW.
Mean Temperature, . . . . .	20 1-7	Whole amount of Rain in the week, . . . . .	.266

Jan. 31st.—Rapid change of temperature in the afternoon. Wind blew violently from the North, with snow in the evening.

**NOTICE TO CORRESPONDENTS.**—"Enquirer" is referred to the "Announcement of the Summer Session of the Medical Department of Harvard University," which may may be had at this office.

**Books and Pamphlets Received.**—Contributions to Operative Surgery and Surgical Pathology. By J. M. Carnochan, M.D. Part III. (From the Publishers.)—History of the Cemetery of Mount Auburn. By Jacob Bigelow, M.D. (From the Publishers.)

*Deaths in Boston* for the week ending Saturday noon, February 4th, 80. Males, 43—Females, 37.—Accident, 1—apoplexy, 1—bronchitis, 1—congestion of the brain, 2—inflammation of the brain, 1—softening of the brain, 1—cancer, 1—consumption, 16—convulsions, 2—cholera infantum, 1—croup, 1—dropsy, 2—dropsy in the head, 4—debility, 1—epilepsy, 1—erysipelas, 1—bilious remittent fever, 1—scarlet fever, 1—typhoid fever, 2—disease of the hip, 1—intemperance, 1—inflammation of the lungs, 9—marasmus, 4—old age, 3—palsy, 1—pleurisy, 1—smallpox, 5—spina bifida, 1—unknown, 10—whooping cough, 3.

Under 5 years, 40—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 7. Born in the United States, 57—Ireland, 15—other places, 8.

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No. 3.

THE LIFE OF JOHN COLLINS WARREN, M.D.\*

[Communicated for the Boston Medical and Surgical Journal.]

ON the 5th of May, 1856, it was announced to the profession of the city of Boston, convened in special meeting as members of the Suffolk District Medical Society, that the name of JOHN COLLINS WARREN was "stricken from the roll of living men."† In the words of the eloquent orator from whose remarks we quote, we believe there was indeed no one in that large assemblage who could "hear this brief announcement unmoved." Familiar as all his medical brethren had long been with the departed surgeon's reputation and indefatigable labors, it would have been impossible for them not to have felt some emotion when told that the busy brain was at rest and the skilful hand had forgotten its cunning.

Few, perhaps, had that intimate acquaintance with Dr. Warren, which enabled them to judge of the excellence of his private character, or to appreciate the deeper feeling which ran like a strong, though somewhat hidden current, beneath the visible surface of his every-day life. To one who was so habitually and constantly absorbed in work of some kind, the time for social unbending or mere disport of fancy came but infrequently, if at all, in general society. His hours of relaxation, few as they must have been under his *régime* of action, were, perforce, devoted to the members of his home- and family-circle. And yet, to such as associated with him there, or who now read the records of his life, there is very much known and revealed, which none who saw him only in public, or in the exercise of his professional duties, would have ever imagined. This effect of entire pre-occupation in the cares and business of life, is not peculiar to the subject of this biography; what numbers are thus so absorbed that even their own families see little of them—and this in every occupation. How far it is right to allow one's self to be thus wholly appropriated by the

\* The Life of John Collins Warren, M.D. Compiled from his Autobiography and Journals. By Edward Warren, M.D. In two volumes: Pp. 802. Boston: Ticknor & Fields. 1859.

† O. W. Holmes, M.D. Remarks at the meeting of the Suffolk District Medical Society.

demands of the outside world, we will not presume to determine; every one must therein be his own judge. For the physician or surgeon, there would seem to be peculiar excuses—and yet even they ought not to be almost entirely separated from their families and friends. Sir Astley Cooper, in the zenith of his fame and usefulness, it is said, was scarcely seen by his family until dinner-time, and then only for the duration of the meal and a brief portion of the evening—and this, in degree, is the case with many men, professional and unprofessional. It would appear, however, that family ties and pleasures, although but a comparatively short time could be spared for the latter, were never wholly neglected by Dr. Warren. It was the force of the circumstances of the particular epoch in which his middle life passed, which compelled him, in conjunction with his zeal and industrious habits, to such unremitting labor. There was need of a good and prompt surgeon in the community, and his opportunities, no less than his mental conformation, fitted him for the post. And yet, perhaps one of the most remarkable facts connected with his unflagging exertions and constant professional toil, is that he was not *compelled* thus to work. We mean to say that if he had chosen to be more self-indulgent—perhaps even a little indolent—he would undoubtedly have secured as much business as would have brought him in a handsome pecuniary return. There were not then, as there now are, a number of competent surgeons to dispute the palm of success and share the emoluments of practice. He yielded, however, to no syren allurements of ease or pleasure—he scarcely consulted personal convenience and comfort enough—and one is astonished, in reading the volumes of his Autobiography, at the extent, depth, and variety of his pursuits. While thus generally speaking of his character, we may again refer to the influence all this work must have had in debarring him, very essentially, during his more active years, from mingling socially with his fellow-men, except in the strict relation of their medical attendant. In the words of Professor Holmes, whose beautiful tribute to his memory all who heard will like to read, and those who did not hear, will admire—“to understand his character, we must compare that busy period of life before referred to with its later years, after he had relinquished the most arduous portion of his daily duties. Then it was that the taste for natural science, held sternly in abeyance during a long period of professional toil, was allowed to assert itself; and all might see how resolute must have been the purpose which could have kept it subjugated and almost unsuspected. Then it was that the pleasant social qualities, overlaid for a time by the weight of severe occupation, found their spontaneous expression; and all could feel that the somewhat austere aspect of his overtasked middle age was only another proof that he had given his whole mind and heart and strength to cares that might well subdue his natural vivacity and sadden his cordial smile.



“These last years of his life have softened all our recollections of his strenuous years of toil. He had got out of the brawling current; and, as he neared the further shore, a quiet eddy carried him far back towards the fountains of his youth. A kindly old man; full of pleasant anecdote; busy with ingenious speculations; loving Nature always, and studying her, not as once in the fearful shapes in which she used to challenge his skill, but under the branches of the ‘Great Elm,’ or beneath the buttressed ribs of his huge mastodon, or hanging over the sandstone tablets where the life of the eternity that is past has left its earliest autographs—he pursued his cheerful labors to the last, bent, but not broken; and so walked softly from among us into the land of shadows.”

But little more need be said where so much has been so fitly spoken. Not professing to enter into particularities upon the traits of character which belonged to Dr. Warren, nor into details of the varied topics open for comment as laid down in the volumes before us, we wished, before passing to what will more especially occupy us at this time, to refer, at least, to those qualities of mind and heart now first fully made known to the world. This has been done, already, by an abler hand. We would only say, that, at the close of his long and busy life, few could look back upon as much work, well, faithfully and conscientiously done; none, perhaps, were ever more devotedly attended as that life ebbed away; the medical friend of his early days stood by as his chief adviser, and a throng of relatives and other friends lent their best efforts to relieve his last sufferings. Firm and indomitable to the last, cheered by the recollections of by-gone days of usefulness, and looking forward with the strong and hopeful eye of Christian faith, his visible presence ceased from among men—his deeds and his fame survive.

The two large volumes devoted to Dr. Warren’s biography, afford ample opportunities for lengthy comment and full quotation; and there are two or three ways in which they might be appropriately noticed. For instance, if written about as a whole, we might say that they contain a great deal that would interest the general reader; that the historian and the politician would find very much to enthrall their attention; and that science, in more than one of its departments, might gather choice information from their pages. But neither time nor space will permit us to do more than move within the strict sphere of the professional topics presented for our consideration; and herein we shall find more than we can present in a manner worthy of the material. The most important and noteworthy matters in which Dr. Warren was prominent, professionally, must therefore receive our exclusive attention.

It may be truly said, that from the time Dr. Warren engaged himself as a “dresser” to Mr. William Cooper, of Guy’s Hospital, to the close of his life, his industry was unremitting, in one form or another. No one, perhaps, ever had better opportunities for

self-improvement and the acquisition of that professional knowledge which is always so much in demand in every community; and of these opportunities he most thoroughly availed himself. The practice of the Coopers, of Mr. Cline, Mr. Abernethy, Sir Everard Home, of Drs. Saunders, Ralph, Babington and Fordyce, together with attendance on the lectures of the Bells, of Monro, Gregory and Hope, afforded a chance for observation and acquisition not easily equalled in any time or country. His first visit to Europe, and that during which he enjoyed the above-named advantages, was made in 1799, and extended to the autumn of 1802. A portion of it was devoted to the examination and study of French medical and surgical science, during which he came in contact with such men as Dubois the celebrated surgeon, afterwards Baron; with Vauquelin the renowned chemist, whose lectures he closely followed at a "private class;" with Chaussier and Dupuytren, Fourcroy, Cuvier, Corvisart and Sabatier.

Soon after his return home, he was launched into quite extensive practice; and, partially from the fact that his father needed some relief from arduous toil, his professional visits occasionally numbered fifty in the day. In 1803, in addition to his more active labors, he helped to form a society for medical improvement, at which papers were read and discussions held. Dr. James Jackson was his partner in the construction of this association, and Drs. Dixwell, Coffin, Bullard, Shattuck and Howard were the other members. This society lasted a number of years. In connection with the *New England Medical Journal*, there was a weekly meeting of those especially engaged in sustaining it, and in addition to the names of Drs. Warren and Jackson, we find those of Drs. Channing, Bigelow, Gorham, Hayward and John Ware.

When admitted into the Massachusetts Medical Society, in 1803, Dr. Warren immediately exhibited his usual zeal and industry in making communications and in studying the welfare of the Society generally. The papers communicated by him are all of high importance and interest. Among them are, "a history of a wound of the femoral artery," occurring to a lad of fourteen years, who attempted to leap over a picket fence; and an account of a case of, and operation for, strangulated hernia—reckoned by him as one of the most remarkable, if not the most remarkable, he had ever managed.

A valuable Report upon vaccination and its prophylactic virtue, was made to the Society in 1808. Dr. Warren was one of the Committee who rendered the report, which was a very elaborate one, covering about fifty closely printed pages. Notwithstanding his continual occupation, he had given public demonstrations in anatomy to "the established physicians of Boston," and was Adjunct Professor in Anatomy and Surgery with his father, whom he succeeded in office in 1815.

It is pleasing to find recorded the interest which was taken by

Dr. Warren in the formation of the Boston Medical Association—an Institution which we deem of great value to the profession of this city, and whose meetings have not, hitherto, in our experience, been so fully attended as the excellence of the principles and the ends proposed by the Association demand. It is well characterized in the Biography as “an institution invaluable for the harmony and union it has promoted for fifty years among the medical men of Boston.”—(Vol. I., p. 87.)

We must pass over the exertions, finally crowned with success, which Dr. Warren made, in conjunction with Dr. Jackson and others, to obtain a new building for the Medical College, when it was decided to have the lectures given in Boston; and barely mention the concomitant praiseworthy efforts to secure all the advantages possible in the way of affording material for clinical instruction; nor can we even allude, individually, to the many other undertakings, literary and practical, which filled up his time and demanded his best efforts. Nor do we need to refer to the thoroughness of his preparation for surgical operations, and the skill with which he performed them. All this is so familiar to our readers, that it would be a matter of supererogation to enlarge upon such topics. Neither is it incumbent upon us to do more than refer to the amount of labor performed by him in giving lectures and in preparing dissections to illustrate them; for this is fresh in the memory of nearly all who will read the volumes we notice. Through all the varied phases of a long life—and many were the startling changes which he witnessed, in professional, no less than in general matters—he was ever the same: interested; eager to seek out and adopt improvements; careful to do all things well which he undertook; ceaseless in his efforts after information, and practical in his application of it. If we must pause from our somewhat particular mention of his earlier professional acts, it is not that we do not find enough in his crowded middle life to arrest attention—but it is because we find too much—our limits will not allow minuteness, and we must hasten to speak of one characteristic, which is especially prominent, and offers a worthy pattern to all who have similar advantages and opportunities for medical and surgical observation. We refer to the wonderful *perseverance* of the man, in following out, to the very end, whatever he undertook. If this trait was shown at home, it was even more strikingly manifested abroad. How few, at the advanced age when his last visit to Europe was made (in 1851) would have worked as he did! The details of what he saw and did in reference to his profession, and otherwise, in Great Britain and on the Continent of Europe, at the age of seventy-three years, are truly an example and a marvel.

Immediately succeeding the pages which contain the general account of this transatlantic journey, we have some extended and important remarks, in the form of Biographical and Surgical

"Notes," upon several of the most distinguished surgeons of the old world and their views as to surgical diseases and operations. To the profession, this portion of the work will be found the most interesting and valuable; and not the less so, that Dr. Warren's own opinions and much of his practical experience are therein detailed.

Were we merely to enumerate the subjects descanted upon in the pages we have just alluded to, we should still further transcend the limits we now have fully reached, and must even pass over, in concluding. Those who wish to know the volumes better—and who will not?—must do as we did—read them through; the time will be well spent.

We should be doing injustice to those by whose care and watchful supervision the book has been brought before the public, and to our own sense of the exquisite and meritorious in art, did we omit to notice the scholarly and finished manner in which the editor has performed his task—by no means a light one—and also the appearance of the work itself. The facile and correct style of Dr. Edward Warren is already familiar to his medical brethren and to a multitude of other appreciative readers—no fitter hand could have been chosen to execute a confessedly difficult labor—and the completed work abundantly testifies to the truth of our assertion.

The volumes themselves, from outermost surface to innermost heart, are truly elegant, beautiful and *recherchés* in the style of their getting up. A solid, strong and appropriate binding encloses a delicately-tinted paper, of a shade most admirably adapted to the ease of the eyes in reading, and upon which is spread the large, full-faced, clear type—the lines being leaded and thus making it a *luxury* to read.\* No expense, evidently, has been spared to render the work attractive, valuable and lasting.

#### SUMMARY OF TREATMENT IN A CASE OF PHTHISIS PULMONALIS.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

THE physical signs, in the case alluded to in the last volume of the JOURNAL, indicating the existence of acute inflammation of the bronchial mucous membrane, the furred tongue, nausea, and frequent desire to vomit, pointing to a disordered state of the stomach, in my opinion clearly dictated the propriety and necessity of giving a mild emetic of ipecacuanha, which was ordered in the dose of sixty grains, conjoined with four grains of capsicum and two teaspoonfuls of paregoric in warm salt water—the emetic

\* The most carefully-superintended book, it would seem, cannot escape some errors of the press. It can hardly fail to be remarked, by the professional reader, that several of the proper names—especially those which are French—are misprinted; and there are a few minor errors which ought not to have eluded the eye of an accomplished proof-reader.

which I almost invariably employ for adults. Four hours after vomiting, the following was ordered, more certainly to control the inflammation: R. Tartar emetic, six grains; nitrate of potash, three drachms; tincture of veratrum viride, one drachm; liquor morphiae, one ounce; water, six ounces. Dose, two teaspoonfuls every two hours, and at bed-time six grains of calomel with ten of Dover's powder.

26th.—The vomiting was profuse, principally of dark-greenish matter, affording great relief; the respiration easier, the cough troublesome, but the night had been passed more comfortably than usual. The diet to consist of farinaceous articles, and the drink of a rich solution of gum Arabic in an infusion of elm bark, until further orders.

27th.—Much the same; cough very severe. Ordered syrup of squills, one ounce; syrup of morphia, one ounce, three grs.; syrup of tolu, two ounces, to be added to what remains of the first mixture, giving one teaspoonful every hour.

28th.—A more comfortable night. The bowels not having been moved, ordered an injection of salt water at once, and one modified blue pill at bed-time. Other remedy continued.

31st.—Much the same. Cough very troublesome; inflammation less; expectoration on the increase. Ordered nitrate of potash, three drachms; bicarbonate of soda, forty grains; liq. morphiae, one ounce, three grains; syrup of squills, one ounce; water, four ounces. Dose, one teaspoonful every hour. This day, the use of medical inhalation was commenced, with the following: extract conii, two drachms; tr. opii camphorat., one ounce; bals. copaiba, two drachms; tr. assafœtidæ, four drachms.

April 1st.—R. Syr. senegæ, one ounce; syr. morph., one ounce; syr. tolu, two ounces; ol. morrhuae, four ounces. Dose, two teaspoonfuls, three times a day. The other cough mixture to be continued, and the daily use of the tonic drink to be commenced.

2d.—R. Tart. ant. et pot., two drachms; ol. tigllii, half drachm; cerat. simp., one ounce. Rub the breast several times a day.

5th.—Commence the syrup of iodide of iron as follows: R. Syr. iod. fer., three drachms; syr. senegæ, one ounce; syr. morphiae, one ounce; tr. quassia, two ounces; ol. morrhuae, q. s. pro eight ounces. Dose, two teaspoonfuls every two hours.

7th.—Renew inhaling mixture; continue others.

9th.—Complains of sore throat, which was found much inflamed. R. Bor. sodæ, three drachms; liq. morphiae, two ounces; tr. capsici, three drachms; honey, two ounces; camphor-water for eight ounces. To be used frequently as a gargle. Begin this day with six ounces of porter, daily, in addition to the daily tonic drink.

11th.—R. Cyanur. potass., six grains; bicarb. sodæ, one drachm; aquæ, one ounce; syr. senegæ, one ounce; syr. morphiae, one ounce, three grains; syr. tolu, three ounces. Dose, one teaspoonful four or five times a day, or more frequently, if necessary.

12th.—Profuse night sweats commenced last night. R. Zinci sulph., fifteen grains; ext. hyoseyami, forty grains, to be made into twelve pills. One every night.

13th.—R. Syr. iod. ferri, four drachms; syr. morphiae, one ounce, three grs.; bals. copaibae, four drachms; tr. quassiae, two ounces; ol. morrhuae for eight ounces. Dose, teaspoonful, three times a day.

16th.—Renew recipe of cyanur. potass. of 11th.

18th.—Renew recipe of 13th, with copaiba.

20th.—Renew recipe of cyanur. potass. of 11th.

21st.—R. Zinci sulph., twenty grains; cinchoniae sulph., thirty grains; ext. hyoseyami, forty grains; ext. quassiae, one drachm. To be made into twenty-four pills. One morning and night, for night sweats, which are still profuse.

22d.—Oil of phosphorus commenced, as follows: R. Syr. senegae, six drachms; ol. phosphorat., two drachms; mucilaginis, two ounces. Add this to the syrup of iodide of iron recipe—about half used. Dose, two teaspoonfuls three times a day.

23d.—R. Tart. potass. et ferri, three drachms; aquae, two ounces. Two teaspoonfuls three times a day.

24th.—Ordered for inhaling: R. Bals. copaibae, six drachms; tr. pic. liquid., two drachms; ol. terebinth., one drachm; tr. assafoetidae, one ounce; ol. phosphorat., one drachm; tr. opii, six drachms.

29th.—Last night profuse hæmorrhage from the lungs occurred. (*Query.*—Was this produced by the too free use of inhalation? In my own opinion, based on numerous cases, it was accidental, yet from prudential reasons it was discontinued for the present.) At visit, ordered nit. potass., three drachms; acet. plumbi, twenty grains; liquor morphiae, one ounce, three grains; syr. tolu, three ounces; aquae, two ounces. Dose, teaspoonful every hour. Also a fly blister, six by six, to the breast. Also, R. Pulv. ipecac, four grains; pulv. opii, four grains; pulv. nit. potass., three drachms; pulv. acet. plumbi, half drachm; pulv. acaciae, twenty grains. To be made into a fine powder. Dose, from one third to one half teaspoonful every hour.

30th.—Hæmorrhage repeated last night, notwithstanding all of the medicine which had been faithfully given. Continue, and give of recipe, cyanur. potas., four grains; bicarb. sodae, twenty grains; liquor morphiae, one ounce, three grains; syr. tolu, two ounces. Dose, teaspoonful every hour, to try and allay the cough, which is excessive.

6, P.M.—Hæmorrhage, cough and expectoration profuse during the day. R. Acet. plumbi, forty grains; nit. potass., four drachms; pulv. acaciae, six drachms; syr. morph., one ounce, three grains; syr. tolu, one ounce. Dose, one teaspoonful every hour, until the hæmorrhage shall cease, or be much diminished.

May 1st.—Hæmorrhage last night very copious, pulse thread-like, expectoration abundant. All unfavorable. Doubtful of being able to support the system, even with injections of quinine,

beef-tea, tincture of bark, brandy and cod-liver oil, given at regular intervals, or the internal use of brandy and beef-tea. Ordered, R. Acet. plumbi, thirty grains; pulv. ipecac., three grains; pulv. opii, six grains, made into a fine powder, to be mixed with what remains of the last powder, and to be taken in the dose of one third of a teaspoonful every hour, in the mixture of sugar of lead, &c., of the 30th. As he complained of great thirst, lemonade, made with tartaric acid, iced, was directed to be given whenever called for, but in small quantity at a time.

2d.—Hæmorrhage renewed last night in equal quantity. Continue injections every three hours; also the powder, as before.

3d.—Hæmorrhage rather less last night, yet quite large; coughing and expectorating freely. Ordered acet. plumbi, one drachm; pulv. ipecac., six grains; p. marantæ, two drachms, made into a fine powder; dose, half a teaspoonful every hour.

5 o'clock, P.M.—Much the same. Has had occasional hæmorrhages, less frequent and smaller in quantity. Ordered, R. Pulv. acaciæ, four drachms; syr. morphia, two ounces; syrup tolu, one ounce; ol. terebinth, one drachm and a half. Dose, one teaspoonful every hour. Also continue the powder with this.

4th.—Hæmorrhage less; much the same in other respects. Continue remedies, adding to what remains of the last recipe, R. Ol. terebinth., one drachm; syr. morphia, six drachms. Dose, one teaspoonful every hour.

5th.—Hæmorrhage still less, the mass in the basin presenting the appearance of grumous blood, mixed with a grayish substance previously alluded to. Bowels too free, and watery discharges, for which an injection of laudanum, in rich gum, was directed, to be repeated if necessary. Ordered Tr. catechu, four drachms; tr. opii camphor., four drachms; tr. gallæ, three drachms. Dose, one teaspoonful every hour.

6th.—Slight improvement as to hæmorrhage and looseness. Continue treatment.

7th.—Hæmorrhage and cough decreased perceptibly; expectoration profuse, and streaked with blood. Ordered Cyanur. potassæ, six grains; syr. scillæ, three drachms; tinct. sanguinariæ, four drachms; syr. morphiæ, one ounce and three grains; syr. prun. Virginian., two ounces. Dose, one teaspoonful every hour.

8th, 9th.—Slow progress, but favorable.

10th.—R. Syr. senegæ, four drachms; tr. sanguinar., four drachms; syr. morph., one ounce, three grains; ol. terebinth., one drachm and a half; syr. prun. Virginian., two ounces. Dose, teaspoonful every one or two hours.

12th.—Repeat cyanur. potass. recipe of the 7th.

13th, 14th.—Symptoms slightly more favorable, or rather less desponding. Continue treatment.

15th.—Repeat cyan. potass. recipe of 7th.

16th.—R. Iod. ferri, half drachm; ext. hyoseyami, twenty grains; ext. quassiæ, q. s. for twenty pills. One, three times a day,

18th.—Renew cyanur. potass. recipe of 7th.

20th.—One modified blue pill, and renew recipe of 7th.

21st.—Resume the use of the inhaler. Ext. conii, two drachms; tr. opii camphor., six drachms; balsam copaibæ, one drachm; lac. assafœtidæ, one ounce. To be used moderately and slowly.

23d.—R. Nit. potass., three drachms; acet. plumbi, twenty grs.; liquor morph., one ounce, three grains; syr. tolu, two ounces; aquæ, two ounces. Dose, one teaspoonful four times a day.

25th.—Renew cyanur. potass. mixture of 7th.

26th.—Commence, this day, a diet of rice and milk, sago and port wine, and whatever else he might desire, if known to be digestible.

28th.—The following commenced. R. Calcis phos., six drachms; syr. iod. ferri, four drachms; syr. scillæ, six drachms; liq. morphiaë, one ounce, four grains; ol. phosph., two drachms; tr. quassiaë, two ounces; ol. morrhuaë pro eight ounces. Dose, one teaspoonful four times a day.

30th.—Cyanur. potass., eight grains; bic. sodæ, thirty grains; aquæ, one ounce; syr. morph., one ounce, four grains; syr. scillæ, one ounce; tr. belladonnaë, two drachms; syr. tolu, three ounces. Dose, one teaspoonful every one or two hours. An ounce of chloroform was also ordered, to breathe occasionally, and to add twenty drops three or four times a day to the above, when given.

June 1st.—Continue all, and rub the abdomen with the following liniment:—Ol. morrhuaë, three ounces; liniment. saponis, three ounces.

2d to 7th.—Several recipes renewed.

8th.—R. Nit. potass., three drachms; bic. sodæ, forty grains; liquor morphiaë, one ounce, four grains; syr. tolu, three ounces; aquæ for eight ounces. Teaspoonful every two hours.

9th.—Bowels too loose, with some pain. R. Mist. cretæ, one ounce; tr. catechu, four drachms; tr. gallæ, two drachms; tr. opii camphorat., one ounce. Teaspoonful every hour.

12th.—Bowels improved. Continue other medicines in small doses.

15th.—Bowels yet too loose. R. Hyd. c. creta, twenty grains; pul. Doveri, thirty grains; pul. nit. potass., twenty grains; quiniæ, thirty grains; pulv. acaciaë, two drachms—fine powder. Dose, half a teaspoonful every two hours.

16th to 21st.—Continue, and renew receipt of 28th ult.

21st.—Renew liniment of 1st, for abdomen and legs.

22d.—From this day the different remedies were renewed, and although it was evident that a permanent improvement had really commenced, as evinced by a decided decrease of cough and expectoration, the gaining of strength, and, to a certain extent, the power to walk or move about the ward, it was at this time anasarca began to increase quite rapidly, shortly followed by ascites. It being impossible properly to administer, with any reasonable pros-



pect of benefit, the ordinary remedies for such a condition, and now almost despairing of ultimate success, as the only resource I decided on punctures with a lancet in the feet and legs, which were made not only without the least injury resulting, but with perfect success; a full account of which appeared in one of the former numbers of the JOURNAL.

The energy and will displayed by this man in passing through his protracted and supposed necessarily fatal attacks, were worthy of all praise; and there can be no doubt that such, by feeding hope, which never forsook him, even in the darkest hour, contributed in no small degree to the successful result.

It is by no means my desire to advocate the propriety, in all cases, of such incessant medication, which in general I am opposed to; but this man being willing and anxious to take and do all that was thought proper, the principles of our profession, and the firm belief that, while life continues, hope and action should not be abandoned, dictated the propriety of carrying on the treatment.

The principal remedies on which I depend to endeavor to overcome the tubercular diathesis, as well as its advanced state, are of a tonic and alterative character, constituting, as I believe, an important link in the general chain of treatment, from which many cures have resulted. I now employ the tincture of phosphorus of Wood & Bache, in preference to the oil at first used, finding it more acceptable. Without being wedded to those remedies which, having very freely used, are conscientiously believed to have effected many cures, I do hope that the general views set forth, as to the necessity of attacking that opprobrium medicorum, by a more decided medical treatment, may induce others to test it fairly in practice, and thus prove that consumption is a truly curable disease.

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ON THE CHEMICAL COMPOSITION AND MEDICAL EMPLOYMENT  
OF THE OILS FROM THE LIVER OF THE COD, THE  
SKATE, AND THE DOG FISH.

BY M. DEVERGIE.

M. DEVERGIE'S paper is a Report to the Academy of Medicine of Paris on a memoir by Dr. Delattre, of Dieppe, who has written on the chemical and medicinal properties of certain oils from the livers of fishes.

M. Delattre resides at Dieppe, and has therefore abundant opportunities of obtaining a perfectly pure oil, but up to the present time the purest oils have been procured in contact with the air. M. Delattre, however, has devised an apparatus for isolating the oil from the influence of the atmosphere. This object is effected by expelling the atmospheric air from the vessels in which the oil is extracted from the livers, and replacing the air with carbonic acid. By this process the operator avoids the formation of the

oleic, sulphuric, and phosphoric acids, which would otherwise be formed. M. Delattre having thus obtained pure specimens of oil, he made twelve analyses of each kind, and he tabulates the quantitative and the qualitative results, from which it appears that all the oils contain a very large proportion of oleine, with some margarine, and some very small quantities of chlorine, iodine, bromine, sulphur and phosphorus. M. Delattre also ascertained that the iodine, bromine, chlorine, phosphorus and sulphur are not in combination with the potassium and sodium, as was formerly supposed, but are in a free state. Another important fact was ascertained by MM. Delattre and Girardin—namely, that in the spring of the year cod-liver oil does not contain a particle of iodine. It is also ascertained that the livers do not yield an equal quantity of oil at all periods of the year; that the quantity increases from June to November, and then diminishes from November to March, when it is at its minimum. In comparing the chemical composition of the oils from the cod and the skate, it is found that the proportion of iodine is less by half in the latter oil, and that that of sulphur is less by a fourth; but, on the contrary, that the proportion of phosphorus is greater by about a third. As to the dog-fish oil, it is richer in phosphorus and iodine than cod-liver oil, and contains rather less bromine and sulphur. The increase of iodine is double the loss of the bromine. Compared with the skate-oil, it contains two-and-a-half times more iodine, and only a fifth less of phosphorus. Chemically, therefore, it is richer in inorganic elements than the cod and skate oils, except as to the proportion of phosphorus in the latter. M. Delattre has extended his researches to the chemical properties of the different varieties of cod-liver oil, and has analyzed, respectively, the pure, the amber-colored, the light, the brown, and the black oils. From these analyses, he has drawn the conclusion (which has already been established), that in passing from the purest to the black oil, there is a decreasing progression in the quantity of the inorganic constituent.

Those who explain the mode of action of cod-liver oil by reference to its chemical elements, attribute especial efficacy to its iodine, bromine, and phosphorus; but the fact is, that all the varieties of oil differ very slightly in the proportion of these ingredients. A physician, therefore, who employs the various kinds of oil, will find very little difference in their operation; for it is of very little importance whether, in twenty-seven days, a patient takes  $6\frac{1}{2}$  grains or  $6\frac{1}{4}$  grains of iodine, or 4 grains or  $3\frac{1}{2}$  grains of phosphorus, and so forth. M. Dévergie cannot agree in the views of those chemists who propose to supply the fish-oils by artificial oils; not because he overlooks the therapeutical importance of iodine, bromine, phosphorus, and sulphur with cod-liver oil, but because he thinks that the curative effect does not reside *solely* in those chemical elements. It is to the association of ele-

ments by nature that the special action of medicines is due, and these effects cannot be obtained when the elements are in an isolated state.

M. Delattre, in treating of the medical properties of the oils from the cod, skate, and dog-fish, arrives at the following conclusions:—1. That the physiological action of the fish-liver oils is the same, whatever may be the kind of oil employed. 2. These oils may be considered as succedaneous to one another, and may all be employed in the treatment of scrofulous, cutaneous and rheumatic affections. 3. There are affections which more particularly require the employment of some one oil. Thus, the cod-liver oil is more efficacious in scrofulous phthisis than the skate or dog-fish oil. The skate oil effects more rapidly the cure of serous diarrhoea, and of mesenteric engorgement in children during dentition; indeed, this is the only remedy employed by M. Delattre in such cases, which are very frequent at Dieppe. The skate oil also succeeds better than the other oils in the treatment of cutaneous diseases and of chronic rheumatism. 4. The dog-fish oil appears to exercise a special action upon alterations of the bones, and in all cases it may be advantageously substituted for cod-liver oil. M. Delattre does not even hesitate to give it a marked preference in the treatment of scrofulous affections. In reporting upon these views of M. Delattre, the Commission offers no decided opinion upon their validity, as time and experience will be necessary to confirm or refute them; but it has endeavored to solve one of the propositions—namely, whether dog-fish oil can be advantageously substituted for cod-liver oil, and if it may not even be preferable to it in some cases. This question is of the more importance because the cod fishing sometimes fails, while that of the *squalus catulus* (the dog-fish) never fails; and because the cod is a fish of a certain value, always meeting with purchasers, while the dog-fish is of no value at all, and is usually a source of annoyance rather than profit to the fisherman. The dog-fish oil sent to the Commission was very limpid, of a clear yellow color, of a less powerful smell than that of cod-liver oil, and of a less disagreeable taste. Its effects were tried upon twenty patients in the Hospital St. Louis, and to all of them the dog-fish oil was administered for a week instead of the cod-liver oil: two only of the number gave the preference, as to taste, to the brown cod-liver oil. A patient in whom the use of the cod-liver oil was suspended at several intervals and then relinquished altogether, was able to bear the dog-fish oil in a large dose until he was cured. This was not an isolated case, for in another instance a patient was able to bear the dog-fish oil, although he could not endure the cod-liver oil. Out of twenty patients who took the dog-fish oil at the same period, eighteen preferred it to cod-liver oil; and, on the other hand, some patients who could not tolerate the cod-liver oil, were able to take the dog-fish oil; but still some persons could not tolerate

either the cod-liver oil or the dog-fish oil. With regard to the therapeutical properties of the dog-fish oil, M. Dévergie, as the result of his observations, arrives at the conclusion that this oil produces all the effects of cod-liver oil, and cures with the same rapidity, so that it may be regarded as equally valuable with the latter oil. But further observations by other physicians have not altogether confirmed this view, and therefore the evidence before the Commission is at present insufficient to justify the formation of a definite judgment as to the real value of the dog-fish oil, and the more special indications which it is calculated to fulfil; but it is sufficiently established that this latter oil may be substituted for cod-liver oil, a fact of considerable importance, since cod-fish is often scarce and dear, while the dog-fish is always too abundant and very cheap.—*Bulletin Général de Therapeutique.*

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

JAN. 9th.—*Congenital Cyst.* Dr. FIFIELD, of Weymouth, reported the following cases.

“On the 7th of April last, I was requested to see a new-born child at Braintree. The child presented, in the left posterior cervical region, known as the posterior mastoid triangle, a tumor more than equalling the size of two closed fists. It was tense, fluctuating, seemed entirely sub-cutaneous, and overhung the shoulder of that side, rolling and swaying about with the motions imparted to the child. Within the axilla of the same side was another tumor, of the same appearance as the first, but much smaller, evidently containing liquid. By pressure on the cervical tumor, the axillary tumor could be distended, while the first became flaccid, and *vice versa*. The liquid did not flow through any sub-cutaneous canal, but seemed to pass directly through the shoulder, in the space between the scapula and clavicle, by a narrow neck, like that connecting the two globes of an hour-glass. My interest in the case was so much excited, that I invited my friends, Drs. J. B. S. Jackson and Calvin Ellis, to see the child. They kindly consented, and came to Braintree. I understood Dr. Jackson to say that he had not met with a parallel case. The tumors were then much more flaccid than at birth. Day by day they decreased in size, until they were scarcely visible. Thus they remained until the present month (Jan., 1860), when they again began to enlarge, until, having almost reached their original size, I was requested to see them. The superior tumor was now, as it had been before, the largest. They were quite hard, and gave to the touch a feeling as if the finger was passing over the foetal surface of a placenta. They were tender, and the child cried with pain when they were handled. I gave the opinion that suppuration was about to take place, and at once procured an ambrotype of the child, which is at the service of the Society.

“On Wednesday last, I again saw the child. The superior cyst

had suppurated, and was discharging a rusty-colored pus. The tumors had greatly decreased in size. This case might be appropriately called Congenital Hydrocele of the Neck. Under the article *Cou*, in the *Dictionnaire de Médecine*, M. Mannoir gives cases of hydrocele of the neck, but makes no mention of congenital cysts. At the time I first saw this case, I was unable to find any allusion to cysts of the neck in new-born children, in any work to which I had access. The London Lancet, of Dec. 10, 1859, contains the following paragraph. 'Injection of Congenital Cysts of the Neck with Iodine. At the last sitting of the *Société de Chirurgie*, M. Boinet related particulars of the success of M. Roux, of Toulon, in treating multilocular cysts of the neck by puncture and injection of iodine. The patients were newly-born infants, and the success highly encouraging. Since, however, children may readily attain the age of three or four years with these cysts without suffering, there are many reasons for postponing the operation. If the tumor causes inconvenience, occasional capillary punctures will give relief meantime.' I myself once treated a large hydrocele of the neck in a young lady, by injections of iodine, with perfect success. The cyst, which was a very large one, obliging the lady to wear a very high-necked dress, completely disappeared and never returned."

*Spontaneous Rupture of Ovarian Cysts.*—"Mrs. W., of E. Weymouth, first came under my care in Feb., 1856. She then presented a large ovarian tumor, divided by a well-marked sulcus into two cysts, right and left. In June, 1858, she was tapped, for the first time, through the linea simularis on the right side, and 8 quarts of liquid evacuated. In a few days the smaller cyst on the left side was punctured, and about 6 quarts obtained. These tapplings were repeated from time to time, the patient always being tapped first on the right side, and then on the left. After the evacuation of one cyst the opposite remained unaltered in appearance until tapped in turn. Thus she continued, until the winter of 1859, when she visited the Mass. General Hospital with a view to being operated upon for a radical cure. She came under the care of Dr. J. M. Warren, who, I believe, entertained at one time the idea of performing some operation for radical cure, but she returned to my care after having been tapped in the Hospital. In July last, I was called upon to operate. I found the abdomen enormously distended with ascites, the umbilicus greatly protruded, and the ovarian cysts wholly concealed. I punctured through the linea alba, and obtained 19 quarts of yellow ascitic fluid. The two cysts then came prominently into view. On the day but one following, I punctured the right cyst, and got 7 quarts of dark chocolate-colored liquid. The left cyst seemed so small that it was not deemed advisable to meddle with it. On the 12th of December, 1859, I was again called to operate. I punctured through the linea alba, and obtained 16 quarts of the same light-colored ascitic liquid. The ovarian cysts now came into view, and were examined by many persons, who remarked their great size and tenseness. The patient now begged that the larger cyst might be punctured at once; but as she seemed feeble, it was agreed to postpone the second operation half an hour. At the end of that time, I made my preparations to puncture, as she lay on a lounge. The cysts were remarkably distinct, and were again examined by the by-standers. I had knelt down to thrust in the trocar, when it occurred to me to again examine the cysts. I was

surprised to find them much less prominent than they had been an instant before; in another instant, it was impossible to find any vestige of a cyst. Not only had the right cyst, on which I was about to operate, disappeared, but the smaller cyst on the left side (which had never been lessened by tapping the right cyst), had entirely vanished. The fluctuation of the abdomen at once gave evidence of what had happened, and it was proposed to re-introduce the trocar through the wound made half an hour before, but the extraordinary flaccidity of the abdominal walls, resulting from their previous enormous distension, would have rendered such a proceeding unsafe in the highest degree. After remaining on the lounge more than an hour, the patient rose and removed the adhesive plaster from the wound in the *linea alba*. A full stream of dark-colored ovarian liquid at once broke forth, and continued to run, till 8 quarts were collected. The next morning I found Mrs. W. very comfortable. She had passed a large quantity of urine, and there was not the slightest trace of an ovarian tumor. By percussion I ascertained that the intestines had risen to their usual position.

“On the 8th of January, I found her doing housework. She then had a considerable quantity of fluid in the cavity of the peritoneum; otherwise, in good health. From the size of the cysts, their distance from each other, and the rapidity of the evacuation of their contents, I judge that the length of the rent must have exceeded six inches.”

*Gun-shot Wound of the Brachial Artery.*—“On the 26th of Nov. last, a Mr. D., of E. Abington, came to my office, accompanied by his physician, Dr. Underwood. The following history of the case was given. Four weeks before, while in the act of discharging a heavily-loaded gun, held, not to the shoulder, but in the hands, it burst. On recovering from the shock, the young gentleman perceived a small wound on the inner side of the left arm, just above the elbow. No unusual hemorrhage. He immediately sought the advice of Dr. U., who felt a hard body on the outer side of the arm, opposite the wound. This he cut down upon, but did not succeed in removing. The wound did well, the motions being preserved, until Nov. 24th. On that day, after playing at ball, some pain was felt in the arm. The next day a swelling made its appearance, both at the site of the wound and at the spot opposite where the hard body had been felt. On the 26th, he again consulted Dr. Underwood, who brought him to me. The arm was then flexed, and almost immovable. Somewhat suspecting the nature of the lesion, I passed an exploring needle into the most prominent swelling. A stream of dark blood issued, and then a very fine stream of arterial blood. The needle was then passed into the opposite swelling, and encountered a hard body. Dark blood also flowed. I at once established the diagnosis of the wound of the brachial artery. The pulse was more feeble on that side than on the right, but no pulsation of the tumor was detected. As the evening was fast approaching, I appointed the following day for operation.

“Before commencing my operation, I endeavored to detect pulsation in the tumor. None could be felt, but the finger was very slightly raised. A tourniquet was applied, and an incision made directly into the tumor. A very large quantity of coagula escaped, followed by a torrent of arterial blood. The tourniquet being tightened, the cavity was sponged out, but so deep was it, and so much stained by the long-imprisoned coagula, that it seemed almost impossible to find the artery.

After long and fruitless search, I resigned the operation to Dr. Underwood. After much trouble, the latter gentleman succeeded in passing a single ligature, which controlled the bleeding. The power and sensibility of the arm seemed almost lost for several days. The ligature came away safely, and when I last saw the patient he was gradually recovering the use of the arm. It was noticed that after the ligature of the vessel, the pulsation at the wrist was not wholly lost. The collateral circulation must have been well established before the operation. The hemorrhage having been controlled, I made an incision on the outer side of the arm, and removed a portion of the stock of the gun, two or three inches in length.

“A very interesting case of this kind may be found in Guthrie’s *Commentaries on Surgery*, page 212 (London edition). In this instance, which occurred to the late Mr. Keate, the femoral artery was wounded with a penknife. The patient, a boy, was kept at school, and it was only after swelling occurred, which was considered as an abscess, that he was taken to London, to Mr. Keate, who evacuated two wash-hand basins of coagulated blood, and tied the femoral artery. The cavity extended from the symphysis pubis internally, and the trochanter externally, to the knee. The patient recovered.”

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, FEBRUARY 16, 1860.

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CRIMINAL ABORTION.—It is a somewhat startling, and to the moralist must be a disheartening fact, revealed by the statistician, as well as by the experience and observation of the medical practitioner, that a crime, in itself one of the foulest, and against which in times past the severest penalties have been attached, should, at this moment, be one of the most frequent, not only in the older portions of the civilized world, but here, in our very midst, where it has been supposed, from the character of the population and of the institutions under which we live, a higher and more healthy moral tone must necessarily prevail. We refer to the felonious act by which a blow is aimed at the life of a human being, while yet in its foetal stage of existence, either for the purpose of concealing dishonor, or for the monstrous and more unnatural one of escaping the cares and responsibilities of maternity—an act which, three hundred years ago, subjected those convicted of its committal, to all the penalties, civil and ecclesiastical, inflicted on murderers.

Our attention has been called to the subject at this time, by a treatise on criminal abortion, from the pen of one of our most painstaking and careful investigators, Dr. H. R. STORER, who, it will be remembered, was appointed at the session of the American Medical Association, in May, 1857, chairman of a Committee to investigate the whole subject and report thereupon, with a view to the suppression, if possible, of this growing evil. This paper contains much interesting information, and if it do as much for poor humanity as might be fairly expected, from the ability and good intentions of the author, he will have much reason for pleasant reflection.

It is not our object, nor is this the place, to enter into any extended analysis of this painfully interesting statement, but we have been so struck with some of the results therein arrived at, particularly as showing the alarming prevalence of the evil in question, and its bearing upon the census returns, that we have thought a brief allusion to the subject might not be inappropriate, as simply calling attention to what, as has been well said, "appeals, in its medical as well as moral bearings, alike to our patriotism and humanity."

The effect of this species of child murder, when practised to any considerable extent, upon the population, in diminishing its annual ratio of increase, is at once obvious; but we confess we were not prepared for the results given by Dr. Storer. Here we have statistical tables taken from the most trustworthy sources, not only in Europe, but in many parts of our own country; and, from the latter, it would appear that the native population in our own State of Massachusetts, where, it may be fairly assumed, every possible natural advantage exists for its rapid increase, is stationary, or actually diminishing; the general increase being due to the excess of births over deaths among those of foreign origin. Allowing for the influence of western emigration in producing such a result, this can hardly be made to account for what is plainly evident from the statistical returns. It appears from tables, carefully compiled from the fifteen published Registration Reports of the State of Massachusetts, that the ratio of births to the population in this State, both foreign and American combined, was in 1850, 1 in 36; and in 1855, 1 in 34; a ratio much smaller, says our author, than that obtaining in most countries in Europe—where from the greater difficulties of living, and the other conditions arising from a crowded population, we should naturally expect this ratio to be at least comparatively small. Such, however, does not seem to be the case, although we find that in nearly all European countries it is rapidly diminishing. Thus, during the last century, it lessened in Sweden by a fifth; in Prussia, by a fourth; in Denmark and England, by a third; and in France, by one half. So, in the city of Paris alone, from 1817 to 1831, the births averaged about 1 in 26·87 inhabitants; while from 1846 to 1851, the average was 1 in 32.

If we now refer to the statistical tables as showing the ratio of still birth, including abortions, to living births, we find this to be steadily increasing, and that it is probably greater in the State of Massachusetts, at this moment, than in Europe. For in 1855 we find it about 1 to 15·5; being, at the same time, in France, 1 in 24, and in Austria, 1 in 49.

Again, if we take the ratio of foetal deaths to the general mortality, we find this higher in New York and Massachusetts, than in the countries of the old world, and still on the increase; having risen in the city of New York from 1 to 37, in 1805, to 1 in 13, in 1855; and in Massachusetts from 1 to 13·3, in 1851, to 1 in 10·4, in 1855—the last being greater than the ratio in New York in 1856.

The comparison of the number of abortions and premature births, with still births at full time, seems to establish still further the truth of the deductions already made. Thus, in New York, in 1838, the ratio was about 1 in 10; this having become as high, in 1856, as 1 in 4; while in Massachusetts, from 1850 to 1855, we blush to say it, the proportion was even eight times greater, that is, about 1 to ·5. Allowing for errors, and for the less efficient registration elsewhere, we are



still forced to the conclusion, by a comparison of the ratio of births to the population in Massachusetts with that of the other countries alluded to; of still births, including abortions, to living births; of foetal deaths to the general mortality; and of abortions and premature births, to still births at full time, that criminal abortion prevails to a greater extent in this State than in those countries. "Few persons," says Dr. Storer, "could have believed possible the existence of such frightful statistics, the result towards which they tend, or the dread cause from which they spring."

With regard to the proposed remedies for this evil, we confess we have little confidence in mere legislative enactments. Much, it is true, may possibly be done towards its partial suppression, by stringent laws, promptly and efficiently enforced; but when it is considered that this crime is fast becoming, if it has not already become, "an established custom," not confined to the unfortunate, but resorted to by the married of all ranks and classes of society, for the purpose of ridding themselves of what they have learned to regard as a burden too heavy to be borne, we fear little can be accomplished by legislation. It is rather to the medical profession, and to those more immediately entrusted with the morals of the community, that we are chiefly to look for the true remedy. The physician may do much by warning his patients against the dangers and guilt of this awful crime, and using the "greater vigilance lest he become its innocent and unintentional abettor"; and the moralist may do more by the inculcation of those principles in the young, that shall lead them to regard with abhorrence such a violation of the positive laws of God, involving, as it does, the guilt of murder, and a total indifference to the most sacred privileges with which woman is endowed.

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THE NEW YORK STATE MEDICAL SOCIETY.—This Society commenced its Annual Session in the Common Council Chamber of the City Hall, Albany, at 11 o'clock, on Tuesday morning. The attendance of delegates was unusually large, and embraced many of the most distinguished physicians of the State. The session continued for three days, during which time many important communications and papers were received and read. The inaugural address, which was delivered on the second day of the session, by the President, Dr. Fordyce Barker, was brief and able, containing important suggestions for the consideration of the Society. Accompanying the reports presented by the Committee appointed to consider the recommendations of the American Medical Association, were the following resolutions, which will be read with interest, on the subject of Criminal Abortions.

"Resolved, That this Society cordially approves of the action of the American Medical Association in its efforts to exhibit the extent of the evils resulting from the procuring of Criminal Abortions, and of the means which are adopted to prevent its commission, and cheerfully comply with the request to a 'zealous co-operation' for the furtherance of more stringent legislation in regard to this most destructive and revolting crime, committed almost with impunity, and with appalling frequency.

"Resolved, That a committee of three be appointed to present the memorial of the President and Secretaries of the American Medical Association, which has been read, to the Legislature of this State at its present session."

The New York State Inebriate Asylum was also favorably noticed by the Society as follows :

"Whereas, In the opinion of this Society there is no Hospital or Asylum in our country calculated to relieve so much suffering, and prevent so much insanity, idiocy and death, as the New York Inebriate Asylum, now in course of construction in Binghamton, where founded; therefore,

"Resolved, That this Society most earnestly recommend to the Legislature of New York, the importance of appropriating a sufficient sum of money for the immediate completion of the Asylum.

The following preamble and resolution on the adulteration of drugs, offered by Dr. Ball, were also adopted.

"Whereas, In view of the extensive adulteration of drugs which are sometimes sold by Apothecaries, resulting often in great damage to the patient, and disappointment to the Physician—

"Resolved, That a Committee of five be appointed by the chair, of which Dr. Squibbs shall be chairman, to report at the next meeting of this Society some measures calculated to correct this growing evil."

We have not space to give any further notice of the proceedings. An unusual amount of important business was accomplished, and much good feeling manifested during this brief session of the Society.

HEALTH OF BOSTON.—It will be noticed, from the table of mortality for the past week, that the whole number of deaths was 86, which agrees exactly with the average of the corresponding weeks of the previous ten years corrected to the increased population. In other words, the mortality of the city is nearly the same as it has averaged at this season for ten years past. For the two previous weeks, it was considerably less. The deaths from consumption were 17, and from lung fever 7, which is about the average of the last 3 weeks. The mortality from these diseases would naturally be somewhat increased at this season, and particularly under the unusually great and sudden changes of the present month. Smallpox is evidently on the decline, the deaths having fallen from 13, in the week but one preceding the last, to 6 in the last week. There is nothing further particularly noteworthy in the mortality table.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 11th, 1860.

DEATHS.

	Males.	Females	Total
Deaths during the week, . . . . .	42	44	86
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	35.5	38.4	73.9
Average corrected to increased population, . . . . .	..	..	86
Deaths of persons above 90, . . . . .	..	1	1

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . . 29.809	Highest point of Thermometer, . . . . .	45
Highest point of Barometer, . . . . . 30.143	Lowest point of Thermometer, . . . . .	7
Lowest point of Barometer, . . . . . 29.390	General direction of the Wind, . . . . .	NW.
Mean Temperature, . . . . . 23.5	Whole amount of Rain in the week, . . . . .	0.465

NOTICE TO CORRESPONDENTS.—Some account of Experiments with Vaccine Matter from the Cow.

Books and Pamphlets Received.—"A Monograph upon Aconite," translated from the German of Dr. Reil. By Henry B. Millard, A.M., M.D. (From the Translator.)

Deaths in Boston for the week ending Saturday noon, February 11th, 86. Males, 42—Females, 44.—Accidents, 2—Inflammation of the bowels, 1—bronchitis, 1—softening of the brain, 1—burns, 2—cancer (in the bowels), 1—consumption, 17—croup, 2—dysentery, 1—dropsy, 3—dropsy in the head, 4—debility, 1—scarlet fever, 4—typhoid fever, 2—disease of the heart, 3—disease of the kidneys, 1—Inflammation of the lungs, 7—congestion of the lungs, 1—marasmus, 3—old age, 5—palsy, 2—smallpox, 6—scald, 1—teething, 4—thrush, 1—tumor in the breast, 1—whooping cough, 1—unknown, 8.

Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 11—above 60 years, 17. Born in the United States, 63—Ireland, 19—other places, 4.

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No. 4.

LEUCOCYTHÆMIA.

[Translated for the Boston Medical and Surgical Journal from No. 29 of the *Allgemeine Wiener Zeitung* for 1858.]

BY B. JOY JEFFRIES, M.D.

*Enlargement of the Spleen and Liver; Increase of the number of White Corpuscles during Life.*

ELIZABETH HALLWACHS, æt. 45, Catholic, midwife, from Grinsing, mother of five children (the youngest being now 18 months old), had always been healthy. In August of last year she was for the first time attacked with chills, without being able to recal any exciting cause. Two days later, at about the same hour, she had a similar attack. Fourteen days afterwards, there was a recurrence of the chills for eight days, in daily returning paroxysms.

The patient first noticed at this time, in the left hypochondriac region, a tumor which was not painful, and of considerable size (according to her statement about that of the fist). It was therefore of some size before discovered by her.

Since January of this year the patient had had pain in this tumor, which had become as large as an infant's head, and had lost, as she thought, its mobility.

During February and March, she was quite comfortable for six weeks. But after this the chills returned with greater frequency, and the pain in the tumor became more severe, particularly after the fever turns; so that, March 22d, she appeared as an out-door patient on Prof. Oppolzer's clinic. There was at this time a tumor that reached inwards as far as the navel, and downwards to within three inches of the symphysis pubis. It evidently belonged to the spleen, and the patient was ordered quinine.

Since then, however, the chills and fever returned daily, and were increasing in intensity and duration. The attacks that at first only appeared once, now came thrice, and even four times during the day, and began to lose their typical character. The patient had, at the same time, constant diarrhœa, with pain at stool.

She also lost her appetite, and had a "bronchial catarrh," with purulent sputa.

She accordingly entered the Hospital April 1st, when her condition was as follows:

Body of medium height; muscular system feebly developed; skin of a pale brown color; eyes sunken, sclerotica not yellow, the vessels moderately injected; forehead had the so-called "chloasma uterinum"; tongue dry, white coat on its edges. The jugular veins strongly dilated with blood, and plainly undulating even during the intermissions of fever; no murmur in them. Carotids strongly pulsating. Glands of the throat and neck slightly enlarged. Formation of the chest normal; the breasts still swollen and hard (the patient had only a short time previously weaned her child).

Examination of the chest gave the following physical signs.

In the right axillary line, dulness from the eighth rib downwards; in the mammillary line, from the sixth rib, and in the parasternal line the same to the ensiform cartilage of the sternum. In the *left* parasternal line, dulness from the upper edge of the third down to the sixth rib, and from here downwards tympanitic. In the mammillary and axillary lines, dulness from the under edge of the seventh rib downwards. Impulse of the heart between the fifth and sixth ribs—plainest in the parasternal line. Heart's sounds normal; second sound over the pulmonary artery, not much accentuated; first sound over the aorta, dull; second, loud. Dulness over the liver reaches in the mammillary line from the sixth rib to an inch and a half below the edge of the ribs; in the axillary line, it begins at the eighth rib. In the median line, the left lobe of the liver reaches from the sixth rib to an inch below the xiphoid cartilage. Enlargement of the liver is therefore evident. Its right lobe extends lower than the left. On the left, the dulness over the liver is separated from that of the region under the ribs by a small intervening tympanitic space. Percussion in the right inguinal region, clear and full. Dulness from fecal masses, to a slight extent, over the crest of the ileum. Liver not sensitive to pressure.

As was said above, the dulness begins on the left side at the under edge of the seventh rib. This is also the upper edge of the tumor now to be described. This tumor extends furthest towards the right side below the navel, i. e., to the outer edge of the right recti muscles. At the navel it projects an inch beyond the median line; above the navel, to the median line; five inches under the navel, one inch over the median line. So that the tumor has a periphery convex towards the right side. Posteriorly, it reaches to within two inches of the vertebral column. Its inferior edge is bounded in the iliac region by the crest of the ileum; further forwards by Poupart's ligament. In the median line, it reaches to within an inch of the symphysis pubis. The superior border of the tumor can only be determined by percussion; its other limits by palpation also. Over the tumor percussion is flat; on its edges,

slightly resonant and tympanitic; in the neighborhood clear and tympanitic. The tumor is therefore surrounded with organs holding air. The surface of the tumor is even, and its consistence hard and uniform. The lower edge is blunt; the right edge has six perceptible notches, the deepest one (which is two inches) lying under the navel. No perceptible fluctuation over the tumor. Its elasticity but slight. The tumor can be moved within certain limits from one side to the other, and also upwards and downwards. Its position changes with that of the patient. During inspiration, it falls somewhat lower. In the region of the tumor, and especially towards its posterior border, the patient has continuous, severe, burning, and lancinating pains, even when she is quiet and has no fever. Lying on the right side decidedly increases this pain. The attacks of fever commence with coldness of the lower extremities, creeping upwards as far as the arms, and then changing to heat and burning thirst. These now (at the time of her reception) come on three or four times during the day. At these times the pain greatly increases, especially during the cold stage.

The inguinal glands are somewhat swollen. The pulse, during the fever, 128; between times 84, soft and full. Dejections, since a few days, normal. Secretion of urine not altered. Urine of normal specific gravity, rich in uric acid, and holding a trace of albumen. The digestion, during the intermissions of the fever, not much disturbed.

An examination of the blood, taken by a local venesection (ordered by Prof. Oppolzer on account of the enlargement of spleen and the fever), showed a relative increase of the white corpuscles. On coagulating, the blood formed a large white clot, under which were white granules the size of a millet or hemp seed, round, and streaked in appearance, composed, under the microscope, of white blood corpuscles rolled together. There was, in addition, also a large red clot. We had, therefore, blood, leukæmic to a small degree.

The following comprise the data from Prof. Oppolzer for the diagnosis of the case.

1. As regards the tumor in the left hypochondrium of the patient, it answers to the greatly enlarged and hardened spleen, which is shown by its position, its surroundings, the percussion, its movement during inspiration, absence of fluctuation, and the peculiar notches on its inner (anterior) edge.

We have here, therefore, a splenic tumor, and, moreover, that form which occurs with leukæmic blood.

The enlargement of the spleen in our case is a chronic one, as shown by the duration of the disease, the great increase of size of the spleen, and, finally, the absence of any injury, pyæmia, or inflammation in the heart, as primary lesions.

Of chronic splenic tumors are to be excluded the lardaceous

(*speckig*) and colloid forms, such as accompany constitutional syphilis, the mercurial cachexia, rachitis, scrofula, &c., and which are generally associated with colloid degeneration of the liver and kidneys or albuminuria.

The "pigment spleen," after intermittent, has as little connection with a decided increase of the white corpuscles as the lardaceous degeneration. This leukæmic condition of the blood corresponds more to Virchow's so called chronic splenitis. Anatomically a "flesh spleen" (*Fleischmilz*), as a result of Virchow's "parenchymatous inflammation," where the capsule is thickened, the trabecular tissue hypertrophied, the intervening pulp hard, the parenchyma-cells in large numbers, and in many cases yellowish or reddish-brown formations. In all probability we have such a tumor as this in our case.

The question whether the leukæmic splenitis is in fact very different from the splenic tumor of intermittent (since the clinical course of the two diseases are in many respects similar), may be so answered. An increase of the white corpuscles of the blood occurs in intermittent, and also in typhus, pneumonia, during pregnancy, in the puerperal state, in tuberculosis, with cancer, in anæmia and inanition. But in these diseases the leukæmia is only small in amount, disappears again, and the patients convalesce. If leukæmia was identical with intermittent, patients with the latter, living in the malarious regions, and having enormous enlargement of the spleen, would exhibit a decided increase of leukæmic blood and all the peculiar lienteric symptoms of the disease.

Enlargement of the liver is very often associated with chronic splenitis, and Virchow mentions having found white corpuscles in the liver, which appeared precisely similar to the corpuscles of the spleen. In our case, also, there is enlargement of the liver.

2. The presence of leukæmic blood must be proved, in order to confirm the diagnosis.

In the first place it is to be remembered that leukæmic blood may be confounded with that of lipæmia, and, moreover, the character of the blood corpuscles may be altered by an increase of their coloring matter—*melanæmia*.

As regards lipæmia, the milk-white color of the serum of the blood is here occasioned by its richness in fat. If we shake up the serum with ether, the fat will be freed, which will not, therefore, be the case when the white color is dependent upon the presence of white corpuscles. Lipæmic blood occurs especially in hard drinkers, in pregnant women, and those in the puerperal state.

Our patient's blood was not lipæmic, but leukæmic. Its redness was caused by there still being a large number of red corpuscles present. (Their decrease is the principal characteristic of leukæmia.) Purely white blood has only been seen at *post mortems*; during life its color is generally only somewhat brighter, like raspberry syrup, and in the severest forms grayish red.

The diagnosis founded on the two points above mentioned was confirmed by the further progress of the disease, as will be seen further on.

As regards the character and form of the disease, it must be first said that the leukæmia is only to be considered a symptom. In the beginning of chronic inflammation of the spleen it is but slight, as was very markedly the case with our patient. Virchow records several cases in which, in spite of the size of the splenic tumor, there was at first no leukæmia, and where it did not appear till after several months.

Leukæmia is therefore a secondary appearance, that occurs with splenic tumors, and (which was not previously mentioned) with diseases of the lymphatic glands.

In the four cases that Prof. Oppolzer has seen up to this time, the lymphatic glandular system was but once the starting point of the disease, in which case all the glands of the body were considerably swollen, but also elastic, having the feel of lipoma, particularly on the neck. These tumors developed by sudden enlargements, without any particular pain, and whilst the other functions of the body were normal, notwithstanding the paleness and emaciation. The symptoms of leukæmia afterwards showed themselves in their fullest extent, and the patient succumbed to the disease.

Lately some cases have been seen, where cancer was mentioned as the cause of leukæmia. In one of Heschl's there was degeneration of the lymphatic glands, and in some other cases of English observers neither the spleen nor the glands are said to have been affected.

Before Virchow introduced the leukæmia into science, similar cases were explained as pyæmia. Nevertheless, Bennett, who introduced the name of *leukocythæmia* (which has now, and, in fact, with better right, spread abroad as *polyleukocythæmia*), has endeavored to defend his right of priority.

No satisfactory explanation of leukæmia exists as yet, because the formation and degeneration of the blood corpuscles, and the part which the spleen and lymphatic glands play in this, is not at all settled.

If we lay stress only on the increase of the white corpuscles, all attempts to explain the difficulty of breathing, the loss of muscular power, in short the chlorotic appearances, are useless. The diminution of the red corpuscles must also be explained, which has not yet been done by the vaguest hypothesis, although the increase of the white corpuscles has been said to be caused by those in the spleen passing into the stream of the blood.

The distinction that has been made between the white corpuscles and pus corpuscles amounts to nothing, when we remember that the size of cells suspended in a fluid depends upon the density of that fluid, and that the (larger) pus cells are floating in a thin-

ner medium than the white blood corpuscles; and, moreover, that we have *different* formative cells before us, which would naturally in some measure differ from each other in appearance.

The same applies to the corpuscles in the lymphatic glands when compared with those in the spleen.

The viscid character of the corpuscles, and their rolling and sticking together so easily, would explain why in leukæmia the capillaries are so readily plugged up and metastases follow in the later stages of the disease.

There is no ground here, however, for the theory of those who would assume a plugging up of the capillaries of the lungs with pus in pyæmia.

As to the causes of leukæmia, there is but one thing yet ascertained, namely, that in the cases that have occurred with women there was derangement of the menstruation, and that the disease was developed during the puerperal state; as was also the case with our patient.

One of Prof. Oppolzer's cases was a day laborer, who worked as a digger in a marshy place. Without having had any intermittent, he suffered from a splenic tumor, dropsy, and nasal hæmorrhage, of which latter trouble he finally died through anæmia. The other cases were of no particular ætiological interest.

Leukæmia has been seen at different periods of life, in both sexes, and with various constitutions. Intermittent fever is rarely a cause of the chronic splenitis in Virchow's acceptation.

The appearances in the disease are not yet sufficiently classified to establish its symptomatology. A variety of symptoms have been ascribed, which in fact are really not peculiar to it.

The color of the skin in most of the cases was pale, with a shade of yellow, as there was generally enlargement of the liver.

In all cases Prof. Oppolzer observed pain in the spleen, with the exception of the leukæmia above spoken of, which was accompanied by affections of the lymphatic glands. The pain came on at intervals, accompanying an increase of the fever, as in our case.

The *principal* symptom is the fever, which has a typical course, is accompanied with heat and chill, irregular in its duration and times of returning, appears on an increase of the pain, and is not generally much improved by quinine. There is generally emaciation during the later stages. The debility which is so constantly present, just as in chlorosis, may depend, like the difficulty of breathing and the mental depression, upon the diminution of the red corpuscles.

The augmented accumulation of white corpuscles may cause in the later stages great difficulties in the circulation, inflammation and metastases. Hence came the idea of regarding the disease as pyæmia. In this view the most common occurrences are thrombus in the vessels, with phlegmasia, bleeding from various mucous membranes, particularly of the nose, even to complete exhaustion, pe-



ritonitis, pneumonia (in one case of Prof. Oppolzer), formation of abscesses in the skin, furuncles, carbuncles, &c. Dropsy occasionally occurs, but it seems generally to be produced by the splenic tumor. It is by no means constant. Alterations in the digestive tract are not very marked, or at least do not seem to be immediately connected with the disease in the blood. For example, when our patient was troubled with diarrhœa, the leukæmia was certainly still very inconsiderable. The urine held a good deal of the urates, and afterwards free uric acid, which is especially connected with the disease of the spleen, for this formation of uric acid occurs also in intermittent fever.

The "key-stone," however, is generally the hectic fever, with a fatal termination, or death is caused by one of the above-mentioned secondary appearances.

The prognosis is most unfavorable. At least no case of lienteric leukæmia has as yet been seen that was not fatal. The other form has not been often enough observed to decide this point as respects it, still the termination has always been fatal. Our treatment can therefore only be directed to the symptoms, since we do not know the nature or exciting cause of the disease.

The few therapeutical deductions from the previous cases which are applicable to leukæmia, will be spoken of in their application to our case.

The following was the course of the disease with our patient.

When she entered the hospital, a few leeches were applied over the spleen, without relieving the pain in the slightest. Sulphate of quinine was ordered at the same time, also without much effect, for on the 4th of April, when the patient had already taken forty-two grains of quinine, the attacks of fever were still very severe, and one that begun at 3 o'clock, P.M., lasted till the next morning. The condition of the patient, aside from the fever turns and pain in the spleen, was satisfactory. The bronchial catarrh that had for a long time troubled her, entirely disappeared, the diarrhœa had yielded to treatment, and the appetite was pretty good. The fever paroxysms and severe pain lasted in spite of the quinine. The leeches and warm applications were repeated, and continued up to the 9th.

Examination of the blood during this time, showed a continued increase of the white corpuscles.

On the 8th and 9th, the patient, under the use of quinine, had no chills, but they returned on the 10th, and lasted an hour and a half. On this day Fowler's solution was given, in order to allay the feverish symptoms.

A physical examination, on the 19th, showed a new enlargement of the spleen. The digestion still good, dejections somewhat loose. Urine held urates, but not so much as at the commencement. A trace of albumen was present. On the 20th, the patient again had fever, from which she had been free for two days. Re-

sort was therefore again had to quinine, and large doses of it finally prevented the paroxysms of fever from returning so often, and the pain was *entirely* relieved for a time.

This relatively favorable condition lasted till the beginning of May, when, without any apparent cause, the paroxysms of fever returned with still severer pain. At the same time the patient had oppression at the chest, diarrhœa, and the dejections were mixed with mucus and epithelium. The salicin, of which she took two scruples, had no effect. On the 9th of May, leeches and quinine were again ordered.

On the 18th, after four days' relief, the patient was again attacked with high fever and severe pain in the hypochondrium, and with this, headache, diarrhœa and strangury. In the intermissions, pulse 100. Frictions of *spiritus saponatus* were used, and extract of colombo, with tannin, given to check the diarrhœa.

The patient went on in this way, her condition sometimes made worse by the fever and pain in the spleen, the diarrhœa and loss of appetite, and sometimes better by the remission of the fever, especially after the use of Peruvian bark, which often was effectual for some time together.

On the 7th of July, the patient complained for the first time of pain in the thighs. Coagulation of blood was discovered partly in the deep and partly in the superficial veins, especially on the left leg. A hard cord was felt on the inner side of the left thigh, and a reddened streak over it. The same sort of cord was felt under Poupert's ligament.

There was œdema in the neighborhood, and the skin was red. These coagula corresponded to the saphena vein, but as that alone would not explain the interruption to the circulation, the crural vein must also have been affected. The patient felt very weak, complained continually of severe pain in the foot; the pulse was quick (120) and small; and the appetite quite gone. Cold applications of Goulard's lotion were made to the foot, strong doses of morphia given internally, and the leg raised.

On the 8th and 9th (July) this condition continued, the œdema having somewhat decreased, however. No metastases to be found. Lately the urine has held a great deal of the urates. The blood has been comparatively richer in white corpuscles. The sleep bad—the pain insupportable. The cold applications were continued, and also morphia, in stronger doses ( $\frac{1}{4}$  gr.). This condition lasted, with slight intermissions, till the 13th.

On the 13th, the patient looked cadaverous, was very emaciated and extremely weak. Splenic tumor not very sensitive. No chills. Less pain in foot. Less œdema. The corded feeling of the vessels still perceptible. Pulse frequent (100), intermitting, small. Metastases or bleeding have not occurred. Urine rich in urates, thick, cloudy, pale brown. Lactucarium was given as a narcotic. After a short agony, death followed on the evening of the 14th.

As regards the therapy, we may gather from the course and progress of the disease, that of all the remedies used to allay the fever and relieve the pain in the spleen, quinine and cortex Peruvianus alone were of service, and only in a certain degree. Narcotics, bleeding, &c., were in this case almost of no service. Whether the use of the Carls baths, Marien baths or the waters of Kissing would be advantageous in the beginning of leukæmia, is doubtful. Hardly any other opinion could be held respecting the effects of mœxæ, acupuncture and similar procedures in use among the natives of the East.

(To be continued.)

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ATTEMPT TO PROCURE VACCINE MATTER FROM THE ORIGINAL SOURCE—PRODUCTION OF TRUE VARIOLA.

[Communicated for the Boston Medical and Surgical Journal.]

IN the year 1836, Dr. John C. Martin, then a practitioner of medicine in Attleborough, Mass., conceiving that the sometimes imperfect protection afforded by the vaccine disease, arose from a deterioration in the matter used, inserted into the udder of a cow lymph taken from a pock upon the body of a man who died of variola. Subsequently matter derived from the cow was inserted into the arm of about fifty persons. This was at the middle of October. Presently, one Babbitt, being among the first vaccinated, began to exhibit unlooked-for symptoms which alarmed his family. Physicians were summoned, and after examination and comparison of opinions, the patient was declared to have the true smallpox. Then all those who had been vaccinated from the same source inquired anxiously what was to be their fate. The vaccinations (the sequel will show that inoculation was the more proper term) had been made on successive days up to Babbitt's illness, and others soon began to be affected. The physicians in the neighborhood again assembled, and recommended that due precautions should be taken against the spread of smallpox, as probably all who had received the virus from Martin must suffer unmodified variola. Dr. M. became at once the most unpopular of men, although, as I learn from cotemporary informants, one of whom was himself a sufferer, the experiment had not been entered upon without consultation, which relieved him from undivided responsibility. Excitement and consternation prevailed, sustained by the consecutive occurrence of new cases. Business was suspended; the panic of fear magnified the danger, and no man could see where it would end. Dr. M. stoutly contended that the phenomena were merely the manifestations of genuine kine-pox in its pristine force; but we have the testimony of Dr. Sylvester Fuller, that the disease was variolous. Dr. Fuller was an accomplished physician; had served in the army, where he had seen much smallpox, and his evidence, in concurrence with other physicians of the time, is conclusive.

Two hospital houses were established, to which many of those attacked were removed. Four months elapsed before the last patient was discharged. Not all who received the virus were sick; and of those who suffered, three died.

The affair quite ruined Dr. M. He went to the West, returned insane, and remained some time in a hospital. He is still living, mildly crazed, but not incapable of intelligently following some simple occupation.

The senior Dr. Manchester, of Pawtucket, then in active practice, received some of the crusts from Dr. Martin. They are represented to have been thinner, and differing in appearance from the normal vaccine scab, and were not used.

As the experiment of transmitting smallpox virus through the system of the cow, has, at sundry times, been successfully accomplished, the question arises what was the cause of Dr. M.'s failure and mishap. The conclusion seems unavoidable that the matter taken from the cow was not the modified virus, but identical with lymph inserted from the human subject. Doubtless it had lain in the wound unabsorbed and undigested, and after a festering process quite local, the eschars were removed, and the non-vaccine matter re-introduced in pseudo-vaccination.

"Take thou some new infection to thine eye,  
And the rank poison of the old will die,"

was the philosophy of Skakspere. Unfortunately, Dr. M.'s experiment was in conflict with the injunction. The preservation of the virus unspoiled, while deposited in the cow's udder, is quite consistent with the well-known persistent character of the contagion. S.

*Attleborough, Feb., 1860.*

#### ACCIDENTAL INJECTION OF TURPENTINE INTO THE VAGINA.

[Communicated for the Boston Medical and Surgical Journal.]

BY G. P. HACHENBERG, M.D., CONSAKIE, N. Y.

AN Irish woman, aged 25, consulted me for a uterine difficulty, with ascarides of the rectum. She was enceinte, and advanced five months. In my prescription for her, I advised the use of a bland astringent injection into the vagina, with a strong turpentine injection into the rectum. These were to be used twice a day—morning and evening. After trying the remedies a few days, she called at my office again, with a doleful expression of countenance, saying that the injections were proving too powerful, and that she was "sick," although in the family way.

I immediately suspected an error in the application; that the vaginal injection had been used for the rectum, and *vice versa*, which proved to be the case. For three days she injected the spirits of turpentine, with equal parts of mucilage, into the vagina instead

of the rectum, the bland astringent injection being used for the latter.

This mistake, for the first day, did not cause much pain and inconvenience; the second day, she had sanguineous discharges from the vagina, with some heat and soreness. On the third, there was more irritation, but less flow of blood. There was but little constitutional participation.

By the injection of olive oil, alternated with cold water, the soreness speedily subsided, leaving the parts in a perfectly unimpaired condition. The leucorrhœa she labored under was relieved, and utero-gestation has uninterruptedly taken its usual course.

### Massachusetts General Hospital.

*Dislocation of the Femur.*—(Under the care of Dr. CABOT. Reported by J. STEARNS, JR.) Carroll, a teamster, æt. 33, entered the Hospital, Dec. 10th, with dislocation of the femur, twenty hours after the accident.

The accident occurred while the patient was engaged in unloading cotton from a vessel; his foot slipping, he was thrown down by a bale of cotton, and dislocation of the head of the left femur on the *dorsum ilii* took place. The usual phenomena of this form of dislocation were present. The day before his entrance, ineffectual attempts had been made at reduction, with and without the aid of ether; and there was a considerable degree of swelling about the region of the hip.

The patient was etherized immediately on entrance, and reduction effected by Dr. Cabot, in the following manner. The leg was flexed upon the chest, carried outward, and, by circular rotation, brought over to the opposite side. The head of the bone was brought to the lip of the acetabulum, but no further. An assistant was then directed to raise the hips, and, on repetition of the rotary movement, the head of the bone was brought into place.

The next morning, the leg presented the appearance of being elongated, and on repeated and careful measurements, it was found to be actually an inch and a quarter longer than the other leg. The trochanter was found in its proper relation, and the head of the bone apparently in the acetabulum, though there was considerable swelling about that region. Cold was complained of in the leg, and, again, extreme heat in the foot. Evaporating lotions applied to hip.

Dec. 18th.—Patient has complained of constant changes from heat to cold in foot. He has been kept perfectly at rest, and there is less swelling in hip.

21st.—The elongation of leg, the cause of which was probably due to the presence of blood, &c., preventing the head of the bone from occupying its proper place, is much less.

Jan. 7th.—Patient up and about on crutches. The swelling, &c., about hip has entirely subsided, and length of leg corresponds to that of his other, and, on the 11th, the patient was discharged well.

*Fracture of the Skull; Recovery.*—Peter McKenzie, of Nova Scotia,

æt. 19, sailor, entered the Hospital Dec. 8th, 1859, at 8, P.M., with fracture of the skull, which had occurred four hours before.

Patient was perfectly conscious on entrance, and the intellect unimpaired. He stated that, while playing with a shipmate, he received a blow from the but end of a "deck-broom," the same striking his forehead, and knocking him senseless. Considerable hæmorrhage followed. On entrance, there was an opening over the frontal bone, three quarters of an inch in diameter, nearly circular, in the median line, just above the nasal eminence. There was a little hæmorrhage, and a probe passed in seemed to reach the membranes of the brain, the pulsation of which was distinct. On removing the blood, the bit of integument driven in by the broom handle came out to the surface, and was found attached at the lower edge of the wound. Pupils equal; pulse full, steady, 74. Patient was put on his back, and cold applied to the head, sinapisms to feet, and a purge ordered of croton and castor oils. At 11½, P.M., some cerebral symptoms manifested themselves. Patient started from bed in violent convulsions. This lasted but a few moments. A clot of blood came from the wound, and some venous oozing. Patient was relieved, and became quiet. Partial insensibility was present; also strabismus of the left eye, the pupil being turned out of sight. An hour subsequent, the pupils were equal, and patient was conscious, though complaining of severe pain in the head.

Dec. 9th.—Patient quiet and making no complaint. On examination by Dr. Cabot this morning, probe passed four inches into the cavity. Pulse 80, quick. R. Ol. tiglii, gtt. ij.; ol. ricini, 3ij. M. Diet, gruel. Water dressing to wound.

10th.—Patient very easy. Pulse 66, full, bounding.

11th.—Right pupil larger than left. Pulse 72, steady. Cathartic to be repeated.

12th.—Both pupils larger than usual, and right still larger than left. More swelling about external wound, with an inflammatory appearance. Twelve leeches ordered to region of wound.

13th.—Relief from leeches.

15th.—Integument sloughing and removed to-day. Patient very quiet, and makes no complaint. Appetite good. Low diet.

21st.—Patient has continued pretty much as before. Probe passed in, strikes an elastic, yielding mass, like membranes of brain, and downwards, touches rough bone. Wound discharges pus in moderate quantity.

26th.—Wound granulating rapidly. Patient up and about the wards. Obstinate costiveness has continued through the whole case.

Jan. 10th, 1860.—Wound entirely healed, and patient discharged well.

*Cases of Frost-Bite; Amputation at the line of Demarcation; Recovery without Sloughing.* CASE I.—John Brian, blacksmith, æt. 30, had a frost-bite on December 15th, and entered the Hospital December 20th.

This patient, after drinking freely, crossed Jamaica Pond, on the ice, without his shoes. Went to sleep on side of pond, and in the morning the feet and hands were badly bitten. He received no treatment previous to entrance to Hospital. Stated that he had not slept, nor eaten anything to speak of, since the accident.

On entrance, all the toes of both feet were quite black at their ex-

tremities; the legs covered with blisters, swollen, and in a highly inflamed condition. The hands were also blistered, but not so severely as the feet. Pulse full and bounding, 66. Patient in weak condition generally. Mucilage of acacia was ordered to hands and feet; also a cathartic and stimulant. Feet and hands were wrapped in wadding.

22d.—Delirium tremens last night.

23d.—Feet of dark-green color. Distinct line of demarcation exists about left leg, four inches from malleolus. Considerable inflammation in both legs, and line on right, not distinct.

25th.—Lines of demarcation quite distinct on both legs, and inflammatory aspect has subsided. No sensation in either foot. Patient in fair condition, generally. Pulse full, 96. Dr. Cabot decided to amputate at the lines of demarcation. Drs. Bigelow and Warren present. The patient was etherized, and both legs removed by the circular operation, as decided on. The flaps were dissected up, and *slit on either side*. There was no hæmorrhage to speak of.

Jan. 1st.—There has been *no sloughing at all*, and the stumps are doing finely.

Feb. 10th.—The stumps are healed, excepting at the points where the neighborhood of the flaps caused ulceration and protrusion of the ends of the tibiæ, which were removed at the proper time, and now are covered with abundant granulations. Patient in fine health, and will soon be discharged.

CASE II.—Clark, æt. 18, pedlar, entered the Hospital January 19th. He was frost-bitten twenty days before. He was drunk, and slept out, freezing the hands severely, and the feet and ears slightly. Line of demarcation distinct on left hand.

On the 21st, Dr. Cabot removed the two last fingers at their junction with the metacarpal bone; the middle finger was removed at the second joint, being at lines of demarcation.

Feb. 10th.—No sloughing, and the stumps and wounds are healing rapidly.

CASE III.—Thos. Noble, æt. 27, entered the Hospital January 12th, having been frost-bitten two weeks before. He had been sleeping out at night, under the influence of drink. Could give little account of himself. On the right foot, the line of demarcation seemed established just above the point of incision for Chopart's operation. Toes of left were discolored and sloughy.

Jan. 21st.—Dr. Cabot amputated the right foot just above the ankle-joint.

Feb. 10th.—Patient is still in House and convalescent. There has been no sloughing, and stump is doing perfectly well, healing rapidly.

The features in these cases are, the amputation at the lines of demarcation, and the absence of all sloughing.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. E. CUTTER, M.D., SECRETARY.

MAY 18th, 1859.—The Society met at the house of Dr. Howland Holmes, Lexington, honorary member.

Dr. DREW, of Woburn, produced a portion of shoe-binding leather,

of irregular and twisted shape, some six inches in length, and of a width varying from one quarter to three quarters of an inch, which had been the cause of an intestinal obstruction for eight days, in a child four years of age. The symptoms briefly were as follows:—Constant vomiting for eight days before, and four days after the removal of the obstruction. The matters vomited were of a green color, and became somewhat faecal at the expiration of six days. There was pain in the head and bowels. The pulse was high. The abdomen full and tympanitic. The urine scanty. Thrice there was a tendency to convulsions. Cathartics were given by mouth and rectum. Diuretics and anodynes were freely used in large doses. At times, by giving opiates, there would be a retention of cathartics for twelve hours, and then they would be rejected by the mouth. Scybalæ preceded the discharge of the leather. The symptoms did not subside upon the removal of the foreign body. The case was seen by Dr. W. F. Stevens, of Stoneham, who diagnosed it as enteritis.

The relation of this case was interrupted and followed by many remarks and questions. Dr. Parker, of Melrose, inquired if a statement he had somewhere seen was borne out by the experience of those present, namely,—that in cases of obstruction of the bowels, the diminished quantity of the urine bore a direct relation to the height of the point of occlusion—if high, the urine is said to be scanty—if low, free. Several cases besides, were mentioned, but this relation had not been noticed.

Dr. INGALLS, of Winchester, inquired why it was so frequently necessary to catheterize the urinary bladder after a fracture of the thigh, and the reply seemed to be that it resulted from the nervous shock.

Dr. A. Chapin, of Winchester, then read the following paper upon strangulation by metallic rings.

*Two Cases of Strangulation, the result of Compression by Metallic Rings.*

CASE I.—In September of last year, a lady applied to me, in much distress, from a swollen and compressed finger. Subcutaneous inflammation existed along the palmar surface of the first phalanx of the middle finger; which afterwards proved a severe case of thecal abscess. The case was complicated by compression, caused by two gold rings on the finger, which were so tight that they had not been removed for years; and which, in its then swollen condition, could not, by any ordinary method, be displaced. The necessity was urgent; the rings must, in some way, be gotten off. To file or to cut them was out of the question; so deeply were they imbedded in the soft parts, and so exquisitely tender and painful had the finger become. Had there been only the swelling incident to impeded circulation, the method which I have somewhere seen suggested, might perhaps have succeeded:—i. e., commencing at the extremity of the finger, to wind it closely with a string or tape, till the ring is reached, then to pass the end under it and commence unwinding, pulling the ring along with it. Another method which I have also seen recorded, suggested itself, and seemed best suited to the case—to dissolve the rings with quicksilver. I accordingly rested the hand on a table, and crowded cotton into the interstices between the fingers on each side the rings, thus forming a concavity or basin, sufficiently tight to hold the mercury, with which it was then filled. The mercury was occasionally stirred



for thirty or forty minutes, when the rings became so soft and brittle, that they easily broke and came away. I should have remarked, in its place, that the rings were previously washed with alcohol, to remove any dirt or unctuous matter that might adhere and impede the action of the quicksilver. Ether would probably have been better than alcohol for the purpose.

CASE II.—A week or two since, my door-bell rang smartly, one day, and without much delay rang again, and then again the third time. Such a warning implied urgency, and without much combing or brushing, I hastened to attend. A lady and boy were there. The lady, who was the mother, was dishevelled in her hair and her attire; had an earnest, an anxious and an impetuous look. She was disconcerted and distressed; hurried unceremoniously into the house, walked the room, refused to be seated, and begged immediate attention to her son, who had injured himself, she feared beyond reparation. The boy was about eleven years old, seemed shy and anxious, and moved with constraint, refusing to sit. He watched intently my countenance and my movements, as if to judge what awaited him; and when I put my hand into my pocket, he seemed to expect it was for a knife. On my own part, I had many conjectures what might be the cause of such manifestations, and rather suspected a case of paraphimosis, or something pushed into the urethra: but it was neither. The boy's penis I found enlarged, in its full length, to its utmost limit of extension; of almost cartilaginous hardness, and of deeply-livid color. The tenderness and aching were also extreme. At first sight, it was not manifest what had caused such disturbance; but on examination it was found encircled, close to the pubis, by a flat *steel ring*, about three-eighths of an inch in width and the same in diameter. The tumefaction was such as entirely to close over it from the opposite sides. Here was a case which foreshadowed trouble. It could not be reached by a file, could not be dissolved by mercury, and the string method was not very promising. The ring must be broken if possible; and to accomplish it, I used a pair of narrow tooth-extracting forceps; and by bending the ring backwards and forwards a considerable number of times, it at length separated and came off, and the *member* speedily returned to its normal size and color. There was then rejoicing on the part of the mother and boy.

I am aware that the foregoing cases may seem, to some, unimportant and trivial. But they are not so. They are liable, at any time, to be encountered; may perplex and embarrass, and, if not relieved, may seriously injure the patient and impair the reputation of the physician. They are of more consequence to be understood familiarly and be met promptly, than amputation at the hip-joint, excision of the upper or lower maxillary bone, removal of the ovaries, and most of the grand operations in surgery, which so much less frequently occur, and which are so seldom undertaken by most medical practitioners. It is the every-day difficulties which we should be most ready to encounter, and a mention of some of them at such meetings as this, may be of mutual benefit; and even publishing them occasionally, may serve a more general good.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, FEBRUARY 23, 1860.
 

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CARBONATE OF LITHIA IN GOUT.—Experience has taught that, in the great majority of cases, new remedies fail to answer the expectations, not only of those who first advocate their use, but still less of others who have no personal interest in their success. Yet we are bound to lend an unprejudiced ear to any suggestion which comes from one, whose name is associated with honest and successful labor in the investigation of disease.

These considerations lead us to call attention to the use of a new remedy proposed by Dr. Garrod, in his work on Gout and Rheumatic Gout, a notice of which we find in the *Lancet* for December 24, 1859. As the author's views of the pathology of the disease have an important bearing upon the treatment, we give some of them here. He says, "there can be no doubt that the essential component in gout deposits is urate of soda, which always assumes a crystalline form." This he considers a pathognomonic lesion, as it is not noticed after rheumatic or any other inflammation, and was invariably found in the numerous examinations of patients who had had the disease in all its forms. In continuation, he says:—

"Other matters are, indeed, often present, in varying quantities, derived from the tissue in which the deposition has taken place; but the large amount of phosphate of lime which is occasionally met with, is probably derived from secondary deposition, from the urate of soda acting as a foreign body, and producing ordinary inflammation; and thus, as in the case of the formation of cretaceous tubercles in the lungs and elsewhere, giving rise to phosphatic exudation, which must be regarded, not as related to the disease as gout, but as the result of common inflammation only."

In connection with this, the results of Dr. Garrod's analysis of the blood, as given by the reviewer, are interesting, showing, as they do, that the

"Healthy blood contains the merest trace of uric acid or urea, so small as to be in general undiscoverable, except by the most minute and searching chemical examination, and not always then.

"That, in gout, the blood is invariably rich in uric acid, which exists in the state of urate of soda, and can be separated from it, either in the form of the crystalline salt in acicular needles, or as rhombic crystals of uric acid.

"That, in acute rheumatism, the blood is free from uric acid, or at least contains no more than in health.

"That the serum obtained by the action of an ordinary blister yields uric acid when the blood is rich in this principle, except when the blister is applied to a surface affected with gouty inflammation.

"That the perspiration seldom contains uric acid; but that, in gout, oxalate of lime may be crystallized from it, as also from the blood."

"The urine," we are told, "in the earlier stages of gout is scanty, and the uric acid, measured by the twenty-four hours' excretion, also diminished; that this acid is thrown out in much larger quantities as the disease is passing off, and that then amounts even far above the patient's daily average may be excreted."

In the chronic stage, the quantity of uric acid excreted becomes still smaller.

The treatment which the author considers the most advisable, is the following :

“The diet should be very light, and chiefly amylaceous; diluents freely used, but no alcoholic stimulants allowed, unless in exceptional cases. The medicinal treatment should consist in the administration of some simple alkaline saline, combined with a moderate dose of colchicum; if necessary, purgatives may be given, selected according to the habit and condition of the patient. In the majority of cases, this will be found to be all that is necessary; but in some instances certain modifications may be essential: for example, if there be plethora, the question of the abstraction of a few ounces of blood may possibly arise; and, on the other hand, if the vital powers are at a low ebb, and great vascular and nervous depression exists, ammonia, in the form of the sesquicarbonate, may be desirable, in addition to, or as a substitute for, other salines; at the same time, colchicum should be altogether omitted, or used with the greatest caution. The only application required, in the majority of cases, is cotton wool covered lightly with oiled silk, which forms a protection to the joint; but now and then an anodyne may be advantageously used, and a small blister is occasionally of service.”

In chronic forms of gout, Dr. Garrod considers that the following are the indications necessary to be fulfilled:—

“First, to treat the chronic forms of gout by less heroic means than those employed in the acute disorder.

“Secondly, to render the blood pure by augmenting the various secreting functions, more especially of the kidneys and skin.

“Thirdly, to restore the power of the digestive organs, which are usually much impaired in chronic gout.

“Fourthly, to attend to the local mischief which the long-continued gouty inflammation induces in the articular structure.

“And, lastly, to carefully regulate the diet, and pay proper attention to regimenal means.”

In conclusion, he proposes, as a new remedy, the carbonate of lithia, which possesses a very remarkable property, “that of forming the most soluble salt of uric acid known.” As this is rare, we give the following facts concerning it, for which we are indebted to Mr. Blackmore. Lithium exists only in a few minerals, the most common of which are spodumene, found at Killiney, near Dublin, Ireland, and lepidolite, a Swedish mineral. This metalloid is white, like sodium, and becomes oxidized immediately on exposure to the air. The mineral waters of Pymont, in Germany, contain, in 16 ounces, 0.0030 grains of carbonate of lithia; those of Mariensbad, 0.0675 in the same quantity; those of Aachen, 0.0006; and those of Winterbach, 0.0030 of sulphate of lithia. These springs have, for many years, been regarded as peculiarly efficacious in this class of affections.

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THE NEW YORK DISPENSARY.—From the Annual Report of this Institution, which has just appeared, we learn that, supported, officered and managed, as it has been, by private philanthropy, it has relieved, since its organization in 1790, more than *one million of patients*, a number larger than the whole present populations of New York and Brooklyn united. During the past year, 44,627 persons of both sexes have received medical and surgical aid, at an expense, on the whole, of not less than \$10,000; of which sum only \$1,700 were supplied by the public, \$700 by the State, and \$1,000 by the city of New York.

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MARYLAND AND VIRGINIA MEDICAL JOURNAL.—This publication, the first number of which has just reached us, is the continuation, under

another name, of the *Virginia Medical and Surgical Journal*, which is well known throughout the country for the ability with which it has been conducted in the hands of Drs. McCaw and Otis. Dr. Otis having retired from the editorship, his place is occupied by Dr. Van Bibber, of Baltimore, Dr. McCaw still retaining his position as senior editor. The editors are assisted by an able corps of co-editors, a list of whose names appears on the title-page. The number received contains many articles of interest, and from its whole appearance, both inside and out, we may fairly presume that it will continue to maintain the character and influence which it has hitherto had.

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THE SECEDING STUDENTS.—As there seems to have been much discrepancy with regard to the number of students who left Philadelphia for Southern Schools, we are glad to get at the exact truth. From a statement in the *Maryland and Virginia Medical Journal*, it appears that on the 21st of December, two hundred and forty-four students went to Richmond from Philadelphia, and since that period not less than one hundred have passed through that city to take up their studies farther south. One hundred and forty have matriculated at the Medical College of Virginia, and are now diligently engaged in attendance on the lectures and examinations of the course.

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LECTURES ON SANITARY SCIENCE.—We have received a circular containing a prospectus of a course of lectures to be given by Mr. E. Y. Robbins on Sanitary Science, and “especially on that branch of it which treats of the influence of the qualities of the air we breathe upon health and longevity.” We have not had the pleasure of listening to Mr. R., but, recommended as he is by several of our most eminent physicians, among whom we notice the names of Drs. John Ware, Edward Jarvis, R. D. Mussey and H. G. Clark, we have no doubt these lectures will prove interesting and instructive. The subject is certainly a most important one, and if Mr. Robbins can prevail upon the female portion of our population to abandon hot rooms, give up late hours, and use sufficient exercise regularly in the open air, he will not only do a good service to the present generation, but to those who come after us.

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AMERICAN MEDICAL SOCIETY OF PARIS.—It appears, from the correspondence of the *N. Y. Times*, that this Association recently attracted the attention of the Police by neglecting to give the requisite notice, on a change in its place of meeting:—“For several months the meetings were held in the new place, when it became necessary, for some incidental affair, to hold communication with the Prefect of Police. New men in the meantime had been placed at the heads of bureaux—men who had never heard of such a society; and societies, ever since the dangerous clubs of 1848, are the particular horror of the Police. The consequence was that there was a great row at the Prefecture about that very innocent institution. The first thing was to order the Society to cease its meetings. The next thing was to call the Commissary of the new district to account for permitting a society to go on unnoticed in his district, for he knew absolutely nothing of it, and had made no report on the subject. He came near losing his place by his neglect. The President of the Society was called twice to the

Prefecture, where he was obliged to enter into endless details on the nature of the Society, the character of its members, and the limits of the debates.

“A domiciliary visit was also made by a secret agent to all the members—that is to say, to their *concierges*. The President, in his capacity of chief conspirator, was honored with two visits. Questions were asked as to what sort of individual each was, when he went out and came in, what sort of company he kept, whether there were ever many persons at one time in his room, &c. When the Society resumed its sittings, a policeman was sent to attend the two first meetings, to be able to report from sight that the Society was really what it purported to be, and that no political discussions took place. He did not understand English, but he expressed himself satisfied all the same; and, with mutual expressions of regret at what had occurred, the affair terminated.

“Evidently the Society was to blame in not fulfilling a simple requirement of the law—a requirement which seems indeed very simple and very insignificant, but which happens to concern a system so delicate and so complicated in its structure, that, like a watch, the least jar throws it into a terrible confusion.”

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THE AMERICAN MEDICAL ASSOCIATION will hold its thirteenth annual meeting at New Haven, on the *first Tuesday of June, 1860*. The secretaries of local societies, colleges and hospitals, are requested to forward to the undersigned, the names of delegates as soon as they are appointed.

STEPHEN G. HUBBARD, M.D., *Secretary,*  
New Haven, Ct.

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CONVENTION FOR REVISING THE U. S. PHARMACOPŒIA.—The following appointments of Delegates to the Convention for revising the Pharmacopœia, to meet in Washington on the first Wednesday of May next, having been duly made known to me, are hereby announced, in compliance with a provision of the Convention of 1850.

From the Massachusetts College of Pharmacy, Messrs. Theodore Metcalf and Charles T. Carney; from the New York Academy of Medicine, B. W. McCreedy, M.D., E. H. Davis, M.D., and E. R. Squibb, M.D.; from the College of Physicians of Philadelphia, Geo. B. Wood, M.D., R. P. Thomas, M.D., and Robert Bridges, M.D.; from the University of Pennsylvania, Jos. Carson, M.D., R. E. Rogers, M.D., and Jos. Leidy, M.D.; from the Jefferson Medical College of Philadelphia, Franklin Bache, M.D., and T. D. Mitchell, M.D.; from the Philadelphia College of Pharmacy, Messrs. Wm. Procter, Jr., Edward Parrish, and Alfred B. Taylor; and from the Medical Society of the State of North Carolina, Wm. G. Thomas, M.D., Peter E. Hines, M.D., and Edward Warren, M.D.

By order of the Convention of 1850,  
Philadelphia, Feb. 14th, 1860.

GEO. B. WOOD, *President.*

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NEW MODE OF EXTRACTING GUNPOWDER FROM WOUNDS.—When gunpowder is encrusted in the skin, it is customary to extract it by means of needles or the point of a bistoury. To save patients the pain of this operation, M. Busch applies to the part a solution of corrosive sublimate, five grains to the ounce. An eczematous eruption is thus excited, and the dried vesicles then contain the grains of gunpowder,

which are very easily extracted. The skin retains its normal color in the region thus treated, and no tattooing is observable.—*Archiv. für Path. Anat., &c.*

**INJECTION OF SULPHATE OF ATROPINE ON THE PNEUMOGASTRIC NERVE IN ASTHMA.**—Professor Courty, of Montpellier, has communicated to the Academy of Sciences of Paris a case wherein he used this novel kind of treatment. The patient was a lady aged 54, who for several years had suffered from very severe fits of asthma. No organic disease of the heart was discovered. Relief was obtained in several fits, which occurred at three and four months' interval, by emetics, purgatives, frictions with mercurial and belladonna ointments, opium, valerian, and blisters dressed with morphine, sulphureous waters, &c.

In August of this year, the fit having recurred, M. Courty injected on the internal side of the sterno-mastoid muscle, and on a level with the thyroid body, six drops of a solution of sulphate of atropine (one grain of the salt to one hundred of water), just on the tract of the sheath which contains the vessels and the pneumogastric nerve. The trocar was introduced to the depth of only three or four lines, for fear of injuring the important vessels of the region. Symptoms of narcotism were observed, but the breathing was freer. The effects of the atropine lasted till the next day, when a second and similar injection was made on the right side. The narcotism now persisted during three days, and was combated by purgatives, enemata, tartar emetic, &c.; and on the fourth day, a third injection of seven drops was had recourse to, the canula being introduced a little below the former puncture on the right side, to the depth of eight or nine lines, and moved about to allow the liquid to penetrate. Strong narcotism ensued, but it did not last long, and the fit of asthma was completely controlled.—*Lancet.*

ONLY 36 colored children were born in the city of Providence (R. I.) during the year 1859—and in the month of January, of the present year, 12 colored persons died.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 18th, 1860.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	38	40	78
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	39.2	36.4	75.6
Average corrected to increased population, . . . . .	..	..	68.1
Deaths of persons above 90, . . . . .	..	..	..

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.989	Highest point of Thermometer, . . . . .	41
Highest point of Barometer, . . . . .	30.300	Lowest point of Thermometer, . . . . .	2.5
Lowest point of Barometer, . . . . .	29.706	General direction of the Wind, . . . . .	NW.
Mean Temperature, . . . . .	19.7	Whole amount of Rain in the week, . . . . .	.40
During the week 5 inches of snow fell—equal to .40 of an inch of rain.			

ERRATA.—Page 21, 19th line from top, for "once in three weeks," read *once a year, at about the same period*; page 37, 6th line from top, for "infusions" read *infusi*; page 45, 21st line from bottom, for "Dr. Thompson" read *Dr. Simpson*.

**Communications Received.**—On Smallpox.—Case of Pleuro-Pneumonia.

**Books and Pamphlets Received.**—Treatise on Malpractice and Medical Evidence, comprising the Elements of Medical Jurisprudence. By John J. Elwell, M.D., Member of the Cleveland Bar. (From the Author.)—The Action and Sounds of the Heart. A Physiological Essay. By George Britton Halford, M.D., M.R.C.P.L., F.R.C.S.E., &c. (From the Author.)

**DIED.**—In Savannah, Geo., Dr. John F. Posey—formerly a Surgeon in the U. S. Navy, and for forty years a practising physician in Savannah.

**Deaths in Boston for the week ending Saturday noon, February 18th, 78.** Males, 38—Females, 40.—Accident, 1—apoplexy, 2—asthma, 1—inflammation of the bowels, 3—bronchitis, 2—burns, 1—cancer, 1—consumption, 13—convulsions, 2—cholera infantum, 1—croup, 2—dropsy, 3—dropsy in the head, 2—debility, 1—puerperal diseases, 5—bilious fever, 2—scarlet fever, 4—gravel, 1—homicide, 1—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 11—congestion of the lungs, 2—disease of the liver, 1—old age, 1—palsy, 1—premature birth, 2—smallpox, 6—unknown, 2—whooping cough, 2.

Under 5 years, 30—between 5 and 20 years, 3—between 20 and 40 years, 30—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 61—Ireland, 23—other places, 4.

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"SMALLPOX."

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THERE appeared in the *Boston Courier*, a few days ago, an article with the above title, which much pleased me. Its sketch of the history of inoculation was excellent, as were also its remarks on the obligation and duty of vaccination as securing one's own safety, as well as the safety of others. A vaccinated person may have varioloid—something like smallpox—but not it, generally a mild disease, and very rarely fatal; but it will give genuine smallpox to the unprotected by vaccination, with its present dangers, and horrors; and, if not fatal, its terrible and sure deformity by and by.

I liked the article referred to, because it comes from the laity, not the faculty. The latter is sometimes thought, in its popular addresses or recommendations, to speak from professional interest, or from another interest which begins with a *p*. But the laity has neither fame nor money in its hints to the people, and hence its frequent influence.

There is one matter in our subject, viz., vaccination, which did not lie in the scope of the *Courier's* writing, and it will make the subject of what follows. I refer to the objections which exist in regard to it. These are widely current, and have an influence which those out of the profession have no notion of. One of them, and the most important, is this: the possibility, and to many the certainty, or strong probability, that various diseases, humors, &c., may be introduced into the body by vaccination. I have been a physician, man and boy, student and practitioner, towards sixty years. I began medical study April 15, 1807. My master in medicine was—and is—Dr. James Jackson, still in active practice, and now verging on 83. And where a wiser or better master? Dr. J. returned from London in 1800, having been absent about a year. While attending the London Borough Hospitals, notice was given to the class that pupils would be received at the St. Pancras

Smallpox Hospital, then under the charge of Dr. Woodville, and where they would have an opportunity of observing cases of vaccination. Only two, Dr. J. being one, availed themselves of this opportunity to acquire, under the most favorable circumstances, the whole history of the disease, and also the best rules for communicating it to others. Dr. Jackson continued his attendance at this Hospital for several weeks. He made a complimentary call on Dr. Woodville the day before his departure, who at that moment was examining the last proof-sheets of his latest work on Vaccination, it being wet from the press. Dr. W. gave him the copy in that state. This pamphlet was especially valuable to Dr. J., on account of its history of spurious cases, which it would seem were much more frequent than at present, and which were ascribed to matter taken too late in the disease, viz., when the areola was perfectly formed, and the matter had become *opaque*. It may be added that Dr. Woodville did not write on vaccination till he had obtained the evidence of 800 cases to its entire safety.

Vaccination was discovered by Jenner in 1770.\* I have been told that Mr. Cline, one of the surgeons of the Borough Hospitals, had discovered it earlier, or at about the same time. But he had not published his discovery, or practised it. He was apprehensive, it is said, that as the matter came from an animal so essentially different in many respects from the human, some terrible product might come of vaccination. Mr. C. had obtained it from the cow. He knew perfectly well that milkers had had the disease, and had in consequence been exempt from smallpox. One is reminded of Newton's course in regard to a very important discovery of his in mathematics—the differential calculus. He allowed the paper which contained this discovery to lie at rest in a drawer for twenty-five years. At the end of this time, Leibnitz made the same discovery and published it, and notwithstanding this, and notwithstanding the fact that his notation was a much better one than Newton's, the honor of the discovery was adjudged to Newton. The result was a most bitter quarrel between these two great men and former friends, which was only covered up by the grave.

Cline, though so long and so intimately acquainted with vaccination, made no claim to the discovery, but, in 1798, quietly introduced it into London.

Thornton says, in his "Facts Decisive in favor of the Cowpock," London, 1803, now lying before me, "that in July, 1798, he (Cline) received some vaccine matter from Dr. Jenner, with which he inoculated a boy who had not had smallpox. When he had gone through the stages of vaccine inoculation, he tried to infect him with the smallpox by inoculation, *but in vain*; this circumstance,

\* "The first cases ever laid before the public on this interesting subject (vaccination) are those by Jenner. His first case was Joseph Merrett, under-gardener to the Earl of Berkley, in 1770. Joseph was repeatedly inoculated afterwards—once 25 years after cowpox—but without effect."—*An Inquiry into the Causes and Effects of Cowpox.* By Edward Jenner.



together with the communications he received from Dr. Jenner, produced the strongest convictions in his mind of the great utility of the practice," &c.

Dr. Jackson, having fully prepared himself for vaccination, brought vaccine matter from London, having obtained it from Dr. Woodville, with whom we have seen he had studied vaccination, and tried it in Boston. It failed. He then applied for some from a physician, who advertised that he would supply others with matter, but failed to get any. Fortunately, he learned that his friend, Dr. Manning, of Ipswich, had succeeded in his vaccinations. He drove there immediately, and found a lady in whom the disease was in the best state possible for use, and she was kind enough to come to Boston with the Dr., and from her arm quite a number of patients were at once vaccinated. From this time Dr. J. was constantly vaccinating, and had the amplest opportunities for observing the disease, and for comparing his cases with the large numbers he daily saw in St. Pancras Hospital.

But why this history? Why this re-statement of old facts? Because of their permanent value, recording as they do one of the most important discoveries in the history of the race, and made by a man wholly worthy such a distinction. Again and again was Jenner pressed, and by long-tried friends, to consider himself, as well as the public whom he had so truly and generously served. A writer of his—Jenner's—time, thus writes:

“Had Dr. Jenner, the favorite pupil of the famous Hunter, chosen to rank himself with the *legal murderers* of the human race, and taken out a *patent*, which he might have justly and easily obtained, the richest man in England would have had no reason to boast with him—there would have been no limit to his gains; and seeing how mankind, great and little, run after quackery, he might have rode triumphant in his chariot, as the *head* of that *horrid monster of destruction*. But *he* spurned the very thought; and, so far from using even the *mystery* seen sometimes in the profession, was open and candid; and while government rewards him, the whole universe is uttering his praises, and raising to Heaven prayers for his prosperity, life, and happiness.”

There is another reason for this history. We learn from it under what favorable circumstances vaccination was early practised among us. Dr. Jackson was thoroughly taught, by daily witnessing the disease under all circumstances, what was its whole and true history. He had daily opportunities of comparing it with smallpox, and of making a correct diagnosis. He obtained at once the confidence of those who are best able to observe the facts in the disease, and of thus aiding the practice of vaccination.

Was it not in memory of all this, that to him was entrusted the office of collecting funds for the Jenner monument in England, and that thus through him this remote country might have its share in

the public—universal honor about to be done to the benefactor of man?

But why the history? It has enabled me to obtain important information on a point concerning the entire safety of vaccination. In a recent visit to Dr. Jackson, I asked if he had met with any instances, and how many, of diseases of any kind being introduced by vaccination. He said he had never met with an instance. Here is the testimony of a careful and accomplished inquirer, to a most important fact in the history of vaccination. Here is the testimony of 60 years to the entire safety of vaccination. This testimony may well rest alone. But if it can be added to, may I not appeal to my own observation for more than half a century concerning the same important inquiry? Not an instance has been observed by me of the introduction of any disease by vaccination. It is a beautiful fact, is it not? in this history, that vaccination exerts its wonderful power with scarce any evidence that any morbid process is at work in the system. Yes, entirely removes the susceptibility to smallpox, one of the most painful, terrible, fatal of diseases, and all this without making any "sign."

Notwithstanding all this testimony, apprehensions still exist of the dangers of vaccination. There was much reasonableness in the opposition it met with upon its promulgation by Jenner. For a quarter of a century he had faithfully studied cowpox, lest some unseen evil from it might discover itself, and when at length he offered it to the public, it was with that entire confidence which long and patient experience and observation authorized. In America it was almost new, when, in 1800, Dr. Jackson entered into the service of its promulgation. It was but one year after Cline had introduced it into London. Let me here give an anecdote which I have heard told of an early vaccination, or rather purpose to vaccinate. It was an infant to whom Dr. ——— was called. The mother's fears, before expressed, had been quieted or removed, but when the day came she shrank under a sense of the responsibility of her position, and could not possibly have the operation done. The Dr. was to call again in a few days for the same purpose. He did so, and found the infant covered all over with a deep and most *alarming* eruption! Suppose, for a moment, that this had happened after vaccination. A lady—a mother—position—wealth—influence—a beautiful child—fair—lovely—a newly born—an only one—and now—what! how! covered with loathsome disease. What not? Heart fails. What *would* have happened to vaccination from that "leperous distilment"? What *would* have happened to the doctor?

Let us pass from this distressing questioning to some cases which have come under my notice during the present smallpox epidemic, and which illustrate some of the views which people still entertain of vaccination, who—*save the mark*—should have known better.

CASE I.—A child was inoculated by me. The disease went most kindly through its stages, and the little boy of three or four was soon well. He was under the care of two excellent persons, sisters, middle aged, who had never been vaccinated because they had been taught to believe that the vaccine virus was a morbid poison, and would introduce all sorts of humors into their healthful systems. Well, months passed by, and the present epidemic smallpox occurred. Both of these sisters were attacked by it, about the same time, and both died. Here was the result of popular prejudice, the product of which was great ignorance, and certain, and terrible death. I say *terrible*, for if there be a disease which deserves such an epithet, it is confluent smallpox. It is not only terrible in itself, but kills out sympathy, and kindness, sometimes leaving its subjects to live and die alone, and almost denies to its victims the rights of sepulture. In a neighboring city a young student was almost left to die alone, and his fellow students had to take him and his coffin upon their shoulders, and bury him.

CASE II.—I have heard of a gentleman of education, wealth and position, who will not permit his daughter—a most interesting young lady—to be vaccinated, as she would certainly have humors of all sorts come of vaccination. To my mind, it seems far more reasonable to have feared that the young lady would have a calf, especially when we consider the cow-origin of vaccination.

CASE III.—While writing, I am called to vaccinate Miss ——. This is successfully done; the young lady being about, all the time, as if nothing had happened. I am requested to say nothing about this, as the young lady is a visitor in Boston, and the strongest fears are felt of the dangers of vaccination, and the whole weight of domestic authority has been declared against its being done.

CASE IV.—Let me next give an instance of the benign—I had almost said the beautiful—influence of vaccination, under circumstances the most unpromising.

Mrs. — had varioloid. Her sister, Miss —, took care of her. It was discovered, at the appearance of the varioloid in Mrs. —, that her sister, Miss — had not been vaccinated. She was at once vaccinated. On the seventh day, the vaccination was found to be perfect. On the eighth, when the usual progress had occurred in the vesicle, Miss — was suddenly seized with severe and most distressing rigors, intense headache, and abdominal pains. [Let me remark here, that this trouble in the abdomen has accompanied all the cases of varioloid which I have attended during the present epidemic smallpox.] Varioloid occurred three days after. The eruption was universal—covering face, head, trunk, and extremities. Large pustules soon showed themselves, distended with an opaque fluid. I have seen the very worst forms of smallpox, but no one which was worse in appearance than was this one of varioloid, only that it wanted *confluence*. The utmost danger was present; the symptoms being of

a strongly-declared character. These began to subside at the usual time. Desquamation took place, or the crusts were separated, and the patient recovered, and without a *single pit* to mark the place of any one of these countless vesicles. Her disease was varioloid; in other words, smallpox as modified and controlled by vaccination; this latter pursuing its common course, its scabs coming off about the twelfth day from vaccination. I have met with no case in which the power—the saving power of vaccination was presented after a manner more conclusive, and more calculated to strengthen popular confidence in its power over a most terrible, loathsome, fatal disease, than in this.

In order to render vaccination as accessible as possible to all classes of people, the profession and the municipal government have done all in their power. The highest fee for the operation and subsequent attendance is *five* dollars. The government has always supported an agency, by which the poor are vaccinated gratuitously. Where a fee is charged by the profession, and the first vaccination fails, no additional fee is demanded for subsequent vaccinations. It not unfrequently fails; and I know of cases in which from two to eighteen operations have been done before success has been obtained. So far is it from a lucrative business, with the time necessary to procure vaccine matter—to make calls—to watch the progress of each case—that it is oftener a burthen on the profession—a great loss of time—than a source of income. And we all know how often a deduction is demanded from the fee, and this where it is known to the physician that such deduction is not authorized by the circumstances of those demanding the service.

These facts are given to show that epidemic smallpox must now always be the consequence of the popular neglect of the means to prevent—nay, exterminate it. This part of our subject deserves special attention, seeing that the old system of Pest Houses is done away with, and smallpox patients remain unmolested at their homes. It is in this way the time of an epidemic comes to be lengthened, and that for a long time after such constitutional atmospheric conditions as are necessary to the existence of an epidemic are no longer present, the disease still continues, as material for this always exists in the persons of the unvaccinated. The same is true of scarlet fever, which has now existed here as an epidemic for months or years. Its epidemic character is gone, and still, every week, we have one or more deaths to show that the disease is and may be indefinitely continued by the unprotected.

On the continent of Europe various means have been tried to annihilate smallpox, and in some directions, very successfully. Thus, in Prussia, in which comparatively small state, almost as large a standing army is sustained as in larger States, by frequently-repeated vaccination these large armies and their families are entirely out of the reach of smallpox. In other nations,

christening is not allowed until a certificate of vaccination is produced. So with schools, in which, although truancy is punished by fining or imprisoning parents, instead of punishing the truant, no child can enter one unless vaccinated, and yet every child is obliged to be sent to school. In America the child must be vaccinated before it can enter one; but how large is the number of children who are too young to enter, and how many of such are found among the weekly registration of deaths from smallpox?

## LEUCOCYTHÆMIA.

[Translated for the Boston Medical and Surgical Journal from No. 29 of the *Allgemeine Wiener Zeitung* for 1853.—Continued from page 77.]

BY B. JOY JEFFRIES, M.D.

*Anatomical and Microscopical Examination*; by Dr. JULIUS KLOB.\*

BODY of medium size, pale brownish fawn color, emaciated; hair of the head brown; pupils moderately opened; neck thin; chest small; abdominal parietes moderately distended. External genitalia slightly œdematous.

Scalp pale, calvarium of ordinary thickness, having, on the internal surface of either side of the sagittal suture, small depressions the size of a pea. The dura mater moderately stretched and pale; in the superior longitudinal sinus a little fluid, thin, dirty red blood, mixed with small, yellowish-white, soft coagula. On the inner surface of the dura mater, a soft, thin, jelly-like, yellowish deposit. The pia mater infiltrated with serum, rather free from blood, and studded with Pacinian corpuscles over the upper portion of the cerebral hemispheres. In its larger, moderately-distended veins, a thin, dirty, pale-red blood. The brain moist, the cortical substance a pale reddish brown; medullary substance rather a clean white color, of soft, pasty consistence, and moderately rich in blood. Lateral ventricles somewhat dilated, holding three drachms of a clear, yellowish serum. The lining membrane of the lateral ventricles soft; the vascular plexuses pale—the capillaries of the lateral ones distended into little branches filled with a thickened serum. Base of the skull pale. In the other sinuses also a thin, fluid blood, with yellowish flocculent coagula.

Mucous membrane of the mouth and fauces pale, strewed with flakes of loosened, whitish epithelium. The thyroid gland somewhat enlarged; in its right lobe several plainly circumscribed cysts, the size of a bean, filled with a soft, pale-brown tissue, shining like colloid. The arteria thyroidea superior dextra, three lines thick, a good deal twisted, the coats thickened. Mucous membrane of the larynx pale. Jugular veins strongly dilated. On cutting into

\* First assistant to Prof. Rokitansky, and private teacher (privat docent).

the right jugular comitans, the blood passed out in the form of cylinders the size of the vein, which were very soft, surrounded by a little thin, fluid blood, of a dirty brownish-red color, and mixed with numerous pale yellowish red coagula, in the form of dots or streaks and lumps; so that the surface of these cylinders looked granulated, flaky and marbled. The blood in the neighborhood, a dirty, pale red, with a greasy, viscid feel. Both lungs free, their substance pale red, throughout moderately crepitant to the touch, and holding an average amount of blood; the posterior parts somewhat richer in blood than the anterior, filled throughout with rather a coarse, frothy, pale-red serum. On cutting into the pulmonary arteries, there flowed out blood similar to that from the vena jugul. communis, whilst the blood of the pulmonary veins was a dirty pale-red, thin and mixed with but few coagula. In the bronchi, some viscid, glairy mucus, the mucous membrane with pale red injection.

In the pericardium, about two ounces of clear, yellow serum, the heart dilated, flaccid, especially the right auricle, and the ventricle of this side in the form of the greatest diastolic enlargement. On opening the right ventricle, there flowed out a mass of dirty, yellowish-red blood in lumps, thickly mixed with such coagula as were in the jugular vein. In the left ventricle, an ounce of the same blood, but more red. The left auricle nearly empty, the right crowded with the same masses of blood as in the jugul. com. The muscular tissue of the heart itself rather a dark brownish-red, of normal consistency, the endocardium thin, the valves normal, the entrance and calibre of the large vessels of ordinary dimensions.

Upon opening the abdomen, the edge of the liver was seen reaching low down, as far as the spina. ant. sup. oss. ilei. The left lobe extended into the left hypochondrium, and there covered the upper portion of the spleen. The anterior edge of the spleen reached to the median line of the abdomen, the inferior edge to the spina. ant. sup. oss. ilei sin., so that between the liver and spleen, below the navel, was a triangular space, in which were seen coils of the small intestine, covered by the great omentum, and a part of the transverse colon. The right lobe of the liver a foot long, the two lobes fifteen inches across, the right four and a half inches thick. Surface of liver smooth and shining, its substance uncommonly succulent, a pale grayish-red and rather soft. Brownish gall in the gall-bladder. The spleen weighed five pounds two ounces (4 pfund 12 loth. Wiener. Gew.), was one foot long, five and a half inches broad in the upper half, three and a half inches thick, the lower half seven inches broad and two and a half thick, the anterior edge deeply notched; on its smooth surface, at one part, the capsule appeared to be torn, and the dark-red parenchyma pushing through. Substance of the spleen grayish-red, a section pretty uniform in texture, smooth; the Malpighian corpuscles here and there swollen, and appearing as whitish projections,

the trabeculæ pretty plainly hypertrophied, and the consistence of the spleen therefore moderately hard. Near the lower end, and on the anterior edge, were cuneiform, hæmorrhagic, fatty deposits the size of a bean, yellowish, compact and brittle.

The stomach and intestines only slightly distended with gases, the mucous membrane pale; in the stomach viscid mucus—in the intestines grayish and grayish-brown mucous fæces. The aggregate as well as the solitary glands of the canal, and the mesenteric glands, not swollen. The retro-peritoneal glands, however, especially those lying in front of the lumbar vertebræ, pretty plainly enlarged, forming pale grayish-white tumors the size of a bean, their pale cortical substance differing from the grayish-red central portion; the enlargement belonging especially to the cortical substance, which, when pressed, exudes a whitish pulp.

The kidneys feel swollen, yet scarcely enlarged, their cortical substance yellowish-red, in the pyramids dark red and hard. Bladder contracted, and holding a few drachms of clear urine. Uterus somewhat enlarged, the veins dilated and filled with a pus-like blood. Ovaries shrunken.

The microscopic examination of the spleen showed a simple hypertrophy—nothing else could be found than its strong, broad trabeculæ, accumulated, colorless cells, 0.003 to 0.007 lines in diameter, and the peculiar, spindle-shaped cells of the spleen. The yellowish, thick and brittle cuneiform deposits proved to be composed of the substance of the spleen in a state of fatty degeneration, broken down fibrous tissue, and a fine molecular hæmorrhagic deposit.

The liver appeared, under the microscope, normal, namely, no perceptible alteration in its cells. The most careful examination of the surface of the liver and of a section, both with the naked eye and with a lens, did not discover the white granules spoken of by Virchow (*Ges. Abhandl.*, page 207). Yet fine sections, under the microscope, showed small collections (0.5 lines broad) of a few colorless cells and nuclei, in size 0.0027 to 0.0034 lines. No apparent alteration in the kidneys.

The swollen retro-peritoneal glands were often, in their cortical substance, of three to five lines in thickness. They appeared uniformly pale, holding cells 0.0042 to 0.0051 lines in diameter, and nuclei 0.0030 to 0.0039 lines.

I undertook to calculate the corpuscles in the blood taken from the different vessels of the cadaver (12 hours after death); previously convinced, however, that the result would be very uncertain and not at all a standard, on account of the separation that had already taken place of the different elements of the blood. The examination soon convinced me of the uselessness of my attempt. As, however, I subjected the fluid as well as the coagulated portions to repeated calculations, I will give an approximate comparison of the relation of the white elements to the red, as seemed

probable to me from the many different results. The splenic veins appeared to hold the most colorless elements; I should judge they were one half of the whole amount present. The splenic arteries carried blood not so rich in colorless blood-corpuscles as the veins. In the blood of the veins of the liver and of the pulmonary arteries, the white corpuscles appeared to me to amount to one half, whilst in the blood of the left side of the heart to one third of all present.

In general, the blood held, besides the normal red corpuscles, colorless cells 0.0078 to 0.014 lines in diameter, which appeared partly globular, but the majority somewhat oblong, the long diameter 0.002 lines more than the short diameter. The cell nuclei were large, round, and 0.0027 to 0.0053 lines in diameter, so that in some of the smaller oblong cells they appeared as large as the short diameter of the cell. The cells held nuclei partly of this description and partly oblong or biscuit shaped, about dividing. Three or four smaller nuclei were often seen in the cells, especially in the splenic veins.

There were also quite a number of free nuclei mixed with the cells, of the size and shape of the simple cell nuclei. I should estimate 10 or 15 free nuclei to every 100 colorless cells.

*Chemical Examination; by Dr. FOLWARCZNY.\**

The chemical examination is divided into two parts, namely, that of the blood taken during life by venesection and the bleeding of leech-bites, and that from the cadaver.

A chemical examination of leukæmic blood, to have any claim to scientific value, will be best and most simply made by Prof. Scherer's method.

Scherer found, among other soluble constituents of the pulp of the spleen, hypoxanthin, uric acid, lactic acid, leucine, formic acid, and acetic acid. On careful examination of blood from the cadaver, in two cases of leukæmia, he found the above substances, together with gluten, and fully corroborated the opinion which Virchow gave in 1851, that the extraordinary alteration of the blood in leukæmia was in part due to its being contaminated by the elements of the spleen.

Scherer proposed a peculiar method of analysis. This we were enabled to follow exactly, in the examination of the blood from the cadaver, whilst the blood from the venesection, and partly also that from the bleeding of the leech-bites, was also examined, in divided portions, for the above-mentioned elements.

*Examination of the Blood taken during Life.*—(a) Blood from the venesection.

A part of this blood, which did not well divide into clot and serum, was shaken up, and another portion set aside in order to obtain some clear serum after the more complete settling of the clot.

\* Assistant in the Pathological Chemical Laboratory.



A small portion of the blood that had been shaken up was coagulated in boiling water, a drop of acetic acid added to completely remove the proteinate, and then placed on a filter. The clear filtrate was divided into two portions.

In one portion, after long cooling, there was no glutinous coagulation, nor was there any cloudiness, such as occurs with glutinous solutions, on the addition of spirits of wine. *Glutin, therefore, was not present.*

The other portion was first strongly concentrated, and then by drying it with nitric acid on a platina spatula, a pale-yellow flake was obtained, which scarcely reddened on adding liquor potassæ, and did not on warming give the violet color of the hypoxanthin reaction. *Hypoxanthin was therefore not present.*

A further portion of the blood that had been shaken up, was mixed with five times as much distilled water, and then a few drops of concentrated sulphuric acid added, and the whole carefully distilled.

The distillate was clear as water, and had a weak acid re-action. It was neutralized with carbonate of soda, concentrated, and then with diluted sulphuric acid again distilled.

A portion of the distillate was treated with nitrate of oxide of silver and warmed; reaction at once took place, the mixture turning black. *Formic acid was therefore present.*

Another portion of the distillate was mixed with alcohol and sulphuric acid, and on heating, gave out a smell of acetic ether, although not strong.

Possibly, therefore, a minute portion of acetic acid may have been present.

The more or less clear serum obtained from the blood that had been standing, was evaporated on a water bath, and the remainder extracted with an alcoholic solution of oxalic acid. The lactic acid present would hereby be dissolved. The solution was then digested with an excess of oxide of lead, and filtered. This filtrate, which might have held lactate of the oxide of lead, was treated with sulphuretted hydrogen. This new filtrate could then only hold *free* lactic acid. It was then boiled with oxide of zinc, again filtered, and the filtrate brought to crystallization.

The peculiar club-shaped crystals of lactate of oxide of zinc were produced. The analysis thus proved the existence of lactic and formic acid. The presence of acetic acid was doubtful. Glutin and hypoxanthin were not present.

(b) Blood from the bleeding of leech-bites.

Lactic and formic acid were found. On evaporating the filtrate, obtained from boiling the coagulated mass of blood, were found in addition, beautiful crystal of tyrosin. Glutin, leucine, hypoxanthin were not found. The presence of acetic acid could not be determined, because a drop of this acid had to be added to cause complete coagulation.

*Examination of the Blood from Cadaver.*

- The following were examined. (a) Blood from the splenic veins.  
 (b) do. do. veins of the liver.  
 (c) do. do. jugular vein and right side of the heart.  
 (d) do. do. aorta and left side of the heart.

We give here, first, the general result of the examination, and, at the end, that of the different portions of blood.

The portion to be examined was thoroughly triturated, so that it was of more or less uniform consistence, then the necessary quantity of distilled water added, and the whole boiled for some time. After careful cooling and settling it was filtered, and the clear filtrate tested for proteinate. If it had been completely freed from it (if necessary a drop of acetic acid must be added before filtering), the filtrate was brought to the consistence of a thin syrup, and kept cold several days. The presence of gluten was then proved by the gelatinous coagula and precipitate of the fluid with alcohol. Scherer found in the bottom of the evaporating dish a yellowish-white residue. The fluid is to be decanted and set aside, the yellowish-white precipitate washed on the filter, and now tested for uric acid and hypoxanthin.

The best way is to treat the dry yellowish powder with ammonia. Any hypoxanthin that may happen to be present is dissolved out, and uric acid falls as urate of ammonia. The remaining insoluble portion will be now tested for uric acid by the murexyd test. The ammoniacal solution is to be left to evaporate naturally, and the residue tested for hypoxanthin with nitric acid and liquor potassæ.

The fluid that was decanted from the yellowish white precipitate, and had been set aside, is somewhat further evaporated, and to it added a drop of the fluid concentrated by natural evaporation; the residue is then to be carefully examined under the microscope. Scherer found chloride of sodium and globules of leucine.

The fluid will now be evaporated to a thick syrup, dissolved in a little water, and mixed with absolute alcohol. Some leucine then crystallizes on the sides of the glass. The alcoholic solution of leucine is decanted from the uncrystallizable precipitate and divided into two portions.

One portion will be treated with a solution of nitrate of the oxide of silver, whereby a greater part of the added salts of silver being insoluble in nitric acid, will be thrown down as chloride of silver, yet the presence of formic acid will be shown by the quick reduction of the excess of nitrate of silver, on warming. The formation of crystals of the acetate of the oxide of silver, or the distillation of the fluid, with the addition of a few drops of concentrated sulphuric acid, and testing the distillate for acetic acid,

determines the presence of acetic acid in the blood under consideration.

To the other portion of the alcoholic solution will be added small amounts of concentrated sulphuric acid, till a white cloud is formed by the sulphate, from which it is to be filtered. The filtrate is to be boiled with the carbonate of lime, filtered, evaporated to dryness, extracted with alcohol, and to it a little ether added. The formation of crystallized lactate of lime proves the presence of lactic acid.

So much for the method of examining, and now follow the results with the separate portions of blood. Here has also been added a quantitative analysis of the blood from the splenic veins and aorta, for water and the incombustible salts.

(a) Blood from splenic veins.

In 1,000 parts. Water, 765.210

Solid substances, 234.790

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1,000.000

Solid substances, 234.790.

Inorganic, 11.692

Organic, 223.098

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234.790

Glutin was not found. The murexyd test showed a small amount of uric acid. The hypoxanthin test gave a yellow flake that reddened with liquor potassæ, yet on warming it, only a slight tinge of violet was seen. The presence of hypoxanthin was therefore doubtful. Leucine was not found. Formic acid was present, but no acetic or lactic.

(b) Blood from the veins of the liver.

Formic and lactic acid were found; glutin, uric acid, hypoxanthin, leucine and acetic acid *not* found.

(c) Blood from the jugular vein and right side of the heart.

Uric and formic acid were met with; glutin, leucine, acetic and lactic acid and hypoxanthin could *not* be discovered.

(d) Blood from the aorta and left side of the heart.

In 1,000 parts. Water, 795.005

Solid substances, 204.995

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1,000.000

Solid substances, 204.995.

Of these, inorganic, 12.076

organic, 192.919

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204.995

No glutin, uric acid, acetic acid or hypoxanthin were found, but formic acid, lactic acid, and a good deal of leucine in beautiful crystals, were met with.

We found, therefore, in leukæmic blood, no glutin in any examination; hypoxanthin and acetic acid only in one (splenic veins—V.

mediana), and then doubtful; uric acid in minute quantity in one examination (ven. jugul.); tyrosin and leucine each found once (capillary blood, aorta); formic acid in all cases; lactic acid in the greater number of experiments (ven. median, capillary blood, veins of the liver, aorta).

The quantitative analysis of the water and solid substances, and of the organic and inorganic constituents of the latter, scarcely differs from that of normal blood, as Scherer also found.

For the literature of the chemical examination of leukæmic blood, are to be mentioned, *Verhandlungen der phys. Medizinischen Gesellschaft in Würzburg*, Bd. II., No. 21, in Bd. VII., Heft. I.

### ON DIPHTHERITIC PARALYSIS.

BY DR. MAINGAULT.

VARIOUS French authors have drawn attention to the fact that paralytic affections occur as sequelæ of diphtheria, or rather of the disease to which Bretonneau has given the name diphthérite. Dr. Maingault discusses the subject fully, and adduces numerous cases in illustration of his remarks. The following is a brief summary of the account which he gives:—Two or three weeks after all throat affection has disappeared, the first symptoms of paralysis show themselves; they are developed slowly; the patients may even have made considerable progress towards recovery before they occur. The first thing noticed is a paralytic affection of the soft palate, characterized by a difficulty of deglutition and a nasal speech—phenomena that may entirely disappear when the general muscular weakness shows itself. In some patients there is sudden emaciation. Vision becomes imperfect, and even complete blindness may supervene. The strength fails gradually; formication occurs in the extremities, accompanied by more or less severe pains in the joints. Walking becomes more and more painful, until the upright position is impossible. The paraplegia is then complete. The upper extremities partake in this weakness, the head becomes too heavy and sinks on the chest, the muscles of the trunk are incapable of sustaining the weight of the body. Strabismus, distortions of the face, dribbling, defective articulation, and paralysis of the bladder and rectum also supervene. There is an entire absence of fever, the pulse is small, and is reduced even to fifty; at the same time the heart's action is tumultuous, and there are anæmic murmurs. With these and other symptoms of defective innervation, the intellect remains intact, but the mental powers are sluggish. The disease may proceed to a fatal termination, or if it terminates favorably, the patient's strength returns gradually, and a cure is effected in a period varying from two to eight months.

. Dr. Bouillon-Lagrange, in one of a series of articles on angine

couenneuse, contained in the "Gazette Hebdomadaire," also draws attention to diphtheritic paralysis, of which he adduces four cases. He regards it as a complication occurring mainly in the adult, that its duration is from two to three months, that the effect of treatment is very doubtful, and that it depends upon a serous alteration of the blood, the restoration of which is essential to recovery. Dr. Bouillon-Lagrange asks why this important complication has scarcely been noticed in previous epidemics, and is inclined to attribute it to the modifications in the epidemics of 1857 and 1858 by the continued dryness of the atmosphere which accompanied their development and progress.—*Brit. and Foreign Medico-Chirg. Review, from Arch. Gén. de Méd.*

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#### A CASE OF NEW FORMATION OF GREY CEREBRAL MATTER.

BY DR. C. TUENGEL, OF HAMBURGH.

A FEMALE, aged thirty-one, was brought into the Hamburgh Hospital on the 26th November, 1858, in a state of sopor; she only gave short replies when repeatedly questioned, and without having understood the questions; she occasionally uttered brief exclamations. When attempts were made to open the eyes, she closed them convulsively; attempts at moving any of the limbs were resisted, but this was easily overcome, except the spasmodic contraction of the right hand. There was a dislocation of the right arm inwards. Respiration was accelerated, but no disease could be discovered in the lungs. As the patient was considered to be moribund, no treatment was adopted, except the application of a blister to the chest. She died six hours later, and it was afterwards ascertained that she had been subject to dislocation of the arm, that she had been indisposed and peculiar in her manner for four weeks previously, during which time she had been seen only once by a medical man, who considered her hysterical. There were various rickety distortions in the trunk and lower extremities. The vessels of the dura mater and pia mater and the cerebral tissue contained much blood; the arachnoid was not opaque, and there was a considerable amount of reddish watery exudation under it. The lateral ventricles contained a little fluid of the same kind. At the point where the upper wall of the lateral ventricle bends down, there were, on the outer side, between the middle and end of the posterior horn, several hemispherical tumors projecting into the cavity, varying in size, and on section apparently identical in hue and consistency with grey cerebral matter. These deposits extended into the medullary tissue, so as to form circular tumors, which were separated from one another by intervals of white matter. The deposit was greatest at the end of the posterior horn, and here the consistency of the brain was most developed. Both lateral ventricles presented the same appearances. There

was no other abnormality in the brain. The microscopic examination of the new formation exhibited a fine granular mass with granular cells; nerve tubes were not seen. From the remainder of the autopsy, we merely note that the uterus was divided into two compartments by a septum, that there were two cervixes and two vaginae, with a single circular hymen.—*Ibid.*, *Archiv. für Path. Anat.*, &c.

### Bibliographical Notices.

*A Practical Treatise on Fractures and Dislocations.* By FRANK HASTINGS HAMILTON, M.D., Professor of Surgery in the University of Buffalo; Surgeon to the Buffalo Hospital of the Sisters of Charity; Consulting Surgeon to the Buffalo General Hospital, and to the Buffalo City Dispensary. Illustrated with Two Hundred and Eighty-nine Wood-Cuts. Philadelphia: Blanchard & Lea. 1860. Pp. 757.

This important work has been long looked for, and will be heartily welcomed in every quarter of our country. And not only so, but we are greatly mistaken if it does not command distinguished respect and obtain enviable distinction abroad. Let us say, at once, that it is emphatically *the* book upon the subjects of which it treats, and we cannot doubt that it will continue so to be, for an indefinite period of time.

The work of Malgaigne, admirable and complete as it is, does not cover much of that ground which is at once and completely occupied by Dr. Hamilton. The latter author has placed before us all that American surgery offers upon the deeply interesting topics which form the subject of his excellent treatise. This, by reason of the difficulty of access to the various reports of cases and methods of practice, the French surgeon was to a great extent precluded from doing, even had he thoroughly attempted it. Dr. Packard, of Philadelphia, has rendered the profession good service in translating a portion of this great work; and it is to be hoped that he will give us the remainder in an equally satisfactory style. As Dr. Hamilton very truly says, in his prefatory remarks, "the contributions of American surgeons to this department had to be sought chiefly in medical journals, many of which have long been discontinued, and most of which were inaccessible to the French writer. Even to an American, the labor of exhumation from archives hitherto almost unexplored, has not been small; and it is probable that many valuable papers have been overlooked; indeed, it is impossible that it should be otherwise."

While we should rejoice, therefore, that an American surgeon and writer has been found, so fully competent to present all that is valuable upon the subjects considered, which appertains to American sources, we ought to be fully as much pleased that we have embodied in the available form of a volume, the results of the author's very extended experience, and the carefully prepared opinions upon these difficult and often very embarrassing surgical points, which his close observation and study have so well fitted him to enunciate.

It is not many months since we had the pleasure of seeing certain

portions of this volume printed in the JOURNAL; and, as we believe, much to the satisfaction of its readers. And here we may appropriately mention the excellent and healthy influence which Dr. Hamilton's occasional papers have had, to our own personal knowledge, upon the community at large, no less than upon medical and legal men, in regard to the custom of prosecution for alleged malpractice, whenever a surgeon's work—however well and conscientiously done—did not meet the views and expectations of the patient and his friends. This volume, no less than other testimony\* given by the learned and skilful author, will tend yet more to ratify and extend these good results.

Dr. Hamilton's labors have been nearly equally divided between the subjects of Fractures and Dislocations—a somewhat larger space having been accorded to the consideration of the former. In a *general* point of view, he divides fractures into their classes, gives their etiology, semeiology and diagnosis, then treats of the "Repair of Broken Bones," and the measures to be adopted for the management of these lesions. Next comes an account of "Delayed Union, and Non-Union of Broken Bones"; and, immediately succeeding, we have a chapter on the "Bending, Partial Fractures, and Fissures of the Long Bones." In this portion of the work we have been particularly interested—partly from having had, not long since, a case of bending of the bones of the left fore-arm, in a young child—the angle being an obtuse one, but very nearly approaching one of 45 degrees. No crepitus was heard or felt, and reduction was easily accomplished, reminding one of bending back an osier or willow twig—the result being excellent, and no pain or inflammation occurring.

Next in order, Dr. Hamilton takes up the special fractures and separately considers them. The Cartilages of the Larynx, and their fractures, are treated of in Chapter XIV. Chapter XV. is devoted to a most important subject, and contains a vast amount of valuable information—the topic is "Fractures of the Vertebrae." We have perused this chapter with great satisfaction, and feel that the author's research has been faithful and extensive, while his directions are wise and eminently judicious. We quote a few sentences relative to the treatment of that serious accident, *fracture of the vertebral arches*:—

"If the fragments are not displaced, nothing but rest and a cooling regimen are indicated; but if they are forced in upon the marrow, an important question is presented, and which has received from different surgeons different solutions. Shall an effort be made to reduce the fragments? and if so, by what means shall the indication be attempted?"

"It will be remembered that in nearly all of these cases we must remain in doubt, even after the most careful examination, as to the actual condition of the fracture. It may be that what we suppose to be a fracture of the arch is only a fracture of the apophysis, or that on the other hand it is a fracture of the body of the bone itself, and if we are expert enough to make out clearly a fracture of the arch, it is not possible for us to say that the body is not broken also, indeed it is quite probable that it is broken. With a diagnosis so uncertain, can we ever find a justification for surgical interference? Mr. Cline and Mr. Cooper thought that we might. According to them, the case presents in no other direction a point of hope or encouragement. Death is inevitable, sooner or later, if the fragment is not lifted, and we can scarcely make the matter any worse by interference. If it proves to be a fracture of the apophysis, as happened to be the case in a patient upon whom Sir Astley operated, our interference was unne-

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\* See "Report on Deformities after Fracture," &c. &c.

cessary, but it has done no harm. If the body of the bone is broken, the operation affords no resource, but the patient is probably beyond suffering damage at our hands. If the diagnosis is correctly made-out and the arch only is broken, and if, as was the fact in the case of Larkin, already mentioned, there is no bloody effusion, or laceration of the membranes or of the marrow, and if the concussion was not sufficient to determine much inflammation of the cord, then it would seem possible that an operation might save the patient."—Pp. 152, 153.

We have made the above somewhat lengthy extract for the purpose of showing the clear and practical style of the author, and the efficient manner in which he investigates his subject. He is always straightforward, business-like, and replete with common sense; and the apparatus and appliances which he has devised, and his methods of treatment generally, are characterized by the exhibition of much genuine tact, by simplicity, good adaptation and a sensible avoidance of unnecessary, tiresome and injurious complications.

We cannot pause to follow the author, as he moves carefully on, from "the crown of the head to the sole of the foot," and thence out to the extreme phalanges, in his minute and comprehensive account of the solutions of osseous continuity. If we were to further signalize any portions of his book as particularly worthy of notice and study, they would be the eighteenth chapter, which is a highly satisfactory and useful collection of facts and methods relative to the accident of fractured clavicle and its treatment; the twentieth chapter, on Fractures of the Humerus—and especially that part of it which contains an enumeration of the signs which establish points of differential diagnosis; the twenty-eighth chapter, comprising ninety pages, full of valuable information upon "Fractures of the Femur" and their management; and the succeeding chapter, devoted to "Fractures of the Patella."

When we intimated, a while since, that our author had taken into consideration every bone in the system, "from the crown of the head to the sole of the foot," we should have thrown in the reservation which we will now make. Fracture of the *cranial* bones has no special chapter, nor even a paragraph, that we can discover, accorded to its history and study. There are, it is true, isolated remarks concerning fracture of the bones of the skull, and which are rendered necessary by their relation to other neighboring bones whose fracture is discussed; but we confess that we are unable to see any valid reason for excluding the cranial bones from particular mention in a general treatise upon fractures. They certainly deserve this special attention more than the bones of the *face*, which have five chapters allotted to them. Malgaigne passes by the cranial bones in the same manner. Observing this fact, we asked ourselves, and put the question to others also, whether this arrangement is due to some reason already known and needing no announcement—we do not precisely understand the why and the wherefore, and, confessing our ignorance, ask to be enlightened. In a systematic treatise on fractures, it would seem that fractures of the skull ought to head the list! That very serious injury, *fracture of the base of the skull*, has not, as it seems to us, received from writers the amount of consideration which it merits. The systems of surgery accord it but comparatively small space; and notwithstanding the almost uniformly desperate character of the lesion, it deserves a closer study and a fuller description. Among other points, it is generally announced that hæmorrhage from the ears con-



stantly accompanies this fracture—an assertion contradicted by many cases within the cognizance of the profession; and among others, we may refer to those reported by Dr. J. M. Warren and Dr. Samuel Cabot, Jr., to the Boston Society for Medical Improvement.—(*See Society's Transactions*, Vol. II., p. 28, and Vol. III., p. 235.) Any one who would write a careful monograph upon this fracture, could furnish the profession with much interesting and important information.

We are constrained to give expression to our surprise at that portion of Dr. Hamilton's remarks upon fracture of the radius, where he espouses the opinion of a single surgeon against that of seven others, among whom are enumerated some of our most skilful and careful practitioners. We refer to the case narrated on the two hundred and ninety-second page, where gangrene followed compound fracture of the radius, and was ascribed by Dr. Pillsbury, of Lowell, Mass., to over-tight bandaging; whilst Drs. Hayward, Bigelow, Townsend and Ainsworth of Boston, and Drs. Kimball of Lowell, and Loring and Pierce of Salem, "believed that the death of the limb was due to some injury done to the artery near the shoulder-joint; and in no other way could they explain the total absence of pain during the first two days; nor could they regard this condition as consistent with the supposition that the bandage occasioned the death of the limb." (*Loc. cit.*) Dr. Hamilton sides with Dr. Pillsbury—who, for aught we know to the contrary, may be a very competent surgeon, but whom we should be slow to believe compounded of enough wisdom to outweigh the evidence of the gentlemen who testified on the other side—even with our erudite author to back him. And, with due respect to Dr. Hamilton—which we know he will credit us with—we must again express our surprise at his unqualified verdict "that the gangrene was alone due to the bandages;" and this, too, pronounced from a distance, and under the disadvantage of never having been brought into intimate relation to the circumstances of the case. His reference to a case "which came under his own observation," as justifying this positive opinion, merely because there was no pain until the bandages were unloosed—the arm subsequently separating at the shoulder-joint—is hardly sufficient to countervail the careful and deliberate decision of the surgeons above mentioned; besides that they were so situated as to be fully acquainted with the individual facts bearing on the case. Neither does his reference to subsequent observations at page 320, improve his position—to our mind, at least. He says:—"Sometimes also it [gangrene] may be due rather to the severity of the original injury, which the experience of every surgeon will prove, is occasionally competent to the production of such bad results." He then mentions wounding of an artery by splintered bone, &c, the same sort of lesion decided by the surgeons we have cited, to have been causative in the case of the boy from Andover. Why is Dr. Hamilton so unwilling to allow the influence of this cause in that particular case, especially when the evidence is as seven to one, and of undoubted quality? The wounds accompanying the fracture of the radius are stated to have been severe, and there were several of them—one being over the point of fracture. There have been enough palpable instances of injury of this sort from tight bandaging, as Dr. Hamilton himself relates, without forcing this one into the list, in the face of such strong testimony. We have written thus much about this case, simply from considering what appear to us to be its merits, and with-

out any personal knowledge of the patient, his friends, or of the surgeon who first dressed the fracture.

Part II. consists of two hundred and seventy-three pages, and is wholly occupied with the subject of Dislocations. Very much the same order is adopted in considering this class of injuries, as has been mentioned was chosen for the former. The "General Considerations" comprise General Division and Nomenclature, General Predisposing Causes, Direct or Exciting Causes, General Symptoms, Pathology, General Prognosis and General Treatment. The matter of *prognosis* is one which must strike every professional reader as of immense importance, both in fractures and in dislocations—and not only to the patient, but to the surgeon. And here we would repeat how important we consider it to be that the community at large should know the honest and boldly expressed opinion of competent surgeons on this point, so that there may be less chance for those unjust and malicious suits-at-law which have been from time to time undertaken, where some deformity has unavoidably remained after even the most skilful treatment. Dr. Hamilton has, as we have intimated, long before the publication of this treatise, rendered the profession justice in this respect; and we may venture to recommend a perusal of many portions of the present volume, no less than of other writings by him, to gentlemen of the legal profession.

Obliged as we are to refrain from lengthy quotation, we find some consolation in not so doing, in remembering that our readers have had—as we stated early in this article—a taste of the author's quality; and we feel so sure that this book will stand upon the shelves—we mean, rather, lie upon the tables and close under the hands—of every practising surgeon in our land, that we the less regret our inability to transcribe more from its pages. All of the chapters upon Dislocations are replete with interest; and it would be invidious to refer to any as possessing peculiar merit. We have been more particularly interested in the Seventh, on "Dislocations of the Head of the Radius": and in the Ninth, on "Dislocations of the Radius and Ulna (Fore-arm at the Elbow Joint)." Dr. Hamilton refers to the great difficulty often experienced in reducing a complete dislocation of the head of the radius forwards, and quotes several distinguished surgeons on this point, and on the frequency of relaxation. Even partial luxation or subluxation, is an accident of no inconsiderable gravity, and is nearly always troublesome to cure definitively. In a case of this latter nature, recently occurring to us, the normal condition of the joint was re-established under ether, and, at the end of three weeks, the apparatus applied at the time of the accident was removed. The joint was long stiff, and forced motion, with frictions, was required for several weeks longer—having been gradually and gently practised during the last week of retention of the splint. The motions are perfectly restored, and there has been no attempt at relaxation. The signs of the accident were very marked. The advice of Dr. Hamilton is, that the arm be flexed and put in a sling, "or if the radius is disposed to become relaxed, a right-angled splint ought to be placed upon the back of the arm and forearm, and by the aid of a compress and roller, an attempt should be made to retain it in place" (p. 574). In the case above mentioned, an angular splint was used, but it was adapted to the *inner* aspect of the arm and fore-arm. Cannot as good a result be obtained by such an arrangement as by the other? or is the other the

best way, and have we gone contrary to authority? If so, we are fortunate in the result.

Chapter XVI. is upon Dislocations of the Thigh (Coxo-Femoral), and is very full. The *illustrations* in this chapter, as indeed throughout the book, are excellent, and very finely executed, thus testifying at once to the good judgment of the author and the capital workmanship of the engraver. We were surprised to observe that no acknowledgment is made to our townsman, Dr. L. M. Sargent, Jr., who—as a friend has just informed us—furnished the drawings of Dr. Flagg's thigh apparatus (see pages 411, 412); and of which the engravings are a very faithful copy.

Not the least interesting portion of the volume is the last chapter, upon "Congenital Dislocations"; the whole of it shows careful study and zealous search after information, and is a fitting conclusion to the work.

We are well aware that Dr. Hamilton's large and recondite treatise, the fruit of so much patient labor and the repository of so much truly invaluable information and experience, deserves infinitely more at our hands than we have space for in this JOURNAL. Elsewhere, it will doubtless receive that extended and thorough notice and review which it so signally deserves. When we say, however, that we believe it will at once take its place as the best book for consultation by the practitioner; and that it will form the most complete, available and reliable guide in emergencies of every nature connected with its subjects; and also that the student of surgery may make it his text-book with entire confidence, and with pleasure, also, from its agreeable and easy style, we think our own opinion may be gathered as to its value. The author deserves the best thanks of the profession for his substantial and scholarly contribution to surgical knowledge and science; and the publishers merit all praise for the elegant manner in which they have issued the volume. One or two typographical errors call for remark, chiefly from the fact that they regard proper names. Thus the name of M. Suetin, of Brussels, is persistently spelled *Suetin*—a mere transposition of a letter, it is true, but worth correcting. Dr. George Hayward, Sen., of Boston, has his name transformed into *Haywood*; and the late Dr. Peirson's is, in one place, printed *Pierson*—in another it is rightly spelled. The general freedom of the letter-press from mistakes is very noticeable. On page 279, for "*Générale*," read *Générales*. We have not *sought* for errors, and these are the only ones which have caught our eye in our examination of the book. We might, properly enough, challenge our author's usage of the word "apparel," when he should have written "*appareil*"—which he certainly must have meant to do, since "apparel" is hardly an applicable term for surgical dressings; and if the French word were to be Anglicised, it would, we conclude, be rendered *apparatus*; and which, at any rate, we consider the best term for the appliances referred to. We trust, moreover, not to be deemed hypercritical, if we look hard at such a word as "epiphysary" (page 385), and, after due consideration, decide that we never saw it before. The volume is for sale at Messrs. Ticknor & Fields' store, and, as we conclude, by several other booksellers in the city.

W. W. M.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, MARCH 1, 1860.
 

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NEW YORK STATE MEDICAL SOCIETY. *Report of the Committee on the subject of a "Second Degree in Medicine."*—We have received the report of the above committee, and see, as might have been anticipated, from the nature of the subject upon which they are engaged, that no definite conclusion has been arrived at. The report is mainly occupied by a sketch of the efforts made to elevate the standard of medical education, and of the difficulties which have so long prevented the consummation of the wishes of those who have had the interests of the profession most at heart. Almost since the organization of the Society, its attention has been directed to this important subject, and many honored names are connected with the attempts to effect certain reforms. These efforts have been partially successful; but, say the committee, "when legislative action virtually legalized quackery by granting equal privileges to the educated and the ignorant, a damper was put upon our efforts, and the friends of medical education, despairing of aid from government, were thrown upon their own resources." However sad it may be to reflect upon such a perversion of legislative power, it seems that the real difficulty lies, where it has always lain, within the ranks of the profession itself. The Committee continue:—

"We have had ten able reports, occupying nearly 260 pages, the result of the labor of about sixty gentlemen appointed on Educational Committees, and these, too, from among our most talented members, and yet here we stand to-day with not a single college carrying out fully the plans proposed, and the Association still engaged in the same work of trying to do something in the same direction. Not that there has been no improvement, no onward, upward movement, in the great body of our profession. By no means; for even a casual observer must admit progress in the right direction. As regards the interest felt by medical men in one another, we stand to-day on a higher, much higher elevation than we did fifteen years ago, when, upon this floor, the resolutions were offered and adopted to attempt the organization of a National Society.

"Solid medical attainments are held in higher estimation among ourselves, if not also among an intelligent community. A healthy spirit of emulation is abroad in our ranks, and our junior brethren especially are no longer satisfied with merely following in the footsteps of their immediate predecessors. This spirit of improvement is much more manifest and vastly more extensive at this moment than it ever was before. There is a marked advance in every branch of medical science, whether we survey those branches which are strictly medical, or those merely collateral. Medical men, too, certainly understand each other better than formerly, and professional courtesy being better understood, is more generally practised. But in the attempt of the American Medical Association to direct the curriculum of studies in the Colleges, and fix the period of their continuance—the time to be spent in study—either preliminary or professional, there seems to be at least a partial failure."

One cause of this is the unwillingness of States and Colleges to yield to the Association the power which they have so long held of conferring degrees. This question is discussed, in the Report before us, with great moderation and fairness.

"Unless this power can be delegated by all the States to the American Medical Association—and that can hardly be expected to occur when we consider who holds the reins of government—it seems futile to calculate upon anything more than a voluntary compliance with any requisitions the Association may see fit to make, unless the Association is ready to enforce the rule, making compliance therewith a test of membership. To make and enforce such a rule, the Association has an undoubted right; but would it be expedient at present? Would it not be a retrograde movement instead of a movement in the right direction? Are we ready to advise the Association to such a step? That some would vote in the affirmative, should the question come before us, there can be no doubt; but your committee are of opinion that the affirmative vote would be very light should time sufficient be taken for mature reflection.

"To enforce such a rule, would be to cut off, at one swoop, nearly all our Colleges, and with them some of the brightest ornaments of our profession. To your committee, it would seem almost like a death-blow to that cherished organization we all so much honor, and which, we trust, is destined to shed its benign influence upon our profession, our country and the world, long after those of us who were humble instruments in its formation shall have been gathered to our fathers.

"Another obstacle in the way of reform arises from the self-complacency of the respective States and Colleges in their own rules and regulations. While most of the Colleges see in others evils which need correcting, there are found but few, if any, that are willing to acknowledge that within their own organization there is any room for improvement."

These difficulties are such as have always been experienced under similar circumstances, and cannot be dealt with hastily. Time will undoubtedly, however, produce that change of opinion which has enabled the profession in England to secure laws which must be of the greatest possible advantage to themselves and the public. On the first of June next, the question is to be again discussed in New York, and we hope that the committee will then be able to report still further progress.

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HEALTH OF BOSTON.—It will be seen by the mortality table that the deaths for the past week were 94—being 16 over the number for the week previous, and considerably above the average for the corresponding week of the last ten years. This increase must be attributed, in part, at least, to the deaths from lung fever and scarlet fever—the mortality from consumption and smallpox also being rather above than below that for some time past.

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MASSACHUSETTS MEDICAL COLLEGE.—The Annual Commencement for the conferring of medical degrees will take place at the College on Wednesday, March 7th. The exercises will commence at 11 o'clock, A.M., with a prayer by Professor Huntington, after which graduates will read selections from their dissertations. The degrees will then be conferred by the President, and the whole will conclude with an address by Prof. Edward H. Clarke.

The Corporation and Board of Overseers of the University will be present on the occasion, and the Fellows of the Massachusetts Medical Society, all medical students, and all persons who may be interested in medical science, are hereby respectfully invited to be present.

D. HUMPHREYS STORER, M.D.,

Dean of the Medical Faculty,

Wednesday, February 29, 1860.

A NAVAL MEDICAL BOARD will meet at the Naval Asylum, Philadelphia, on the first day of March, for the examination of assistant surgeons for promotion, and of candidates for admission into the Navy. The board will consist of Surgeons James M. Greene, W. S. W. Ruschenberger, and J. M. Foltz. The examination of assistant surgeons for promotion will precede that of candidates for admission, and will probably occupy two or three weeks.

HOSPITAL STATISTICS OF PARIS FOR 1860.—The report of the Préfet of the Seine announces that in Paris, during the year 1860, 7172 beds will be prepared for the sick, 7838 for the old and infirm, 2195 for the insane, 609 for foundlings: in all, 17,814 beds; to which should be added 50 contained in two little asylums for the old, belonging to the former communes of Montmartre and Belleville. During the ensuing year 5,924,616 enrolments of sick and infirm are anticipated. Besides these, 1600 insane persons, for want of room in Paris, will be supported in county asylums; 14,422 children are placed with private persons, in private establishments, and in the agricultural colonies of France and Algiers; and, in addition, 6900 children will receive out-door relief, and remain under the paternal surveillance of the Administration of Public Relief.—*London Lancet*.

MEDICAL USES OF THE PALM-TREE.—The medical uses of the palm-tree are said to be numerous in West Africa, by a gentleman who has undertaken to describe them. The roots are used, he says, for various medicinal purposes, but chiefly to cure bilious attacks. The oil of the nut he states also to be an excellent medicine. In some diseases, more especially smallpox, it is administered both internally and externally. As an external application it is used for wounds, bruises, and burns. In cases of guinea-worm it is applied to the poultices.—*ib*.

ALL essays for the prize offered by the American Medical Association, must be sent, on or before April 1, to some one of the Committee, who are, Drs. W. Hooker (Chairman), New Haven, Conn.; G. C. Shattuck, Boston, Mass.; Usher Parsons, Providence, R. I.; P. A. Jewett and Jonathan Knight, New Haven.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 25th, 1860.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week, . . . . .	47	47	94
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	39.6	39.1	78.7
Average corrected to increased population, . . . . .	..	..	89.7
Deaths of persons above 90, . . . . .	..	..	..

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.877	Highest point of Thermometer, . . . . .	58
Highest point of Barometer, . . . . .	30.358	Lowest point of Thermometer, . . . . .	9
Lowest point of Barometer, . . . . .	29.174	General direction of the Wind, . . . . .	SW.
Mean Temperature, . . . . .	31.00	Whole amount of Rain in the week, . . . . .	.494

Communications Received.—Occlusion of the Vagina.—Rupture of the Uterus.—Case of Retinal Detachment, from Concussion.

Books and Pamphlets Received.—An Epitome of Braithwaite's Retrospect of Practical Medicine and Surgery. Part I. By Walter S. Wells, M.D. (From the Publisher.)—Tenth Annual Report of the Association for the Relief of Aged Indigent Females.—Champlonnère's Journal of Practical Medicine and Surgery. (From A. Williams & Co., Special Agents.)—Memoirs on the Salubrity of the Isle of Pines. By Dr. Don José de la Luz Hernandez, Physician and Surgeon of the Royal House of Beneficencia and Foundling Hospital, &c., Habana. (From the Author.)—Introductory Lecture to the Class of the Female Medical College of Pennsylvania. By Ann Preston, M.D. (From the Author.)—On the Difficulties and Advantages of Catheterism of the Air-Passages in Diseases of the Chest. By Horace Green, M.D., LL.D., &c. (From the Author.)

Deaths in Boston for the week ending Saturday noon, February 25th, 94 Males, 47—Females, 47.—Accidents, 3—apoplexy, 1—asthma, 1—inflammation of the bowels, 1—ulceration of the bowels, 1—bronchitis, 1—congestion of the brain, 1—inflammation of the brain, 1—consumption, 16—convulsions, 1—croup, 4—dysentery, 1—dropsy, 2—dropsy in the head, 5—debility, 4—puerperal disease, 1—scarlet fever, 8—typhoid fever, 1—gravel, 1—disease of the heart, 1—congestion of the lungs, 2—inflammation of the lungs, 10—marasmus, 5—neuralgia, 1—old age, 1—pleurisy, 1—premature birth, 3—scalded, 1—smallpox, 7—teething, 1—unknown, 7.

Under 5 years, 48—between 5 and 20 years, 7—between 20 and 40 years, 11—between 40 and 60 years, 14—above 60 years, 14. Born in the United States, 75—Ireland, 16—other places, 3.

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CASE OF RETINAL DETACHMENT, FROM CONCUSSION,  
WITH REMARKS.

BY S. FOSTER HAVEN, JR., M.D., WORCESTER.

[Communicated for the Boston Medical and Surgical Journal.]

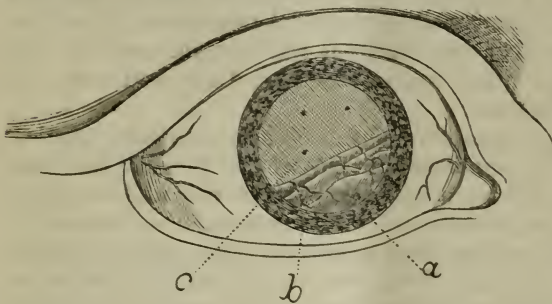
ON September 12, 1859, a lad, aged 13, was brought to me on account of an affection of his sight. It appeared that two or three weeks previous, while playing, he had received a blow upon the right eye from an apple. Considerable pain, and tumefaction of the lids, immediately followed. He was unable to open the eye at all for seven or eight hours, and then found that objects were only indistinctly visible. The swelling subsided in a few days, but the vision remained imperfect, and finally it was thought best to take medical advice. The treatment, in the mean time, had consisted simply of cold applications.

Externally, the eye appeared normal. There was no injection, pain, nor photophobia, and the pupil played freely. The boy was, however, unable to read at all with the right eye, and all large objects appeared very indistinct. Without further questioning, I applied atropine to enlarge the pupil for an ophthalmoscopic examination, holding in view the possibility of finding a dislocated lens, or an opacity of the vitreous humor, or an apoplectic condition of the retina. While waiting for the dilatation to take place, the lad incidentally remarked that he could only see a portion of any one object, the rest seeming, as it were, cut off. This led me at once to test more closely the field of vision, and it appeared that the upper and inner portions of objects were invisible. For instance, of pictures and large-sized letters, he saw only the right lower half. An almost immediate conviction ensued that the following state of things had probably occurred:—That, owing to the concussion from the blow, a rupture had taken place in one or more of the choroidal vessels, and a hæmorrhage had succeeded, which, gravitating downwards, had separated the lower part of the retina from the choroid, and pushed it forwards into the posterior

chamber, thereby rendering that portion insensible to external impressions. The lower and outer part of the retina would of course correspond to the upper and inner part of objects.

*Ophthalmoscopic Examination.*—The upper and inner portion of the bottom of the eye presented the normal red color, with the exception that two or three small bits of pigment or clots of blood floated about in the vitreous humor; and further questioning elicited that these were occasionally perceived by the patient. The lower and outer part of the field, however, was separated from the rest by a distinct line of demarcation, below which there was no trace of the red color, but a whitish-gray appearance, which seemed to stand forwards in the posterior chamber towards the lens, and to quiver with the motions of the eye. A slight haziness of the vitreous humor prevented as clear an observation as could be desired, but, without doubting the correctness of the diagnosis, the patient was requested to come again in three weeks.

At the end of that time a second examination was made, and the haziness was found to have cleared away. The grayish-white appearance now stood forth as an unmistakable membrane projected forwards considerably towards the lens, in folds, and moving with the movements of the eye. Over this, ran several retinal vessels, which, owing to the creases in the membrane, were twisted and interrupted in their course. Dr. Hathaway, of Worcester, was present and saw the same appearances.



*a.* Lower part of the retina, separated and projected in folds. (By a mistake in engraving, this is made at the lower and inner, instead of the lower and outer part.) *b.* Retinal vessel following the course of the folds. *c.* Bit of fragment floating in the vitreous humor.

Before touching upon the points of interest in this case, it may be well briefly to allude to the present state of knowledge regarding retinal detachment. This affection has been very little spoken of by any authority before the introduction of the ophthalmoscope. Even English and American text books, of the present day, refer but slightly to the disease which is the principal cause of retinal separation, under the title of sub-choroidal dropsy. Mackenzie says that a watery effusion between the choroid and retina may produce a "coarctation" of the retina, which may project so far forwards as to be visible to the naked eye, and present appearances precisely similar to those described above. He furthermore adds, that this has been mistaken for cataract, and a useless and



painful attempt at depression made. He also quotes, on the important authority of Panizza, a case in which an eye, unquestionably with this disease, had been extirpated, under the belief that it was encephaloid cancer.

Within the last four or five years, the ophthalmoscope, and that chiefly in the hands of German ophthalmists, has shown that detachment of the retina is not an unfrequent morbid appearance in amaurotic affections. A simple separation is almost always the result of a sub-retinal effusion, serous or sanguineous, from choroidal disease. In a proportion of perhaps 95 per cent., it has been found at the lower and outer part of the bottom of the eye, and hence the inference has been that it commences at the lower part. The last number of Graefe's Ophthalmological Archives, however, contains a short article upon this very subject, which goes to modify a little the views previously entertained. From the fact that patients seldom present themselves for treatment before the trouble has been of some duration, cases have rarely been observed at the commencement of the disease. On the other hand, the detachment from effusion takes place with considerable rapidity. Dr. Graefe has recently had an opportunity to examine some cases in the very early stages, in which he has found a small detachment occurring at the upper part of the retina, which gradually changed its locality till it reached the bottom. He has also observed that these small portions of the retina first separated have, after the escape of the fluid from behind them, resumed their position and functions. From this he concludes that, whereas it was formerly supposed that this separation commenced almost always at the bottom of the eye, and that the detached portion seldom regained its place, and never its functions, he now believes that separation may begin frequently, if not generally, at other parts, and that, in the early stages, small detached portions, if relieved of the effusion behind, may resume their place, and also their functions, provided, of course, the membrane remains transparent. While the serous fluid is finding its way downward, it may rupture the membrane, and cause an opacity of the vitreous humor. But when it is remembered how strong is the attachment of the anterior portion of the retina to the circumference of the ciliary circle, as is shown in dissections, it will be readily understood how this membrane can bear a considerable pressure against it.

In that disease called irido-choroiditis, which results in general disorganization and atrophy of the eye, retinal separation is one of the complications; but here it ensues from a diminution of the vitreous humor, and not from a fluid behind. Detachment of the retina may also occur from puncturing wounds, and from a cysticercus which is forcing its way through into the posterior chamber.

Returning to the original case, we have here a retinal separation taking place, not from choroidal disease, nor from a penetrating wound, nor from an entozoon, but, as we have every reason to be-

lieve, directly from concussion. Considering the frequency of blows upon and about the eye; it would seem as if, since the introduction of the ophthalmoscope, a certain number of parallel cases ought to have found their way into print. A considerable examination of recent foreign ophthalmic literature, however, failed to bring any such to light, until, at the very moment of penning this, two recorded cases were found in a work fresh from the English press—namely, Cooper on Wounds of the Eye. In one case, retinal detachment occurred from a blow upon the eyebrow with a flail. In the other, it resulted merely from a general concussion. A man, while running violently, fell, and received a severe shock. The injury to the sight was only discovered about three weeks after, by accidentally covering the sound eye with the hand. In both cases the pupil was dilated and motionless.

The diagnostic value of these and similar cases exists principally in showing the inefficacy of treatment. Probably, in a large number of instances where a diagnosis of paralysis of the retina from concussion has been made, the ophthalmoscope might have shown an actual detachment, and have saved the patient from an harassing course of mercurials, blisterings and bloodlettings. Where the retina is considerably projected towards the lens, a very simple illumination of the eye serves to detect it. In the absence of any other instrument, a fragment of looking-glass, with a small bit of the quicksilver scraped off from the centre, might suffice.

#### METHOD OF PRESERVING VACCINE LYMPH.\*

[Communicated for the Boston Medical and Surgical Journal.]

HAVING received this handsome pamphlet from the author, and knowing from personal experience that the method therein described possesses most decided advantages, we transcribe for the pages of the JOURNAL some of its most striking and important passages; believing that at a season when this subject has been interesting our readers, any suggestion which will enable them at all times to keep their own supply of lymph, so that they need never beg it of their neighbors, or disoblige those who apply to them for vaccination, will be, after the experience which most of us have lately had, acceptable to all. We therefore propose to show that this may be accomplished by the use of capillary tubes. It may be well to state that we are not alone in this opinion, for an inquiry made in the month of August last, as to their value, by a commission of her Majesty's Privy Council, was followed by a circular from that body, recommending their general adoption by public vaccinators throughout the Kingdom.

\* Exposition of a Method of Preserving Vaccine Lymph Fluid and Active; with Hints for the more Efficient Performance of Public Vaccination. By William Husband, M.D., Fellow of the Royal College of Surgeons of Edinburgh, and one of the Medical Officers of the Royal Public Dispensary and Vaccine Institution, Edinburgh, London; John Churchill. Edinburgh: Sutherland & Knox. Dublin: Fannin & Co.

To properly understand this manner of preserving lymph, it is necessary to know that there are three different "tube methods" which have been in use at various times: viz., that of M. Bretonneau, consisting of a fusiform tube, one half to three quarters of an inch long; that of M. Giraud, wherein the tubes, two and a half to three inches long, terminated in a bulb of one third to one half an inch in diameter; and the third, invented in 1847 by Dr. Husband, of Edinburgh. As the tubes of M. Bretonneau are charged with great difficulty, and, according to those who have used them in France, do not preserve the lymph for any length of time, and those of M. Giraud been abandoned on account of their extreme fragility, whilst Dr. Husband's are declared to "furnish beyond comparison the easiest and most expeditious means of taking lymph for present or for future use," we shall, perhaps at the expenditure of considerable space, describe the form, manner of charging, sealing and using these tubes.

Dr. Husband's capillary tube, then, is a simple straight tube, of sufficient tenuity to seal instantaneously at the flame of a candle; large enough to contain as much lymph as is sufficient for one vaccination; long enough to admit of both ends being sealed without subjecting the charge to the heat of the flame; and strong enough not to break easily in the mere handling. The following is the mean of several measurements of tubes, fulfilling the above conditions:—length,  $2\frac{3}{4}$  inches; diameter,  $1\frac{1}{28}$  of an inch; thickness of wall,  $\frac{1}{200}$  of an inch.

The tube, held in a position more or less inclined to the horizontal, is charged by applying one end (the straight end, if they be not both straight) to the exuding lymph of a punctured vesicle, which enters instantly by capillary attraction, and as much should be allowed to enter as will occupy from about one seventh to one half the length of the tube, according as its capacity is greater or less.

As it is in the proper sealing of these tubes that the most difficulty is experienced by the novice in their use, we quote Dr. Husband's detailed description in full.

"Make the lymph gravitate towards the middle, by holding the tube vertically, and, if necessary, giving it a few slight shocks, by striking the wrist on the arm or table. Then seal the end by which the lymph entered, by applying it to the surface of the flame of a candle. It melts over, and is sealed immediately. Proceed with the other end in the same way, but first plunge it suddenly—say, half an inch—into the flame, and as quickly withdraw it, till it touches the surface as before, and hold it there till it, too, melts over. If it be applied to the surface of the flame without being first plunged into it, it melts, no doubt, and gets sealed; but before you have time to complete the process, and while the glass is still soft, the heated air within the tube expands, and forms a minute bulb, which, from its tenuity, either gives way on the instant, rendering it necessary for you to break off the end, and begin anew; or, what is worse, remains entire for the time, only to break afterwards by the slightest touch. \* \* \* \* \*

"It should be observed, that in no case is a tube to be laid down until the lymph has been made to pass towards the middle of it, for the fluid concretes quickly about the orifice, and you cannot afterwards detach it, without breaking

off the end, and the concrete portion of lymph with it. But if it be at once made to pass away from the orifice, by holding the tube vertically, you may lay the charge down, and take half a dozen or more in the same way before sealing them; only, if you delay the sealing process too long, more than five minutes perhaps (a delay which need never happen), the lymph within the tube is apt, from evaporation, to become adherent, especially if it be more than ordinarily viscid, or if the calibre of the tube be unusually small, and it cannot afterwards be blown out, when you come to use it.

"Before concluding these directions, let me observe farther, that if the lymph do not exude freely the tube may require to be drawn several times more or less obliquely across the surface of the vesicle, or cluster of vesicles, until a sufficient charge has entered; but generally if the exudation be copious, and a drop of some size have formed before you begin to take your supply, the orifice of the tube need not, indeed ought not, to touch the surface, but is merely to be dipped into the clear fluid; and one may commonly in this manner, from one infant's arm, charge five or six tubes in almost as many seconds, with perfectly pure and limpid lymph, which shall contain neither epithelial scales, nor pus globules, nor blood discs, and is therefore, so far, in the best possible condition for preservation."

To use the lymph thus preserved, the sealed ends of the tube are broken off, and the fluid contents blown out upon the point of a lancet.

The tubes may be sent by post, packed in a bit of pine wood, having a shallow groove in which they are laid with a few filaments of cotton, and then covered with another thin piece of the same. Such a package resists the post office stamp perfectly.

"That lymph so preserved possesses a *permanent value*—in other words, that it retains its virtue unimpaired for months and years—is now well ascertained. It is a fact admitted on all hands by the members of the medical profession in Edinburgh, and one to the truth of which many of their number are ready to testify from their own observation.

"I had an opportunity, in the month of August last, of showing to Mr. Ceely several perfectly successful vaccinations with lymph which had been hermetically sealed up for five, six, and seven years. Mr. Ceely saw in one case the cicatrix, from which the crust had just dropped, of a vesicle produced by lymph, dated April 17, 1852—that is, seven years and three months old. He also saw vesicles in progress towards maturity, which had been produced, in two cases, from lymph dated February 2, 1853, or six and a half years old. In another case, the lymph was dated May 13, 1854, and was therefore five years and three months old; in two other cases, it was dated March, 1858, and was therefore one year and seven months old; in another, September, 1858, and therefore eleven months old."

"Here were seven successful vaccinations in different stages of progress, in which the lymph employed was from one to seven years old. Such an occurrence is, I suppose, unexampled in the history of vaccination. Solitary instances of the kind have happened before, and been cited as marvels. But a succession of such, occurring within the space of a few days—most of them, indeed, contemporaneously—may well fix our attention, not surely as something extraordinary and to be wondered at and forgotten, but as pointing us to results of great practical importance."

Dr. Husband also gives a table of 341 vaccinations of infants, performed between the years 1853 and 1856, with lymph which had been sealed up for various lengths of time, from one day to two years and a half, and exposed, for the sake of experiment, during several hours daily for months together, to a temperature of from 80° to 90° of Fahrenheit. Of these vaccinations, 41 failed, the failures being actually less with the oldest lymph. Thus,

of 56 vaccinations with that which was from one to four weeks old, 10 cases failed; with 53 vaccinations where it was from six to twelve months old, 4 cases failed; in 52 vaccinations with lymph from one to eight days old, 7 cases failed; and in 35 where it was from one to three years old, 3 failed. This table brings out the remarkable fact "that the activity of the lymph, as indicated by the probability of producing with it perfectly normal vesicles, is not affected by the length of time it has been kept, at least within the ample limit of two years and a half."

Provided with a capital stock of such lymph, the physician is self-dependent, and at all times

"\* \* \* in circumstances to vaccinate at a moment's notice, as occasion or necessity may require. He can consult his own convenience, and that of his patients: he can choose his own time for vaccinating, and avail himself of opportunities for so doing wherever he may happen to be. When he gets a supply of fresh lymph, he need be in no haste to use it, for it will be as fresh in his hands twelve months hence as it is to-day. If an epidemic of smallpox break out, he is prepared for the emergency. He saves the lives of the unvaccinated whom he finds exposed to the contagion, by the instant application of the antidote. He can offer the protection of revaccination to the vaccinated, and follow up his offer by the immediate performance of the operation."

With regard to our personal use of these tubes, we would say, that having received some from Dr. Husband in July last, the lymph contained in them, after a voyage across the Atlantic in the mail-bag and used in the hottest weather, was perfectly satisfactory. Those which we have charged subsequently have been also in all respects satisfactory. For preserving lymph for use in summer, which is generally so difficult, we believe them invaluable. Their power to accomplish this is strikingly shown in the following quotation.

"Several years ago an eminent missionary, the Rev. H. M. Waddell, carried some tubes, with which I furnished him, to Old Calabar, on the west coast of Africa, and introduced vaccination there for the first time, after numerous ineffectual attempts had been made to introduce it by means of dry lymph. This fact is interesting, from the circumstance that Calabar is situated in north latitude 5°—that is, eleven degrees nearer the equator than St. Louis on the Sénégal, of which the French author formerly quoted says, 'Rien de plus difficile que de conserver le vaccin aux antilles et au Sénégal. Il est rare que celui qui vient d'Europe y réussisse;' and eight degrees further south than Bathurst on the Gambia, where, for years after the establishment of the colony, repeated attempts were made without success, to introduce vaccination by lymph sent out from England."

We should be glad if we could quote further from this pamphlet, and place before our readers others of the striking facts stated by Dr. Husband, as well as the general observations on vaccination and vaccinia contained in its pages. It would convince them that the author is master of his subject, and entitled to great praise for what he has accomplished, as well as for the modesty with which he presents his method to the public. We may add, moreover, that a medical friend, who has lately seen Dr. Husband vaccinate, speaks in the very highest terms of the ease, celerity and constant success of the method in his hands. He fully deserves the already very extensive honor and reputation he has acquired.

## OCCLUSION OF THE VAGINA—OPERATION—RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

[THIS, and the case of rupture of the uterus which immediately follows, were communicated by Drs. B. CARPENTER and T. PHELPS, of North Attleborough.—EDS.]

Mrs. M. M., the subject of this notice, was 22 years of age; rather below the middle size, weighing about 110 pounds; of dark complexion, with dark-blue eyes, and of bilio-sanguineous temperament. Had been married 3½ years; had never menstruated, so far as she knew, and had never had connection with her husband. The breasts and external organs of generation were fully developed, and in good proportion.

We were called to see Mrs. M. Sept. 19th, 1859. Found her suffering severely from retention of urine—having passed very little water for the previous twenty-four hours. On attempting to introduce a catheter, we found a large tumor—round, hard, and resembling in its appearance a child's head—pressing upon the vulva, and entirely obscuring the urethra.

Did not succeed in introducing the catheter. A saline cathartic and diuretics were ordered.

Sept. 20th.—Saw our patient in the morning, and ascertained the following facts. She had observed swelling of the lower extremities from four to six years anterior to our seeing her; otherwise had enjoyed good health, until about six months before our first visit, since which time, she had suffered with pain in the back, and had noticed a tumor in the lower part of the abdomen. Had never suffered on account of her water until about a week before she called upon us; nor had she at any time suspended her usual domestic avocations until the last mentioned date.

Upon examination, we found everything normal except the vagina. That organ, entirely occluded, with its walls a quarter of an inch in thickness, having the appearance of a hard, round substance, was pressed down upon the external labia, so as to separate those parts to a considerable extent, and terminated in a perfect *cul de sac*.

Slight fluctuation was observed in the tumor, which led to the conclusion that it contained a fluid, and that that fluid was the menstrual discharge, which had been regularly secreted, and deposited in the occluded vagina, since her womanly development.

A trocar was now thrust into the sac, and three quarts of a thick, black, inodorous fluid, closely resembling tar in color and consistence, were drawn off. The opening was then freely enlarged, and the parts kept separated with tents, and thus a very convenient, artificial opening and entrance into the vagina was made. Our patient has enjoyed good health since the operation, menstruating regularly, until she became *enceinte*, which is her condition at this time.

That the vagina should be perfectly occluded, while all the other

parts were in a state of entire development, is no more singular than many other aberrations of nature of almost daily occurrence, yet there are some inquiries pertinent to this case.

1st, Did this patient come to maturity as early as other healthy females?

2dly, If she menstruated as freely as ordinary females, ought not the quantity of this fluid to have been greater?

3dly, How could this mass of excreted matter have remained for so long a period of time, in that pent-up condition, and yet without offence?

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#### CANCER OF UTERUS, WITH RUPTURE AT TIME OF PARTURITION.

Feb. 7th, 1860, was called to see Mrs. M. at 4 o'clock, P.M. Found her in labor, with slight pains. Os uteri slightly dilated, and dilatable.

Called again at 7, P.M. Os uteri well dilated. Head presentation; pains regular, but not severe. At 10, P.M., the head of the child having passed the uterus, the pains, without any apparent cause, entirely ceased.

After having waited several hours in vain for a recurrence of the pains, it was determined to deliver by forceps (it being a well-marked forceps case).

Ether was administered, and the forceps applied, but without success. It was apparent that some unusual cause was operating to prevent delivery. Our patient was rapidly sinking. We deferred further efforts for delivery, and attempted to sustain her with stimulants, but she continued to sink, and expired at 9 o'clock, A.M., on the 8th.

*Sectio Cadaveris.*—On opening the abdomen, we found the entire body of the child had escaped from the uterus into the abdomen, with the legs and feet turned towards the pubis of the mother; hence the impossibility of delivering with the forceps.

Further examination revealed a cancerous condition of the fundus and left portion of the uterus, with a thickening of its walls from two to three and a half inches in extent, while the right portion of the organ was scarcely thicker than paper, and nearly void of tenacity. During the ordinary pains of labor, this right side was ruptured, or rather split in its whole extent, and hence the entire child, with the exception of the head, had escaped into the abdomen.

We afterwards learned from the husband that his wife had been ill for nearly twelve months, and had continually complained of a *lump* in her left side. These facts were unknown to us until after the autopsy.

The peculiarity of this case consists in the absence of all those symptoms usually present upon rupture of the uterus: such as very severe and continuous pains; screeching at the time the rupture takes place; syncope immediately following the rupture, &c.

The diseased state of the uterus very satisfactorily accounted for the absence of all these symptoms usually attendant upon this accident. Disease had destroyed the natural tenacity and sensibility of the organ, so that severe contractile efforts were not necessary to produce the rupture, nor was there acute sensation and suffering when the laceration took place, and hence the obscurity of the diagnosis.

## LEUCOCYTHÆMIA.

[Translated for the Boston Medical and Surgical Journal from No. 32 of the *Allgemeine Wiener Zeitung* for 1853.—Concluded from page 102.]

BY B. JOY JEFFRIES, M.D.

*Remarks from Dr. JULIUS KLOB.*

ALTHOUGH, from the clinical examination of the patient, there appeared to be no doubt, yet the dissection fully confirmed the diagnosis of leukæmia.

The most important alteration was in the blood itself and in the spleen. The question as to which was the primary lesion, is answered in our case by a simple recapitulation. About a year ago, the disease began with chills and fever, in general, with febrile disturbances, the character of which was at first typical, but afterwards irregular. An enlargement of the spleen accompanied these. For more than six months there has been pain in the region of the spleen, which increased with every new febrile attack, the size of this organ also increasing. The fever, pain and enlargement of the spleen now went forward hand in hand, whilst in the apyrexia the pain either diminished in intensity, or entirely ceased, the splenic enlargement decreasing, or at least remaining stationary without further development. The patient's blood was examined during the first few days after her reception into the hospital, and the results confirmed the opinion previously expressed by Prof. Oppolzer, namely: that there was a relative increase of the number of white corpuscles; that the blood did *not*, it was true, as *yet* possess the *perfect* character of leukæmic blood, still no other disease would cause an increase of the white elements to such a degree as was already the case here. The reaction on the addition of potassa, proposed by Heller, was at this time very marked. A few weeks later, the white corpuscles had decidedly increased, and the diagnosis could be made from the microscopic examination alone, the alteration of the blood by the increase of the white elements being already considerable. The change in the blood became more and more marked, till towards the end of the patient's life it was excessive. In this case therefore the alteration in the spleen was the primary lesion, and that of the blood secondary, dependent upon the first.

From the results of the *post mortem*, we must consider this as a



case of leukæmia, and one of moderate intensity. It was only in the uterine veins that the blood had an obvious resemblance to pus. In assigning to this case its place according to Virchow's division of leukæmia, it is pretty evident that it must be considered one of the lienteric form. Yet there is a peculiarity in it which had been anticipated by the distinguished investigator of leukæmia, with which, however, he had never met. It is the presence of free nuclei, exactly similar to those we find in the swollen lymphatic glands. Virchow's division of leukæmia into lienteric and lymphatic, was based upon the predominant enlargement of either the spleen or lymphatic glands; as in this disease we attribute the alteration in the blood to the morbid condition of these two centres. The influence of these organs on the formation of the blood had long been considered nearly similar. The spleen and lymphatic glands were ranked together, and consequently we should not have assumed, *a priori*, that a more or less isolated alteration of either organ would have produced any difference in their action. This difference is so small that it escaped the careful investigation and acute perception of Virchow, and he found in his lienteric form of leukæmia the colorless cells prevailing in the blood, whilst in the lymphatic form, besides these cells, other elements were present, exactly answering in size and shape to the corpuscles of the lymphatic glands. Here then was an essential difference between the two forms, suggesting the source of the abnormal elements mixed with the blood.

Now although Virchow considered that in the lymphatic form a simultaneous swelling of the spleen did not suffice to deprive the blood of the distinctive properties it obtained from the lymphatic glands, yet since this statement was made, cases have occurred where the affection of the glands was only slight and scarcely noticeable, so that when a considerable splenic enlargement was present, we could say at the first glance that it was Virchow's *lienteric* form before us. But a careful examination proved that slight as was the extent of the disease in the lymphatic glands, yet an alteration had been caused in the blood by their elements mixing with it, so that it had assumed more the character of Virchow's lymphatic form. This is the second case of the kind which has come to the knowledge of Klob, who treats of the subject more fully in a communication now in press.

We can only consider such cases as transition forms between the two kinds of leukæmia, to the probable existence of which, Virchow himself called attention.

Now putting together what we have found, we shall have the following. About a year ago the disease began as an inflammation of the spleen, which became enlarged and hypertrophied, the symptoms appearing in the form of pain and febrile disturbance; so that we must consider this splenic tumor as an inflammatory hypertrophy in Rokitansky's acceptation,

The function of the spleen in the preparation of the blood is so important that such a long-continued inflammatory condition of the whole organ could not but influence its composition. By the disturbance of the nutrition of the spleen (inflammation), its function was so altered that the specific elements of the blood (which normally, in a certain stage of development, pass from the spleen into the blood, in order to be there colored) were, in consequence, transmitted to it in that state in which they were incapable of undergoing further changes. They remained therefore in the blood in a sort of embryotic condition, as so-called colorless blood-corpuscles. Hence the corresponding alteration of the character of the blood as it changes to the white blood of leukæmia with the degree of admixture of this element. We see, therefore, in consequence of the disturbance of nutrition in the organs which prepare the blood, an arrest of development of the latter—a sort of derangement of nutrition of the blood itself, and in consequence of *that*, death occurring from anæmia.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

DEC. 12th.—*Extroversion of the Bladder.* Dr. JACKSON reported the case, which he had recently seen, and which resembled essentially that of the man (Hayden) who has so often exhibited himself here, and whose condition has been fully described by Prof. L. A. Dugas, with general remarks upon extroversion, in the *Southern Medical and Surgical Journal* for April, 1840. The subject of the present case was a healthy, intelligent, Irish journeyman cabinet maker, from Brooklyn, N. Y.; 40 years of age, but looked ten years younger. The mucous surface of the bladder was covered to a considerable extent by a very thin cuticle. No trace of navel. Hernia on each side. Ends of pelvic bones indistinctly felt. Testicles in the scrotum. The glans penis has a bilobed look, as usual; and being separated from the bladder by slight pressure, as the man lay upon his back in a strong sun-light, something like a caput gallinaginis could be seen, with the openings of ducts upon each side. Frænum well developed, and the prepuce in accordance with the glans. The man says that, so far as he knows, his sexual feelings are as strong as those of any man, that he occasionally has a seminal discharge, and “can draw it.”

DEC. 27th.—*Enormous Abscess of the Kidney.* Dr. JACOB HAYES, of Charlestown, reported the following case, and exhibited the specimen.

The patient was a milkman by occupation, 33 years old, and was first seen by Dr. H. on the 20th Oct., when he had been off his work only four days, not having previously been aware of any difficulty. He had the usual symptoms of typhoid fever, and, in addition, marked pain in the right side, below the chest. On examination, a tumor was found, almost filling the abdominal cavity, and giving to the belly the

appearance of that of a woman in the seventh month of pregnancy. It lay rather to the right side, extending far up under the false ribs, and down to the ilium, and three inches to the left of the umbilicus, its most prominent point being a little above, and two or three inches to the right of the umbilicus. It was of cartilaginous hardness, not tender on pressure, and, strange to say, the patient was entirely ignorant of its existence. The fever ran its course for two weeks, when he had well-marked pneumonia of the right side. By the middle of the fourth week, the symptoms abated, and convalescence was well established; his appetite and strength were so far returned that he was able to go about his room for several hours a day, during the fifth week. He then began to lose strength, and to have severe rigors. These rigors, which returned every twenty-four hours, and in some instances twice in that time, coincided with the beginning of well-marked softening of the tumor, which went on gradually up to the beginning of the seventh week, when fluctuation was well established; the tumor did not vary in size essentially during its progress.

Dr. GAY now saw the patient in consultation, and it was determined to puncture the tumor, which operation he performed, making the opening a little below the false ribs, and about three inches to the right of the median line. Two quarts of pus were drawn off, which continued to flow at the rate of a pint a day for two weeks, when it materially lessened. He did not complain of pain or soreness of the bowels at any time after the puncture. In a few days he began to expectorate from two to four ounces of pus a day, and in three weeks from the opening of the tumor he sank and died, on the 25th of December, having been sick about ten weeks. During the whole continuance of his sickness he had a pulse of 120 per minute; his mind was clear, but he exhibited a remarkable indifference to his condition.

At the *post-mortem* examination, a large quantity of pus was found in the cavity of the abdomen, and the intestines were glued together with soft lymph, showing recent peritoneal inflammation. All the abdominal organs were healthy except the right kidney, which by its dilatation formed the tumor; this consisting of a large sac with thin walls, containing pus, and evidently formed by an expansion of the kidney. The sac was nowhere adherent to the contiguous peritoneal surface. It extended upward to the diaphragm, which was perforated, allowing the pus to pass into the right side of the chest. The right lung lay in contact with the spine, was entirely deprived of air, and quite friable. No communication with the pleural cavity was noticed, but attention was not directed to this point. The chest and abdomen contained six quarts of pus. The other organs were healthy.

JAN. 9th.—*Rectum of a Calf opening into the Vagina, with Imperforation of this last.* Specimen exhibited by Dr. JACKSON. The animal was of the Alderney breed, born in this vicinity, and was sent to Dr. H. J. Bigelow. Well formed externally, and lived until the third day. On dissection, the opening between the rectum and lower part of the vagina would have admitted a large catheter; and both cavities, as well as the uterus, were distended with meconium. The vulva was sufficiently well, but separated from the vagina by a fleshy and moderately thick septum. The other organs were examined and found to be well formed. Dr. J. remarked that he had not met with, and did not remember to have heard of a case of occlusion of the vagina where this last communicated with the rectum.

JAN. 23d.—*Rupture of the Uterus.* Dr. ANSON HOOKER, of East Cambridge, reported the following case.

“On the 15th of January, 1860, I was called to see Mrs. C., aged 32, in labor with her fourth child. She was taken with symptoms of labor in the morning, pains moderate through the forenoon, with more hæmorrhage than natural. At noon, the pains became very severe, and I was sent for in haste. The pains were described by experienced women in attendance as being unusually severe, and they became alarmed. Before my arrival the patient had *suddenly* become relieved from the extreme pain she had been suffering, and in place of it had what she called a “gripping pain” in the abdomen, with excessive tenderness. She had a moist skin, a variable pulse, at times rapid and feeble, at other times less frequent and of more volume, but always compressible. She had vomited. Voice was good. Respiration hurried. Countenance anxious. Did not complain of feeling faint.

“I administered some stimulants, and made an examination per vaginam. Found the head presenting, it having descended partially into the pelvis; scalp œdematous; no motion of the child had been felt by the mother during the day. There was a moderate discharge of bright arterial blood, not amounting to flowing. The bowels were so excessively tender I did not examine for the fetal circulation. I staid with the woman about two hours, and, finding no alteration, left her, with directions to be sent for if any material change occurred, informing the friends that I feared some internal injury had taken place of a dangerous character.

“I visited her again at 7 in the evening. Some reaction had taken place, pulse had more strength and firmness. Respiration the same. About every twenty minutes she had a distressing pain in the abdomen, but there was no uterine contraction. The child had not moved from the position in which I had first found it. I gave the patient two drachms of powdered ergot, in divided doses, during one hour and a half, with no perceptible effect. During the last four hours there had been no vomiting.

“At 9, P.M., I decided to attempt to deliver with forceps, as the head could be reached by the long forceps. One blade was introduced over the head, but it seemed less *steady* than usual. On introducing the second blade, the head eluded my grasp, and escaped beyond the reach of the finger. I then withdrew the forceps and passed up the hand. When the hand had reached a little above the os, a *rent* was discovered in the uterus on the right side, running laterally, of sufficient size to allow my whole hand to pass readily into the cavity of the abdomen. The placenta was entirely detached, and lay in the rent, mostly in the cavity of the abdomen. I felt for coagula, but found none. The child was wholly in utero. I delivered by ‘turning,’ taking care to turn in such a way as to carry the head to the opposite side of the womb from the rupture. Delivery was accomplished as readily as under ordinary circumstances, the patient being kept all the time under the influence of ether. There was no flowing before or after delivery. The woman lived twelve hours after delivery, and thirty-six hours from the time of the rupture in the uterus.”

FEB. 13th.—*Tumor of the Kidney, communicating with the Intestine.* Dr. CABOT reported the case, which was that of a married woman, 30 years old, sickly looking, with a very distressed expression of countenance, who entered the Hospital Nov. 9th. She stated that three

months previously, after the birth of a stillborn child, she felt a tumor of the size of a walnut in the right iliac region. It continued to increase in size, changing its position, so as to occupy the umbilical region at times, until it became apparently fixed at its upper extremity, about six weeks before her entrance. The tumor was found to occupy nearly the whole of the right umbilical region, extending partly into the hypochondrium and into the iliac fossa. It projected above the level of the abdomen, making the integuments tense. It was tender on pressure, tolerably firm at the upper portion; at the lower portion there was fluctuation. The upper margin seemed attached, while the lower was apparently free.

Dec. 26th, the tumor was observed to be much less in size, and the dejections contained pus. Diarrhœa set in, the discharges being still purulent, and there was œdema of the legs. The patient complained of severe pain in the back. She died Feb. 2d.

Dr. ELLIS gave the following account of the autopsy:—The ascending colon, and that part of the small intestine just below the duodenum, adhered to a firm tumor, which lay in the right lumbar region. Two inches above the superior spinous process of the right ilium was an opening upon the anterior face of the tumor, from which pus issued. Above this, the abdominal parietes had evidently been slightly adherent, and were sufficiently eroded and discolored to show that the pus was seeking an outlet in that direction.

Behind the tumor was a large collection of pus, which extended downwards, beneath the lumbar and iliac muscles. One half of the lower dorsal, and the whole of the upper lumbar vertebræ were denuded. On incision, the remains of kidney were found within the thickened tissues. The organ was of about the usual size, mostly occupied by cavities, the largest of which was an inch and a half in diameter. They were filled with thick pus. The parietes were of a dark bluish slate color, and plicated. In that portion of the large intestine which adhered to the kidney was a small opening, through which a probe could be passed into one of the large cavities. A free communication was also established with the small intestine at the point designated; but here were two openings, each half an inch in diameter. The mucous membrane of the part was of a grayish color. The remaining substance of the kidney, between the cavities, was firm, uniform and grayish, but presented no appearance of the usual structure. Left kidney was large, yellowish and "coarse." On microscopical examination, the tubuli appeared unusually large. Bladder and other organs normal.

FEB. 13th.—*Acephalous Fœtus, with Dislocation of the Hip, and other Complications.*—Dr. JACKSON exhibited the specimen, which he had received from Dr. N. C. PARKER, of Farmington, N. H.

The mother was a married woman, æt. 33 years, and this was her fifth child; thought herself within a month of her full period, and that she felt the motions of the child on the day of her confinement. Length of labor, two hours; unable to sit up for the last two weeks. Head presented. Child still-born. Quantity of liquor amnii thirteen quarts. No cause assigned for malformation. The other children are well-formed.

Weight of fœtus, two pounds two ounces. Upon the base of the skull, and overlying the vertebræ and spinal marrow to a considerable extent, was a mass of brain, which, in a measuring glass, was found to have the capacity of nearly an ounce and a half. The convolutions

of this last were marked, and within were some appearances of a cavity; connection with spinal marrow very slight, if indeed any existed. The cranium is found as usual in such cases, so far as can be judged before the skeleton is prepared; and the same may be said of the vertebral column, which is open throughout. The spinal marrow is in the form of two longitudinal and moderately thick ribbons, each about one-third of an inch in width, and nearly or quite separated upon the median line; this condition of the organ being more or less marked in several of these cases that Dr. J. has examined. Anteriorly, the spinal marrow is closely connected with the membranes, and the nerves are given off from it along its whole length; but posteriorly, it was quite uncovered, excepting its being overlaid by the brain. The fifth pair of nerves, and the seventh and eighth pairs, appeared to arise from the spinal marrow; these, with a small one that probably passed out through the sphenoid bone, were all of the cranial nerves that were found, none being seen to be connected with the brain.

The eyes are not merely more prominent than usual in the "acephalous fœtus," but the lids are almost entirely wanting.

A hare-lip exists; the fissure being broad, and situated as perfectly on the median line as in the animal that gives the name to this malformation. The palate is not fissured, but there is the appearance of it that exists so very frequently in these cases. The nose is rather flattened, and, so far as can be seen, the septum is entirely wanting.

The left lower extremity, before the dissection, was much shortened and completely everted, and the head of the femur could be felt to rotate above the socket. Having been dissected, this last is seen to be of considerable size and depth, but nearly filled with fat, of which there is no trace in the other socket. The upper margin of the acetabulum is entirely wanting; and the head of the femur, which is somewhat flattened, rested just above it, and quite near to the anterior-inferior spinous process of the ilium. The capsular ligament was well developed, and the cavity contained the usual secretion. Round ligament connected with the adjacent parts throughout, and of course considerably lengthened; that upon the opposite side being free except at its extremities. The pyramidalis, obturator internus and the gemelli are quite small and thin; but the other muscles about the joint appear to be well developed.

The left knee-joint is also partially dislocated; the condyles of the femur projecting strongly backward. The leg makes an angle forwards upon the thigh, and cannot be fairly brought into a straight line with it; the motions being limited, and the standing off of this leg from its fellow having been quite marked before the dissection. The patella is drawn considerably upwards above the joint.

The left foot is affected with varus in a moderate degree. There is no other external malformation, and the internal organs were well formed, excepting the renal capsules, and these were not so small as they usually are in the "acephalous fœtus." Sex, female.

Dr. J. referred to the various theories in regard to congenital dislocation of the hip, and the bearing that the present case would have upon that of Guérin, which seems as plausible as any one; he thought, however, that if the condition of the nervous centres was to explain the occurrence, it was strange that he should never have met with it before, considering the great frequency here of the various kinds of monstrosity that go generally under the name of the "acephalous

foetus." He is inclined to regard the partial dislocation of the knee and the club-foot as due to the same cause that produced the dislocation of the hip. Hare-lip, Dr. J. said, is often instanced as one of the cases of fissure upon the median line, and in favor of one of the laws of foetal development, but this is the only case in which he has ever seen it there.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 8, 1860.

MASSACHUSETTS MEDICAL COLLEGE.—The annual commencement for the conferring of medical degrees, the announcement of which has already appeared, takes place this week at the Medical College in Grove St. The occasion is one of much interest to those who are about to enter upon the active duties of the profession, and it must be gratifying not only to them, but to the friends of the institution generally, that the members of the graduating class have acquitted themselves with much credit in the performance of the necessary requirements for medical honors.

From the past history of the College, and the renowned and venerable names with which it will be forever associated, we are naturally led to regard with peculiar interest all that relates to its prosperity and welfare; and it may be safely said that at no previous period has it presented higher claims than at present. With an able and efficient body of instructors, each eminent in his own department, together with the rare clinical advantages afforded by the Massachusetts General Hospital, the instruction is both practical and thorough, and probably not surpassed by any institution in the country. We hope next week to be able to give a brief report of the closing exercises of the term, upon the completion of which we congratulate all those who have been confined by its arduous and sometimes harassing duties.

CHEMISTRY IN HARVARD UNIVERSITY.—We are glad to be permitted to publish the following able report by Dr. Hitchcock, of Fitchburg, the Chairman of the Committee recently appointed to examine the undergraduates of Harvard College in chemistry.

*"To the President and Overseers of Harvard University.*

"The Committee for examination in Chemistry attended to their duties on Friday, July 15th, 1859, and also on Tuesday and Wednesday, January 17th and 18th, 1860; examining, on each occasion, the Junior and Sophomore classes. The method was by written questions, the answers and solutions of problems being also given in writing. An elective section of nine Juniors in July and thirty in January, were examined *orally*. The result of these examinations was highly satisfactory to the Committee. The average scale of merit of the classes was very creditable to their talent, industry and fidelity. The method of instruction adopted by the professors seemed to possess some special excellences worthy of mention in this report.

"1st Perfect neatness and order characterizes the laboratory and recitation rooms.

"2d. The object of the course of instruction appears to be to impress the students with the great principles of chemistry; and to make them familiar with the Lavoisierian nomenclature, and symbolic language. In short, to teach the *logic* of the science, instead of crowding the memory with *isolated facts*; leaving these naturally to cluster around the main principles, and thus form in the mind of the student a symmetrical and available amount of chemical knowledge.

"3d. A course of practical chemistry, including crystallography, is pursued by the undergraduates, which must be exceedingly valuable in cultivating a power of observing phenomena and making correct inductions. The object of this practical course in chemistry is chiefly to cultivate the *power of observation*; and we feel confident that this element of training in the College course will prove of inestimable value in all those practical pursuits and professions where a quick and correct power of observation is the *great necessity*.

"4th. The French system of weights and measures, which has for several years been adopted in teaching chemistry in the University, is continued, with increasing satisfaction and advantage.

"5th. The system of taking full notes of lectures on chemistry, by the students, is new, and is unquestionably an improvement, and will tend greatly to increase the efficiency and value of the whole lecture system.

"In conclusion, we would again express our perfect satisfaction with the results of our examination of the classes in chemistry.

Respectfully submitted, for the Committee, ALFRED HITCHCOCK,  
Boston, January 26th, 1860. Chairman.

SEVENTH ANNUAL REPORT OF THE SURGEONS OF THE N. Y. OPHTHALMIC HOSPITAL.—Drs. Stephenson and Garrish, the attending Surgeons of this Institution, report *ten hundred and ten* registered patients during the past year, and over seven thousand since its organization. To the medical pupils in attendance, the past winter has been a favorable one for witnessing operations for cataract, strabismus, pterygium, entropion, ectropion, trichiasis, staphyloma, &c.: also extirpation of the eye, after the method practised by Mr. Critchett, of the London Ophthalmic Hospital, and Bowman's operation for catheterizing the nasal duct by slitting up the lachrymal canal. The result in the last-named operation was perfectly successful. Their *ophthalmic school* is in a prosperous condition, having been numerously attended during the last session by students and practitioners from all sections of the country. We perceive by the April Number for 1859, of the Glasgow Medical Journal, that Dr. Mark Stephenson, the senior surgeon to the above Institution, has had a high encomium paid him in relation to his Essay on "the treatment best adapted to each variety of cataract," published in the Transactions of the American Medical Association for 1858. The following is the criticism referred to:—"This," says the reviewer, "is a sensible and practical Essay on the operations for the cure of cataract, each of which the author explains to have its advantages and disadvantages. On the whole, we regard Dr. Stephenson's Essay as significant, not less of candid judgment than of correct observation, and as contrasting strongly in his favor, with some of the productions, in the same department of medical literature, given forth by certain cormorants for fame, who evidently fancy, that by giving new names to old operations, ignoring the authors of long-established



doctrines and practices, or propounding the most monstrous absurdities, they are sticking leaves of laurel around their wigs."

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THE VACCINATION CASES AT WESTFORD.—Much excitement has lately been caused in Westford and its vicinity, by the serious effects which have followed several cases of vaccination in that town. From the report made at the last meeting of the Boston Society for Medical Improvement, it appears that the matter used consisted of crusts, taken from healthy persons, and having every appearance of being perfectly good. In preparing these for use, two or three were dissolved in a small quantity of snow water, this solution being kept in a vial, which was carried in the pocket. A thread soaked in this was the medium of introduction.

From this solution twenty-eight persons were vaccinated on the day it was thus prepared (Feb. 11th), and no bad results followed. On the 18th, one week after, twenty-seven or eight others were vaccinated with the same material. Five of these were seriously affected with constitutional symptoms, followed by violent erysipelas of the whole arm, both external and cellular, and sloughing. Three days later, two more persons were vaccinated from the same vial, both of whom have since died.

It was the opinion of nearly all present at the time of the report, that the cause of these results arose from the decomposition of the animal matter in the solution, and that to this, and not to any inherent peculiarity in the matter, nor to the mode of its application, were to be attributed the unlooked-for and dangerous results which have followed.

That the symptoms were due to some *change in the matter, subsequent to its preparation*, is evident from the fact that those first vaccinated exhibited nothing unusual, while the symptoms of blood-poisoning were most marked in those last inoculated with the virus.

That the matter had commenced to undergo the putrefactive change, was evident from the odor, which was extremely offensive, so that the opinion generally entertained is obviously the correct one, that the symptoms were due to the introduction of putrid animal matter, and cannot be attributable to anything in the matter itself as originally obtained, nor in any peculiar atmospheric condition, of which there was no evidence.

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TOOTH-DRAWING IN SPAIN.—A recent traveller in Spain describes an itinerant dentist, in the public square of Cadiz, to whom a patient, in the shape of a pain-stricken muleteer, came, griping at his jaw, for assistance. The grave quack did not dismount, hardly stooped in his saddle, but, with one experienced, far-sighted, keen glance at the cavernous tooth, drew a long Toledo rapier, with a curious twisted steel hilt, that hung by his side, slipped the point under the black fang, and scooped it out with a single twitch. With military precision he wiped his sword, slipped it back into its sheath, held out his hand for the twopenny fee, touched his hat, and rode gravely off.—*Lancet*.

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NEW YORK MEDICAL COLLEGE.—The Eighth Annual Commencement took place on Thursday evening, March 1, in the lecture room of the College. The President of the faculty, Dr. Horace Green, conferred the degree of M.D. on the graduating class, numbering 20. The honorary

degree was conferred on Samuel T. Parker, New York; Campbell Morfit, New York; Thomas Garrett, Pennsylvania; Rev. A. G. Shears, Conn. The valedictory address was delivered by Sam'l J. Tilden, Esq.

At the Commencement of the Ohio College of Dental Surgery, Feb. 22, the degree of D.D.S., Doctor of Dental Surgery, was conferred upon four graduates. The address was delivered by Dr. J. F. Johnson, of Indianapolis.

THE NURSERY AND CHILDREN'S HOSPITAL anniversary meeting was held in N. York on the 1st inst. The number of inmates for the year was 704, of whom 194 were women and 510 children. The disbursements were \$12,544, and the Society is now out of debt.

HOW TO RENDER MUSLINS FIREPROOF.—Messrs. Versmann and Oppenheim, whose researches on this subject have been most carefully and scientifically conducted, advise the use of the following solution as the only one which can be recommended for laundry purposes:—A concentrated neutral solution of tungstate of soda is diluted with water to 28 degrees Twaddle, and then mixed with three per cent. of phosphate of soda. This solution is found to keep, and to answer well. It has been introduced into her Majesty's laundry, where it is being constantly used. It is stated to be neither injurious to the texture or colors, nor in any degree difficult of application in the washing process. Its protecting power against fire is perfect.—*London Lancet.*

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 3d, 1860.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	47	48	95
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	39.5	41.1	80.6
Average corrected to increased population, . . . . .	..	..	92
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
18	4	6	7	1	9

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	30.291	Highest point of Thermometer, . . . . .	58
Highest point of Barometer, . . . . .	30.568	Lowest point of Thermometer, . . . . .	21
Lowest point of Barometer, . . . . .	29.843	General direction of the Wind, . . . . .	SW.
Mean Temperature, . . . . .	38.2	Whole amount of Rain in the week, . . . . .	.855

##### Communications Received.—How to Vaccinate.

*Books and Pamphlets Received.*—Clinical Lectures on certain Acute Diseases. By Robert Bentley Todd, M.D., F.R.S. (From the Publishers.)—Introductory Lecture to the Course of 1859-60 in the Medical College of Georgia. By Joseph Jones, M.D. (From the Author.)—Annual Report of the Surgeons of the New York Eye Infirmary.—Unwritten Studies and Duties of the Physician. Anniversary Address before the Worcester North District Medical Society. By A. Hitchcock, M.D. (From the Author.)—A Guide to the Practical Study of Diseases of the Eye, with an Outline of their Medical and Operative Treatment. By James Dixon, F.R.C.S. (From the Publisher.)—A Treatise on Medical Electricity, Theoretical and Practical. By J. Althaus, M.D. (From the Publishers.)

MARRIED.—At Cambridge, March 1, E. P. Burgess, M.D., of Dedham, to Ellen D., daughter of the late Dr. Holman, of Gardiner, Me.

DIED.—At West Brookfield, March 1, Dr. Lawson Mirick, 62.—In Gray, Me., Feb. 25th, Lizzie C., wife of Dr. Wm. Warren Greene, and daughter of the late Dea. Edward Carleton, of Waterford, aged 29 yrs. 4 mos.

*Deaths in Boston* for the week ending Saturday noon, March 3d, 95. Males, 47—Females, 48.—Accidents, 3—apoplexy, 1—hemorrhage of the bowels, 1—inflammation of the bowels, 1—bronchitis, 1—softening of the brain, 1—cancer, 2—consumption, 18—convulsions, 5—croup, 4—dysentery, 1—dropsy, 2—dropsy in the head, 5—debility, 1—puerperal disease, 3—scarlet fever, 6—typhoid fever, 1—disease of the heart, 2—influenza, 1—insanity, 2—congestion of the lungs, 1—inflammation of the lungs, 7—marasmus, 5—measles, 1—old age, 1—pleurisy, 1—rheumatism, 1—scalded, 1—smallpox, 9—sore throat, 1—suicide, 1—tumor, 1—unknown, 3—whooping cough, 1.

Under 5 years, 45—between 5 and 20 years, 5—between 20 and 40 years, 24—between 40 and 60 years, 14—above 60 years, 7. Born in the United States, 67—Ireland, 21—other places, 7.

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VARIOLA AND VACCINIA.

[Read before the Middlesex (Mass.) East District Medical Society, February 29th, 1860, and communicated, by request, for the Boston Medical and Surgical Journal.]

BY EPHRAIM CUTTER, M.D., WOBURN, MASS.

*Unsuccessful attempts to produce Variola in the Cow, by inoculating with the Virus of true Variola. Perfect success on using the ordinary Vaccine Virus.*

ACTING upon the commonly received opinion both of the public and the profession—namely, that cowpox is smallpox modified and mitigated by a transmission through the system of the cow—it would be natural for any physician to expect to procure pure primary vaccine virus by simply introducing into the system of the cow the virus of variola from the human subject.

It was under this conviction that a series of experiments were conducted upon about fifty kine. It is proposed to give an account of the same in the present paper.

*Experiment 1st.*—Nov. 26th, 1859. Inoculated four young kine with variola-virus taken on Nov. 19th, from one of my own patients, at about the eighth day of the eruption. Punctures were made with a lancet upon the hairless skin beneath the tail and near the vulva. The virus was introduced upon quills and covered with isinglass plaster, as in the ordinary mode of vaccinating the human subject. At the expiration of a week, no effect like vaccination was produced. In fact, there seemed to be nothing more than a moderate inflammation, just such as would result from a non-specific puncture.

*Experiment 2d.*—Dec. 27th. With variolous virus taken on the eighth day (Dec. 22d) of the eruption, by Dr. Luther Parks, Jr., of Boston, Dr. Alonzo Chapin, of Winchester, at my request, inoculated five kine. The writer inoculated seven, including steers and heifers.

Punctures were made with a lancet, near the vulva or anus, and upon the teats. The quills, charged with the virus, were introduced,

allowed to remain a few minutes, and then suffered to drop out. The operations were conducted with the greatest care, so that there should be no mistake. About five quills were used upon each animal in this as in all the other experiments. On the 31st of Dec., a few of the spots presented to the feel a round and flat hardness, about half an inch in diameter. One spot had a central depression. This promised so much that it was very confidently expected that vaccine virus would be obtained. But the hope was illusory, for the spot did not pass through the normal stages of a vaccine pustule. On the contrary, it remained the same for more than a week, and then faded away. It was suggested by Dr. Chapin that the virus might possibly have been taken from a varioloid patient (it sometimes being very difficult to distinguish between them), and that thus the experiments proved nugatory. Subsequent experience, however, has not borne out this supposition.

*Experiment 3d.*—Jan. 6th, 1860. Visited a patient of Dr. Toothaker's, of Wilmington, sick with severe variola, and charged quills with matter. The eruption was at the seventh day. Inoculated seven kine with this matter, Jan. 6th, 1860. In these cases the cuticle was abraded by scratches, made with a lancet, at right angles to each other, until the serum of the blood began to escape. The charged quill-points were then rubbed upon the abrasions for a moment or two. No satisfactory results. To be sure, pustules, or something that looked like pustules, were obtained. They were umbilicated, and some of them hard to the feel, but no lymph could be got.

*Experiment 4th.*—Procured some quills, charged with variolous virus, from Dr. R. L. Hodgdon, of West Cambridge, on Jan. 6th, and on Jan. 7th inoculated three young kine with the same. The mode was the same as in Experiment 3d. No satisfactory result.

*Experiment 5th.*—Jan. 13th. Visited, with Dr. Drew, of Woburn, a smallpox patient under his care, and charged some quills in the usual way. Besides, I charged some cotton threads, by rupturing pustules and imbuing in the lymph the threads for the distance of half an inch or more at their middle part. Within an hour of the procuring of this virus, the quills were inserted into several cattle by the usual punctures with the lancet. The threads were introduced beneath the skin by means of a needle. They were then drawn through to the point charged with the virus, and with this engaged under the cutis, the ends were tied, and the seton thus formed left in. The threads remained in for three days. Inflammatory action ensued. There was swelling, with soreness in the vicinity of the punctures. Upon removing the threads, however, these symptoms subsided. No normal pustule was produced. This essay was deemed almost an "experimentum crucis."

*Experiment 6th.*—Jan. 18th. Went to Lexington and took quills and threads from a smallpox patient of Dr. Currier, in the same manner as was practised in Experiment 5th. These were used in

inoculating four cattle on the 20th of January. These essays were without success, although the threads were allowed to remain a week.

*Experiment 7th.*—Jan. 25th. Received by express, from Dr. John A. Lamson, of Boston, some variolous virus from one of the crew of the slave yacht Wanderer. This matter was selected with care, and the case was a well developed one. These quills were used upon four or five cattle.

At the expiration of a week, there was one pustule developed out of the sixteen or twenty punctures. Took what seemed to be lymph from this one pustule, and tested it, without success, upon another cow.

It is natural to expect, that after so many careful experiments, conducted without success, the experimenter should begin to doubt. I questioned my ability to inoculate; but of this I was not convinced, as I had successfully vaccinated a considerable number of human subjects during my practice of medicine. Besides, I was told by some, who had tried the same experiments without success, that it could not be done; that cowpox must be found in a natural condition.

About this time, Dr. Currier, of Lexington, in conversation with my father, Dr. B. Cutter, stated that within the past ten years he had seen some cases of the cowpox, occurring in the natural way upon the cow; and he further expressed his belief that such cases must exist in our vicinity at the present time. We should look for them in young cows, just after their second calving, and for the locality of the eruption upon the udder between the hind teats. One case he mentioned as having about one hundred pock upon a remarkably clear udder. He took a large number of quills from them, and vaccinated three persons with them, viz., himself and two "Irish" infants. He did not succeed in his own case, but the children "took" severely. The remainder of the quills were mislaid, and he lost the opportunity of any further trials.

I was led to examine quite a number of cattle, in different localities, to find this disease in the natural state. I was incidentally surprised to find that a majority of the cattle examined had upon the teats and udder a considerable variety of pustular and horny skin diseases, so that if it is thought (and such is the opinion of the public, I believe) that *purior virus* can be got from the cow than from the human subject, it is an easy matter to explode this idle theory. While conducting Experiment 7th, I found one cow with the hinder part of the udder covered with non-umbilicated pustules of the size and feel of a normal vaccine pustule.

*Experiment 8th.*—I took virus from the most developed of these pustules, and tried it on other cows. No infection followed, thus proving (if the operation was properly performed) that this was not the true vaccine pustule.

*Experiment 9th.*—A repetition of Experiment 8th, the matter

being taken from a similar pustule near the vulva of another cow, and inserted into another animal. No infection resulted.

*Experiment 10th.*—Still another cow was found with a disease upon the udder, simulating the natural disease. This ran its course in about a fortnight. There were pustules, non-umbilicated, full of white lymph. Vaccination with this lymph upon quills was tried upon another cow, and about a week later some of the crusts were rubbed up with water to the consistency of pus, and then pricked into crucial abrasions of the cuticle of a two-days'-old calf (by Dr. Chapin) and of a cow (by myself). These vaccinations have not yet had time to develop themselves. If they do not take, should we not be justified in calling these cases the spurious cowpox referred to by Jenner?

*Experiment 11th.*—Jan. 20th, 1860. VACCINATED four kine with ordinary vaccine, such as I was using in vaccinating the human subject.

Jan. 24th.—The spots all look as if taking.

Jan. 26th.—On two of the four kine, umbilicated pustules, having, in one instance, a whitish summit, and in other instances being more swollen, with summits less white.

Jan. 27th.—One of the kine has three spots, half an inch in diameter. Bluish color well marked. Took a large number of quills, and on the same evening sent specimens to the members of the Middlesex East Society, and to other physicians who had assisted in procuring variolous matter for the purpose of experiment.

Jan. 28th.—Dr. Chapin visited the animals. He was assured of the abnormal characteristics of the *quasi* pustules procured by inoculation, and was satisfied with the normal appearance of the pustules produced by the vaccination.

*Experiment 12th.*—Jan. 23d, 1860. Vaccinated two cows with vaccine virus from a child, on the seton plan. Did not take. Failure probably due to the imperfect moistening of the threads.

*Experiment 13th.*—Jan. 24th, 1860. Vaccinated, on the seton plan, four kine, with virus received by mail from Dr. J. D. Mansfield, of South Reading. No other results ensued than what would ordinarily be expected to follow the introduction of an uncharged thread.

*Experiment 14th.*—Jan. 28th. Dr. Chapin vaccinated two kine with the virus he ordinarily uses upon the human subject. Both took well, and a large number of quills were obtained from them, which were used with general success.

Since the last experiments, I have often successfully vaccinated kine, both with the crust and the quill. The pustules have generally been large, and have matured upon the eighth or ninth day after vaccination. They vary in size somewhat, being generally very large, and not small. In some, a characteristic blue color of the pustule and vicinity is observed. This happens especially when the seat of vaccination is upon the part of the labium where

the skin merges into the mucous membrane. No constitutional effects upon the cows have been noticed.

From the account given in a late number of the Boston Medical and Surgical Journal, of the experiments of Dr. Martin, of Attleborough, Mass., some years ago, and the most unfortunate results that followed, I tremble at the risks I have been running, for if quills had been obtained they would have been used. It is only an instance of an overruling Providence. However, I am more confirmed, by Dr. Martin's account, in my opinion, derived from the above-described experiments, that *vaccinia is not varioloid*, but that it is a *distinct affection*. I cannot explain the experiments of Dr. Adams, of Waltham, Mass., nor of Mr. Ceely, nor of the Russian physician, who profess to have succeeded in inoculating cows, and thus procuring the vaccine disease. I only know that *Dr. Chapin and myself* did not succeed. If some more successful operator should report and annul my assertions, I shall be very happy, as all that I desire is the truth.

Three modes of introducing the variolous matter into kine were used (inoculation).

1. By quill and puncture with lancets.
2. By rubbing the charged points of quills upon crucial abrasions of the hairless cutis.
3. By introducing, in the form of setons, threads charged with the variolous virus. This is the easiest and most expeditious way of inoculating or vaccinating kine. There is but one struggle with the animal, and, once in, it stays in.

*Vaccination* on the cow has been practised in the following ways:

1. By the seton; this was tried twice, and was not successful.
2. By quills. These, if fresh, generally succeeded.
3. By pricking into crucial abrasions of the cuticle, with a lancet, portions of a scab dissolved in water, until it is of the consistence of a thick paste. This has been uniformly successful upon man or beast; more so than any other mode I have practised.

I think I am justified in asserting that *any one can procure a vaccine pustule on the cow by vaccination*, as easily as it can be procured upon the human subject. This is the mode in which I obtain "*vaccine virus* from the cow."

The question has been asked whether the virus from the cow, thus obtained, is any better than the ordinary virus in use. To this I would reply, that in my opinion it is no better. A few statistics may throw light upon this. Out of nine primary vaccinations noted, with virus from the cow, six took the first time and three the second. Out of fifty-three secondary vaccinations noted, thirty-nine took the first time, thirteen the second time, and one the third time. One of the primary vaccinations taking on the second trial, occurred in a child half an hour old. One of the secondary vaccinations taking on the first trial, occurred in a lady

91 years old, who had repeatedly been vaccinated unsuccessfully. Another of these was vaccinated during the prodromic symptoms of varioloid, and both vaccinia and varioloid ran through their stages contemporaneously.

On the other hand, the writer vaccinated a child with quills from another infant, and they did not take. On the second trial, quills charged with virus from the cow were used. No effect. On the third trial, the third mode of vaccinating, with a scab from the cow, was employed. No result. On the fourth and final trial, the same mode of vaccinating, with a scab from a *child*, succeeded perfectly.

Some of the secondary vaccinations with virus from the cow procured pustules normal in appearance, and of a large size, despite a good scar of the primary vaccination. Constitutional effects have been produced in some cases. However, equally good pustules and similar constitutional effects have been produced, at the same time, by the ordinary virus in use.

Another thing—the ease with which the vaccine pustule is produced in the cow ought to give the profession confidence *in the matter in general use*. Thus the idea that it has “run out” by successive transmissions through human subjects is not supported by the present experiments.

Again, the idea that the vaccine disease is peculiar only to certain districts of Wales is not founded upon fact, as it has been repeatedly observed in this country. It seems idle, then, to send to Europe for vaccine virus, when we have it at our very doors.

To conclude: the object of the present paper has been to show that vaccinia is not varioloid, or cowpox modified smallpox. It has been attempted to prove this by the unsuccessful attempts to produce a normal vaccine pustule by inoculation, *while upon the very same animals, by vaccination with the virus in ordinary use*, the normal vaccine vesicle has been got easily. According to the authorities consulted, it is still a mooted question in regard to the subject in hand. But Von Bibra says distinctly that the cowpox and the smallpox are two different diseases. The asserted fact that persons who have had smallpox have been successfully vaccinated, seems also to substantiate our position.

Woburn, March 7th, 1860.

CASE OF TYPHOID PLEURO-PNEUMONIA—AN OVER-DOSE OF  
VERATRUM VIRIDE.

[Read before the Aurora (Ill.) Medical Association, September 5th, 1859, and communicated for the Boston Medical and Surgical Journal.]

BY J. E. SUCKER, M.D.

SUNDAY, May 8th.—Mrs. M., aged 46, has been cleaning house the past week, and laboring more than usual. During this time, she



has had catamenia, which has been profuse occasionally and somewhat irregular for a year past. She was treated for an attack of pleurisy three years since, which yielded readily after a venesection. Since then, has had no illness except slight attacks of intermittent fever. Yesterday afternoon was taken with a severe chill, followed by violent pain through right chest, and cephalalgia, but in the night got into a perspiration and slept. On awaking, felt chilly, and found the wind blowing upon her from an open window. Has since then grown worse. She now has acute pain through centre of right breast, and difficult respiration; pulse 100, and small. Fomentations were ordered to chest, and four grains of calomel, one of ipecac, and a sixth of a grain of sulphate of morphia, to be repeated every two hours, or until relief be obtained. An hour afterwards, the pain increasing and the pulse being round and hard, one and a half pints of blood were taken from the arm, with some relief. In the evening, pulse 90, soft and full; severe pain in head. Ice or ice-water was ordered to head.

May 9th.—Patient has rested moderately well during night; pulse 95; respiration quiet, and some expectoration of mucus. Gums appear a little swollen; patient feels better. An ounce of castor oil was ordered; to be followed, after its operation, by a powder containing one grain of ipecac, five grains of nitrate of potash, and an eighth of a grain of sulphate of morphia; also elm mucilage, &c.

10th.—Severe pain through frontal region during night, but now easier. Had two dejections after third dose of the oil. By mistake of attendants, has taken no other medicine. Pulse 95. Can lie a short time upon right side, but not at all upon left. Violent throbbing of heart and carotids. Directed ten grains of sulphate of quinia in two doses, with an interval of two hours, to be followed by the prescription of the day previous.

In the evening, countenance very pale; extreme thirst; severe pain in head and lumbar region; dysuria; pulse 115 to 120; respiration a little hurried; no nausea. Two grains of calomel were added to the powders of the morning, and four drops of tincture of veratrum viride directed to be given three times during the night; the patient not to be disturbed when resting quietly. Applied blister over right chest.

11th.—Appears relieved; pulse 100, and soft; but little pain in chest; respiration quiet; patient can lie upon either side; expectorates freely a *rusty* sputa; pain in head relieved by application of ice. Castor oil was ordered, to be followed by ipecac and morphia, and two-drop doses of the tincture of veratrum viride, if there is no nausea.

In the evening, there had been a full dejection from the oil; pulse 104, soft and full; respiration quiet; expectoration free.

12th.—(Fifth day of sickness.) Has rested well during night; has but little pain in chest; head free from pain; thirst less;

tongue red, and slightly coated; urine free. Blister was directed over right chest (the former not having vesicated well), and the following prescription made:—R. Tinc. veratri viridis, ʒss.; syrupi ipecacuanhæ, syrupi scillæ compositæ, tincturæ opii camphoratae, aa ʒv. M. From one half to one teaspoonful to be taken every two to three hours.

11½, A.M., was called in haste to see my patient, and found her apparently moribund! She was in collapse, with cold extremities, and pulseless at the wrists. Countenance deadly pale, pupils *contracted* to a point, and she was making ineffectual efforts to vomit; lips purple, and respiration seemed about to cease, as if from exhaustion. Having no stimulant except carbonate of ammonia at hand, a solution of this was immediately exhibited, warmth was applied to extremities, with brisk friction, and sinapisms to back of neck, &c. As soon as obtained, brandy was given, ice was applied to the head, and a stream of cold water poured upon the vertex. My attention was arrested by the dark appearance of the medicine in the vial containing the prescription of the morning. Upon inquiry, I learned that three hours previously (8½ o'clock), she had taken half a teaspoonful of the medicine; that, soon afterwards, she felt great nausea and a numbness of the limbs. She grew worse, vomited several times, and finally the family were summoned and thoroughly alarmed. In addition to the stimulants, I now gave a strong decoction of coffee, for I apprehended she had, by mistake of the druggist, got an over-dose of some narcotic. At the end of two hours, it was evident that our patient was slowly rallying, the pulse becoming perceptible at the wrist, and *beating feebly 40 times per minute*. In another hour it rose to 100, with greater fulness, and some color returned to the surface. At this time, I saw the druggist, passing, who had put up the prescription, and soon learned of him that he had mistaken the ʒss. of tincture of veratrum viride for ʒss., and that the patient had consequently got at least eight drops of Keith & Co.'s preparation of this sedative.

5, P.M.—Improving; respiration 28; pulse 100; sleeps quietly twenty minutes at a time, and takes chicken broth with a relish. A deadly nausea, however, frequently recurs, when there appear indications of sinking. Directed half a grain of calomel every hour, brandy and carbonate of ammonia *pro re nata*.

Being called at 2, A.M. (Friday), found indications of sinking; a most deadly nausea, and ineffectual efforts to vomit; extremities getting cold, notwithstanding the unremitting efforts of the attendants. Gave one eighth of a grain of morphia and two grains of sulphate of quinia, which caused the pulse to beat with greater force and steadiness, and the nausea became allayed in one hour. Two and a half grains of quinia were ordered every one and a half hours.

10½, A.M., has retained all quinia, and got some sleep. Pulse

90, with tolerable fulness. Little thirst; expectorates freely; some pain in lower part of right chest; bowels slightly tympanitic; noise in ears, and rational. Says she feels better, but cannot sleep; when she shuts her eyes, every object is before her, yet she does sleep at short intervals. Has taken, in all, fifteen grains of quinia this A.M. This was ordered to be suspended for the present.

In the evening, has a slight uterine flow, of a dark character; pulse 100, with a good degree of force. Has considerable thirst, and is delirious at times. Three grains of extract of hyoscyamus were ordered, to be repeated if she does not rest. Port wine was substituted for brandy, and one-and-a-half-grain doses of quinia ordered, if stomach tolerates it, at intervals of three hours during night.

5, A.M., May 14th, found patient restless, with haggard countenance, and distressing nausea, on account of which she has taken no medicine during night, but has not vomited. Administered at once five grains of quinia, and in one hour she was sleeping quietly. An enema was followed with a dark and fetid discharge. At 8½, she got fifteen grains of quinia, which occasioned some nausea, which, however, soon passed off, when she fell into a quiet sleep, and a more natural color returned to the surface.

In the evening, pulse 110; patient quite deaf from quinia; moans constantly while sleeping, and has nausea when aroused; subsultus; picks at the bedclothes, and clutches at imaginary objects. A sixth of a grain of morphia ordered, to be repeated, if necessary to procure quiet rest, every two hours; also wine, beef-tea, &c.

May 15th, Sunday.—After a few doses of morphia, patient became quiet, and had good rest; and this morning seems better in every respect. Is now experiencing the tonic effects of the fifteen grains of quinia of yesterday, and indications of convalescence already appear.

From this date, under the influence of steady tonic and sustaining treatment, she continued to improve. The upper half of the right lung, the seat of the principal local difficulty, gave indications of hepatization, which yielded to counter-irritation, tonics, mild alteratives and anodynes. In consequence of her very debilitated condition, and the lung affection, her convalescence was retarded, but in a month from this time she had regained her usual good health, and now bids fair to attain a hale old age, for which her family are remarkable.

## ACUPRESSURE—A NEW METHOD OF ARRESTING SURGICAL HÆMORRHAGE.

[In the January number of the *Edinburgh Medical Journal*, is an extract from a paper by Prof. Simpson, upon a new mode of arresting surgical hæmorrhage. The ordinary methods all imply the necessity of leaving a foreign body in the wound, and the object of Dr. Simpson is to close the vessels, without this additional cause of irritation. This, he states, he has accomplished by using needles instead.—EDITORS.]

He had tested the effects of acupressure as a means of effectually closing arteries and stanching hæmorrhage first upon the lower animals, and lately in two or three operations on the human subject. The instruments which he proposed should be used for the purpose, were slender needles or pins of passive iron, headed with wax or glass; and in other respects also like the hare-lip needles commonly used by surgeons at the present day, but longer when circumstances require it. They might be coated with silver or zinc on the surface, if such protection were deemed requisite.

The whole process consists in passing the needle *twice* through the substance of the wound, so as to compress together and close, by the middle portion of the needle, the tube of the bleeding artery a line or two, or more, on the cardiac side of the bleeding point. The only part of the needle necessarily left exposed on the fresh surface of the wound is the small middle portion of it, which passes over and compresses the arterial tube; and the whole needle is withdrawn on the second or third day, or as soon as the artery is supposed to be adequately closed, thus leaving *nothing* whatever in the shape of a foreign body within the wound, or in the tissues composing its sides or flaps. To produce adequate closing pressure upon any arterial tube which it is desired to constrict, the needle must be passed over it so as to compress the tube with sufficient power and force against some resisting body. Such a resisting body will be most frequently found, 1st, in the cutaneous walls and component tissues of the wound; 2d, sometimes in a neighboring bone, against which the artery may be pinned and compressed by the acupressure needle; and 3d, in a few rare cases it may possibly be found in practice, that a second needle may require to be introduced to serve as a point against which the required compression is to be made. Most commonly the first of these three plans seems perfectly sufficient, and that even in amputation of the thigh. In acting upon this mode, the surgeon may place the tip of the fore-finger of his left hand upon the bleeding mouth of the artery which he intends to compress and close; holding the needle in his right hand, he passes it through the *cutaneous* surface of the flap, and pushes it inwards till its point projects out to the extent of a few lines on the raw surface of the wound, a little to the right of, and anterior to his finger-tip; he then, by the

actions of his right hand upon the head of the needle, turns and directs the needle, so that it makes a bridge, as it were, *across* the site of the tube of the bleeding artery immediately in front of the point of the finger, with which he is shutting up its orifice; he next, either with this same fore-finger of the left hand, or with the side of the end of the needle itself, compresses the locality of the bleeding arterial orifice and tube, and then pushes on the needle with his right hand so as to make it *re-enter* the surface of the wound a little to the left side of the artery; and lastly, by pressing the needle farther on in this direction, its point re-emerges through the *cutaneous* surface of the flap—and the site of the tube of the bleeding artery is in this way left pinned down in a compressed state by the arc or bridge of steel that is passed over it. The needle thus passes first from and through the skin of the flap *inwards* to the raw surface of the wound, and after bridging over the site of the artery, it passes secondly from the raw surface of the wound *outwards* again to and through the skin. Sometimes the needle will be best passed by the aid of the eye alone, and without guiding its course by the finger-tip applied to the bleeding orifice. It compresses not the arterial tube alone, but the structures placed over and around the *site* of the tube. When the needle is completely adjusted, all of it that is seen on the surface of the raw wound, and that not necessarily so, is the small portion of it passing over the site of the artery, while externally, upon the cutaneous surface of the flap, we have remaining exposed more or less of its two extremities, namely, its point and its head. The rest of it is hidden in the structures of the flap or side of the wound. The degree of pressure required to close effectually the tube of an artery is certainly much less than medical practitioners generally imagine; but in the above proceeding the amount of pressure can be regulated and increased, when required, by the acuteness of the angle at which the needle is introduced and again passed out—the cutaneous and other structures of the flap serving as the resisting medium against which the needle compresses the arterial tube. But if it were ever, perchance, necessary to produce greater compression than can be thus accomplished by the needle alone, this increased pressure could be readily obtained by throwing around the two extremities of the needle exposed cutaneously a figure-of-eight ligature, as in hare-lip, with or without a small compress placed between the arc of the ligature and the skin. The process of the adjustment of the needle is difficult to describe shortly by words, but the whole of it is readily seen and imitated when repeated upon a piece of cloth or leather. We fasten the stalk of a flower in the lapelle of our coat by a pin passed exactly in this manner. To compress a bleeding artery against a bone is somewhat more complicated, but not much so. In accomplishing it, we have to introduce from the cutaneous surface a long needle through the flap of the wound obliquely to near the site of the artery, and

then compressing, with the fingers of the other hand, or with the end of the needle, the part containing the artery against the bone, we make the needle, after passing over this compressed part, and after testing whether it has closed the vessel or not, enter into the tissues beyond, and if necessary even emerge from, the cutaneous surface on the other side at an angle somewhat oblique to that at which it entered; thus taking advantage of the resiliency and resistance of the soft textures to make them push the needle with the necessary degree of compression against the artery and bone. Arteries in particular parts require special adjustments and modifications to compress them against the neighboring bone, which only experience can point out. There is always sufficient soft tissue on either side of the artery for the needle to get a purchase upon, to compress the arterial tube against the bone or other resistant point. \* \* \* \* \*

The acupressure of arteries, when compared with the ligature of them, appears, as a means of arresting hæmorrhage, to present various important advantages:—1st, It will be found more easy, simple, and expeditious in its application than the ligature. 2d, The needles in acupressure can scarcely be considered as foreign bodies in the wound, and may always be entirely removed in two or three days, or as soon as the artery is considered closed; whilst the ligatures are true foreign bodies, and cannot be removed till they have ulcerated through the tied vessels. 3d, The ligature invariably produces ulceration, suppuration, and gangrene at each arterial point at which it is applied; whilst the closure of arterial tubes by acupressure is not attended by any such severe consequences. 4th, The chances, therefore, of the union of wounds by first intention, should be greater under the arrestment of surgical hæmorrhage by acupressure than the ligature. 5th, Pyæmia and surgical fever seem not unfrequently to be excited by the unhealthy suppuration, &c., which are liable to be set up in wounds by the presence and irritation of the ligatures. 6th, These dangerous and fatal complications are less likely to be excited by the employment of acupressure, seeing the presence of a metallic needle has not the tendency to create local suppurations and sloughs in the wound, such as occur at the seats of arterial ligatures. And 7th, Hence, under the use of acupressure, we are entitled to expect both, *first*, that surgical wounds will heal more kindly and close more speedily; and *secondly*, that surgical operations and injuries will be less frequently attended than at present with surgical fever and pyæmia.

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M. GEORGES has presented to the Academy of Sciences of Paris an improved apparatus, by which he applies, instantaneously, the galvanic cautery to the nerve of a tooth, and, as he says, destroys it painlessly.—*Lancet*.

### Bibliographical Notices.

*Introductory Lectures and Addresses on Medical Subjects, delivered chiefly before the Medical Classes of the University of Pennsylvania.* By GEORGE B. WOOD, M.D., LL.D., President of the American Philosophical Society; President of the College of Physicians of Philadelphia; Professor of the Theory and Practice of Medicine, and of Clinical Medicine, in the University of Pennsylvania, &c.—Philadelphia: J. B. Lippincott & Co. 1859. Pp. 460.

THE author of these addresses is so well known to his professional brethren, and has been so long before the public as a writer and teacher, not less than an accomplished practitioner, that our notice of the present volume might almost have been written, in general terms at least, without opening it. Whoever knew anything to be sent forth with his name attached to it, *in loco parentis*, which was not all it purported to be, and couched in scholarly and classical language? And moreover, all that has emanated from his pen has either a direct or an ultimate practical value and bearing. But we have not allowed the book before us thus to slip through our hands. Some of the addresses we have previously met with; others we had not seen. Those which have particularly interested us are the one on "The History of the *Materia Medica*" in general; that on "The History of the *Materia Medica* in the United States," on "The Theory and Practice of Medicine," and on "The Medical Profession in Continental Europe." These are the ones which we have read most thoroughly; but we can see, by a glance at the others, that the medical reader will be equally edified by their perusal. The general reader may also examine the volume—or many parts of it at least—with great advantage; and we heartily wish that it may fall into the hands of many such. It would be impossible, within the space allotted to us, to give even a taste from each of these most excellent and polished lectures and addresses. We will, however, state their subjects and quote a few sentences from two of them. They are grouped according to the topics. The first portion of the volume is mainly devoted to pharmaceutical subjects, and to an elaborate examination of the general aspect and importance of the *Materia Medica*. Upon these themes the author has a right to speak *quasi ex cathedrâ*; and while his opinions must everywhere have great weight, his historical narrations are at once most accurate and deeply interesting.

Next to the above subjects, he takes up the Theory and Practice of Medicine; and here, too, he is at home, and writes both brilliantly and instructively. The titles of these lectures are: 1, The Theory and Practice of Medicine; 2, Requisites in the Study of Medicine; 3, Character and Objects of the Medical Profession; 4, Scope of the Practice of Medicine.

Following these, we find, Introductory Lectures, giving the Results of Professional Observation abroad; 1, The Medical Profession in Great Britain; 2, The Medical Profession on the Continent of Europe.

We then have certain lectures addressed to some of the graduating classes of the University of Pennsylvania; and the volume terminates with two "Biographical Memoirs:" 1, A Memoir of the Life and Character of Joseph Parrish, M.D., read before the Medical Society of Philadelphia, October 23, 1840; and 2, A Memoir of Samuel George Mor-

ton, M.D., read before the College of Physicians of Philadelphia, Nov. 3, 1852. We need not say that both of these are admirable, and show the head of the competent biographer as well as the heart of the attached friend.

To redeem our promise of giving one or two extracts, let us first transcribe a portion from the lecture entitled the Abuses of the Materia Medica, which all who can, should read entire. "One of the most efficient means of combating empiricism, is to elevate the standard of attainment in the medical profession. Where this is low, it is not easy for the public to distinguish between the pretensions of the regular, and those of the irregular practitioner. Quackery triumphs when she sees herself reflected in the practice of physicians. Let the student leave no opportunity unimproved of qualifying himself for the discharge of his future duties; let the practitioner, so far from being content with the attainments of his youth, cherish studious habits, and aim at constantly increasing knowledge and skill; let all who have at heart the honor of the profession, encourage those only to enter it who are suitably gifted with talent and industry, and urge upon these the importance of an ample preparation; and we shall soon establish so strong a line of distinction between regular practice and empiricism, that the dullest eye will scarcely fail to recognize it, and the dullest intellect to perceive on which side of it will be the greatest security." (*Loc. cit.*, p. 139.)

The following, from the lecture on "The Theory and Practice of Medicine," is a well-merited tribute to the profession, of which our author has so long been an honored and valued member. "Our profession, therefore, is not a pretence. We are all firm and honest believers in it. Is not this obvious to the most cursory inspection, if but impartial? Look abroad among the practitioners of medicine. Do you not find many of them among the most respected and honored; joining in all liberal and benevolent schemes to the extent of their means; living consistently with their profession; subjecting their dearest friends, their own families, themselves, to the same treatment which they apply to their patients generally? And then, inquire into their secret walks. Where are they but among the poor and wretched? How many instances are of daily occurrence in which wants are relieved, suffering alleviated, and life saved, by their unpaid and even unknown ministrations! No, gentlemen, we are not deceivers. We are, as a body, not likely to be deceived. If these are facts, then is there reality and truth in medicine." (P. 200.)

While we read these and similarly truthful and honorable sentiments throughout the volume, and observe the unostentatious erudition, easy and attractive style, and affectionate interest in those whom he addresses, which eminently belong to our author, we must express—what we are sure will be generally felt—our regret that he is "about to withdraw from scholastic medical teaching." If years, and occupation of a more practical nature, be the cause of this retirement from *viva voce* instruction, may we not still hope to read, from time to time, something from the pen of one who wields it so well and so usefully?

The publishers of the volume, Messrs. Lippincott & Co., have issued it in a very beautiful and creditable style. The proofs, too, appear to have been most carefully read; and we have been delighted to see a conservation of the *u* in such words as honour, favour, &c., in-



stead of the modern, United States of America style of giving us the Latin form of such nouns—as favor, honor, &c. Alas that Worcester, our pet authority, should have proved recreant on this point! We are sorry, on the other hand, to notice the word meagre spelled “meager;” a fearful looking word it makes, thus—and must be credited, we conclude, to that Websterian mania which has deformed the language by such cacography as *theater* and *meter*; making, when compounded, *theatrical* and *meterical*, instead of the legitimate *theatrical* and *metrical*.

W. W. M.

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*A Guide to the Practical Study of Diseases of the Eye, with an Outline of their Medical and Operative Treatment.* By JAMES DIXON, F.R.C.S. Philadelphia: Lindsay & Blakiston.

MESSRS. Lindsay & Blakiston, of Philadelphia, have conferred a boon on the profession in this country, by the re-publication, without American “notes,” of the excellent work of Mr. Dixon. Without being encumbered by descriptions of every minute and exceptional form of the affections of the eye, it comprises most clear and concise descriptions of all the common maladies, and of the methods of performing the various operations on this organ.

We can confidently recommend it to the student as a safe practical guide, more easy for reference and more readily understood than some of the more elaborate treatises, and as having this especial value, that it omits from its directions for treatment, many of the violent methods which the better experience of modern observers has condemned and discarded. Perhaps this is the most important feature of the work, for the temptation to resort to very active means is exceedingly strong, in cases where the young physician finds severe symptoms persisting, and the safety of an important organ threatened, in spite of his efforts. In these circumstances, if he finds heroic measures recommended or even mentioned, in works of standard authority, he is often led to employ them, when a milder course would have been far more appropriate and successful.

We observe that this is a re-print from the *second* English edition, the first having been exhausted within a brief period, indicating full well the estimation in which the work is held in its native country. It may be obtained in Boston, of Messrs. Ticknor & Co.

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*Journal of the London Ophthalmic Hospital.*

THE 9th Number of this Quarterly has reached us, and is filled with original communications of great interest. Mr. Bowman’s paper, on Conical Cornea, is highly valuable, as embracing all the important facts relating to the pathology and treatment of this intractable disease, and the results of the large experience of himself and his colleagues at the Institution, in regard to the operations proposed for its relief.

We know of no Medical periodical which confers more credit on its conductors.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, MARCH 15, 1860.
 

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MASSACHUSETTS MEDICAL COLLEGE.—The Annual Commencement of the Medical School took place on March 7th.

After a prayer by the Rev. Dr. Huntington, a number of creditable theses were read by their writers. Degrees were then conferred upon thirty-two gentlemen, by President Felton—this being, we believe, his first public official act.

Dr. E. H. Clarke then delivered the Valedictory, in which he stated clearly and forcibly the real value of a medical degree, and the duties which its possession implies. Its legal value is nothing; for the most ignorant and cruel charlatan is as much under the protection of the law, as the most learned and skilful physician. Its value as a means for obtaining practice is problematical. Though meaning much to a certain portion of the community, to another portion it is a sufficient reason for avoiding the young practitioner. By fitting himself for his profession and accepting this certificate of the fact, he has closed his door against many, who are only to be attracted by marvellous falsehoods. Still, a medical degree has a real value, given to it by the declaration of a body of competent men, that its possessor has fulfilled the necessary requirements for obtaining it. But we will not attempt to go any farther, as the address will undoubtedly be published, and explain the author's views much better than we can.

As is customary, we append the official list of the graduates.

The degree of M.D. was conferred upon the following gentlemen on the 7th inst. :

*Graduates.*

Charles Edwin Akerman,  
 Frank Dyer Beer,  
 George Adams Bright,  
 Albert Henry Bryant,  
 William Reed Bullard, A. B. (Harvard)  
 John Dean, Ph.D. (Gottingen, Germ'y)

Samuel Lane Dutton,  
 Charles Schomberg Elliot,  
 James Milton Flint,  
 Henry Holton Fuller,  
 Samuel Henry Greene,  
 Harry John Harwood,  
 John Edward Hill,  
 Dixi Crosby Hoyt, A.M. (Amherst)  
 John Mariner Jonah,  
 Duncan McLean,  
 John Jay Meigs,  
 William Henry Morril,  
 George Nelson Munsell,  
 Llewellyn Oliver, M.D.,

*Theses.*

*Baths.*  
*Vaccination.*  
*Clinical Examination of Urine.*  
*Puerperal Eclampsia.*  
*Masked Intermittents.*  
*Microscopic Anatomy of the Spinal Cord, in some of the higher Vertebrates.*  
*Dyspepsia.*  
*Diphtheritis.*  
*Reparation of Injuries.*  
*Typhoid Fever.*  
*Pleuritis.*  
*Scarlatina.*  
*Variola.*  
*Extra-Uterine Fœtation.*  
*Scarlatina.*  
*Diphtheritis.*  
*Diagnosis.*  
*Typhoid Fever at the South.*  
*Dyspepsia.*  
*Ought Woman to be encouraged in the Medical Profession.*

Benjamin Franklin Peirce,  
 Albion Pierce,  
 Robert Provan,  
 Marcus Tullius Robinson,  
 Thaddeus Pulaski Robinson,  
 Samuel Mayhew Beckworth Rouse,  
 John Ryan,  
 Thaddeus Scott,  
 Marshall Edwin Simmons,  
 John Stearns, Jr., A.M. (Harvard)  
 Silas Emlyn Stone,  
 John Williams Walden, M.D.,

*Pneumonia.*  
*Rubeola.*  
*Constipation.*  
*Apoplexy.*  
*Animal Heat.*  
*Belladonna.*  
*Cholera Infantum.*  
*Pernicious Fever.*  
*Hysteria.*  
*Leucocythæmia.*  
*Delirium Tremens.*  
*Hydrocele.*

D. HUMPHREYS STORER,  
 Dean of the Medical Faculty.

THE VACCINATION CASES AT WESTFORD.—Since the allusion in our last number to the unfortunate affair at Westford, another of the persons vaccinated has died, this making the third fatal case that has occurred. As the cause of death in these cases is undergoing investigation by a coroner's jury, further comment, at present, would be needless if not unbecoming. The decision of the jury, based as it will be upon the evidence of physicians fully competent to appear in the case, will, we doubt not, be just and impartial.

A GERMAN doctor, of Anhalt-Kœthen, has been in the habit of administering the vaccine to children internally, and then giving certificates of their having been duly vaccinated. The authorities have at last got wind of the fact, and have threatened to prosecute him if he gives any more such certificates. The above may be interesting, as we have been told that similar absurdities have been practised in our own city.

THE quantity of nicotine in tobacco varies much, according to the locality from whence it is taken. From Havana tobacco, 2 per cent. is obtained, and a like quantity from that of Maryland and Virginia; from Alsace tobacco, 3 per cent.; from tobacco du Nord, 6 per cent., and 8 per cent. from tobacco du Lot and from Algeria. Hence it seems that the cheapest tobacco contains the greatest quantities of irritating matter, and this is, it is said, an explanation of the frequency of cancers of the lip in the southern districts of France.

Most writers on intestinal hæmorrhage in typhoid fever—Bretonneau, Chomel, Louis, &c.—have considered it as a very dangerous symptom. Dr. Graves, of Dublin, however, offers a totally opposite opinion, considering the sign as rather favorable than otherwise, provided the loss of blood is not extreme. This opinion of an authority like Dr. Graves, M. Trousseau informs us, at first astonished him, and then set him thinking; and then he recollected cases of typhoid fever in which the patients were cured after hæmorrhage, and during seven years he had only known two deaths occur through such hæmorrhage. Other patients attacked with intestinal hæmorrhage not only recovered, but, generally, were better afterwards. Dr. Ragaine, in his memoir sent to the Academy, relates 115 cases of typhoid fever—of these 11 suffered from hæmorrhage, and they all recovered.

SOCIETIES have short memories. Dr. Bonnafont calls the attention of the Academy of Medicine to the fact, that Dr. Bayard, in 1846, received a silver medal from the "Society of Encouragement," for having applied a mixture of coal-tar and gypsum as a disinfectant of fœcal matters. This same Society has decreed a medal (gold, by the way) to MM. Corne and Demeaux, for applying the same mixture to putrefying wounds, without making any reference to Mr. Bayard.

WE find, in a report read by M. Marinus to the Royal Academy of Medicine of Belgium, the following conclusions arrived at concerning vaccination and smallpox.

1. The preservative action of vaccine is absolute in nearly every case.

2. In a certain very small number of cases, the preservative action is not permanent, but it never departs before seven or ten years after the vaccination has been effected.

3. The cases of smallpox, which occur after vaccination, are very few, and generally of little importance.

4. In all cases, therefore, re-vaccination should be practised, or the practitioner cannot decide in any case whether the preservative action is still in force; and the re-vaccination should be performed at the ages of 10 to 15.

5. Vaccination exercises no baneful influence on the constitution.

ASTHMA IN BARDSTOWN, KY.—Asthma prevails here to a very considerable extent—to an extent that is not, probably, equalled anywhere. We have a small town on an elevated situation, the country around undulating, and, for the most part, in cultivation. The whole face of the town and country is dry and beautiful, and, in every respect, calculated to promote health. In fact, with the exception of this asthma, Bardstown is one amongst the most healthy places in the State, and perhaps in the Union. Yet, in this town, which contains about 2000 inhabitants, and the vicinity, to the extent of four or five miles around, there are above one hundred asthmatics, and I do not include those persons who are at times subject to a slight difficulty of breathing, but only those who have well marked paroxysms of the disease, and at times suffer violently. It is certainly very difficult to understand the causes of the great prevalence here of this disease—why those persons who have removed from other and neighboring portions of the country, never having had a symptom of the disease previously, should, upon coming to this town, suffer, from that very time, with these paroxysms of dyspnoea; and yet such cases are quite numerous.

Another important fact I would mention is, that asthma is here, so to speak, a new disease. Fifteen or twenty years ago the disease was scarcely known at this place. It may be answered by some that asthma, being hereditary, may to a great extent account for the large number of cases met with here. But I am prepared, after a careful investigation, to say that I believe this disease is not susceptible of such transmission from parent to child—that it is not hereditary.

Excepting the usual prevalence of the disease here, and it may be the causes that are concerned in exciting it, it does not, as I have said, differ, in my opinion, from the asthma which is met with in other parts of the country. In fact, these very cases have been pronounced spas-

modic asthma by some of the most distinguished physicians, and the same cases by other physicians of as great distinction and learning, have been pronounced to be nervous asthma.—DR. W. H. NEWMAN, in *Louisville Monthly Medical News*.

**PHARMACOPEIA CONVENTION.**—The great importance of the next meeting of this Convention in giving authority to the National Pharmacopœia should induce a general attendance of delegates from medical and Pharmaceutical bodies. There are certain points in regard to the new edition which should be discussed in the Convention at large, such as Weights and Measures, the Process of Percolation, the general Revision, &c., regarding the extent to which Fluid Extracts should be introduced, &c., that the committee to whom the labor of revision is committed shall have some idea of the wishes of the profession at large. It would be well if the President of the Convention would ascertain from the Washington delegates the place of meeting in Washington, and have it announced in the journals for April and May, so as to avoid the annoyance to stranger delegates of not knowing where the Convention is to assemble.—*Am. Jour. of Pharmacy*.

**COMMENCEMENTS IN MEDICAL COLLEGES.**—*College of Physicians and Surgeons, New York.* The Annual Commencement took place on the evening of the 8th inst. The graduating class numbered 55—thirty of whom belonged to the State of New York. Two Faculty Prizes were awarded—one to E. Mason, A.B., New York, for a thesis on Imperforate Anus; the other to E. C. Ver Meulen, of New Jersey. The prize of a gold medal, worth \$50, and \$100 in money, founded by Jacob Harsen, M.D., New York, was given to J. L. Hicks, for a report on the clinical instruction in the New York Hospital. S. L. Chase, M.D., of Connecticut, one of the graduates, delivered the valedictory address to the audience, and Dr. Thos. W. Markoe, of the class of 1841, addressed the alumni.

*Medical Department of the University of New York.*—At the Annual Commencement on Wednesday evening, 7th inst., the graduating class numbered 178. Of this number, 77 are stated to belong to the Slave States, 52 to the Free States, and 9 to the British Provinces. Certificates of honor for diligent attention to the courses were given—and also the “Mott Medals” as follows: Gold medal, for the best dried anatomico-surgical preparation, to Dr. S. J. Spier, of New York; silver medal, for the second best preparation, to Dr. J. M. Richmond, of South Carolina; bronze medal, for the best book of recorded cases of either surgical clinique, to Dr. S. W. Francis, of New York. The two Van Buren prizes were bestowed, for the best dissections—the first, a handsome case of *post-mortem* instruments and \$50 in money, upon Dr. J. M. Richmond, of South Carolina; the second, a similar case of instruments, upon Dr. S. J. Spier, of New York. The two Metcalf prizes—cases of instruments—were awarded to H. M. Sprague, of Connecticut, and S. F. Ferguson, of New York. The Valedictory address was delivered by the venerable Prof. Mott.

*Medical Department of the University of Nashville.*—The degree of M.D. was conferred upon 101 young gentlemen at the last annual commencement. Dr. B. W. Avent, of Murfreesboro', delivered the valedictory address to the graduates, and Dr. W. H. H. Williams, of Mississippi, was the valedictorian of the graduating class. The degrees were conferred by the venerable president, Dr. Felix Robertson.

*Jefferson Medical College.*—At the Annual Commencement, on the 13th inst., 170 students received the degree of M.D., including 126 from the Southern States.

*Kentucky School of Medicine.*—Thirty-eight physicians graduated from this institution at the annual commencement on Wednesday of last week.

*Medical Prizes at Bellevue Hospital, New York.*—The annual award of the prizes founded by Dr. James R. Wood and Dr. Geo. T. Elliott, for the best anatomical preparations by students in any of the medical colleges of the city, was

made on the 7th inst. They were three in number—two of \$50 and one of \$25, and were given to Drs. Shradly and Bryson jointly, of the College of Physicians and Surgeons, Dr. Spier, of the University Medical College, and Dr. Broughton, of the first named College. A gratuity of \$25 was also bestowed, for an excellent preparation, upon Dr. Pomeroy, a student in the office of S. W. Dawes. Appropriate remarks were made by Drs. Mott, Francis, Stevens and Sayre.

DEATH OF DR. RICE, OF WILBRAHAM.—Dr. Jesse W. Rice, an esteemed practitioner of Wilbraham, in Hampden County, died on March 2d, from the effects of pulmonary hæmorrhage, at the age of 66 years. Dr. Rice was one of the physicians who organized, in 1840, the Hampden District Medical Society, of which, in 1849, he was elected president. His loss is deeply deplored by the community in which he lived, and by the medical men of the vicinity.

TREATMENT OF ANEURISM BY COMPRESSION.—A case of aneurism of the iliac artery, in which compression was successfully employed, occurred lately at the Charity Hospital, New Orleans, under the care of Dr. Stone. Twenty students volunteered their services for the purpose, and at the expiration of thirty-six hours the cure was complete. A full report of the case will be given in one of the New Orleans medical journals. So says a correspondent of the *Mobile Register*.

MASSACHUSETTS COLLEGE OF PHARMACY.—The following is a list of the officers of this Association for the ensuing year:—Thomas Hollis, *President*; Chas. A. Tufts, Dover, N. H., *1st Vice President*; William Brown, *2d Vice President*; Henry W. Lincoln, *Recording Secretary*; G. W. Parmenter, *Corresponding Secretary*; Ashel Boyden, *Treasurer*; Samuel M. Colcord, *Auditor*; Daniel Henchman, Charles T. Carney, James S. Melvin, A. P. Melzar, John Buck, M. H. Gleeson, Isaac T. Campbell, Eben Blatchford, Rockport, *Trustees*.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 10th, 1860.

DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	47	43	90
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	35.4	38.2	73.6
Average corrected to increased population, . . . . .	..	..	84
Deaths of persons above 90, . . . . .	..	..	..

Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
14	3	3	11	0	9

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.823	Highest point of Thermometer, . . . . .	57
Highest point of Barometer, . . . . .	30.169	Lowest point of Thermometer, . . . . .	25
Lowest point of Barometer, . . . . .	29.388	General direction of the Wind, . . . . .	SW.
Mean Temperature, . . . . .	35.40	Whole am't of Rain in the week (melted snow), .	.25

Books and Pamphlets Received.—Proceedings of the American Pharmaceutical Association, 1859.—Nature in Disease. By Jacob Bigelow, M.D. Second Edition.—Brief Expositions of Rational Medicine. By Jacob Bigelow, M.D. Second Edition. (From the Publishers.)

DIED,—In Wilbraham, March 2d, Dr. Jesse W. Rice, aged 66.

Deaths in Boston for the week ending Saturday noon, March 10th, 90. Males, 47—Females, 43.—Apoplexy, 1—bronchitis, 1—congestion of the brain, 1—inflammation of the brain, 1—disease of the brain, 1—consumption, 14—convulsions, 2—croup, 3—dropsy, 4—dropsy in the head, 1—debility, 4—puerperal disease, 1—scarlet fever, 3—typhoid fever, 3—disease of the heart, 4—laryngitis, 1—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 11—marasmus, 4—palsy, 2—pleurisy, 2—premature birth, 1—scrofula, 1—smallpox, 9—sore throat, 1—disease of the spine, 1—suffocation, 1—syphilis, 1—teething, 1—unknown, 6—whooping cough, 2.

Under 5 years, 41—between 5 and 20 years, 6—between 20 and 40 years, 27—between 40 and 60 years, 10—above 60 years, 6. Born in the United States, 59—Ireland, 23—other places, 3.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXII.

THURSDAY, MARCH 22, 1860.

No. 8.

HOW TO VACCINATE.

*"Cito, Tute, et Jucunde."\**

[Communicated for the Boston Medical and Surgical Journal.]

BY HENRY A. MARTIN, M.D.

THE operation of vaccination is not of such gravity as that of amputation at the hip-joint, but the modes of performing it are fully as numerous, and I am inclined to think that the aggregate of terror and pain to the patient, and disappointment to the surgeon, are annually fully as great from the improper performance of the slight as of the severe operation, while a great many who, I doubt not, *think* that they could execute the latter with all the brilliancy of a Larrey, do the former quite awkwardly and unsuccessfully. The following is warmly recommended as the most expeditious, economical, surest and least painful method of performing this little operation, so trifling, and yet so vastly important:—Make, with the point of a clean lancet, some groups of transverse scratches, or, rather, very delicate incisions. The number of these will vary according as few or many vesicles are considered necessary. The length of the individual scratches will determine, of course, the size of the resulting vesicle, and, to some degree, the soreness of the arm.

The incisions should be so slight as barely to result in the faintest possible exudation of blood, and *that* only after the lapse of a second or two; but, if a greater flow of blood *does* ensue, the operation will be no less certain in its results, although a little neatness will have been needlessly sacrificed. To that group of scratches from which blood first exudes, the charged point of a quill is to be applied; the lymph thereon will be immediately absorbed; the par-

\* The opinions expressed in this communication, whatever may be thought to be their value, have not been formed precipitately, but are the result of long-continued, extensive, and, perhaps I may be permitted to say, not unimproved experience. I have fully and faithfully tried every method of vaccinating, with the exception of a few absurdities, such as the plan of removing a patch of epidermis by blistering, and applying the virus to the exposed rete mucosum, which belong to the infancy of the subject, and have, of course, been long ago universally consigned to oblivion.

ticle of blood with the lymph in solution is to be then taken up on the point of the quill, applied to, smeared over, and pressed into the other scratches, in succession, two or three times. The usual precautions as to allowing the blood to dry on the scratches, &c., are unnecessary; indeed, as a matter of neatness, I usually wipe it away with the moist corner of a napkin or rag, before leaving the patient. The advantages of this method of vaccination are, that, so far from being *painful*, it is, if properly performed, absolutely pleasurable, producing a slightly tickling sensation. It is very *certain*, on account of the great number of points at which the virus is brought into contact with the abraded cutis, and it can be performed with the utmost celerity, a consideration sometimes of no small importance. It may serve to illustrate this last point to state that I have made sixty-three re-vaccinations of three groups of scratches each; dictated a record of the age of the patient, number and date of previous vaccinations and appearance of scar, all within forty-two minutes, and this including several short interruptions. I never vaccinate *now* in any other way; never use more than one quill for each vaccination; make at least four groups of scratches, and not only do not fail once in seventy cases, but hardly ever am disappointed in producing every vesicle which I desire.

When the dissolved scab or fluid lymph is employed, it is to be applied on the point of the lancet, precisely as the dissolved lymph on the point of the quill. It is earnestly recommended that quills be used as soon as practicable after their being charged, and during the time between their being taken and their use that they be kept from the light, and, above all things, in a cool, dry place. I am sure that a warm, moist waistcoat pocket has frustrated the hopes of many a vaccinator. Charged quills *may* be successfully used after being kept months in a dry atmosphere at 40°, and as certainly *may* be *constantly* rendered useless in a moist one of 80°. It is also very earnestly recommended that quills be never charged, except from a *perfect* vesicle, before the expiration of the eighth day. Vaccination with matter taken from a good "arm" after that time *may* produce the perfect disease, but it is apt to fail in doing so, and very likely to result in one of those imperfect forms which are not at all, or only partially protective, and which have thrown a discredit on vaccination which should only have fallen on those who have ignorantly or carelessly neglected the express and frequently-repeated directions of its immortal discoverer.

The trifling points which might be considered original in the method above suggested are hardly worth mention, and no such claim is made for them. Vaccinating on slight scratches or incisions was, I believe, first suggested, in 1802, by Bryce, in his excellent work on the Cowpox, and an apology may perhaps seem to be demanded for saying anything at all on a subject which was so long ago written upon so well, but letters almost daily re-



ceived by me from every part of the country, requesting information, convince me that vaccination is one of those numerous subjects about which everybody is supposed to know everything, but in regard to which *really* a good many still need instruction.

Roxbury, March 2d, 1860.

#### RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE.

[Translated for the Bos. Med. and Surg. Journal, by WM. REED, M.D.—Continued from p. 17.]

In the other mammiferæ, the erectile formations which I have just shown to be so developed in the human female, are in a rudimentary state or entirely wanting. In the slut, the body of the ovary is well developed and almost equal the size of that gland; but, except, however, that its arteries curl themselves into very perfect spirals, and that an injection of the veins almost completely colors its walls, the uterus presents no vascular mass relatively of sufficient size to make it a true erectile organ. In its highest degree of development, it scarcely corresponds to anything except the rudimentary state of the corpus spongiosum of the uterus of a human foetus at birth. Among the ruminantia it is at the cotyledons only that we observe, during pregnancy, little nuclei of vascular formations, which are, as it were, the diminutives of the corpus spongiosum of the uterus in the woman; these, however, during pregnancy, perform an important part in the formation of the uterine placenta.

There are, in the internal generative system of the human female, no other erectile organs than those the existence of which I have demonstrated. It is entirely without reason that an erectile property has been assigned to the Fallopian tube; its arteries, perhaps, describe curves, and even form circles here and there, but the capillaries and veins are exceedingly minute, though very closely reticulated, and the whole, identical with the cornua of the uterus in mammiferæ, is only a faint imitation of the neighboring erectile formations. I have never, in the most complete injections, seen the Fallopian tube change either in form or volume, or execute any movements; far different in this, as I will now show, are the true erectile organs.

Neither do the walls of the vagina show any more evidence, in their structure, of that which characterizes true erectile organs. Their arteries are not even convoluted, and as to their other vessels, I know not by what strange exaggeration Kobelt, in every other respect so exact, could have seen in the very fine sub-mucous network, the thick vascular bed which he has figured *a little large*, as he himself avows, however; there is nothing in the walls of the vagina which we can consider as erectile, unless it is the plexus of large veins which run along its lateral portions, and the plexus sometimes annular, which surrounds the anterior portion only of

the passage: these vessels, interlaced in the network of longitudinal and oblique muscular fibres (see my researches on the type of the genital organs, &c., Thesis of Paris, 1855), constitute the only vascular mass capable of manifesting appreciable changes of form and size, simultaneously with the erectile organ with which it communicates.

I will now give the greatest experimental proof of the existence of the erectile tissue which I have just described; I speak of artificial erection, accompanied by phenomena similar to what is universally observed in the organs of copulation.

In the human female, in her normal state, and when not pregnant, the uterus and the ovaries, after death, are sunk into the cavity of the pelvis, and there, unless we free them from the intestinal mass which presses down upon them, and unless the distended bladder or rectum afford it a support, the uterus obeys every motion which is communicated to it, and when we cease to support it, it falls back and doubles up. In this condition, if, after having placed the pelvis in a hot bath, we throw in, by the ovarian veins, an injection which completely fills the corpus spongiosum of the ovary and the uterus, we shall see in the clearest manner, that at the moment when the injection distends it, the body of the uterus, straightening itself in the axis of the neck, and elevating itself after a fashion, in the cavity of the pelvis, executes a movement perfectly analogous to that where the pendant portion of the penis straightens itself in the axis of the portion fixed to the pubis, and elevates itself towards the abdomen; the uterus like the penis remains in this fixed condition as long as the injection swells out the erectile tissue. This change of position is accompanied at the same time by a very marked change in form and size; the uterus becomes more convex in front, and behind particularly; its sides, before this sharply defined, round out and develop themselves in such a way, that this organ, after injection, exhibits a volume one half larger or even more, than what it was while empty; at the same time the walls of the uterine cavity separate from each other in the same way as Günther and Kobelt have demonstrated in regard to the parietes of the urethra. In the case of the ovary, analogous phenomena, although less pronounced, are nevertheless incontestable; while the Fallopian tube undergoes no change of form or size, and executes no movement of itself alone, we see the ovary raised up by the tension of the venous plexus, whilst the corpus spongiosum, which it carries as a species of receptacle, dilates itself and rises up on all sides like the bulbs of the vestibule at the moment of erection.

Arrived at this stage of my researches, after having demonstrated, in the internal organs of generation, formations arranged upon the same type as that of the organs of copulation; after having made out the characteristic changes of form, of size and position, which are connected with their state of distension or emptiness, I

thought myself authorized in affirming, as a demonstrated fact, what up to that time had been an hypothesis only, that the uterus was an erectile organ, and that the ovary also participated in the phenomena of erection.

But there remained one step more to take; to the results already obtained, it was necessary to add a corollary that could not be dispensed with; it was necessary to find out the mechanism of this new function. I did not doubt that erection, wherever it showed itself, was the consequence of the same general cause, and that the muscular bands interlaced among the vessels of the erectile formations were the essential agents of the phenomena. In the body of the uterus, the problem was solved at once.

The muscular bands there, have the same relation to the erectile venous plexus, as the trabecules of the corpora cavernosa with its sinuses; a similar cause, muscular contraction, ought, in both cases, to produce the same effect, the retention of the blood in the sinuses. But it seemed impossible to bring the corpus spongiosum of the ovary under the same rule. If its vessels were similar to those of erectile organs, the essential element of those organs, an independent muscular tissue, was no where to be seen. I did not suffer myself to be baffled by this apparent violation of the law, but bringing to this difficulty which arose, the same mode of investigation which had been of so much assistance to me in the study of the organs of copulation (see *Researches upon the type of the generative organs, &c.*), the *philosophical* method of investigating anatomy; I sought to find in comparative anatomy the type of the muscular system of the uterus and its appendages, convinced that the erectile formations, in some way or other a mere accident, during the evolution of the muscles, would by that be reduced to their normal conditions of existence.

In another place, while pursuing these investigations, I suggested another but not less important matter. Tested by anatomical observation and experiment, which demonstrate that the Fallopian tube is not erectile, the only plausible hypothesis fails, which has been brought forward to explain the movement by which the fimbriated extremity, which, in the human female, floats freely many centimetres distant from the ovary, can, at the menstrual period, cross over this space and embrace by its fringed edges the spot where a rupture allows the ovule to pass out. A fundamental phenomenon in the great act of generation, clearly made out by such observers as De Graaf, Baër, Wagner, &c., and moreover, necessary from reasoning *a priori*, still remains unexplained, and it must be owned, with Müller, "that we know nothing at all of the forces which concur in procuring admission for the fecundated ovules into, or their rejection from, the Fallopian tubes."

I thought the surest way to arrive at a solution of the problem was, to compare the different anatomical conditions under which the manifestation appeared, and to separate from the secondary

and variable forms, the constant organic type which governs this function. In following this course, I have proved, as has been seen, that a muscular apparatus more or less complex, but in all cases presenting the same general arrangement, regulates the expulsion of the ovum from the ovary, and its transmission into the oviduct or the Fallopian tube.

The phenomenon of ovi-deposit takes place from the same law and by the same agents, in the inferior vertebrate animals, in the mammiferæ, and in the human species; in the last class alone, the presence of vascular erectile formations in the body of the uterus causes the menstrual hemorrhage, as the secondary result of ovulation.

[To be continued.]

## ON THE CONTAGIOUSNESS OF SECONDARY SYPHILIS.

BY M. GIBERT AND OTHERS.

MEDICAL men have long been divided in opinion upon the contagiousness and non-contagiousness of secondary syphilis. Clinical facts and experimental researches not a few have convinced the majority of the contagiousness of this affection; but these facts and researches have failed to carry conviction to the minds of a large party, of which Ricord is the leader. Of this party the dogma was that no syphilitic affection was contagious unless it was inoculable, and that secondary syphilis was not contagious because it was not inoculable. It is but just to M. Ricord, however, to state that he is not entirely responsible for the most positive rendering of this dogma, and that he himself always maintained a cautious reserve upon the subject. What he held was that the primary chancre was alone inoculable in a person already suffering from syphilis. It is to be remembered, also, that in experimenting upon the contagiousness of secondary syphilis he had never ventured to inoculate *healthy* individuals, and that he never distinctly asserted that inoculation would give negative results in such cases. Be this as it may, however, M. Ricord has abandoned his doctrine as to the non-contagiousness of constitutional syphilis, and the change in his opinion has been thus brought about.

On the 25th of October, 1858, a letter was addressed to the Imperial Academy of Medicine at Paris, by the Minister of Commerce, Agriculture, and Public Works, requesting an authoritative answer upon two questions: first, whether constitutional syphilis was contagious; and, secondly, whether, as regards contagion, there was a difference between constitutional syphilis as seen in infants at the breast and in adults. This letter led to the appointment of a commission consisting of MM. Velpeau, Ricord, Devergie, Depaul and Gibert, and these commissioners have reported (and their report has been adopted by the Academy without opposition of

any kind)—first, that some of the manifestations of secondary syphilis, especially condylomata, are undoubtedly contagious; and, secondly, that there is no reason to suppose that the case is different in infants at the breast and in adults.

The commissioners arrive at this conclusion after examining the clinical facts and experimental researches already on record, and after four experiments of their own, which were undertaken with great reluctance on their part. The persons experimented upon were all suffering from lupus, but free from any syphilitic taint, and these were chosen from the notion that the treatment for syphilis, if the inoculation took effect, might possibly be of service in remedying the lupus. The cases are given in detail, and as the results were very similar in the four, one will serve as an example.

On a man, whose face had been affected with lupus from childhood, a raw surface was made on the left arm by strong ammonia, and to this was applied a piece of lint soaked in purulent matter obtained from a condyloma near the anus of a person who had had a chancre fifteen months previously. The condyloma was of fifteen days' standing. Fourteen days afterwards, there was slight redness at the seat of inoculation. Four days later still, a prominent coppery-colored papule made its appearance in the same part. On the twenty-second day, this papule was much larger, and there was a slight oozing from its surface. During the week following, the oozing, after being purulent, dried up into a thin scab. On the twenty-ninth day, a gland in the corresponding axilla became enlarged. On the fifty-fifth day, the papule on the arm had become a real tubercle, with some slight ulceration in the centre, and several blotches and coppery papules had made their appearance on the trunk. During the week following, these papules became multiplied on the body, and they spread also to the extremities; many of them also changed into pustules of acne. Two or three days later, the patient was put under treatment for syphilis, and in six weeks, at the date of the report, there was still much to be done in the way of a cure.

In addition to asserting the contagiousness of secondary syphilis, the reporters have also arrived at the conclusion that there are characteristic grounds of distinction between the primary and secondary affection, but here M. Ricord is somewhat at issue with his colleagues. The conclusions arrived at, indeed, are similar to those already arrived at—that the period of incubation in the secondary affection is from eighteen to twenty days, or even longer, and that the result is first a papule and then a tubercle, which is finally converted into an ulcer covered with a crust.

Be this as it may, however, the question of the contagiousness of secondary syphilis would seem to be set at rest, for if the evidence in the affirmative had not been thoroughly conclusive, it is certain M. Ricord would not have read his recantation.—*Ranking's Abstract*, from *Comptes Rendus*, May 24th and 31st, 1859.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 13th.—*Anencephalous Fœtus*. Dr. MORLAND exhibited the specimen, which he had received from Dr. STEPHEN BALL, who presented it to the Society. The following facts relative to the mother, and to the labor, were furnished by Dr. Ball.

Mrs. M. K., during this her first pregnancy, had for several weeks suffered much from cough and pain in the right side, with general soreness of the chest, and uneasiness and pain in the abdomen. She also complained of “a burning sensation” in the stomach and bowels. She menstruated about the first of June, 1859, and considered herself pregnant since that time; and being confined on January 15th, 1860, was about 7½ months pregnant, having carried the fœtus longer than the average time of those cases recorded in the Society’s published Transactions—seven months being a very common period, and seven and a half, and six months, each, being once mentioned.

Premonitory labor-pains supervened on Friday, January 13th, 1860; and after a time, the uterine efforts became more regular, offering intervals of from 15 to 20 minutes, and increasing in frequency and severity until midnight, or a little afterwards, when the membranes broke, spontaneously, and “an immense flow of *liquor amnii* ensued.” The pains were then nearly suspended, until towards the night of Saturday, January 14th, when they recommenced and increased normally, until about 9 o’clock, A.M., Sunday morning, January 15th, when the birth took place.

The presenting part is stated by Dr. Ball to have been the brow, and he at once perceived the unusual prominence of the eyes and that there was a deficiency of the skull. “The eyes,” he writes, were “very full and prominent, and could be defined with as much distinctness as two bullets placed upon a plane surface.” The child was still-born. The placenta was thrown off in about twenty minutes, and no undue hæmorrhage followed. The mother recovered well.

Mrs. K. is of nervous and susceptible temperament, and during her pregnancy met with several untoward circumstances. On the 4th of July, 1859, after being in Boston all day, and getting much fatigued, she went to see the fireworks. On her return she was badly jostled in the crowd, and also was exceedingly frightened by an alarm of fire which happened just at that time. She was always extremely troubled when fire-alarms were given, and was in the habit of getting out of bed at night to look out of the window, if fires occurred near her residence, which happened several times during her utero-gestation. On one of these occasions, springing out of bed, she fell and hurt herself somewhat, in addition to being very much frightened. This was in the latter part of July. In September and October, four fires occurred very near her house, one of the buildings being her father’s stable. She was in a state of great terror and excitement on these occasions, and complained always of “trembling of the bowels.” She said she thought the child “heard the fire-bells,” for as soon as the alarms were sounded the child began to move violently. She awoke frequently at night from this cause, and asked her husband if the bells were not ringing.

In November, she suffered from fatigue and seasickness, while on a trip to and from Gloucester, in cars and steamboat. After the fourth or fifth month, she could not remain long in one position without extreme pain in the side. In November, also, she experienced a severe wrench of the body, from endeavoring to prevent falling after catching her foot in the track of one of the horse-railroads.

From an early period of her pregnancy, she frequently saw a child which had remarkably prominent eyes, and an elongated, conical head. The peculiar features in the child she vividly remembered, and constantly dwelt upon; and although very disagreeably impressed by them, she seemed possessed with a wish to see the child.

Dr. Morland added that the fœtus, a female, is thirteen inches in length; the whole vault of the cranium is wanting, and the spine is bifid at its upper part, down to a point midway between the scapulæ. The membrane covering this portion and the deficient cranial space was not disturbed when making the dissection, as the *toute ensemble* of the monster would thereby have been injured before exhibiting to the Society. The face presents the bull-frog aspect, frequently observed, in a very marked degree; the eyes being unusually prominent and staring. This was much more the case when the specimen was first received.

Nothing abnormal was discovered in the chest or abdomen, except that, as usual, in these cases, the supra-renal capsules were small, their longest diameter being about one half an inch.

The peculiar appearance of the eyes may afford some support to the doctrine of those who believe in the influence of the imagination of the mother upon the fœtus *in utero*; whilst, by others, the occurrence of this condition after the strong impression produced upon the maternal mind by the frequent sight of the child who had the prominent and staring eyes, will be deemed merely a coincidence. The connection of the two facts, however, cannot but be regarded as worthy of arresting attention. During an interesting discussion which formerly arose in this Society (see Transactions, Vol. I., p. 287, *et seq.*) several instances were mentioned, which, in view of their authenticity, and the close relation of apparent cause and effect, weigh very decidedly in favor of admitting the morbid influence of the powerfully impressed mind of a pregnant female upon the fœtus—especially when thus acted upon at an early period of gestation.

In reference to the *presentation*, which was of the brow, Dr. M. remarked that authorities have observed, that usually, in anencephalous infants, either the deficient portion of the cranium, or else some other part of the body is apt to present, rather than the sound part of the head, or the face.

FEB. 13th.—*Gall-Stones; Abscess beneath Ascending Colon.* Dr. C. E. WARE reported the following case.

A man 46 years of age, previously healthy, was suddenly attacked, while drawing on a pair of boots, with intense pain in the epigastrium, followed by tenderness. The symptoms remitted for three or four days, when another paroxysm occurred, longer and more violent than the first, and followed by intense jaundice. He again improved, but afterwards fell off again, owing, as he thought, to some error in diet, with loss of appetite and strength, but without a rigor. At this time, three weeks from his first attack, he was first seen by Dr. W., having previously been under the care of another practitioner. He

was then sitting up; he had no jaundice; a pulse of 84; a dry tongue, heavily loaded with dark-brown fur, and no pain. He very slowly lost strength, so that the end of ten days he passed part of the day in bed. He had had no febrile paroxysm; the skin was moist; the bowels costive; the dejections, either from medicine or enemata, always contained much bile, and the urine was always very deeply colored with it. He could only take a small quantity of food, consisting chiefly of beef-tea and wine, and any change in his diet was followed by distress and nausea. There was suspicion of malignant disease in the abdomen, but after repeated and careful examination, no tumor was found, nor was there ever any tenderness. He never had a rigor, nor any marked febrile paroxysm, during his whole illness. A week ago, he had soreness behind the angle of the left jaw, followed by swelling and pain of the parotid gland, and inflammation of the left tonsil, which was covered with lymph. The pulse rose to 100. On the 9th inst., he had a copious discharge of blood from the bowels, which was accompanied by faintness, and followed by much depression and a subsidence of the swelling of the parotid. There was a dribbling of blood from the rectum through the day. The pulse was then at 120, but afterwards fell to 104 and 96. He continued slowly to rally. His pulse and strength improving, and without any signs of blood from the bowels, and the bile disappearing from his urine, until the morning of the 13th, when under a sudden and copious hæmorrhage from the bowels, he died.

At the autopsy, a large number of small calculi were found in the gall-bladder, and in the common duct, which was dilated. Outside of the peritoneum, in the cellular tissue under the ascending colon, there was found pus burrowing from near the cæcum to near the angle of the colon. At about two inches above the cæcum, in one spot, there was nothing but the mucous membrane between the abscess and the inside of the colon. At about an inch and a half higher up, it had perforated the intestine, making an opening of about half an inch in diameter. From this, apparently, the hæmorrhage had taken place. A large clot was found filling the transverse colon. There was no peritonitis. The appendix, and the gall-bladder, except for the presence of gall-stones, were perfectly healthy. The other organs were all healthy.

The whole duration of this man's illness was about 8 weeks. The first attack was undoubtedly gall-stone. From the effects of that he apparently recovered in the course of a few days, except that the bile continued in abnormal degree in his discharges, and was more or less abundant in his urine. He continued, however, not to improve, but slowly to lose ground, from some very insidious cause. Malignant disease about the liver was suspected, and he was almost daily examined, especially about the hepatic and right inguinal regions. After the attack of gall-stone, he never alluded to the slightest pain or discomfort about the right side of the abdomen, except that there was a dragging sensation if he lay on the left side, which always kept him either on his back or upon his right side. He constantly bore the deepest pressure in every part of the right groin and renal region without shrinking, and without the sensation of soreness. And yet there can hardly be a doubt, from the history of the case, that the trouble in this region followed directly upon the attack of gall-stone, and was in some way dependent upon it, although at the autopsy



there was no apparent connection between the abscess and the gall-ducts or bladder.

FEB. 13th.—*Dyspnœa and Crowing Inspiration, &c., from Aneurism of the Aorta.* Dr. BOWDITCH showed the specimen, and reported the case, which was that of a man 42 years of age, a liquor dealer, of temperate habits, whom he saw in consultation with a physician of this city, January 5th. He learned the following facts:—About the last of September, 1859, Mr. — began to suffer severe pains in the right side of the chest; they sometimes were felt likewise in the right arm, and shooting up on the same side of the head. These last did not continue long, but the pains in the chest gradually increased, especially at night, to so great a degree that opiates were resorted to by the attending physician. As they seemed to disturb the digestion, a solution of morphia was injected under the skin, every two or three days, for several weeks. This gave great relief, so that the patient often requested that it should be administered. With these pains, or a little later, commenced a dyspnœa, augmenting gradually, and very distressing, particularly in certain positions, and at night worse than in the day. The patient said there was a “closing of the pipes,” and there was slightly stridulous breathing, quite perceptible, however, at times, to bystanders, especially when he was lying down, about three weeks before Dr. B. saw him. He had had no real asthmatic attack: no palpitations or symptoms referred by the patient to the heart. He had had some tight cough, with but very little white, frothy, sputa. He had had dysphagia, but not of a serious character. Digestive functions not materially impaired.

At the time of Dr. B.'s visit, he had a pallid aspect, with a puffy appearance of the face. He was sitting up, that being the easiest posture. He walked with comparative ease about the room, to which he had been confined only three weeks. There was constant, but not very great dyspnœa, except at night, when he had generally orthopnœa. He was persuaded, as a matter of experiment, to place himself in various positions on the sofa. Lying on the left side or back, produced great increase of dyspnœa, with distress of countenance and stridulous breathing. On turning to the right side, he became immediately easier; lying fully over on the front of the body, he was relieved instantly. The pulse in the right radial artery was rather less than in the left, and appeared at times rather *delayed*, *i. e.*, the two were not exactly synchronous; when lying on his back, or on either side, the right became very feeble.

On examination of the chest, *no local prominence* was seen, but an evident, *deep-seated pulsation* was felt just above the position of the aortic valves, and a strong *saw-mill* sound was heard, its maximum being at the top of the sternum. No valvular murmur, except from transmission of that above described. Impulse of heart normal. The same murmur was heard all over the back, less than in front; least in the lower half. The respiratory murmur was not altered, except that it was a little less over the cardiac space; nor was it clearly heard, though a little rough, in any part. Behind, it was obscure. On percussion, slightly enlarged dulness was found over the cardiac space, but the sound was tympanitic generally in front, and not peculiar behind.

Dr. Bowditch said that the case was difficult of diagnosis. It was suggestive of aneurism of the arch of the aorta, but there was no pro-

jection on the surface of the chest, no dulness on percussion; on the contrary, save some dulness and less sonorousness over the heart, there was universally rather tympanites than dulness. The deep-seated impulse, the *saw-mill* murmur, with absence of any distinct rational, or marked physical signs of cardiac disease, especially when taken in connection with the other rational signs of thoracic disease, pointed either to an aneurism or some tumor in the mediastinum. But the rational signs could be best explained on the hypothesis of a small aneurism of the arch of the aorta, compressing slightly the trachea and œsophagus, interfering with the laryngeal nerves, and slightly with the circulation through the anterior innominate. These signs were pains about the right side of the chest, a gradually increasing dyspnoea with crowing inspiration, much augmented by lying on one side, and almost instantly relieved by change of posture; the lessening of the pulse of the right wrist under the same circumstances, and, finally, the dysphagia. The supposition of a tumor in the mediastinum did not afford so ready an explanation of these phenomena.

A merely palliative treatment, of opiates, &c., was ordered. The symptoms gradually increased to a terrible degree. The dyspnoea became intense, the crowing inspiration constant, with the greatest dysphagia. A constantly erect posture, or one partially inclined forward, were the sole positions possible. He had some cough, but not violent. A few days before his death, which took place January 26th, he had slight delirium.

*Autopsy*, Jan. 28th, at 8, A.M. No emaciation; skin of a sallow hue; tympanites of breasts. On raising the sternum, nothing unusual was seen, except, perhaps, rather a larger space between the edges of the lungs than is usual; these organs *looked* healthy. Slight, old adhesions of the pericardium near the aorta, and the heart was perhaps a little larger than usual. The valves were healthy. The heart contained large coagula, one of which, in the left ventricle, extended in a thin fibrinous mass into the arch of the aorta. This coagulum in the arch was flattened, and about the eighth of an inch thick in the centre; it was about two and a half inches in diameter, gradually thinning towards its edges, where it was as thin as the thinnest paper. It was adherent by old, delicate bands to the lining membrane of the vessel. A thin fibril from it communicated with a small clot in the arteria innominate. All these coagula had evidently been formed a long time before death, as they were firm, of a pale color, and without a trace of dark blood about them. The arch of the aorta was dilated to double its normal calibre, and its whole interior was in an atheromatous condition; but the lining membrane was unbroken; there was no pouch. The rima glottidis was normal, and did not present the usual straight sides, but rather the aspect of a hole, admitting the end of the forefinger. The trachea was of an intense scarlet hue, and a few superficial ulcers were seen, nearly opposite where the aneurism had pressed it. The bronchi were also of the same hue; they contained much purulent secretion. The lungs were in many parts of the lower lobes inflamed and solidified, and purulent matter exuded from them, evidently of recent origin. There were no tubercles. The organs of the abdomen seemed well, the kidneys only being a little congested.

Dr. Bowditch remarked that the autopsy had confirmed the diagnosis, and he regarded the case as of peculiar interest, from the fact of

the very severe rational, and peculiar physical signs connected with so small a dilatation. The crowing inspiration had been an important element in the decision, he having met with that symptom a few years since, on which occasion he had suspected disease of the larynx, and had actually applied a solution of nitrate of silver to the part, for the purpose of relieving the patient. The patient, however, died, and an unsuspected aneurism had been found. The symptom had been noticed by others, but it was liable to mislead, unless care were taken.

FEB. 13th.—*Palate Bone expelled from the Air-passages.*—Dr. BOWDITCH showed a *palate-bone* which had been coughed up by a patient, a man about 20 years old, under the care of another physician, who related the facts to Dr. B. Eighteen months ago he had ulceration about the palate, whether of a syphilitic character or not was uncertain, and the bones were exposed. They gradually loosened, and one morning on awakening he touched them with his tongue, and found them very moveable. Suddenly one of them detached itself, and slipped into the larynx. This was followed by cough, which lasted until about six weeks ago, when he coughed up the two small pieces of bone shown to the Society. They are each about half an inch long, and when coughed up were in one long piece, which was enveloped in pus, and of a very offensive odor. During the long period named, the patient was not aware of his having the bone in the lungs. He had had a constant irritating bronchitis, marked by mucous râles in one lung, and last autumn, about a year after the accident, he had a severe attack of pneumonia of the other lung, marked by bronchial respiration, &c. Of this last he recovered in a few weeks, and afterwards, as before, he was able to work, notwithstanding his harassing and peculiarly loud and loose cough. Since spitting up the bone, the latter has wholly left him, and he remains in perfect health.

FEB. 27th.—*Addison's Disease of the Supra-Renal Capsules.* Dr. BOWDITCH presented the following case, and the specimen, which he had received by the kindness of one of the present medical class, a pupil of Dr. Gage, of Concord, N. H.

“Mrs. A. D., of Concord, aged 31 years, short in stature, and stoutly built, had been under the care of Dr. Gage for about a year past, with debility and bronzed skin as prominent among other anomalous ailments. There was a manifest disorder of the urinary secretion; and the skin exhibited the bronze tinge nearly as far as the margin of the hair, where it terminated, leaving a narrow white line between the two. There had been a number of exacerbations, prominent as a characteristic of which was indigestion. She had been taking the iodide of potassium, in the compound decoction of sarsaparilla, during nearly the whole time.

“In the month of August, 1859, she experienced one of the aforesaid exacerbations, and, during recovery from it, contrary to the admonitions of her friends, she ate immoderately of green corn, water-melons, and other unripe vegetables. She immediately relapsed into a very alarming state of prostration and high gastro-enteric irritation, from which she rapidly sank, and expired, August 21st.

“*Autopsy*, 40 hours after death. The skin was bronzed over the whole surface, to within a line of the margin of the hair, where it was white. A number of cicatrices existed in the right hypogastric region. The kidneys were rather small. The supra-renal capsules were both great-

ly enlarged, the left somewhat larger than the right. On cutting them open, the stroma was found firm in texture, and thickly studded with masses of heterological deposit, varying in size from that of a pigeon-shot to that of a chestnut, irregular in shape, and resembling tubercles. Viewed under the microscope, these deposits presented a granular appearance similar to that of foetal articular cartilage. The other organs presented nothing remarkable."

### **Bibliographical Notices.**

*Fourth Annual Report of the Trustees of the State Lunatic Hospital at Northampton. October, 1859.* Boston: William White, Printer to the State. 1859. Pp. 26.

THIS report shows the "Third Hospital for the Insane" to be in excellent condition and well cared for within and without. Since its opening, 321 persons have been received as patients. Sixty-one of these have been discharged during the past year, and 19 have died. Chronic disease, however, was the agency which destroyed these persons, and there is no reason to suppose "any cause of disease existing in or about the hospital." In fact, there has scarcely been any other disease noticed, and the evident great care which has been taken to insure immunity from every cause of illness, so far as is possible, reflects great credit upon all those connected with the supervision and management of the institution. Upon this point, and in relation to the liberty and amusement secured to the inmates of the Hospital, we would extract the following from the report of the Trustees:—

"The Trustees are happy in the belief that the hospital has a most healthy location, and that everything is done to secure the good condition of the patients in this respect. They have always been well pleased to observe the cleanliness maintained in every department, and the sweetness and purity of the air in the corridors and sleeping-rooms, believing that the health, and also the good order which prevail are to a considerable degree to be attributed to this cause. The quiet and orderly deportment of the patients is no doubt also owing largely to the mild and rational treatment they receive. There have been, so far, no straps or other apparatus used in the treatment of any patient, excepting in two cases where it was necessary for a while to confine the hands for the purpose of keeping in place some surgical appliances. It is also gratifying to know that no patient is allowed to pine in solitary confinement for that sympathy which his disease peculiarly entitles him to receive. There is no patient in the house who does not have the benefit of exercise in the open air in pleasant walks or rides in suitable weather, and the Trustees believe no effort is spared to relieve the tedious monotony of confinement. The deprivation of liberty to which these unfortunate persons are necessarily subjected, is in itself so great an affliction as to require the most constant exercise of humanity and benevolence to invent and carry out plans and means for its alleviation.

"A hospital without any provision for the out-door exercise of the patients would be regarded as incomplete in its appointments, and such a want could not fail to be felt disadvantageously. Therefore the farm connected with this institution is highly valued, not only because of the crops of hay and vegetables, which are already of considerable importance and value, but because it affords the best and most healthful form of exercise for many of the patients."

The Superintendent and Physician of the Hospital, Dr. W. H. Prince, presents his Second Annual Report, which is printed in con-

junction with that of the Trustees. On the appearance of the first report, a year since, we had the pleasure of noticing it at considerable length, and of expressing our extreme gratification at all we learned therefrom respecting the Hospital. A particular account of the construction of the building, and of its arrangement, very properly occupied a large portion of that report, and we were glad at that time to have had an opportunity personally to examine the premises.

The present report is an able and well-written document, and informs us of the prosperity of the Institution and its excellent adaptation to the purposes for which it was constructed. The management of the patients seems to have been all that can be desired; and we consider the Hospital an honor to the State, and that its officers merit all praise for the efficient and faithful manner in which they have discharged their functions.

There are certain portions of Dr. Prince's report which are so excellent and so full of truth, that we yield to the temptation to extract several paragraphs for the benefit of our readers. We wish that these sentiments could be widely known in the community, and that the important warnings conveyed by them might be duly heeded. The importance of *amusement and exercise* for the sane, is as evident as Dr. Prince proves it to be for the insane. Let us hear him:—

“The importance of innocent amusement of every kind in the treatment of the insane is everywhere felt, and all possible means of relieving the monotony of hospital life, which are innocent and not too exciting, are welcome. To this end, books, pictures, games of different kinds, music, dancing, and various exhibitions, all conduce. Nothing would furnish our male patients with a more suitable and useful amusement than a bowling alley, and it is hoped the means for building one may be obtained at no distant day. \* \* \*

“Regular daily occupation of a useful kind will always continue, however, to furnish to those capable of it more real benefit than any mere amusement. Many of the female patients find constant employment in knitting, and in making and repairing garments in the sewing-room. Others, both male and female, are occupied about the laundry and kitchen, the dining rooms, halls and passages, and find at the same time health and recreation, besides rendering really valuable assistance. A large number of the men are regularly employed on the farm and grounds. In fact, a large share of the labor is performed by them. It is one of the principal advantages of the farm to the institution that it affords the means of healthful occupation to so large a number who would otherwise be obliged to pass a great part of every day in the halls. The value of this regular daily exercise out of doors can hardly be overrated. Without it, it is difficult to secure or maintain health of body or mind.

“Prominent among the causes of insanity are many forms of deranged functions which appear in the “tables” under the common designation of “ill health.” These cases are, to a certain extent, due to long-continued violations of the common laws of health, especially to the neglect of active out-of-door exercise. Sedentary habits and employments to which females give themselves up, or to which they are forced by circumstances, by depriving their muscles of the necessary amount of exercise, disturb the balance between the muscular and nervous systems, and lay the foundations of those disordered states of the system, which, in many cases, eventually result in a morbid condition of the mind.

“The seeds of the disease, too, are often sown in the earlier years of life, by that vicious system of education which stimulates the growing and susceptible brain beyond its healthy action, and at the same time by long confinement in overheated and crowded school-rooms, deprives the young sufferers, during so many hours of the day, of the pure, healthful atmosphere, of which, at that tender age, they stand so much in need. Many a child passes six hours of the day in a close and overheated room, the atmosphere of which is loaded with materials most deleterious to health. They leave the room jaded and depressed by the in-

fluences to which they have been subjected, not even now to refresh themselves by invigorating sports and healthful exercises, but to prepare at home the task for to-morrow, and this done, to retire, too often, for an uneasy and unrefreshing night's sleep to an apartment from which the pure air is studiously excluded, and in which the foul product of respiration is as carefully retained. The child passes on to adult age with a constitution already enfeebled by his previous habits. With an absorbing interest in and devotion to the cares and excitements of business, he enters on some one, or many in succession, of the various commercial speculations of the day, or on the no less exciting struggle for professional or political distinction. Without regard to the effect of such a course upon the health, with no thought of rest or relaxation, or perhaps seeking relief and amusement in questionable or even vicious indulgences, he rushes on till the overtaxed powers fail, nature asserts the supremacy of her laws, and the sufferer pays the penalty of an unsound mind in an unsound body.

"Females, it is true, after the period of childhood, are not exposed to the same causes of deranged health, nor to the same strong mental stimulus. Many of the habits and customs, however, of our advancing civilization, are not merely unfavorable to the acquisition and preservation of a desirable soundness and vigor of constitution, but are directly instrumental in producing various forms of nervous derangement, which not unfrequently terminate in confirmed mental disease."

W. W. M.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 22, 1860.

MEMORIAL TO JOHN HUNTER.—We beg leave most cordially to recommend to the profession of the State the communication in this number of the *JOURNAL* on the above subject, from a Committee appointed by the Councillors of the Massachusetts Medical Society at their last meeting. In order to a more full understanding of the topic, we state the following facts.

About a year since, an order in council was passed by the British Government to "close up the vaults and catacombs under the Church of St.-Martin's-in-the-Fields." Fortunately for the memory of Mr. Hunter, Mr. Frank T. Buckland remembered that the body of John Hunter had been laid therein. Accordingly, on February 22d, 1859, he sought for it and found the coffin "in excellent preservation," with a brass plate upon it,\* bearing Mr. Hunter's arms and the following inscription:—

JOHN HUNTER,  
ESQ.  
DIED 16<sup>TH</sup> OCT<sup>R</sup>,  
1793,  
AGED 64 YEARS.

This discovery excited great interest in the minds of the medical profession of England, and it was finally decided by the Royal College of Surgeons to obtain liberty to re-inter the remains in Westminster Abbey, "among the great and good, if that could be done."

\* A "rubbing" of this plate was presented, not long since, to the Boston Society for Medical Improvement.

The Dean and Chapter of Westminster cordially acceded to the request in a reply couched in language like the following:—"We shall be proud to be the guardians there of the ashes of so great a man."

Under these propitious circumstances, the body was removed to the Abbey, March 26th, in the presence of the Medical Profession of London and the adjacent country: it was placed, with appropriate services, in a spot near "rare Ben Jonson's" grave. We have understood, from a physician who was present at the time of the funeral, that the anthem chosen for the evening service was peculiarly grand and impressive, as its sounds re-echoed from aisle to aisle of that noble old cathedral, "When the ear heard him it bore witness to him." The remains were lowered into their final resting-place "while the pealing organ poured forth Handel's grand and sublime chorus, well suited to the memorable occasion,

'His body is buried in peace, but his name, it liveth evermore.'

These events naturally suggested the erection of a monument to the memory of John Hunter. The profession throughout England have cordially taken up the subject. The question now is, whether the profession of America will aid in this pious work. It is proposed, as will be seen by the programme of the Committee, to appeal to the physicians of Massachusetts. Very appropriately, we think, they suggest a very small sum (\$1.00) for each person. We sincerely hope for their success, and that the name of every regularly educated physician will be placed on the subscription list, which it appears is finally to be deposited in the library of the College of Surgeons, near the museum founded by the great man, whose name every physician of the Anglo-Saxon race must ever delight to honor.

HOMEOPATHY NOT RECOGNIZED IN EUROPE.—It is not our intention to discuss, in these pages, homœopathy or any other form of charlatanism, but we introduce the following official statements upon a point, about which there has been, at least, great misunderstanding. It has been announced, that homœopathy is taught in the foreign medical schools and sustained by government influence. We refer those interested in the matter to the subjoined correspondence, which we take from the *St. Louis Medical and Surgical Journal*.

"The following correspondence, which sufficiently explains itself, has been furnished us by Dr. E. F. Smith, the efficient health officer of this city:

"*Messrs. Editors*,—It will be remembered by the readers of your journal, that in May, 1858, the homœopathists of this city petitioned the City Council of St. Louis to permit a portion of the City Hospital to be set apart for the alleged purpose of testing the so-called merit of homœopathy; the real incentive, as we know, of their petition being, that its allowance might magnify the humbug into some professional consequence. Among the arguments they used in support of their petition, was the assertion that homœopathy was sanctioned by the crowned heads and nobility of Europe, and that European governments recognized it by permitting its teaching and practice in their hospitals. The falsity of this assertion was known to every one conversant with the state of medical affairs in Europe; but that it might receive its emphatic contradiction from an official source, I addressed myself to the American Ministers resident at Vienna and Berlin, and to the Minister of Public Instruction of France, asking from the proper department of these governments a reply to the following questions:

"1. Is the teaching of homœopathy authorized or permitted in any of the colleges or institutions of your government? 2. Is the practice of homœopathy

permitted in any of the public hospitals of your government? 3. Is the private practice of homœopathy sanctioned in your government?

"In reply, I received the following letters, which, as they will prove of interest to the profession, I give you for publication:

"LEGATION OF THE UNITED STATES, }  
Vienna, July 19, 1858. }

"*Sir*,—In the absence of Mr. R. H. Jackson, Minister Resident of the United States at Vienna, I have the honor, in compliance with the request contained in your letter of May 14th, to transmit the following translation of a communication just received from the Austrian Minister of Foreign Affairs:

"VIENNA, July 10, 1858.

"In his esteemed note of the 21st ultimo, the Minister Resident of the United States, Mr. Jackson, requested the mediation of the Ministry of Foreign Affairs to obtain a declaration from competent authority on these points: 1. Is the teaching of homœopathy authorized or permitted in any of the colleges or institutions of Austria? 2. Is the practice of homœopathy permitted in the public hospitals of Austria? 3. Is the private practice of homœopathy sanctioned in Austria?

"The Imperial Ministry of the Interior, which was applied to, as it has charge of all medical and sanitary affairs in the Empire, has returned answer—to 1st, that in Austria homœopathy is taught not by publicly appointed professors, but only by private teachers; to 2d, that this mode of cure is practised, not in public hospitals, but only in cloister, criminal and private hospitals; to 3d, that the private practice of homœopathy is permitted to every physician who has a diploma.

"In the hope that the above will answer the wishes of the Honorable Minister Resident, the undersigned renews to him the assurance of his perfect consideration.

[Signed] COUNT BUOL, *Minister of Foreign Affairs.*

"As these declarations come from the highest official source, I presume they will satisfy the object of your inquiries.

"Very respectfully, your obedient servant,

G. W. LIPPITT, *Secretary of Legation.*

"To E. F. SMITH, M.D., St. Louis.

"*Sir*,—In reply to your letter of the 5th instant, in which your Excellency asks information upon the instruction and practice of homœopathy, I have the honor to inform your Excellency that homœopathy in Prussia is not admitted into the universities nor hospitals, nor in any other public institutions. Physicians are allowed, if they please, to exercise homœopathy in private practice.

"Returning to your Excellency, the letter of Dr. E. F. Smith, of St. Louis, I beg you to accept the opinions of my very high consideration.

"Berlin, April 15, 1858.

[Signed] RAUMER.

"His Excellency, Mr. J. A. WRIGHT, Envoy Extraordinary and Minister Plenipotentiary of the United States.

PARIS, April 22, 1858.

"*Sir*,—I take cognizance of the letter which you have written me, demanding of me information upon the subject of the teaching of homœopathy in the faculty of medicine of the Empire.

"The exercise of homœopathy is not legally authorized in France. My administration has not authorized me to exercise any measure having reference to the teaching of homœopathy.

"Receive, *Sir*, the assurance, &c., The Minister of Public Instruction,

ROULAND.

"Dr E. F. SMITH, St. Louis, Mo.

"These letters speak for themselves. Coming, as they do, from the highest official sources of Austria, Prussia and France, they palpably show that this humbug not only meets with no favor from the scientific departments of those governments, but is completely discountenanced by them.

Respectfully,

E. F. SMITH.

AMPUTATION OF A SHORTENED LEG, AND SUBSTITUTION OF AN ARTIFICIAL ONE.—The following statement from the gentleman whose sound leg was amputated in order to have the celebrated Palmer leg applied, will be read with inte-



rest, as showing the progress of surgical mechanism. Dr. Gay remarks, in a note in reference to this case, that it was an unusual one, and that his advice in regard to the amputation was given after much deliberation as to the comparative results, and after giving the patient the benefit of the consultation of the Hospital surgeons. The result, he adds, has been very good.

"*Messrs. Palmer & Co : Gentlemen,*—Much surprise was felt by my friends and the community generally, when the statement was made that I had submitted to the amputation of a SOUND leg in order to be supplied with a 'Palmer Artificial Leg.' Strange as the announcement seemed, it was literally true. For twenty-seven years I had plodded with a crutch, in consequence of a *shortened* leg. Witnessing the almost marvellous operation of your substitutes, I concluded to submit to amputation, which was successfully performed in July last. As soon as I had recovered, you applied one of your artificial limbs, and so perfect was its operation that I walked immediately, with the help of a single cane, and am now restored. I can walk five miles without experiencing more than ordinary fatigue, and am now attending to the duties of my profession with as much comfort and ease as those having the natural facilities for locomotion. It was a bold adventure, but the result has more than realized my highest anticipations. The appearance of the leg is such as to deceive the most observant, and its operation second only to nature itself. In thus giving my testimony to the unrivalled excellence of your mechanism, I feel that I am but discharging a portion of that debt of gratitude which I can hardly hope to cancel in full.

Boston, Dec. 14, 1859.

Respectfully,

R. W. REYNOLDS."

THE HUNTER MEMORIAL. *Messrs. Editors,*—At a stated meeting of the Councilors of the Massachusetts Medical Society, held February 1, 1860, the undersigned were appointed a committee on the following preamble and resolutions:—

*Whereas*, it appears that the medical profession of Great Britain is about to erect a monument in Westminster Abbey, to the memory of John Hunter, and whereas the memory of such a man ought to be held in high reverence by American physicians; and, as we believe that a co-operation with Englishmen in such a cause is right, and will tend to promote kindly feelings between the medical professions of England and America—thus really elevating both, therefore,

*Resolved*, that a committee be appointed to consider whether the Massachusetts Medical Society can do anything to assist towards the erection of said monument.

*Resolved*, that if, upon mature deliberation, it be deemed best to take any action, said committee have full powers to submit a plan of subscription for the purpose, and take any other action deemed necessary.

The committee met, and decided:—

1. To add to its number the President of each of the District Societies, or some one else who would take interest enough in the subscription to be willing to present the subject to the members of said Society.

2. That it is expedient to attempt to get a subscription of one dollar from all regularly educated physicians in the State.

3. To have books prepared of uniform size and ruling, to contain the signatures of all subscribers, which, on being returned to the Committee in Boston (with the amount so subscribed), should be bound either in a volume by themselves, or if a similar plan should be adopted by the American Medical Association, they should form a part of a more National Volume of Autographs, and be sent to the Hunterian Museum in London.

4. Voted, all money collected and books signed, must be returned to the Committee in Boston, on or before the next meeting of the Councilors in May.

The reason for naming so small a sum, is to obtain a *general* subscription, in order to show that the profession of Massachusetts duly appreciates the genius of John Hunter.

It has been thought that it might be grateful to the minds of many to enrol their names for such a purpose in what will eventually be in the archives of the noble museum founded by that great man, and now by the grant of the Parliament of Great Britain under the care of the Royal College of Surgeons of London.

The subject will probably be presented by the President or Secretary of each District Society to the different members thereof. The undersigned trust that a general response will be made to the appeal by the profession of Massachusetts.

(Signed) HENRY I. BOWDITCH,  
GEO. C. SHATTUCK,  
HENRY J. BIGELOW,  
ALFRED HITCHCOCK,  
MORRILL WYMAN.

**BRISTOL NORTH DISTRICT (MASS.) MEDICAL SOCIETY.**—The Annual Meeting of this Society was held in Taunton on Wednesday, March 14th, the President, Dr. Benoni Carpenter, in the chair. After the adoption of the usual reports, it was voted to proceed to the election of officers for the ensuing year. The following gentlemen were elected:—*President*, Dr. Charles Howe, of Raynham; *Vice President*, Dr. John R. Bronson, of Attleboro'; *Secretary and Treasurer*, Dr. Thomas G. Nichols, of Freetown; *Librarians*, Drs. Thaddeus Phelps, of Attleboro', and J. B. Chace, of Taunton; *Censors*, Drs. Johnson Gardner, of Pawtucket, Joseph Murphy, of Taunton, J. D. Nichols, of Taunton; *Councillors*, Drs. J. Gardner, B. Carpenter, Thaddeus Phelps, Charles Talbot; *for Delegates to the National Medical Convention*, Drs. J. R. Bronson, Charles Howe, Joseph Murphy, J. Gardner; *Commissioner on Trials*, Dr. Benoni Carpenter, of Attleboro'. Interesting professional papers were read by Dr. Murphy and others of the Society.

DR. HORACE GREEN has resigned his chair in the New York Medical College. —At the late commencement of the Pennsylvania University there were one hundred and seventy-three graduates, including ninety-nine Southerners.

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 17th, 1860.

#### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	33	35	68
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	35.7	40.0	75.7
Average corrected to increased population, . . . . .	..	..	86.4
Deaths of persons above 90, . . . . .	..	..	..

#### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
17	3	4	2	1	5

#### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	30.018	Highest point of Thermometer, . . . . .	56
Highest point of Barometer, . . . . .	30.458	Lowest point of Thermometer, . . . . .	23
Lowest point of Barometer, . . . . .	29.600	General direction of Wind, N., slightly in excess.	
Mean Temperature, . . . . .	36.01	Whole am't of Rain in the week . . . . .	in. 0.62

NOTICE TO CORRESPONDENTS.—"Subscriber" is referred, for the history and properties of Woorara, to the last edition of the United States Dispensatory.

*Communications Received.*—A Successful Case of Ovariectomy.—Remarks on Smallpox, Cowpox and Varioloid.

*Books and Pamphlets Received.*—Food for Babies. By Wm. Henry Cumming, M.D. (From Gould & Lincoln.)—Seventeenth Registration Report of Massachusetts. 1858. (From J. Curtis, M.D.)—Valedictory Address to the Medical Graduates of Harvard University. By E. H. Clarke, M.D. (From the Class.)—The Human Voice; its Right Management in Speaking, Reading and Debating. By Rev. W. W. Cazalet, M.A., Cantab. (From Fowler & Wells, N. Y.)—Report of the Board of Trustees of the Massachusetts General Hospital for the year 1859.

DIED.—At Vernon, Vt., 2d inst., Dr. Cyrus Washburn, 86, a native of Hardwick, Mass. As Justice of the Peace, he had married eight hundred and fifty-three couples.

*Deaths in Boston* for the week ending Saturday noon, March 17th, 63. Males, 33—Females, 35.—Accident, 3—apoplexy, 1—abscess (uterine), 1—congestion of the brain, 1—inflammation of the brain, 1—consumption, 17—convulsions, 2—croup, 3—dysentery, 1—dropsy, 1—dropsy in the head, 6—debility, 1—puerperal disease (peritonitis), 1—epilepsy, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 3—hæmorrhage, 2—congestion of the lungs, 1—inflammation of the lungs, 2—measles, 1—palsy, 1—scrofula, 1—smallpox, 5—teething, 1—unknown, 5—whooping cough, 1.

Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 2. Born in the United States, 51—Ireland, 12—other places, 5.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, MARCH 29, 1860.

No. 9.

REMARKS ON SMALLPOX, COWPOX AND VARIOLOID.

BY GEORGE HAYWARD, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

SMALLPOX and varioloid have prevailed to some extent in this city during the last few months. No small degree of anxiety has been felt in relation to the protective power of the vaccine disease, and numerous inquiries have been made of professional men on this point.

As the recent epidemic has in a great measure disappeared, and no alarm exists at this time, it may not perhaps be amiss to inquire as to the present state of knowledge in regard to variolous diseases.

It is now, I believe, the opinion of most professional men that smallpox is cowpox in a milder form, having been modified by passing through the system of the cow.\* Dr. Jenner believed this, but was never able to communicate smallpox to the cow. Mr. Ceely, of Aylesbury, however, did in 1839, and from the disease thus produced, obtained genuine vaccine virus. The experiment was successfully repeated by a distinguished physician in this vicinity, Dr. Horatio Adams, of Waltham. In an address to the Massachusetts Medical Society, he has stated the result of his experiments, and given much other useful information in relation to vaccination. His paper is able, instructive, and interesting.

It is now admitted by most physicians, that those who have been duly vaccinated are as well protected from the smallpox, as those who have had the latter disease *by inoculation*.

\* The above was written before the appearance of the paper in a late number of this JOURNAL, by Dr. Cutter, of Woburn. He made, it seems, several unsuccessful attempts to communicate smallpox to the cow by inoculation. He succeeded, however, in producing the vaccine disease. The object of the paper he states to be "to show that vaccinia is not varioloid, or cowpox modified smallpox." Negative evidence derived from a series of unsuccessful experiments cannot outweigh that of a positive character, such as is produced by Mr. Ceely and Dr. Adams. The language used by a writer in the *British and Foreign Medico-Chirurgical Review*, towards Prof. Hering, on this very point, seems applicable to Dr. Cutter. "He appears to attach far too much weight to the negative evidence derived from the repeated failures, although such evidence ought to yield to one well-authenticated and unexceptionable fact."

Dr. Jenner said, that vaccination, "duly and efficiently performed, will protect the constitution from subsequent attacks of smallpox, as much as that disease itself will. I never expected that it would do more, and it will not, I believe, do less."

The venerable Dr. Jackson, of this city, and there is no higher authority, in a report made to the Massachusetts Medical Society in June, 1808, says, "that in the opinion of this Society persons who undergo the cow poek are thereby rendered as incapable of being affected by the virus of smallpox, as if they had undergone the latter disease." More recent and extended experience has served to confirm these early opinions.

During the prevalence of the varioloid in Edinburgh, "Dr. Thomson saw, from June, 1818, to December, 1819, 556 cases." Of this number, "295 had had neither smallpox nor cowpox previously;" "41 had gone through the smallpox, and 310 had been vaccinated." "Of the first class, 50 died, nearly 1 in 4." "Of the 41 of the second class, which he himself saw, together with 30 others communicated by friends, in all 71, 3 died, 1 in 23 nearly." Of the third class, one only is reported to have died, and there is some reason to doubt whether death in this case was caused by varioloid. Dr. Thomson very justly remarks, that "proofs cannot be imagined more convincing and satisfactory of the efficacy of the practice of vaccination, and of the incalculable benefits bestowed upon mankind by its discoverer, than those I have had the pleasure of witnessing."

The experience of Dr. Cross, in the fatal epidemic which occurred at Norwich in 1819, is equally decisive in favor of the protective power of vaccination. "He kept a regular register of the effects produced by the contagion in 112 families, comprehending 603 persons. Of these, 297 had previously had smallpox, all of whom escaped; 91 had been vaccinated, of whom all, except 2, who had a mild affection, and one who had chickenpox, were protected." Of the remaining 215, who had neither had cowpox nor smallpox, 200 took the latter, and the remaining 15 resisted the contagion altogether. Of the 200 who took the smallpox, 46 died—nearly 1 in 4. This shows the virulence of the epidemic at that time, and it is also apparent from the fact "that in several instances adults caught the smallpox who had at various times resisted the intimate and continued exposure to the contagion of that disease. He mentions two clear cases of regular smallpox, the one after the natural, the other after the inoculated disease. He also met with a few cases of modified smallpox subsequent to smallpox. His correspondents informed him of many cases of secondary smallpox, three of which have been stated to have been fatal."

But if any further proof were wanting to show "that the protection afforded by vaccination duly performed is quite equal to that afforded by smallpox itself;" it may be found in the report from the "Royal Military Asylum at Chelsea, embracing a period

of thirty years, from 1803 to 1833. During this time, 2,532 children were admitted, who were reputed to have had the smallpox, and 3,060 who had been vaccinated. The number who died during the whole period, at the asylum, of smallpox, was 5; of these, 3 had the disease after reputed smallpox, and 2 had never been vaccinated or undergone smallpox before."

Though no one, I think, who has examined the subject, will pretend that vaccination affords less protection than the *inoculated* smallpox, yet at the same time it must be admitted that neither cowpox or the inoculated smallpox in all cases prevents an attack of varioloid. It is no doubt true, that in many instances where this occurs after vaccination, it is due to the state of the patient's system at the time the vaccination is performed, and in others to the impurity of the virus used. The first of these causes was noticed by Dr. Jenner, and the other, though alluded to by him, has been frequently mentioned and insisted on by subsequent writers on the subject. This shows the extreme importance of having the operation done by skilful and competent persons, who are capable of judging whether the system is in a proper state, and whether the virus is of a genuine character.

It is, however, well known that varioloid will occasionally attack those who have been duly vaccinated, and also those who have been properly inoculated with the smallpox. Neither of these diseases in such cases seems to have been able to exhaust the entire susceptibility to the variolous infection; nor is there any reason to believe that re-vaccination or inoculating again with smallpox would do it. So that when such persons are exposed to the effluvia from variolous disease in a concentrated form, and which is thus carried into the circulation by the lungs, a modified disease, usually of a mild character, is sometimes the result. It is probably in this way that can be explained the fact that varioloid is less common after the natural than after the inoculated smallpox. A case came within my knowledge a few years ago, in which re-vaccination afforded no protection from varioloid. A gentleman was about visiting Europe with his children, all of whom had been duly vaccinated in early childhood. Shortly before his departure, they were carefully re-vaccinated without effect; but notwithstanding all this, some months later they were attacked with varioloid. Mr. Bryce, in a letter to Dr. Thomson, says, what I have no doubt is perfectly true, "that there are on record more instances of persons suffering severely, nay fatally, from what was considered to be a second attack of smallpox, than from smallpox after what has been considered perfect vaccination."

The opinion that the protective power of vaccination becomes exhausted or worn out in time, does not appear to be well founded. It is contrary to analogy, and rests on no well-authenticated facts. A statement of Dr. Adams, in the paper already referred to, is quite decisive on this point. He vaccinated 490 persons, and

found that "the least susceptibility seems actually to have existed among those whose vaccination was the most remote." This alone will probably be considered sufficient, but abundant other evidence might be adduced," if necessary, in support of this opinion.

It follows as a consequence from this, that when smallpox is prevailing in an epidemic form, a general re-vaccination is not required. When vaccination has been once duly performed, it gives the individual all the protection that can be derived from it; and in most cases this is complete. No one should be subjected to a troublesome, not inexpensive, nor always a perfectly safe operation, without good reason for doing it. Re-vaccination has produced very serious and alarming symptoms in many cases, and death has occasionally been the result of it. It is our duty to be satisfied that those who consult us have been properly vaccinated, and when this is the case, nothing more is required.

No human discovery can compare in value with that of vaccination. It is substituting a mild affection, attended with little or no pain or inconvenience of any kind, not expensive; requiring no confinement, communicable only by inoculation, and rarely, if ever, fatal, for a loathsome, painful and most destructive malady.

Dr. Baron says, that "from authentic documents and accurate calculations, it has been ascertained that one in fourteen of all that were born died of the smallpox. Of persons of all ages taken ill of the smallpox in the natural way, one in five or six died; whilst of those who had been inoculated, one only in fifty died. These conclusions were drawn by Dr. Jurin, from an examination of the London bills of mortality for a period of forty-two years." Though the inoculated smallpox is a much less fatal disease than the natural, yet the introduction of the practice of inoculation into Europe increased the mortality to a very considerable extent. For those who had it in a mild form, after they had been inoculated, did not feel it necessary to confine themselves at home, and thus communicated it to the unprotected, in whom it often exhibited its most malignant and fatal symptoms.

It appeared in evidence, before a committee of the British House of Commons, that in forty-two years previous to the introduction of the practice of inoculation for the smallpox, the average number of deaths by that disease in Great Britain was to the whole number as 72 to 1,000; but in the forty-two years after inoculation came into full use, the proportion was as 89 to 1,000.

If the statements made above are reliable, and I have full confidence that they are so, it follows—

1st. That cowpox is smallpox, in a modified and milder form.

2d. That an individual who has been duly vaccinated is as well protected from smallpox, as if he had had the latter disease by inoculation.

3d. That the influence of cowpox does not wear out; but that

when actually communicated to the system, its protective power continues through life.

4. That therefore, when smallpox prevails in an epidemic form, a general re-vaccination is not necessary; for it will give no additional protection to those who have already been duly vaccinated, but is troublesome, attended with some expense, and not wholly free from danger.

5th. That many of the cases of varioloid after cowpox are attributable to imperfect vaccination, and therefore that this operation should be entrusted to competent and skilful persons only.

March 20th, 1860.

#### A SUCCESSFUL CASE OF OVARIOTOMY.

BY A. B. CROSBY, A.M., M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN the town of Franconia, N. H., and near the base of Mount Lafayette, there lived in the summer of 1859—and there *still lives*—a Mrs. S. R., a woman of intelligence, and the wife of a machinist, formerly of Providence, R. I. This lady consulted my father, Prof. Dixi Crosby, in the month of May, with regard to an ovarian tumor, of which she was the victim. After a critical examination, he advised her to submit to ovariectomy, and with a generosity—creditable to a parent, but unusual in a surgeon—he relinquished the case into my hands.

On the night previous to the operation, Aug. 27th, I derived from the patient the following history of her case. She was 36 years of age, and had been married eleven years. Two children were the fruit of this connection—a girl and a boy, respectively, ten and eight years of age. The father of the patient died of general dropsy at the age of 77. She lost her paternal grandmother at the age of 50, and an aunt at 60—both from the same disease. The patient menstruated at 14. At 16, she paddled with her feet in the cold water of a brook, and there was no catamenial discharge for a year afterwards. Aside from this, her health was good. She married at 25, and for six months previous had scanty, high-colored urine, and painful micturition. The first child was born in eleven months after marriage. The labor lasted sixteen hours, and was natural. In eighteen months after the first labor, the second child was born at eight months. Four weeks previous she slipped, and came near falling, by which she strained her back. The second labor occupied four hours and a half, and was natural. Menstruation has been regular ever since, recurring as often as every third week. The general health of the patient has been excellent during most of the time.

One night in February, 1854, she discovered a tumor, about the size of a small hen's egg, over the right ovary, and "played with it

some time." In the course of three months, the tumor became as large as "both fists." It began to be somewhat tender, and she consequently let it alone. At the end of six months, it had become a large symmetrical tumor, confined to the right side.

From the fact that she was troubled with nausea and vomiting, the patient supposed herself pregnant, although menstruation was regular during the whole period. At the commencement of the second year, she became debilitated and exhausted.

After the tumor had existed twenty-eight months, Dr. Bugby, of Littleton, N. H., tapped the patient, and drew away twenty-six and a half pounds of a perfectly limpid fluid, slightly glutinous. Great prostration ensued, and she was confined to her bed for a fortnight. At the expiration of thirteen weeks after the first tapping, Dr. Bugby removed from the cyst thirty and a half pounds of a fluid resembling almost precisely that of the former tapping.

In eight weeks the tumor was again as large as ever. She now took diuretics freely, and in the course of two or three days a profuse diuresis occurred, which reduced the size of the tumor one half. Fifteen months now elapsed, at the end of which time Dr. D. E. Wells, of Franconia, drew away thirty-five pounds of a limpid, viscid fluid, resembling the white of an egg. Dr. Wells tapped the patient, in all, twelve times, at regular intervals of three weeks and a half. The interval between the last two tappings, however, was only a week and a half. At the last two operations only one half of the contents of the tumor was removed. The average quantity removed each time was thirty-five pounds. The fluid gradually became thicker, until towards the last it resembled fluid starch in color and consistence. Paracentesis was performed for the last time, August 16th.

At the time of the final operation, the tumor presented, externally, a perfectly symmetrical appearance. The abdominal wall was much attenuated, and so far distended that the patient could not see her feet when in the erect position. On applying one hand to the side of the tumor and communicating a sharp tap to the opposite side, a distinct wave could be felt. She had been troubled with umbilical hernia, but the abdominal wall could be raised at several points, and caused to slide over the surface of the tumor. The only pain which had occurred during the disease was of comparatively recent date.

The fearful risk of the operation, and the probabilities of a fatal issue in the case, were fully represented. But her courage was indomitable, and she met the issue with great firmness and cheerfulness. Her genuine old Saxon *pluck* under the impending danger excited the undisguised admiration of all who witnessed it.

The bowels having been thoroughly evacuated by castor oil, and some lines drawn across with nitrate of silver at right angles to the linea alba, to serve as a guide for the sutures, the operation was performed on Sunday morning, Aug. 28th, at 9½ o'clock, A.M.



There were present, Prof. D. Crosby, Dr. Bugby, Senior, of Waterford, Vt., Dr. Bugby, Junior, of Littleton, N. H., Dr. Baynton, of Lisbon, N. H., and the attending physician, Dr. Wells, of Franconia.

The temperature of the room was brought up to eighty degrees, and maintained there during the operation. An abundance of steam was generated from shallow basins on the stove, in order that the peritoneum might not suffer from dryness. The white of an egg, diluted with water, and moderately warm, was prepared for the fingers and instruments which were to come in contact with this delicate membrane.

Everything being prepared, Mrs. R. went upon the table with a smile, and indicated her perfect composure by a steady pulse of 72. Chloroform was administered by my father, the patient coming under its influence quietly and without excitement. Dr. Wells on one side, and Dr. Bugby, Jr., on the other, by a firm, but gentle pressure of the hands, supported the abdomen. I commenced the operation by making an incision four inches in length, extending from the left side of the umbilicus through the linea alba to the pubes. This incision extended as far as the peritoneum. A small opening having been made through that membrane, the patient commenced vomiting, and I was obliged to discontinue the use of the knife. In four or five minutes, the stomach having become quiet, I passed a male catheter between the abdominal wall and the surface of the tumor, in order to sweep the whole anterior surface, and thus ascertain how far adhesions existed. There was a firm connection at the umbilicus, which it required considerable force to separate—an omental attachment, which was broken up by torsion—and a slight adhesion to the diaphragm, which the beak of the catheter separated.

I now divided the peritoneum throughout the whole extent of the wound, and passed a sail needle, armed with a doubled thread, through a fold of the anterior wall of the cyst, in order that I might thereby make tension in effecting its removal. The wall, however, proved very thin, and the loop tearing out, the contents of the tumor began to escape. Directing the assistants on either side to maintain their pressure, I seized the cyst with my fingers and withdrew it as far as possible, directing the flood over the right side of the patient on to the table and floor. About three gallons of an extremely glairy, tenacious fluid escaped in this way. None of it, however, found its way into the abdominal cavity, and I now renewed my attempts to dislocate the tumor.

On introducing my hand, I could feel a symmetrical tumor over the fundus of the uterus, apparently immovable. Firm tension by the cyst seemed to have no effect upon it. At length, requesting my father to introduce his finger under the right extremity of the tumor, using it as a lever, I seized the cyst with both hands, and by our combined efforts we succeeded in dislodging the solid part

of the tumor, which had been thus firmly located beneath the promontory of the sacrum.

I now found that the tumor was attached to the right ovary, and involved both the broad and round ligaments. With my nail, I divided the round ligament, removing a portion with the tumor, and by the same means separated the broad ligament until the nutrient portion of the pedicle of the tumor was reduced in width to about an inch and a half. I then elevated the tumor as far as possible with both hands, and my father passed a needle, armed with a double ligature, through the centre of the pedicle, and tied firmly both ways. I then surrounded the whole pedicle with a very strong ligature, and released the tumor from its attachment by the knife.

I now introduced bits of old soft linen into the abdomen until they ceased to be stained; then bringing the edges of the wound together, I introduced three silver sutures as far as, but not involving the peritoneum. A twisted suture was employed at the lower angle of the wound, to which the ligatures were firmly tied. A soft compress was placed over the wound, and retained by a swathe passing around the body. The operation occupied about thirty-five minutes, and in an hour from the time the patient was placed on the table she was removed to her bed. The skin was moderately moist throughout, and at the conclusion of the operation the pulse was only 80—in fact, there was scarcely any appreciable shock.

The patient took a quarter of a grain of morphia, and subsequently took one-eighth of a grain every two hours until night. She vomited several times during the afternoon, and her pulse gradually came up to about 100. By placing the hands firmly but gently on the bowels, the vomiting did not disturb the wound, and this precaution was taken whenever there was any sign of retching afterwards.

6 o'clock, P.M., patient vomited. 8 o'clock.—Took morphia. 8¼ o'clock.—Vomited; pulse 104. Finding that the pulse was increasing in frequency, I determined to resort to the veratrum viride, in the hope that by quieting the heart's action I might obviate the tendency to peritonitis.

9½ o'clock.—Patient took three drops of the veratrum; a gill of water was drawn by the catheter; pulse 108. 10 o'clock.—Sleeping. 11 o'clock.—Took morphia; complained of pain. 11¾ o'clock.—Pulse 100; no pain. 12½ o'clock.—Took three drops of veratrum; pulse 104.

Aug. 29th, 2 o'clock, A.M.—Took morphia; has been awake for the last half hour, but is free from pain. 2½ o'clock.—Pulse 96. 3½ o'clock.—Took three drops of veratrum; pulse 100. 5 o'clock. Pulse 92. 5½ o'clock.—Took morphia; pulse 96. 6½ o'clock.—Took three drops of veratrum; pulse 88; respiration 12; complains of no pain. 8 o'clock.—Pulse 88; no pain; took morphia.

8½ o'clock.—Vomited freely a thin fluid and mucus. 9½ o'clock.—Took three drops of veratrum; pulse 82. 11 o'clock.—Pulse 84; no pain; vomited bilious matter; pupil contracted. 11½ o'clock.—Gave an injection of twenty-five drops of laudanum in a little starch.

1 o'clock, P.M.—Took two drops of veratrum; slight pain; pulse 80. 1½ o'clock.—Vomited bilious matter; pulse 84. 2 o'clock.—Took morphia; pulse 80; pain in the region of the stomach. 3 o'clock.—Gave laudanum injection; pulse 80; pain in epigastrium. 4½ o'clock.—Took two drops of veratrum; pulse 84. 5 o'clock.—Had bilious vomiting and eructations, with relief. Took morphia. 7½ o'clock.—Took four drops of veratrum; gave laudanum injection; pulse 84. Pain and oppression about the stomach.

Patient has slept at intervals during the day—and has been thirsty. Vomiting has seemed to afford relief. There is no swelling nor tenderness of the bowels. The wound is dry and clean, and the sutures show no signs of irritation. Patient has had no pain whatever in the region of the wound during the day. The urine has been drawn by the catheter four times since the operation, and the quantity is larger than before. The pupil has been contracted during the whole day, and the skin moderately warm. The temperature of the room has been maintained at from 70° to 75°. She slept most of the time, until midnight, when more urine passed, and a laudanum injection was given. Pulse 84.

Aug. 30th, 1¼ o'clock, A.M.—Patient vomited freely; pulse 80. 2½ o'clock.—Sleeping; pulse 84; respiration 10. 3½ o'clock.—Vomited. 4 o'clock.—Has been sleeping; gave laudanum injection; pulse 78. 6 o'clock.—Pulse 80; skin natural; respiration 12.

This morning I was obliged to return home, a distance of some sixty miles; but a careful journal was kept of the case by Dr. Wells, assisted by the patient's husband, from which I have condensed the following report:—During the remainder of the day until midnight, an injection of starch, containing from fifteen to twenty drops of laudanum, and from two to three drops of veratrum, was administered every three hours. The frequency of the pulse was noted every hour. It was at one period of the day only 70, the average being about 76. Once only, on suddenly awakening from a frightful dream, the pulse indicated 84, which was its maximum for the day.

During the early part of the day the number of respirations per minute was 10; the maximum 15, and the average 12. The skin was moderately warm, and the urine was drawn several times by the catheter. A dark menstrual fluid showed itself at intervals, attended by considerable pain in the loins and hips. The patient slept more or less, and at night was treated to a hot sponge bath.

Aug. 31st.—During the first half of the day, the pulse was steady at 72; it came up to 84 in the afternoon, and at midnight it was

100. The injections of starch, laudanum and veratrum were exhibited every four hours. The patient slept the greater part of the time. There was much less thirst after the medicines were introduced by the rectum, and no vomiting until this afternoon. She took a little beef tea in the morning, but, in the after part of the day, vomited several times. The bowels also became tympanitic, and she experienced pain in the stomach, bowels, and back. Everything introduced into the stomach began to occasion distress.

Sept. 1st.—I returned to my patient again last night, and found her somewhat depressed. During this day the pulse ranged from 96 to 100. The respiration was from 12 to 16. Injections were resorted to as before, every four hours. The patient bore firm pressure on the bowels, although they were tympanitic. She suffered comparatively little pain, and healthy pus discharged around the ligatures. She took small quantities of beef tea through the day, although the stomach was irritable, and vomiting frequent.

Sept. 2d.—Mrs. R. had a pulse to-day ranging from 92 to 100. Her respiration was most of the time at 12, although occasionally dropping below that number. Four injections were given during the first sixteen hours of the day, the quantity of laudanum and veratrum being gradually diminished. The last night was a restless one, the bowels being swollen, tympanitic and painful. Nausea and vomiting were of frequent occurrence. At 6 o'clock, P.M., the extremities suddenly became chilly, and the skin cool and clammy. Severe pain ensued, excessive vomiting occurred, and the patient for the first time expressed her belief that she should die. The pulse was feeble, and the whole system much prostrated. The laudanum and veratrum were of course abandoned. A hot rock was placed at her feet, friction used about the limbs, and carbonate of ammonia and whiskey given by the mouth. She vomited, however, almost incessantly, and complained of great distress at the stomach. After repeated efforts to exhibit stimulants by the stomach, injections of beef tea and carbonate of ammonia were resorted to, with good results.

Sept. 3d.—Until one o'clock this A.M., the distress of the patient from nausea and vomiting continued unabated. From this time until ten o'clock, A.M., the patient was permitted to take absolutely nothing into her stomach. The abdomen was tympanitic, tender and painful. The patient was restless and anxious.

With the assistance of Dr. Wells, I prepared an injection consisting of the tinctures of assafoetida and valerian with the oil of turpentine, using molasses as a vehicle. This soon passed off, bringing away a great amount of flatus and a small quantity of fecal matter. At ten o'clock, A.M., we commenced giving a few drops of whiskey with beef tea every hour. During the day the movement of flatus would occasionally give rise to sharp pain. There was also some pain in the vicinity of the wound. As there were borborygmi, together with pain and distension of the bow-

els at night, an injection similar to that of the morning was exhibited. This brought away a large amount of flatus, with relief, and the patient passed a comfortable night, sleeping at one time two hours. During the latter part of this day the pulse ranged from 92 to 100, the respiration was 16, and the tongue covered with a yellowish fur.

Sept. 4th.—At six o'clock, A.M., Mrs. R.'s pulse was 83; respiration 20, skin warm, and the tongue moderately coated. The wound was looking well, and healthy pus escaped from around the ligatures. The fulness of the bowels was much reduced, and the tenderness had almost wholly subsided. Three days ago I removed the twisted suture at the lower angle of the wound, and found that immediate union had taken place. She continued quite comfortable through the day, taking stimulants and beef tea. She was occasionally troubled with colic-pains, but felt, on the whole, quite bright.

Sept. 5th.—I left my patient this morning and returned home, but her condition was as follows:—The pulse ranged from 86 to 96—and respiration was steady at 16. She took chicken broth, with other simple nourishment. She expressed a desire for food. The wound discharged healthy pus, and she slept at intervals. Occasionally there were sharp pains in the region of the wound.

Sept. 6th.—To-day the pulse came up to 104—the respiration to 22, and the patient showed a disposition to sink. The bowels again became tympanitic, and there was anorexia. Sulphate of quinine was exhibited in grain doses, together with a little whiskey. An antispasmodic injection was employed with some relief. A small dose of castor oil was given, which operated moderately. The night was restless, and painful.

Sept. 10th.—I returned to Franconia to-day, and found Mrs. R. with a pulse of 112, and feeling feeble. I remained with her three days, and gave her quinine and whiskey freely. Rich broths, oysters, and finally broiled chicken and steak, were given at short intervals. On the 8th, I removed the silver sutures, which had remained without irritation eleven days, and found that the wound was thoroughly united.

On the 9th, there were still symptoms of depression, the pulse and respiration being a good deal accelerated. In moving the ligatures a considerable quantity of pus escaped, as though it might have been pent up. Thinking the signs of depression might be owing to an accumulation in the peritoneal cavity, I supported the abdominal wall with both hands, and directed the attendants to turn the patient on her side. A little pus escaped at first, and then about *two quarts* of serum flowed out by the ligatures. The pulse and respiration diminished in frequency, and the appetite returned almost immediately. Stimulants, quinine and a generous diet were freely resorted to.

On the morning of the 10th, before leaving my patient for the

last time, I made gentle tension on the ligatures, and brought them all away. This was the fourteenth day after the operation.

On the next day she was put into a chair without inconvenience, and continued to get up daily ever afterwards. Her only subsequent annoyance was from colic pains.

Five weeks after the operation, Mrs. R. was able to dress herself and direct her household affairs. At the end of seven weeks she was able to do her own work and ride three miles to church.

Under date of Jan. 25th, I received a letter from Mrs. R.'s husband, from which I make the following extracts:—

“My wife appears to be as well as she ever was, and I think is as heavy as ever. There has been no menstruation since the dark muddy fluid which you saw just after the operation. She feels well, and eats well.”

It remains that I should speak briefly of the tumor. The great bulk of it consisted of a single cyst. The more solid portion was made up of several minute vesicles, which would doubtless have developed, had the disease continued, and have rendered the tumor distinctly multilocular in character. The solid portion weighed a little more than three pounds, and the glairy contents a little less than twenty-five pounds; thus making the weight of the whole mass removed, *twenty-eight pounds*.

A few considerations, and I have done. The disease of the ovary in this case had existed something more than five years, during which time the cyst was making a constant drain on the fluids of the body. During the period indicated above, Mrs. R. lost at the hands of the surgeon about *four hundred and seventy-five pounds* of fluid. Yet notwithstanding this, her general health is reported as having been good most of the time during the existence of the disease.

It will be remembered that at one time, under the influence of diuretics, a profuse diuresis occurred, and the tumor was diminished one half in size. The generally received opinion has been that an accumulation of fluid in an ovarian cyst is independent of the action of diuretics. My belief is, that in this case a slight rupture of the cyst occurred, and part of its contents escaped into the cavity of the peritoneum. A small obscure cicatrix on the wall of the cyst would seem to corroborate this view.

Finally, the persistent vomiting in this case merits a passing notice. It was excessive during the first week, and the amount of fluid ejected from the stomach, very greatly exceeded the amount swallowed. No doubt the chloroform, the opium, and the veratrum might have given rise to vomiting, but not, I think, to the extent which existed in this case. My rationale would be this:—For five years the patient's system had been habituated to a constant drain daily. Now after the operation the quantity of urine was only slightly increased, nor was there any unusual excretion either from the bowels or skin. Under these circumstances, may we not sup-

pose that the vomiting of this large amount of fluid was not an effort on the part of nature to compensate for the sudden suppression of a long-established drain?

In closing this report, I should do myself injustice did I not take occasion to express my thanks to the medical gentlemen who were present and assisted at the operation—and especially to Dr. Wells, who so materially aided me in carrying out the details of Mrs. R.'s case.

Hanover, N. H., March, 1860.

#### RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE.

[Translated for the Bos. Med. and Surg. Journal, by WM. READ, M.D.—Continued from p. 153.]

THE type of the apparatus essential for generation, in the vertebrata, situated at the lowest step of an ascending scale, that is to say among fishes, presents two varieties, which are in some sort the repetition of what we observe in the invertebrata. The eggs of the *myxines*, the *lampreys*, and most species of the *murenoids* and all the salmonides, detach themselves from the ovarian mass and fall into a cavity (peritoneal) lined with a vibratile epithelium, and communicating externally by exclusive openings (peritoneal canals). The analogy is evident with what happens in the majority of the radiata (polypi, medusæ), and among bryozoons and acephalous mollusks, &c., in whom the eggs fall from the ovary into a cavity (*cavity of the body, bronchial cavity*) which communicates freely with the exterior.

The majority of the bony fishes, however, have their generative system constructed after a type analogous to what we observe in the articulata. This type, in the more highly organized species, is common to all those systems which elaborate a product intended to be transmitted externally. The eggs develop themselves upon the parietes, more or less complex, of a special cavity having the form of a sac or a funnel-shaped tube, and opening itself in the most direct course externally. A more or less complete muscular envelope is attached to the glandular apparatus constructed after this type; the generative system of fishes forms no exception to this rule, and it has been now for a long time known that the ovary of fishes had a muscular envelope which sent off into the interior of that organ partitions of the same nature. See Stannius, *Anat. Comp.*, 2, 138.—Leydig (*Lehrbuch der Hystologie*, 508) has observed muscular fibres penetrating the envelope and the stroma of the ovary in the species *Esox*, *Perca* and *Salmo*. My own investigations have led me to the same results in the *lamprey*, the *tench*, and many species of *squales*, &c.

This fact, of the highest importance in the history of this function, has remained entirely neglected, and no one has attempted to connect it with what we observe in the other vertebrata. In my

case, at the time I discovered the muscular nature of the envelope and the stroma of the ovary of the higher vertebrata (see Comptes-rendus of the Acad. of Sciences, June, 1856), I was led to it by every other consideration than its analogy with what we see in the bony fishes. The reason of this neglect without doubt is to be found in this, that beginning at the higher fishes (plagiostomes) the type of the internal generative system presents itself under an aspect altogether peculiar, and in appearance absolutely different from that which we observe in the bony fishes. There exists a special duct for the transmission externally of the product developed in the ovary, but this canal is no longer continuous with the ovary, and is sometimes separated from it by a very considerable space. Moreover, this duct is sometimes immovable, and sometimes susceptible of a change of form or position. This arrangement is the type of the internal generative system of all the vertebrata, except the bony fishes and the cyclostomes.

To this isolation of the ovary and its excretory duct, there corresponds a very peculiar arrangement of the muscular system, a complex arrangement, which, studied through the medium of its different modifications, under the conditions essential to its existence, gives the key to the problem which we are studying.

Before commencing this study, it is necessary to establish two general propositions, which I have already laid down (See my *Researches upon the type of the generative organs*, &c., pp. 19-20), and which are confirmed by the description of the muscular tunics of the vagina, the uterus, and the vesiculæ seminales, &c. The first of these propositions is relative to the connection between the muscular system and the reservoirs or canals which they surround; we believe, generally, that the muscular coat of the hollow viscera moulds itself exactly to their form and dimensions, as for instance in the small intestine, the urinary bladder, &c. This is not true, most frequently, except with regard the internal muscular layer; since in the greatest number of cases, the internal muscular envelope shows itself more or less independent of the organs which it encloses and covers. Thus the longitudinal fibres of the large intestine, far from accommodating themselves to the form and dimensions of the mucous tube, greatly modify it; at the neck of the gall-bladder, the longitudinal fibres do not follow the curvatures which this point describes, but determine and maintain them. The two vesiculæ seminales, in man, are enclosed by a common muscular membrane, which, entirely independent of the particular form of these organs, is constructed upon exactly the same plan as the muscular envelope of the cavity of the uterus in the woman. The second proposition relates to a general law which Thompson, first of all, pointed out, but in an imperfect manner. This is, that the muscles of organic life, at their terminal extremity, invariably connect themselves with some part of the locomotive system of animal life, not exclusively, as this excellent anatomist has advanced, with



the bony skeleton, but more frequently perhaps with the tendons, with their muscular aponeuroses, with the body of the muscles themselves, without indeed really continuing themselves among their fibres, any more than a muscle which fixes itself upon a bone continues itself into the osseous substance.

Let us now apply these general ideas to the consideration of the muscular system of cartilaginous fishes, of reptiles, of birds and of the mammalia.

*Plagiostomes—Squalus Acanthias.*

The ovaries placed at the superior and lateral portion of the abdomen, and partly covered by the liver, are fixed to the muscular parietes, by means of a mesoarium (*ovarian ligament*) composed principally of a double layer of muscular fibres, smooth, thick and resisting, which envelope the organ and send off into its substance prolongations which intersect each other and form a kind of sponge among the areolar spaces in which the ovules are disseminated. The oviducts and the uterus are alike attached to the parietes of the trunk by a *meso-metrium* (broad ligament) composed principally of tendinous fibres, parallel to each other, which are continuous with the muscular fibres. The terminal extremity of the two oviducts united in one single funnel-shaped fimbriated extremity, is attached to the superior portion of the abdominal cavity, immediately beneath the diaphragmatic partition between the convex face of the liver and the anterior abdominal wall. The common orifice of this double tubular funnel, looks behind; one muscular projection attaches itself to the abdominal parietes; another to the convex surface of the liver; both these in contracting dilate the orifice; but the opening itself fixed in that position, always remains separated from the ovaries by the whole thickness of the liver, even in the greatest state of development.

The eggs, expelled from the ovary by the contraction of the muscular fibres of the *mesoarium* (*ovarian ligament*) and the stroma, are not immediately received by the oviduct; they fall at first into the peritoneal cavity, and, as the eggs are of considerable size, and often as large as a hen's egg, the contractions of the abdominal parietes push them as they do an intestinal hernia, towards the only free orifice which the cavity presents towards the common orifice of the oviduct, gaping and dilated.

The mechanism of this migration of the ova is, as we see, very imperfect, so that it is not unfrequent that they do not arrive at all at their normal destination. In a female of the *squalus acanthias*, which carried four young, full grown, in one uterus and three in the other, I found, in the peritoneal cavity, three ova very large but not developed, and round about which, local peritonitis had produced congestion and abnormal adhesions. One of these ova was adherent to the inferior portion of the abdomen, the other two had contracted adhesions with the surface of the left ovary.

[To be continued.]

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, MARCH 29, 1860.
 

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For a long time we have noticed with regret a marked change in the character of the contents of our daily papers. Some years since, certain matters were considered unfit for publication, except in the lowest journals, the presence of which in any respectable family would have been regarded as a disgrace. Now, however, it is almost impossible to find a newspaper which does not contain, upon every page, something which should never meet the eye of any member of a household.

It was, therefore, with no little pleasure that we read some remarks upon this subject by Dr. Ray, in his report on the Butler Hospital for the Insane. After calling attention to "the unquestionable fact that insanity is increasing in all civilized communities," he speaks of the influence of the law of imitation upon the human mind, and very justly remarks that—

"The slightest examination of this our modern life will show us a host of agencies belonging to the ordinary routine, which, by means of this law of sympathy and propensity to imitation, produce an unhealthy tone of feeling, which not only deranges the proper order and balance of the moral sentiments, but often terminates, at last, either in unequivocal disease, or in conduct where the element of moral depravity is mingled in some uncertain proportion with that of cerebral disorder and disease. In no age of the world, have these agencies been so effective or so numerous, as at the present. Far above and beyond all others is that of the press, whose power, during the last sixty years, has been extending at an unexampled rate. There is not a single phasis of human passion, not a single combination of its various elements, not a single development of its slumbering activities, not a single abnormal deviation from its ordinary channels, not a single manifestation of its effects on actual life, which is not displayed by the public press in the strongest colors which an ambitious rhetoric can give it. And thus, too, those sad and fearful chapters in human experience which, though filled with woe to the parties immediately concerned, once were scarcely known beyond the limits of a little community, are now presented to every reader in the land, with every circumstance that can add force or piquancy to the narrative. The columns of a single newspaper, without exaggeration, it may be said, contain more materials for stirring the sympathies of men, for good or for evil, than the unwritten lives of countless multitudes. They occupy the leisure moments of thousands, which would otherwise be given to listless rest, and furnish inexhaustible materials for thought or emotion—the only kind, perhaps, which they ever obtain. The ephemeral sheet which to-day is, and to-morrow is cast into the oven, goes forth on the wings of the wind, scattering its heterogeneous influences upon every description of person. A murder or a suicide, a breach of trust or an audacious robbery, committed in the obscurest corner of the land, is proclaimed to all the world. The details of a disgusting criminal trial, exposing the darkest aspects of our nature, find an audience that no court-room less than a hemisphere could hold." \* \* \* \* \*

"It is a common impression that the newspaper merely ministers to the natural curiosity of men to know what is passing around them; but it has another and a far more important effect. It is not every occurrence, whose communication to the world can be productive of unmingled good. For reasons just given, no small proportion of those which are thrust upon the reader's attention, leave a positively unhealthy impression; and when we consider that, besides the multitudes who, in addition to other reading, never pass a day without looking over a

newspaper, there is a scarcely smaller number who read nothing else, we may get some faint idea of the magnitude of this result. The details of vice and crime which occupy so large a space in the daily sheet, repeated day after day, familiarize the mind with their hideous features and thus blunt the edge of its finer sensibilities. The effect of it all is, that the mind not only becomes careless of moral distinctions, but incapable, in some degree, of perceiving them; its relish for the simply good and beautiful and true, is lost, and in its place we find an insatiable craving for what will create a strong sensation, and a positive sympathy, perhaps with wrong, and wrong-doers. By a well-known law of the animal economy, excessive activity of a function leads, at last, to a morbid condition of the organ; and thus it is that this kind of mental activity becomes a prolific source of cerebral disorder—not of the more palpable forms, such as inflammation or softening, but of a degree of irritability or abnormal erythism which often terminates in overt disease.”

With the best of intentions, he partially exonerates the press in the following words :

“Far be it from me to lay the blame of all this mischief at the door of those who manage the newspaper-press. In responding to the call which is made for the kind of news in question, they believe, honestly, no doubt, that they are complying with a reasonable wish, and laboring worthily in their vocation. It is not for them, in exercising this function, to scrutinize too closely the remote and indirect effects of what they communicate, upon the minds of their readers. The fault really lies in the public taste which craves and demands such reading; and the true remedy consists, not in blaming the people connected with the press, or addressing to them philosophical reflections on the operations of the mind, but in refining and elevating the public taste, by improving our methods of education, and multiplying the means and appliances of a higher and sounder cultivation. This, certainly, is not very specific, and promises no immediate relief; but so it ever must be with all reforms that affect the exercise of the passions and propensities.”

We sincerely hope that such words, however kindly in their tone, may be regarded as a decided reflection upon the editorial corps. It is no compliment to tell them that they are always to *follow* and never *form* the public taste; that they may legitimately vary their standard of morality in accordance with changes in public opinion; that, instead of using their almost unlimited power for the benefit of mankind, they may exert it in promoting the worst of causes, and be the most active agents in the demoralization of society.

There are but three sources to which this great evil can be traced:—to a belief, on the part of editors, that what they furnish is to be a real benefit to those who read; to negligence; or to the trading spirit, which is always ready to sell anything which the most morbid appetite may crave.

That the first is true, we have not the credulity to believe; the second may happen occasionally, but will not explain the vitality and persistence so strongly manifested; the third is, probably, in most instances, the only correct solution.

If the true remedy consists, as we are told above, “in refining and elevating the public taste,” what more potent element can we call to our aid than this same public press, and, if this fails us, where shall we look for help? Those who thus have the power of purifying or corrupting the minds of the people should, we think, receive the first attention, and be taught, if they do not understand it now, the responsibility which rests upon them.

THE WESTFORD VACCINATION CASES.—When we last alluded to this subject, we hazarded the opinion that the decision of the coroner's jury, based, as we certainly had reason to suppose it would be, upon competent medical testimony, would have at least the merit of fairness and impartiality; but we see by the papers that the "six wise men" of the unlucky town of Westford, have, as far as we can understand the case, rendered a verdict, at least in all that relates to the material used in vaccination, so entirely at variance with the history of the cases, and with the opinions of the most trustworthy medical men whose testimony was given, as to show the strongest evidence of prejudice and presumption on their part, and of a determination to transfer as much of the blame as possible beyond the limits of their own town.

When the opinions of Drs. Gilman Kimball, Graves and Allen of Lowell, and Drs. Bigelow, John Ware, Homans, Cabot and Borland of Boston, all disinterested and unprejudiced witnesses, to say nothing of the clear and satisfactory opinion of Dr. Clark, which was based upon the statements and admissions of Dr. Buttrick himself, and was alone sufficient to satisfy every intelligent man, are to be *counted* and not *weighed* against those of Drs. Buttrick, Burnham, Brown, Hooke, and others, for whom the coroner or some of the jurors are *known* to have, in violation of their oath, expressed a decided preference, we could, of course, expect nothing better than the unlooked-for and perverse result to which the coroner's jury have arrived. The whole case, as we understand it, and as we believe it will generally be understood, only goes to prove the necessity and propriety of securing as coroners, not only in Boston, but everywhere, *competent medical men*, and of showing the people generally, and legislators in particular, the importance, if they have any regard for the lives and health of those who depend upon them for protection, of alone permitting properly accredited, well educated, and discreet men to engage in the practice of medicine.

We are far, however, from believing for a moment that this verdict, whatever may be its effect locally, or among the ignorant, will abate one jot of the confidence of the profession in the purity of the material furnished at the office of the City Physician, or of the community in general in the entire efficiency and integrity of this officer. Dr. Clark owes it to himself, however, as well as to the profession, that the matter undergo a thorough medical, as well as legal, investigation, that the public may at least have the benefit of *all the evidence* which bears upon the case, as well as of the judgment of those best qualified to express an opinion upon a subject of so much gravity and importance.

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WE are glad to give place to the following statement of Dr. Clark, published in the *Boston Courier* of Monday evening, appended to which are the certificates of Messrs. Foye, O'Connell and Grainger, students of Dr. C. These need but to be read to convince any candid mind of the entire groundlessness of the charge implied in the recent verdict at Westford.

"1. That no vaccine points or crusts have ever been issued from this office which were not derived from children who were known to be free, not only from erysipelas, syphilis, and scrofula, but who were also otherwise healthy.

"2. That every child from whom crusts are or have ever been taken, are always

seen at least *twice*; at the time of vaccination, and as late as a week, and often ten days after, so that it is positively certain that no one of them had erysipelas during the progress of the vaccine affection.

"3. In none but perfect cases are the crusts taken, or the parents requested to send them back to the office.

"4. When received, if not found to be perfect they are rejected.

"5. The crusts, three in number, sent to Westford, were in every respect regular in form, color, consistence, and, in fact, the best that could be selected by Mr. Foye, my student, from a large number, all of which had been repeatedly examined and approved.

"I am quite confirmed, by all the respectable medical men who are conversant with the facts in this case, in my opinion, already previously expressed, that the unfortunate results which followed its use are in no degree attributable to the character of the matter as it was originally furnished, but to other causes entirely independent of it. I therefore pronounce the charge to be grossly libellous, and, in every respect false and without foundation.

"I respectfully ask attention to the following certificates.

HENRY G. CLARK.

*Certificate of Mr. Foye.*

"BOSTON, March 24, 1860.

"The undersigned, for the past three years a student of medicine with Dr. Clark, respectfully states:

"That no matter has even been taken or crusts preserved in this office, except from clean and healthy children of most respectable parentage.

"That he remembers distinctly putting up the quills and crusts for Westford, and that the crusts were of a bright mahogany color, perfectly free from any extraneous substances, and as good and perfect as he ever saw. That the children from whom they were taken were seen each of them twice, and that none of them had erysipelas, or any cutaneous or other disorder. That he has, during the period of his pupilage, been present and assisting at the vaccination of more than ten thousand persons, not one of whom, to his knowledge, has been made sick by vaccination, or had a bad arm.

"More than three thousand supplies of matter, in points and crusts, have been *gratuitously* furnished to physicians in this city, as well as to the public institutions, from not one of whom has he ever heard any complaint as to the quality of the matter.

"That the greatest care has always been taken by Dr. Clark in the selection, propagation and distribution of the vaccine material, and that he has taken unwearied pains to renew and preserve its qualities uninjured by time or by transmission.

"That, therefore, he knows the charge of the Westford people, so far as it relates to this office, to be entirely false and groundless.

JOHN W. FOYE.

"BOSTON, March 24, 1860.

"The undersigned, students in the office of the City Physician, are able, from their own knowledge, and do hereby confirm all the above statements.

(Signed) P. A. O'CONNELL,  
REED BARTLETT GRAINGER.

HEALTH OF BOSTON.—It appears from the mortality table that there were 89 deaths during the past week, an increase of 21 over the week previous. In the ten years 1850-60, the average number of deaths in the week corresponding was 72.3—but as the deaths returned last week occurred in an increased population, the average, to admit of comparison, should be raised proportionally to the increase, namely, to 82.5. The deaths of last week, therefore, exceeded the true average. There were three deaths only from smallpox.

CLEVELAND (OHIO) MEDICAL COLLEGE.—At the recent close of the Session of 1859-60, in this institution, the Commencement exercises took place, and 18 graduates received the degree of M.D. The honorary degree was conferred on Rev. N. L. Lord, Jaffna, Ceylon.

SHELBY MEDICAL COLLEGE, NASHVILLE, TENN.—The Annual Commencement exercises of this new Medical School took place recently, the valedictory address to his fellow students being delivered by Dr. Hunter, and the farewell address on the part of the faculty by Prof. Maddin. Nine of the class (which consisted of 75 students) were graduated.

SMALLPOX IN SCOTLAND.—The Registrar-General for Scotland tells us that smallpox spread considerably during the last month, and cut off no fewer than 113 persons in the eight principal towns from which his statistics are derived. For its size, Greenock has suffered most severely from this disease, the deaths from smallpox during the month being above 15 per cent. of the mortality. In Glasgow, also, the disease has greatly extended, and the deaths therefrom constitute 6.2 per cent. of the mortality of the city during the month. Most of the deaths occurred amongst the unvaccinated; a very few of the deceased were reported to have been vaccinated by midwives and others, but it was in most instances questionable whether the vaccine pustule had been perfect.—*Lond. Lan.*

DIPHTHERIA.—Dr. Crighton, M.D.Ed., records the results of 45 cases of diphtheria occurring in his practice. Out of this number 9 proved fatal, or 1 in 5; of these, 6 died of asphyxia, with membranous exudation in the air-passages; and 3 by pure asthenia. They were instances of faucial diphtheria. In one case (aged one year and nine months) vulval diphtheria occurred. The mean age of the fatal cases was within a fraction of seven years.—*Ibid.*

THE LATE DR. TODD.—A meeting of the friends of the late Dr. Todd was held at King's College, London, on the 16th of February, with a view of establishing some memorial of him in connection with the institution of which he was for so many years the distinguished Professor of Physiology.

MARRIAGE OF COUSINS.—Governor Magoffin, of Kentucky, recommends the legislature of that State to prohibit by law, under severe penalties, the marriage of cousins. He says that the imbecile, insane, deaf mutes and blind in the different asylums of the State, who are the offspring of cousins, is from sixteen to twenty per cent of the whole number; and he claims that it is the right and duty of the State to protect herself against the evil and expense, by forbidding such unions, which nature plainly forbids by the natural penalty she uniformly inflicts.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 24th, 1860.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	47	42	89
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	38.7	33.6	72.3
Average corrected to increased population, . . . . .	..	..	82.5
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
23	2	3	7	0	3

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.813	Highest point of Thermometer, . . . . .	53
Highest point of Barometer, . . . . .	30.458	Lowest point of Thermometer, . . . . .	20
Lowest point of Barometer, . . . . .	29.407	General direction of Wind,	Westerly.
Mean Temperature, . . . . .	34.77	Whole am't of Rain in the week	very little.

Deaths in Boston for the week ending Saturday noon, March 24th, 89. Males, 47—Females, 42.—Apoplexy, 2—inflammation of the bowels, 1—bronchitis, 2—congestion of the brain, 2—disease of the brain, 1—inflammation of the brain, 1—burns, 1—consumption, 23—convulsions, 2—croup, 2—dysentery, 2—dropsy, 2—dropsy in the head, 3—drowned, 1—debility, 3—puerperal disease, 2—crystalis, 1—bilious fever, 1—scarlet fever, 3—typhoid fever, 1—disease of the heart, 2—hæmorrhage (uterine), 1—influenza, 1—insanity, 1—intemperance, 3—congestion of the lungs, 1—inflammation of the lungs, 7—disease of the liver, 1—marasmus, 2—old age, 1—palsy, 1—pleurisy, 1—sore throat, 1—smallpox, 3—syphilis, 1—thrush, 1—unknown, 5.

Under 5 years, 35—between 5 and 20 years, 5—between 20 and 40 years, 26—between 40 and 60 years, 15—above 60 years, 8. Born in the United States, 58—Ireland, 25—other places, 6.

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RESEARCHES UPON THE TREATMENT OF NEURALGIA BY THE  
INJECTION OF NARCOTICS AND SEDATIVES, WITH CASES.

BY A. RUPPNER, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

I PURPOSE to lay before the profession the detailed account of several cases of severe neuralgia, under my care during the last fifteen months, and treated principally by the injection of narcotics, after the method advocated by Dr. Alex. Wood, of Edinburgh. I shall offer no apology for doing so. The neuralgic affections form a class of diseases in which our present mode of treatment offers little that is satisfactory. Every practical physician must confess, that after exhausting the most judicious, persevering, rational and radical methods of treatment (and what article in the materia medica and what surgical expedient has not been pressed into service?), he has often been compelled to fall back on the empirical administration of remedies.

To point out a method of treatment which, although not always curative, might at least be generally palliative, when employed in cases adapted to the treatment, has ever been the great desideratum to be reached. Hence it is easy to account for the enthusiasm with which the proposed treatment by "*subcutaneous injection*" has been received by the profession everywhere, both in Europe and America. Indeed, about the time Dr. Wood published his little treatise "*On a New Method of treating Neuralgia by the Direct Application of Opiates to the Painful Points,*" I found myself in the same predicament in which, no doubt, many a physician has often, before and since, found himself. I had, for instance, the doleful opportunity of witnessing very often the most excruciating paroxysms of a highly respected friend of mine. For more than seven years had the disease, with ever-increasing violence, asserted its supremacy over every mode of treatment the most eminent and skilful medical men could devise; and the patient was finally consoled with the delusive hope that another seven years' revolution of the

time of suffering would bring the desired rest to her head, to which the neuralgia was confined, and with it to her whole constitution, much impaired by this time. This patient's case will be given in this report. I resolved to try *subcutaneous injection* at the earliest convenient moment, and had soon an excellent opportunity of doing so. Other cases presented themselves. Although some of these were not at all adapted to this treatment—the cause being *central* and not *centripetal*—yet even in those cases where a cure is out of the question, I was greatly encouraged by the relief afforded; the more so, because it enables the sufferer patiently to persevere in a course of treatment adapted to the morbid state in which his disease has originated.

For the sake of brevity in detailing my cases, and to avoid otherwise necessary repetition, I shall call attention—

First, to that most important symptom in this disease—*pain, and its localization.*

Secondly, to the conditions on which the success of the operation in a great measure depends.

Thirdly, to cases, given in the order in which they occurred in my practice, and with the results up to the time of writing this report. The history of each case will be given more or less minutely, as its importance may demand, as well as any constitutional measures and treatment which were pursued at the same time.

Fourthly, I shall perhaps venture to offer a few suggestions as to the probable *modus operandi* of the remedy.

*Pain and its localization.*—By whatever name we may designate that variety of affections comprehended under the term *neuralgia*, they possess in common the one important symptom of *pain*, more or less violent, situated in the course of a nerve. The greatest disparity of the attacks exists. They may be sudden and violent, gradual or increasing in intensity as the disorder makes progress. It may pay its unwelcome visits with the certainty of the clockwork which announces the departed hour on the dial, or rush into any breach which it may espy in the citadel of the constitution, with the ferocity of an exasperated enemy. Neither the robust and plethoric, nor those of feeble habit of body, are exempt from its inroads. Care, mental anxiety, profuse and weakening discharges, predispose greatly to the malady. No clime nor country, no race nor sex, nay, hardly any age, except perhaps the first years of infancy, is free from it. The inhabitant of the forest writhes under a paroxysm of *tic douloureux*, as well as the most delicate *habituée* of the fashionable saloons in the capital of Southern Europe or those of the United States. *Sciatica* pays its unwelcome visits to the celestial Chinese as often, and in as good earnest, as to the serf of the soil of Russia, or the planter of Brazil.

Nevertheless, genuine cases of neuralgia are not so common as is generally supposed. Hence, to test the value of the present proposed method of relieving the pain, it is essential that its ap-



plication be limited to real neuralgic affections—where the pain is actually seated in the course of the nerve; and it must, moreover, be remembered, that agreeably to the laws by which nervous action is propagated, the irritation, that is, *the pain*, may be seated directly *on*, or reflected indirectly *on the nerve*, at any point between its extreme peripheral distribution and the point at which it joins the brain. To determine the precise seat of irritation, that is, *to localize the pain*, is, then, the first step to be taken towards the proper application of this local treatment, namely, the injection of sedatives.

M. Valleix, in his book entitled "*Traité des Névralgies*, Paris, 1841," first laid *particular* stress upon that most characteristic symptom, *pain*, and states that while, on the one hand, the superficial nerves of the body are of all others the ones most commonly affected with this disease, there are some points in their course in which this pain is more liable to be seated than in others; that no structural alterations have been discovered in the nerves to account for this greater predisposition to pain. He gives to these painful points, or seats of departure of pain, the name of "*foyers*." These are of the utmost importance to us in regard to the treatment. Ample observations and experiments have repeatedly convinced me of the correctness of M. Valleix's statement—that these points are usually more or less morbidly sensible to pressure, even in the intervals between the attacks of the sharp, sudden and intermittent pain. Nay, so great is the morbid irritability in many cases, that whilst firm pressure is borne without any complaint whatever in the rest of the course of the nerve, the slightest touch in these *foyers*, or principal points, is often sufficient to excite acute suffering, sometimes the most acute imaginable. I shall give the history of a case hereafter, in which slight pressure upon the supra-orbital nerve, where it emerges from the supra-orbital foramen, excited such a paroxysm of pain that the patient trembled all over; the spectacle was too sad to be witnessed more than once. But this was not the only painful point in the case; in fact, the whole system was so invaded by erratic suffering that the unfortunate patient seemed to have inherited the threatened doom of Caliban:

"Thou shalt have cramps,  
Side-stitches that shall pen thy breath up; urchins  
Shall, for that vast of night that they may work,  
All exercise upon thee; thou shalt be pinched  
As thick as honeycombs, each pinch more stinging  
Than bees that made them."

Valleix has classified the painful points in the course of any nerve thus:—

1. The place of emergence of the nervous trunk; for example, the trifacial at the supra- and infra-orbital and mental foramen.

2. The point where a nervous twig traverses the muscles to ramify on the integuments; similar to the parts which are traversed by the posterior spinal nerves.

3. The point where the terminal branches of a nerve expand in the integuments, as the terminal principal branches of all the cutaneous nerves, among which we may mention the anterior part of the intercostal nerves, &c.

4. The point where nervous trunks become superficial during their course, as the peroneal nerve.

Fortunately, the above points are exactly those where the nerve tends towards the surface, and where, consequently, it is most amenable to the treatment by injection.

But Valleix did not confine himself to the above four important landmarks, to be kept constantly in view. With admirable industry and precision, he has described the points of emergence of every branch of the great divisions of nerves which come into consideration in the treatment advocated by himself, namely, the application of successive small blisters in the course of the affected nerve. It is equally important to be perfectly familiar with all these points, in order to apply the method proposed by Prof. Wood where it will prove most effectual and can be most promptly applied.

These points of emergence are particularly numerous in the fifth pair of nerves, which, in at least two thirds of all the cases of neuralgia, is the seat of the suffering, the whole or a branch being affected. For convenience of reference in the cases to be detailed, as well as for practical purposes, and for the benefit of those readers who are not familiar with Valleix's work, I give here the points of emergence of the trifacial, arranged in tabular form. By means of it, is indicated nearly the exact position, at least in very many cases, where the instrument by which the narcotic is injected is to be inserted, when the pain is prominent in a principal trunk, or in some particular branch.

Points of emergence of the ophthalmic branch of the trifacial.	}	1st. The point of emergence of the <i>lachrymal nerve</i> at the external angle of the eyelid, or	}	a. <i>The palpebral point.</i>
		2d. Of the <i>frontal nerve</i> (external) at its emergence from the supra-orbital foramen, or		b. <i>The supra-orbital point.</i>
		3d. Of the <i>nasal nerve</i> , less determined, and situated a little within and below the internal angle of the eye, or		c. <i>The nasal point.</i>
Points of emergence of the superior maxillary branch of the trifacial.	}	1. The point of emergence of the <i>orbital nerve</i> towards the skin of the cheek, or	}	a. <i>The temporo-malar point.</i>
		2. The point of union of the <i>petrosal branch</i> of the <i>vidian</i> with the <i>facial</i> , giving origin to the <i>chorda tympani</i> , or		b. <i>The internal auricular point.</i>
		3. The emergence of the <i>superior alveolo-dental nerve</i> , or		c. <i>The superior dental point.</i>
		4. The emergence of the <i>superior maxillary</i> from the infra-orbital foramen, or		d. <i>The infra-orbital point.</i>

- Points of emergence of the inferior maxillary branch of the trijacial.
1. The emergence of the *mas-*  
*seter nerve* where it passes  
through the sigmoid notch, or
  2. The emergence of the *buc-*  
*cal nerve* into the skin and mu-  
cous membrane of the lips.
  3. The emergence of the *tem-*  
*poral branch* of the *auriculo-*  
*temporal* or *anterior auricular*  
*nerve*, between the temporo-  
maxillary articulation and the  
auditory canal, or
  4. The emergence of the *lin-*  
*gual* between the sub-lingual  
gland and the tongue, or
  5. The emergence of the *in-*  
*ferior dental* from the mental  
foramen; one of the most re-  
markable points, or
- a. *The temporo-maxillary point.*
  - b. *Point not well determined.*
  - c. *The auriculo-temporal point.*
  - d. *The lingual point.*
  - e. *The mental point.*

- Point of interlacement not belonging exclusively to the fifth pair.
- There must also be mention-  
ed the interlacement of the  
*frontal nerve* with the *superficial*  
*temporal* and the *occipital ma-*  
*ior and minor*, situated at the  
posterior part of the *sagittal*  
*suture* and almost immediately  
above the *parietal protuber-*  
*ance*, or
- The parietal point.*

It would, however, be erroneous to believe that these painful points are met with equal frequency in practice. On the contrary, some present themselves very rarely. If we may be allowed to judge from a large number of cases which we have examined, reported by such authors as Valleix, Sandras, Piorry, Romberg, Downing and others, and from our own observation of fourteen cases, these painful points will be found to occur in frequency very nearly in the following order :

- Points of emergence in the or-  
der of their frequency.
- 1st. The supra-orbital point.
  - 2d. " mental "
  - 3d. " infra-orbital "
  - 4th. " temporal "
  - 5th. " nasal "
  - 6th. " malar "
  - 7th. " dental "
  - 8th. " labial "
  - 9th. " lingual "
  - 10th. " palpebral "
  - 11th. " parietal "

N. B.—With the mental point, the auriculo-temporal point is almost always present.

Frequently, the patient will complain of severe pain just in front and a little below the ear, the place of anastomosis of the portio dura with the divisions of the fifth pair. Whatever may be our opinion as to the real function of the *facial nerve*, whether it is ever affected by this disease, it is quite certain that this form of

neuralgia is difficult to diagnosticate, on account of the intimate connection of the "*pes anserinus*" with the trifacial nerve. I have more than once met with cases where the pain was principally confined to this position. Hence arises a most important question for us in regard to subcutaneous injection, namely, where to introduce most properly the sedative in such cases? This difficulty may be overcome if the practitioner will bear in mind the place and mode of union of the portio dura with the three divisions of the fifth. The branches of the facial being three, the ascending, transverse, and descending, they are found to form three principal unions.

*Ascending, transverse and descending branches of the portio dura.*

Place and mode of union of the portio dura with the three divisions of the fifth.

- 1st union.—a. Beneath the eye.
  - b. Between the cheeks (buccal).
  - c. The side of the nose (nasal).
  - d. Terminating offsets of the superior maxillary.
- 2d union.—a. Between the mandibulo-labialis branch of the inferior maxillary.
  - b. The cervico-facial branches of the portio dura (on the chin and lower lip).
- 3d union.—a. On the temple.
  - b. On the eyebrow; union of the temporal branches of the facial nerve with branches of the frontal nerve just emerged from the supra-orbital foramen.
- Unions less important.—a. On the side and crown of the head.
  - b. " eyelids.
  - c. " cheek.
  - d. " lower jaw.
  - e. The front of the ear.

I shall now, in the second place, speak of *The conditions on which the success of the operation in a great measure depends.*

This may be done briefly, as much that has been said above of *pain and its localization* is directly applicable here. But we must go a step further, and endeavor to ascertain whether the disease is *central* or *centripetal*; in other words, whether the morbid process on which the neuralgia depends be seated in the brain, from whence, as the great centre, all nervous influence emanates, or in one of the conducting trunks by which irritations affecting the ultimate distribution of the nervous fibrils are conveyed to that central organ. We are of opinion that, in cases where the disease arises from within the cranium, the result of this treatment will not answer the expectations, for obvious reasons; and although the local manifestation in the conducting nerve is to a great extent under the influence of treatment, specially directed to it, yet it will do little good, being unable to reach the cause of the disease—I ought to say, its proximate cause—if, indeed, it ever proves beneficial at all. In one case, where the disease is seated unmistakably in the cranium, and in another where there exists caries of the superior maxillary bone, I have failed to perceive any improvement in the violence of the paroxysms, or any cessa-

tion of the pain, after repeated and powerful injections. In such and similar cases, as well as in all others where the pain is deep-seated, the result is at variance with the expectations.

On the other hand, in all cases where the cutaneous, and particularly the superficial cutaneous, nerves have been the seat of the malady, this treatment has answered my most sanguine hopes. Even in cases of long standing, when combined with appropriate constitutional treatment, I have succeeded in giving relief, for a considerable period of time, to the painfully harassed patient, after all other possible expedients had been tried in vain.

And let me here append a few words in regard to constitutional treatment in neuralgia, as one of the conditions of success. In almost every case that has come under my observation, a tonic treatment has been indicated. I have tried both mineral and vegetable tonics, and must give the preference to vegetable tonics. I have used the sulphate of quinine in many cases, and in all but one it was followed by good results. I am of opinion that a tonic treatment ought at once to be adopted, with few exceptions; and that the same ought to go hand in hand with the local treatment. Even the local treatment ought only to be resorted to when other remedies have failed. In mild cases of neuralgia, or in cases of recent standing, I have succeeded well with the solution of the valerianate of ammonia, used either in conjunction with injection or alone. I look upon the valerianate of ammonia as a preparation which deserves more the attention of physicians than it has hitherto received. But I proceed to give the cases, as being best adapted to illustrate the above statements.

[To be continued.]

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## TWO CASES OF TRACHEOTOMY FOR THE REMOVAL OF A FOREIGN BODY FROM THE TRACHEA.

[Communicated for the Boston Medical and Surgical Journal.]

### CASE I.—REPORTED BY DR. A. NEWMAN, OF LAWRENCE, KANSAS.

AUGUST 11, 1858, I was called to visit a child of Mr. Inman, about two years old, who had, it was supposed, on the day before got a watermelon-seed into the air-passages. On the following day I visited the patient, who lived at a distance of about twenty-five miles. I found, on arriving, that she was about her play as usual. When quiet, there was very little disturbance. A little exercise at play, however, produced shortness of breath and wheezing respiration, which could be distinctly heard at some distance. There was no difference in the respiratory murmur on the two sides of the chest. There had been but little cough. The mother informed me that, while playing with some watermelon-seeds, she was suddenly seized with great dyspnoea and coughing, which lasted for half an hour, and that during the paroxysm the face was livid. As

it was late in the evening when I arrived, no interference was proposed until the following morning. The child slept well through the night. I advised tracheotomy, which, after some hesitation on the part of the parents, was assented to. Having thoroughly etherized the patient, I opened the trachea in the usual manner. A watermelon-seed was immediately coughed out with considerable force. The wound healed rapidly, scarcely abridging the amusements or convenience of the patient.

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CASE II.—REPORTED BY L. C. TOLLES, OF LAWRENCE, KANSAS.

On Saturday, the seventh of January last, happening to be in the neighborhood, I was called in to see a child of Nathan Hackett, a boy about three years of age, who, I was told, was suffering from a foreign body in the trachea, or in one of the bronchi. I found him sitting in his mother's arms, emaciated, and in a very feeble condition, not being able to walk a step, or even stand. The circumstances, as related to me, were as follows:—

At about the middle of last October, while amusing himself with his sister about the house, he got at some "burnt coffee" which had been set away to cool, and, crying, with his mouth full, accidentally drew into the air-passages one of the grains—as was supposed at the time—which threw him into violent paroxysms of coughing and choking, accompanied by the usual phenomena attending the presence of a foreign body in the larynx and trachea. After a short time, however, he got easier, and in a few days was about his play as usual, though still suffering more or less from cough, and a peculiar wheezing when at play. Nearly two months thus passed away, during which time there was considerable failing of the general health. About the month of December, he became worse, and the family physician was called, who pronounced his disease pneumonia. This lasted about two weeks, and was said to have been very severe.

On the seventh of January, as before stated, the case first came under my observation, when I made a careful examination of the chest by auscultation and percussion. The lungs appeared healthy excepting the lower two-thirds of the right, on its anterior aspect, where there was almost entire absence of the respiratory murmur, without dulness on percussion, save over a small space, just beneath the fourth rib. At this point a blowing sound could be distinctly heard, which proceeded, I had no doubt, from some obstruction in the right bronchus or some of its subdivisions. After expressing my convictions touching the case, I took my leave.

The next day (Sunday), at about two o'clock, P. M., I was summoned in haste, and found Dr. Barker, the family physician, in attendance—the case having assumed a much more serious and alarming aspect. The child was thrown into the most violent paroxysms of coughing, of a peculiar ringing and croupy nature, together with most distressing efforts to breathe; in short, it

seemed that life could be maintained but a little while longer. These alarming symptoms, however, lasted but a short time, when suddenly respiration became easier, and the patient gradually sank into a quiet slumber. It was now dark, and I left, promising to return the next morning.

Monday, Jan. 9th.—Returned in company with Dr. Albert Newman, of this city; found Dr. B. present, and the patient much worse than when I left him—he having had two or three severe paroxysms during the night; cough frequent and croupy; respiration labored and difficult; voice hoarse; pulse frequent and feeble; lips livid, and skin cool; in short, all the symptoms indicative of a speedily unfavorable termination. Tracheotomy was urged as affording the only chance of recovery, and was performed at about 12 o'clock, Drs. Newman and Barker assisting. We attempted to produce anæsthesia with a mixture of one part of chloroform to three of sulphuric ether, but owing to the dyspnœa, this, not acting favorably, was abandoned. Upon opening the trachea, a violent paroxysm of coughing ejected first a teaspoonful or more of muco-purulent matter, followed by a whole "*coffee grain*" of ordinary size, apparently in as good a state of preservation as when taken in.

This was followed with very little relief, so extensive and serious was the disease of the larynx and trachea left behind.

Tuesday, 5 o'clock, A. M.—Dyspnœa and lividity increased; all the symptoms of croup in its last stages present. I now hastily constructed two hooks by bending two pieces of common iron wire into suitable shape, which I applied to the wound, and bending them round on each side secured them on the back of the neck, and in this manner very effectually and safely established respiration through this new channel, it being now almost entirely cut off by the larynx. The breathing immediately became free and easy, and all the symptoms rapidly improved.

12 o'clock.—Patient doing well; in a gentle and quiet sleep, breathing easily and freely, 40 times per minute. Blood now perfectly aerated; pulse 132. An attendant is constantly sitting by, with a small piece of sponge to keep the opening in the trachea clear of mucus which is ejected in the act of coughing. One grain of calomel was ordered to be taken every four hours, and beef tea from time to time.

Wednesday, 11th.—Had a comfortable night; slept at one time four hours; has paroxysms of coughing every two or three hours. The mucus coughed during some of the paroxysms has been a little bloody. The treatment of yesterday to be continued.

12th.—Pulse this morning 100, regular and full; respiration 40, and easy as through the natural channel. At about 8 o'clock, patient became quite restless and uneasy, indicating the cause as well as he could (not being able to speak), to be pain in the bowels, which were hard and tympanitic. Hot fomentations were applied

to the bowels, and stimulating anodynes taken by the mouth; but, notwithstanding our best endeavors, there was more or less suffering for some two hours, when, after several alvine discharges, it passed away and gave us no further trouble. This afternoon, considerable irritation and much more swelling than usual about the wound in the trachea, which caused some narrowing, and consequently more or less difficulty of breathing; but by changing the position of the hooks, and carefully removing some lumps of dried mucus adhering to the bottom and sides of the opening, the respiration was relieved, and the irritation and swelling soon began to subside. The pulse at this time rose to 120. Calomel to be omitted.

13th.—Patient comfortable; wound looks better, but no air yet passes by the glottis; any attempt to close the artificial opening causes intense suffering. Pulse 96 to 104.

Removed hooks from trachea, which remains open without them. Patient breathes a little through the nostrils, and, on closing the wound, is able to articulate a word or two, for the first time since Tuesday.

15th.—Doing finely; calling often for food. Takes beef tea and broth with crackers, also a little milk. Respiration nearly re-established; voice yet hoarse, and cough rather tight and ringing.

17th.—Closed wound with adhesive strips, when respiration was easily performed through the glottis.

20th.—Wound nearly healed; appetite good, and patient gaining strength rapidly; some irritation and cough remain. Dismissed the case, but have heard from patient from time to time up to the present date (March 9th), when he is in perfect health.

It should be borne in mind that this case was treated under the most unfavorable circumstances. On the night after the operation, the weather turned suddenly cold and windy. Our patient was in a "log cabin" with but one room, in the heart of Kansas Territory, which, though as comfortable as Kansas farm-houses generally, would hardly compare with the poorest of New England tenements. The cold wind whistled through its many crevices, and, with the hottest fire that could be kept, one could not possibly keep both sides warm at the same time. Hence, anything like a uniform temperature was out of the question. No tracheal tube could be obtained, but the apparatus used, though not as elegant, was, I think, quite as convenient and efficient; and were I to treat another case of the same kind, I believe I should use the hooks instead of the canula, though each were alike at hand.

*Lawrence, March 14th, 1860.*



STATISTICAL RESUME OF 61 CASES OF OVARIOTOMY UNDERTAKEN OR EXECUTED IN GERMANY.

BY M. G. SIMON.

[Translated from the *Gazette Hebdomadaire*, No. 3, 1860, for the Boston Medical and Surgical Journal, by O. D. PALMER, M.D., Pa.]

OF 61 females, in whom the operation was completed, or only commenced, 44 succumbed within a short time after the operation.

In 5 cases, the operation did not procure any amelioration, or but merely a temporary benefit. There were but 12 cures.

The operation could be terminated only in 44 of these cases. Out of this number, there were 32 deaths by the operation alone. One woman, who had removed from her, a multilocular and colloid cyst, died eight months later, with cancerous productions of the pancreas, the lymphatic ganglions, and the lungs. A radical cure was effected in 11 cases.

The operation remained uncompleted in 15 cases, for the reason that the tumors had contracted intimate adhesions with the neighboring parts; 11 of these patients died immediately. In the others, the operation remained without advantage, or produced but a temporary amelioration.

In 2 cases there had been a mistake in the diagnosis; of these there was 1 death and 1 recovery.

The statistics published anteriorly were less disastrous. According to the figures of M. Fröhlich, the operation of ovariectomy would be more grave than the Cæsarean operation, for which the mortality is 63 out of 100, according to Kaiser, and 2 out of 3, following other authors. (*Scanzani's Beiträge zur Geburtskunde.*)

We had published in 1856 (page 788, *Gaz. Heb.*), a *relevé* of M. Fock, who analyzed a more considerable number of ovariectomies, than this of M. Simon, and who reports a mortality of 120 from 292, plus 52 relapses. It is apparently shown that ovariectomy had afforded its most deplorable results in Germany; but there is reason for believing that this difference is caused by some accidental circumstance, such, for example, as giving publicity equally to failure and to success. However this may be, the last English summaries are far from being so terrifying as this of M. Simon, and Dr. Barnes has not feared even to advance, recently, to a medical society of London, that we are not only authorized to practise ovariectomy, but that it is a serious duty to recommend an operation capable, using his expression, of saving the lives of 200 patients out of 300, affected with encysted dropsy of the ovary, and to refuse the afflicted this benefit would be to desert their cause.—(*Lancet*, July, 1858.) It is proper to remark, that the *relevé* of Dr. Barnes only contains 103 cases (*Statistics of R. Lee, and 21 cases published since*), and to which it is necessary to add, precisely, these 61 cases of M. Simon. Dr. Barnes, moreover, was

not acquainted with the statistics of M. Fock, the most considerable of all, and which remain very far from 200 cures out of 300.

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A CASE OF CANCER OF THE STOMACH ASSOCIATED WITH TUBERCULAR DISEASE OF THE LUNGS.

BY CHARLES T. COOTE, M.D., F.R.C.P., ASSISTANT PHYSICIAN TO THE MIDDLESEX HOSPITAL.

ALTHOUGH it is now known for certain that cancer and tubercle may coexist in the same individual, yet the coincidence is of sufficient rarity to render it desirable to accumulate instances of the fact.

F. G., aged 60, a "painter's jobber," was admitted into the Middlesex Hospital on the 10th of August, 1858, under the care of Dr. Goodfellow, to whose kindness I am indebted for the notes taken during life, and which add so greatly to the interest of the *post-mortem* examination. When admitted, the man was emaciated, pallid, with dropsical legs, and complaining of a "troublesome cough, worse at night." His then illness was of eight or nine weeks' standing; but he had been ailing long before. There was "dulness on percussion over the apex of each lung, limited in extent, but greater on the left than on the right side; slight bronchial respiration and increased vocal resonance."

On the next day, attention was drawn to the abdomen, where was detected "an irregularly circumscribed, indurated tumor, slightly movable by change of posture; extending from the umbilicus to about three inches upwards and to the left." He complained of some pain in this spot, which, however, was relieved by a dose of castor oil, and which never returned. This tumor was supposed to be malignant; and from its situation, and from the absence of any symptom referable to the stomach or liver, Dr. Goodfellow came to the conclusion that it was situated in the omentum, and probably involved a portion of the transverse colon.

From this time until the man's death (which took place on the 20th of October, from exhaustion and general dropsy), no change of any moment occurred. He retained throughout an excellent appetite, and was placed successively on broth diet, fish diet, and ordinary diet; he then had milk diet, with a chop, and was particularly fond of gruel, of which he ate largely on the day of his death. During all this time he never once vomited, nor complained (after the castor oil) of pain in the abdomen.

I extract from my own notes such portions of the autopsy as bear upon the chief points of the case.

Right lung: pleura adherent at posterior part of the upper lobe. The adhesions, easily broken down, consisted of recent lymph, and

of a number of minute whitish granulations, about as large as a pin's head. Both the upper lobes were highly congested, but floated in water. The lower lobe was of a deep violet color, very friable, and sinking in water.

The left lung was small, pale, collapsed, free from pleural adhesions. On section, the upper lobe was found to be profusely studded with grey miliary tubercles, interspersed with a large amount of pigment. Among these was a much smaller proportion of yellow tubercles; and of these, some had undergone softening, leaving small cavities, none larger than a pea. The lower lobe was emphysematous.

Under the microscope, these tubercles presented the usual elements—small, shrivelled, angular nuclei, microscopic granules, and (in the yellow tubercles) fat.

The abdomen being opened, "On the anterior surface of the right lobe of the liver, just beneath the ensiform cartilage, appeared a solid mass, of a yellow color, as large as a walnut, and with an ulcerating surface. In other parts of the liver were numerous similar masses, varying in size from that of a pea to that of a pigeon's egg.

"The stomach (which was firmly adherent to the liver, to the spleen, and to the transverse colon) was of normal size. Its walls, with the exception of the extreme fundus, and the pylorus itself, consisted of a hard, unyielding substance, about three quarters of an inch in thickness, the internal surface of which was in a state of uniform ulceration. On section, this structure was found to occupy all the coats of the stomach, except the peritoneal, which was unaffected. The extreme portion of the fundus appeared quite healthy. The œsophagus was healthy."

These structures were examined microscopically.

The yellow masses in the liver consisted essentially of large nuclei containing one or two very large, and very distinct nucleoli. With these were many polygonal cells in various stages of degeneration.

The structure occupying the walls of the stomach presented to the naked eye a greyish translucent substance, interspersed with small opaque masses of a yellow color. The former consisted of a loosely reticulated fibrous stroma, containing nuclei exactly resembling those described above, microscopic granules, and a few rather small cells containing large nuclei. The opaque yellow substance consisted of microscopic granules (very numerous) of fat, and of structureless corpuscles not distinguishable from colloid.

"The intestines were quite normal, except where the transverse colon was adherent to the anterior wall of the stomach, at which spot it was contracted to the extent of half its diameter."

In this case there appear to be several points of interest, irrespective of the mere coincidence of tubercle and cancer:—

I. The manner in which the two diseases manifested themselves

contemporaneously during life. On admission, the man's complaint was of cough. Attention was only subsequently directed to the abdomen, by the complaint of pain; and, as this symptom was relieved by castor oil, it seems probable that it was referable rather to the constricted transverse colon than to the diseased stomach itself.

II. As before stated, there was no symptom of any disease of the stomach during the time that the man was in the Hospital. His appetite was good; he complained of no pain in the situation of the stomach either before or after taking food, and there was an entire absence of nausea or any inclination to vomit. His bowels acted regularly once or twice daily. The anæmic state of the patient, the dry and parchment-like appearance of his skin; the general innutrition, notwithstanding the seemingly due performance of the digestive process; and the anasarca (no albuminuria, or other positive sign of disease of the kidneys or heart being present); all these signs taken in connection with the existence of the abdominal tumor, led to the conviction that the man was laboring under malignant disease, and that it was probably associated with tubercular disease of the lungs.

III. The situation of the cancerous growth in the stomach was very unusual; neither the extreme fundus nor the pyloric orifice being affected.

IV. The fact that the two diseases (cancer and tubercle) must have gone on simultaneously. Whatever may have been the date of the first deposit of tubercle in the apex of the left lung, some portions of it had certainly recent softening; and other portions (in the stage of yellow tubercle) were possibly advancing towards the same event. This state of retrogressive transformation is very analogous to, if not identical with, that change of a cancerous deposit which is called its "ulceration." Moreover, simultaneously with these changes, recent tubercular exudation had occurred in the pleura investing the apex of the opposite lung.—*Medical Times and Gazette*, Oct. 15, 1859.

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WM. McDONALD, L.R.C.P. and L.R.C.S. Edin., recommends, in the London *Lancet*, the hydrochloric acid in both the external and internal treatment of smallpox. It allays, he says, the prickling pain so distressing in some cases, reduces the tumefaction, the vesicle matures earlier, and desquamation takes place sooner, leaving the skin smoother and purer than by any other plan he has tried. Internally, one drachm of the commercial acid to twelve ounces of water: dose, a teaspoonful in a glass of water; to be sipped often. Externally, he applies it to the face, hands and feet—the parts which suffer most from irritation: for the face, half a drachm to, say, ten ounces of water; apply with a hair pencil, twice or thrice daily, using occasionally the mercurial liniment or cold cream.

### Bibliographical Notices.

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*Clinical Lectures on the Principles and Practice of Medicine.* By JOHN HUGHES BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh. From the last Edinburgh Edition. With five hundred illustrations on Wood. New York: Samuel S. and William Wood. 1860. 8vo. Pp. 952.

THIS third edition of Prof. Bennett's work has been enlarged by the addition of fifty pages, twenty-one new cases, and thirty-four new wood-cuts; it is therefore even more worthy of the favor which its predecessors have met with. A work so well known scarcely needs commendation, but we cannot forbear to add a word of recommendation to those who are not acquainted with it. To students it is an invaluable companion. So far as clinical instruction can be given by books, this one affords it; relating cases and demonstrating, by means of excellent engravings, the pathological appearances. To the practitioner it will be found no less useful as a work of reference, since it includes all that has been added to the science of practical medicine to the present time, including both the descriptions of diseases and their treatment.

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*Clinical Lectures on Certain Acute Diseases.* By ROBERT BENTLEY TODD, M.D., F.R.S., &c. &c. Philadelphia: Blanchard & Lea. 1860. 8vo. Pp. 308.

THE nature and scope of this volume, which comes to us in the tasteful and workmanlike dress which distinguishes all the issues of this celebrated publishing house, will perhaps be better set forth by the following extract from the preface than by a more elaborate statement:

“That it should be the aim of the physician (after he has sedulously studied the clinical history of disease, and made himself master of its diagnosis), to inquire minutely into the intimate nature of these curative processes—their physiology, so to speak; to discover the best means of assisting them, to search for antidotes to morbid poisons, and to ascertain the best and most convenient methods of upholding vital power.

“If one may venture a suggestion respecting the future of pathology, and of practice founded on it, it would be that a time is not far distant when all men who practise medicine in a scientific spirit, and divested of the trammels of routine, will discard the distinction of acute inflammations and acute disease in general, into *asthenic* and *sthenic*—that all these maladies will be regarded as more or less asthenic, and as promoting more or less an undue waste of tissue, and that, in treatment, an object of primary importance will be the early adoption of means to uphold vital power, and the watchful and continued use of them throughout the duration of the case.

“It will not be affirmed by any one that the doctrines of a science so abstruse and so difficult as pathology, should not be reviewed and reconsidered from time to time. There never was a period when a candid and ample reconsideration of general pathology promised more fruitful results than the present. Our vastly extended acquaintance with anatomy and physiology, the greatly enlarged security of the basis on which our knowledge of function rests, the much increased accumulation of facts of clinical history, all afford most important data for new inductions. And I would remark that such inductions ought to be made from the deranged functions of the living rather than from the facts of morbid anatomy, which properly should rank with the facts of clinical history, and which, in reality,

are inferior in value to most of the phenomena of disease during life, being no more than the marks of the ravages of disease, and affording comparatively little insight into its intimate nature. The real basis of all pathological inquiry must be clinical research, made with the fullest appreciation of the facts of anatomy and physiology; mere morbid anatomy leads necessarily to erroneous views of pathology and practice."

The diseases treated of are Rheumatic Fever, with its varied complications; Continued Fever; Erysipelas; Erysipelas of the Fauces; Acute Internal Inflammations; Pyæmia: Pneumonia and its complications; Simple Pneumonia; and the Therapeutical Action of Alcohol, the last being a lecture based upon the case of a child poisoned by this stimulant. Ninety-three cases, fully and very intelligently reported, form the basis upon which the accomplished author has reared a superstructure of clinical teaching, clearly setting forth his peculiar views and ideas upon treatment. It comes to the profession at this time with a twofold value; first as the teachings of an acknowledged leader in the profession, and secondly as a kind of legacy, his death having not long since occurred. It cannot fail to be a useful and instructive volume. For sale by Brown, Taggard & Chase.

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*Transactions of the American Medical Association*, Vol. XII. Philadelphia: printed for the Association. 1859. 8vo. Pp. 722.

THE twelfth volume of the American Transactions, though of a less varied character than some which have preceded it, yields to none in the value of its contents. These comprise an elaborate Report on the Medical Topography and Epidemics of California; a Report on a Uniform Plan of Registration; and Observations on Malarial Fever, by Dr. Joseph Jones, the last a long and complete investigation of that important subject. Besides these, there are a few smaller papers. Our limits do not allow us to enter into details concerning this important work; we can only say that it is an honor to the country as well as to the Association.

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*Urinary Deposits; their Diagnosis, Pathology and Therapeutical Indications.* By GOLDING BIRD, M.D., F.R.S. Edited by EDMUND LLOYD BIRKETT, M.D., &c. A new American from the fifth London Edition. With eighty Illustrations on Wood. Philadelphia: Blanchard & Lea. 1859. 8vo. Pp. 382.

THE present edition embraces everything of practical value which has been added to our knowledge on the subject of urinary deposits since the printing of the last, and continues therefore to be, what it always has been, the most useful treatise on this department of practical medicine in our language.

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*Elements of Medical Jurisprudence.* By THEODRIC ROMEYN BECK, M.D., LL.D., and JOHN B. BECK, M.D. Eleventh Edition, revised by C. R. Gilman, M.D., Professor of Medical Jurisprudence in the College of Physicians and Surgeons of New York. Philadelphia: J. B. Lippincott & Co. 1860. 2 Vols. 8vo. Pp. 884 and 1003.

OF the present edition of this classical and invaluable work we will only say that it is enriched and improved by the incorporation of a large amount of new matter, collected by Dr. T. ROMEYN BECK, pre-

vious to his death, and arranged by a number of competent collaborators, under the direction of the editor. The work has been translated into nearly every modern language, and its value and authority are too well known to render it necessary for us to say anything in its praise.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 5, 1860.

ACUPRESSURE.—Attention having been lately called to this new method of arresting hæmorrhage, we were interested to learn that in the year 1853, Dr. J. M. Carnochan, of New York, employed it successfully in a case of hæmorrhage from a wound on the left side of the forehead, in a boy with the hæmorrhagic diathesis. The wound was received while playing, and extended about two inches upwards and backwards from the superciliary arch, complicating some of the anterior branches of the temporal artery, and detaching the scalp considerably from the cranium. After resorting to various modes of compression without success, Dr. Carnochan says, in the *American Medical Gazette*, that he

“ Selected two long suture-needles, slightly curved towards the point. Feeling with the forefinger of the left hand for the artery, where it passes over the zygoma in front of the ear, I dipped the point of the needle through the skin and other tissues, about three lines to the right of the course of the vessel, and carried on the needle below the artery, directing the point so as to emerge through the integuments, at a corresponding point on the left side of the vessel. This done, I made a figure of 8 around the needle, in order to increase the compression already effected on the vessel by the position of the needle. The same procedure was carried out on the opposite side, in order to intercept the anastomosing circulation.

“ The wound was now cleansed, and filled with dry lint; compresses were laid over the lint, and the dressing completed by the application of Barton's bandage.

“ Entire success followed the compression of the artery thus effected by the needles. The patient rallied under the use of cordials and tonics; the needles were removed from the arteries on the fourth day; the wound granulated and healed kindly, and in four weeks he was discharged as well.

Dr. C. further states that he recently “ had an opportunity of applying this method to the arteries of a bleeding stump, after amputation, and with a very satisfactory result. The case was one requiring amputation of the right foot, at the tarso-metatarsal line of articulation. The operation was performed by making a semi-lunar flap on the dorsal aspect of the foot, a little in front of the tarsus. The flap was then dissected backward, and the dorsal and plantar articular ligaments, between the tarsal bones and the metatarsus, severed completely. The foot being held horizontally, the narrow knife was slipped under the tuberosities of the first and fifth metatarsal bones, and carried forward, grazing the lower surface of the metatarsal bones, so as to make a flap of sufficient extent to cover the exposed stump. The anterior tibial, external plantar, and internal plantar arteries bled freely, and three smaller vessels, also, afforded blood enough to require their obstruction. Regarding this as a favorable opportunity to test the effect of acupressure in amputation, to arrest the bleeding from the anterior tibial, the point of a steel shawl-pin, with a metallic head, and about four inches long, was passed slantingly to the depth of half an inch into the tissues, at about an inch and a half from the course of the artery on the side nearest; and having passed on:

ward, was made to emerge about a line from the artery. The pin was next directed over the trunk of the vessel, about a quarter of an inch from the bleeding orifice, and again dipped into the tissues on the other side of the vessel, about a line distant from it. The pin was then still pushed through the tissues for about an inch and a half, and again made to emerge onward for an inch. The compression on the artery was complete, and it ceased to bleed. The external plantar artery was next treated in the same manner, and with a similar result, as well as the internal plantar and the other vessels which would have required the ligature. In these last-mentioned arteries, not having at hand acupressure needles of suitable length, short suture-pins were employed; tying a piece of thread to the head of each, in order that they might be pulled away at the proper time. In securing the anterior tibial artery, it was not thought necessary to pass the pin through the integuments, as Professor Simpson recommends. The flaps were now brought together by points of suture, and the long pins and threads attached to the shorter ones left between the lips of the line of union. The pins were removed on the seventh day. Since the operation, the patient has been most comfortable, and without the slightest evidence of secondary hæmorrhage."

Judging from the results obtained in the cases above related, Dr. C. expresses himself as having "no doubt that acupressure will become a distinct and established method for arresting hæmorrhage in operations; and that, although it may not supersede the use of the ligature, it will, in many instances, supplant its use, as being more simple and equally effective, and as less likely to interrupt the primary union of wounds."

He justly adds, in conclusion, that "the celebrated Edinburgh Professor merits the thanks of the profession for formulizing 'acupressure' into a distinct method."

**ARTIFICIAL AUTOPHAGY.**—This is the somewhat novel title of a paper recently read at a meeting of the French Academy of Sciences, by M. Anselmier. The word *autophagy* has been applied to that natural process by which the body, when deprived of food, converts to its use, as aliment, those portions of its own substance capable of being assimilated, this, of course, causing rapid emaciation, and a correspondingly rapid failure of all the powers of life. *Artificial autophagy* is the term applied by M. Anselmier to the feeding of the body with its own blood, this serving as its only aliment.

The object of the author of this paper, is to show from his experiments that where death is imminent from starvation, life may be prolonged by this method; which may hence be resorted to in cases where it is of the utmost importance to eke out the vital power to the latest moment, as in certain cases of shipwrecked persons.

M. Anselmier proceeds on the hypothesis that in all warm-blooded animals, death by starvation is not the result of the entire consumption of the aliment which the body is capable of furnishing; but rather, of the loss of the heat-making power, in consequence of which the animal heat becomes lowered to a point incompatible with the performance of the nutritive functions, the production and accumulation of a certain quantity of caloric being one of the necessary conditions of nutrition in animals of this class. The heat-making power, he contends, is directly dependent upon the activity of the gastro-intestinal function of absorption; hence, the importance of maintaining this function, as far as may be, in its normal condition. "If," says M. Anselmier, "a certain quantity of its own blood be given to an animal deprived of food, this function being kept in action, the animal heat is found to undergo far less daily diminution, and a greater degree of emaciation is reached before death takes place (the loss amounting to from four to six tenths of the original weight of the body) than where all ali-



ment is withheld. In the latter case, not more than from two to five tenths are lost before the failure of the vital powers."

That life may be somewhat prolonged by the method proposed, in certain cases of starvation, seems to be pretty well established by M. Anselmier's experiments, but it may be doubted whether it will ever prove of practical use. The conclusions arrived at are, however, of much physiological interest, and it is by no means certain that desperation may not lead, in some cases, to the adoption of the mode suggested, revolting as it appears to those who have been spared the pains and perils of starvation.

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NON-APPEARANCE OF THE ERUPTION IN CONFLUENT SMALLPOX IN PARTS TO WHICH MUSTARD WAS APPLIED.—The following note from Dr. Lenardson, of Yellow Springs, Ohio, will be read with interest. He remarks: "In a recent case of smallpox, in the incipient stage, with high fever, before the eruption made its appearance, I ordered a mustard cataplasm alternately to the back of the neck, pit of the stomach, and the small of the back, as a counter-irritant, to relieve the distress of the patient. It proved a preventive of the eruption in those localities, although it was a well-marked case of confluent smallpox. Perhaps I should not say it proved a preventive, as this is the only case in which I have used it, but such was the fact. There was no eruption where the cataplasm had been applied. The cause of its non-appearance may be ascertained by future experiments, and I wish to call the attention of the profession to these facts or phenomena. I have no theory to offer, and trust that physicians in our large cities, as Boston and New York, where cases of smallpox are common and frequent, will test the matter, and prove whether the simple application referred to will prevent the eruption, and consequently the pitting so much to be dreaded on the human face, especially of ladies. If it will, the discovery will be of some importance, for, on its appearance, the patient's face and neck could be treated with this simple remedy, and thus the disagreeable and mortifying effects of the disease be prevented.

Yours, &c.,

H. LENARDSON, M.D.

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MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.—The commencement exercises of this ancient school of medicine were held on the 15th of March. The degree of M.D. was conferred on 160 graduates—previous to which, the ceremony took place of presenting to the Board of Trustees, by the class, the portrait of George B. Wood, M.D., LL.D., on the occasion of his retiring from the chair of clinical medicine which he has so long occupied. Dr. J. C. Shorb, of Maryland, made the presentation speech, and Dr. R. La Roche replied on receiving the picture for the Board. Dr. Wood, with much feeling, expressed his gratitude for the compliment paid him. The valedictory address to the graduates was delivered by Dr. Joseph Carson, Prof. of *Materia Medica* and Pharmacy.

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PHILADELPHIA COLLEGE OF PHARMACY.—The annual commencement took place on the 15th of March. The degree of Graduate of Pharmacy was conferred on 29 members of the class, and the valedictory was delivered by Prof. Robert P. Thomas, M.D.

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MEDICAL DEPARTMENT OF THE PENNSYLVANIA COLLEGE.—The annual commencement took place on the 3d ult., when the degree of Doctor of Medicine was conferred on thirty-eight young gentlemen.

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OGLETHORPE (GEORGIA) MEDICAL COLLEGE.—The annual commencement exercises of this school, located in the city of Savannah, were recently held, and the medical degree was conferred on 21 graduates, 4 of whom had "previously re-

ceived degrees in northern institutions." The late class numbered 60 matriculants—from seven of the Southern States. A beautiful volume of surgical plates was presented to Dr. Samuel F. Walker, of Texas, one of the graduates—a prize from Prof. Blair for proficiency in anatomy. Dr. Geo. R. Black, of Savannah, was the orator on the occasion.

**SAVANNAH MEDICAL COLLEGE.**—The commencement of this School took place on the 15th of March. Twelve young men received the degree of M.D.; and the honorary degree was conferred on Drs. James R. Smith, of Georgia, and Owen B. Bowen, of Alabama.

**CINCINNATI COLLEGE OF MEDICINE AND SURGERY.**—At the late annual commencement of this institution, the degree of Doctor of Medicine was conferred on 30 graduates. The number of matriculants at the session was 97.

**RUSH MEDICAL COLLEGE.**—The seventeenth annual commencement of this institution (in Chicago, Ill.) was held on the 15th of February. The number of graduates was 36. Dr. Brainard delivered the valedictory address.

**ARREST OF HEMORRHAGE BY ACUPRESSURE.**—On Tuesday last, this new plan was put in practice in the Carlisle Infirmary, after an amputation of the leg, by Mr. Page, Dr. Simpson being present. It was most successful. Very little blood was lost, and there was less difficulty in controlling the vessels than is often experienced in this situation.—*London Lancet*, Feb. 4th.

**ROYAL COLLEGE OF PHYSICIANS, LONDON.**—Amongst the graduates elected to the Membership of the College, at the Comitia Majora, held on the 1st inst., was Charles Edward Brown-Séguard, M.D., Paris. The enrolment of this distinguished man in the ranks of English physicians will be hailed with universal satisfaction.—*Ibid.*

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 31st, 1860.

#### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	55	25	80
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	40.9	34.4	75.3
Average corrected to increased population, . . . . .	..	..	85.9
Deaths of persons above 90, . . . . .	..	1	1

#### Mortality from Prevailing Diseases.

Consumption. 15	Croup. 2	Scarlet Fever. 4	Pneumonia. 8	Measles. 1	Smallpox. 1
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#### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.797	Highest point of Thermometer, . . . . .	71
Highest point of Barometer, . . . . .	30.030	Lowest point of Thermometer, . . . . .	23
Lowest point of Barometer, . . . . .	29.540	General direction of Wind, . . . . .	S. W.
Mean Temperature, . . . . .	41.14	Whole am't of Rain in the week . . . . .	none.

**ERRATA.**—In the case of retinal detachment in the *JOURNAL* for March 8th, page 114, line 32, for "bit of fragment," read *bit of pigment*; page 116, line 15, for "exists," read *consists*. It should also have been mentioned that the diagram is modified from one of Jæger's. In the number for March 29th, page 173, line 10, for "smallpox is cowpox," read *cowpox is smallpox*.

**Books and Pamphlets Received.**—Report of the Board of Managers of the Western Lunatic Asylum of the State of Kentucky, for the years 1858 and 1859.

**Communications Received.**—Extirpation of the Parotid Gland.—Acute Idiopathic Pericarditis.—Cases of Tracheotomy.—Pelvic Cellulitis.

**Deaths in Boston** for the week ending Saturday noon, March 31st, 80. Males, 55—Females, 25.—Accident, 4—apoplexy, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—cancer, 2—consumption, 15—convulsions, 1—croup, 2—dropsy, 2—dropsy in the head, 4—dysentery, 1—infantile diseases, 5—scarlet fever, 4—typhoid fever, 1—gastritis, 1—hypochondriasis, 1—disease of the heart, 3—congestion of the lungs, 1—disease of the lungs, 1—inflammation of the lungs, 8—disease of the liver, 1—marasmus, 3—measles, 1—old age, 3—phlebitis, 1—pleurisy, 1—premature birth, 1—scrofula, 1—smallpox, 1—teething, 1—unknown, 5.

Under 5 years, 34—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 13—above 60 years, 13. Born in the United States, 53—Ireland, 22—other places, 5.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, APRIL 12, 1860.

No. 11.

THREE FATAL CASES OF TRACHEOTOMY.

BY CHARLES E. BUCKINGHAM, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN making up the statistics of an operation or a disease, it is the right of the profession to expect that an operator will aid by giving all his unsuccessful cases. I have already reported in this JOURNAL my first two cases of tracheotomy, both of which were successful. The three cases now reported, although fatality followed them, would not discourage me from operating again. The comparatively perfect ease which two of the patients had during the remainder of life, was sufficient of itself to make those who saw them feel that the operation was justifiable, even though it were known that death would follow.

CASE III.—The child was of German parentage. Perfect aphonia had existed for an unknown time. Patient blue from want of air. Dyspnœa excessive, and death evidently impending. Ether was administered, and the trachea was opened, but death ensued before the introduction of the tube. False membrane lined the trachea below the incision.

CASE IV.—Feeble female child; age six months and twenty-nine days; of American parentage. On the 12th of March, her mother reported that she had had a severe cold for several days, with cough. She was obliged to stop nursing the bottle to breathe. Had no teeth. Skin moist and warm. Tongue clean. The respiration was difficult. During inspiration, the intercostal spaces were drawn in. Gave her syrup of poppies in half-drachm doses, to be repeated every four hours, if awake.

March 13th.—There was running of the nose last night, but none now. The intercostal spaces less marked than yesterday. Does not care to nurse. Respiration 36.

15th.—Has had several hours good sleep. A little syrup of ipecac was added to the medicine yesterday, which caused the patient to vomit once. Is anxious to nurse. Seems to lie as quietly

on face as on back. Respiratory sounds dry and hoarse. Over both backs, it is occasionally whistling. During inspiration, the intercostal spaces are much drawn in, particularly on the left side. Coughs only on waking, or after nursing, which is very difficult. Face looks quite well. Nostrils distended. Have never, as yet, seen any false membrane in pharynx. Respiration 44. R. Tinct. opii, gtt. viij.; potassii iodidi, gr. viij.; syr. aurantii, ℥ i. One drachm every three hours, if awake, in place of the other medicine. The room to be kept full of steam, and the thermometer not to be allowed to fall below 75°.

3, P.M.—Respiration 36. Perfect aphonia. Slight strabismus. Percussion of left back, perhaps, gave less resonance than the right. The right intercostal spaces very much drawn in, during inspiration. Expiration does not seem very difficult. Does not cry much, nor cough much. Sleeps most of the time. To continue the medicine, without the laudanum.

Night.—Very restless. Respiration 48, and very difficult, but there is no perceptible lividity. Aphonia. Auscultatory sounds perfectly dry. Injected through one nostril a few drops of a solution of tinct. ferri muriatis in water (20 drops to the ounce).

16th, 7, A.M.—Has been no change in the night. The medicine has been taken regularly (that with and that without the laudanum alternating) every three hours. Cannot say if the surface be a little livid or not. Pulse 160; respiration 40 to 48 in a minute, sometimes very dry, and again somewhat moist. Nurses with avidity, but with great difficulty, coughing and strangling.

17th, 11½, P.M.—Respiration 42. Cough sounds more loose. Color good, except of nails, which are beginning to look blue.

18th, 7, P.M.—Respiration from 40 to 50 in a minute. Coughs hard at times, but there is no voice. Nurses greedily. No moist sounds in the chest. By advice of Dr. Gould, who had seen her once before with me, I introduced a sponge with compound tincture of benzoin into pharynx, which did not enter glottis. This latter is swollen and smooth.

19th.—Bad night. Respiration 60. At 11, A.M., with the assistance of Drs. Gould, Phipps and Cheever, I opened the trachea, the patient being first etherized. She seemed much relieved, although the cough continued through the whole of the afternoon. Got two drops of tinct. opii at 1, P.M., and again at 5 and 9, P.M. The tube was removed at 6, P.M., and on the following morning at 12½ and 5¼. Dr. Gould saw her at 9, A.M., on the 20th. The tube appearing to produce the cough, it was left out after this time, and the opening remaining pervious, it was kept so by occasionally introducing a small sponge dipped in oil.

9, P.M.—No suppuration now, although there has been during the day. She breathes, in part, through the nose. Had a convulsion at 5, P.M. I remained with her all night. At midnight, the respiration was 100, and very dry. Got, at that time, three drops

of laudanum. Occasional cough, with expectoration of pus through the wound.

6, A.M.—Respiration 68.

9, A.M.—Skin feels well and looks well. Respiration 68, partly by nose and partly through wound.

21st and 22d, midnight.—Respiration 88. Several times there has been strabismus. Slept more than two thirds of the night, after taking three drops of tinct. opii. Takes nourishment by bottle or by spoon, but it excites cough, and in either case a considerable amount escapes through the artificial opening. This has been the case for the last twenty-four hours. When she coughs, there is great strabismus.

Through the morning, her respiration became very quiet, though not less than sixty in the minute. Nearly all the food taken by her passed into the trachea, and was rejected by coughing. She did not, in the last twenty-four hours, get more than a few ounces of whey. About 1, P.M., she died, without any convulsion, apparently from exhaustion.

In this case no false membrane was at any time seen. There was no examination of the body. The length of the case, and the general features, render it probable that there was œdema of the glottis.

CASE V.—March 24th, I was called to W. P. C., aged one year and nine days. For thirty-six hours sick with severe cold, coughing much, and at first with running from the nose. The mother thought yesterday that there was eruption upon the skin, but nothing of it was to be seen at the time of the visit (6½, P.M.). The tongue was coated, and there was a patch of lymph on the right tonsil. Respiration difficult and dry, 32 in the minute. Cough. Expiration most difficult. Skin hot and dry. Pulse 142. R. Syr. papaverum, mucilag. acaciæ, each ʒ ss. One drachm to be taken every four hours, if awake.

25th.—At noon, with the assistance of Drs. L. M. Sargent, Jr., and D. W. Cheever, opened the trachea. The patient was first etherized. Previous to the operation, the respiration was 39, and labored. Pulse almost imperceptible. Surface generally livid. All the respiratory muscles in violent action. The respiration was immediately relieved. No lymph was to be seen in the trachea. The medicine was repeated immediately after. The room was filled with vapor of hot water. The tube was removed at 2, 7 and 11, P.M. Got his syrup at 3, 7 and 10, P.M. Skin, at 11, P.M., very hot and dry. Respiration 40 in a minute.

26th, 1½, A.M.—The dyspnœa was excessive. Removing the inner tube did not relieve him, and the outer tube was taken out to be cleaned. Before it could be reinserted, the efforts at respiration were excessive, and entirely ceased. I was obliged to resort to artificial respiration.

8, A.M.—Has been perfectly quiet since 1½, A.M. Has had no medicine.

11, A.M.—No dyspnoea. False membrane is to be seen through the slot in the outer tube. An eruption, like scarlatina, is to be seen about the malleoli of the left foot. Child very thirsty. [There has been scarlatina in the house.]

3½, P.M.—Has been vomiting since 2 o'clock. The eruption of scarlatina is perfectly well marked on both feet, and red papules about legs and forearms, as well as between thighs. Has had two dejections, containing undigested milk. Tongue white. Face covered with purple eruption, indistinct generally, but well marked on cheeks. Conjunctival injection, and suffusion of eyes.

10¾, P.M.—Less redness of skin, but it is still marked about thighs and knees. Thumbs drawn into palms of hands. Rather more motion of left extremities than of right. Lymph projects through the slot in the tube. A patch of lymph on the left of the apex of the tongue, and a bright red patch on the right of the apex, as if it had been peeled. Respiration 68. Abdomen much swollen and tympanitic.

27th.—Was quiet till ten minutes since, when he had a general convulsion. Skin of extremities red and hot. Pulse cannot be counted. Lies on his back. The left extremities move occasionally, but, like the right, they are rigid. Jaws clenched, and sometimes convulsively moved. Opisthotonos during the next fifteen minutes. Abdomen hard and swollen. Died, in tetanic spasm, about 4, A.M.

## TREATMENT OF NEURALGIA BY SUBCUTANEOUS INJECTION.

BY A. RUPPNER, M.D., BOSTON.

[Continued from page 199.]

CASE I.—*Neuralgia of all the branches of the Trifacial Nerve, of 13 years' standing; non-success of the ordinary modes of treatment; injection at the infra-orbital point; relief.*

In February, 1859, I was requested to visit Mrs. —, at that time residing in Malden, Mass. The following notes were taken at the visit. Patient is 30 years old, married, mother of a child 3 years old, of a nervous temperament and feeble constitution. Hardly had I entered the room, when I was impressed by the sad object of suffering before me, in a rocking chair. Complexion sallow; skin of the forehead and cheeks drawn together in wrinkles; eyes deeply sunk in their sockets; the lower jaw without teeth; the expression of the countenance anxious, and as if in expectation of some violent paroxysm of pain to disturb the momentary but deceitful calm; the left hand already raised to arrest, at the first inkling, the delicate muscles of the face, moving, as if charged and agitated by an electric current; giving the face at times a peculiarly distorted and strange expression; patient hard-

ly able to walk for want of strength in her limbs. Such was the *ensemble* presented by this wreck of a long and cruelly tormented frame, grown prematurely old—sustained only by a remarkable strength of character and a determined will. For thirteen long years, she had borne her sad lot. There is but little doubt, that the malady in her case is hereditary. Her mother and a sister have both been subject to neuralgia. She has been more or less unwell from childhood. Experienced, about thirteen years ago, occasional sharp pains in the left shoulder, for which no cause could be assigned, but which, ere long, passed upwards to the left side of the face. Had a tooth extracted, which made the pain worse. For two years, the pain troubled her more or less in the same place, being always aggravated upon taking cold, when, all on a sudden, it made its appearance in the occiput, and extended thence to the right side of the face, where it remained stationary till this day. The intensity of the pain had varied, being, perhaps, better in summer and worse in winter. Short intervals of rest were enjoyed now and then till two years ago, when she miscarried. From that day dates an almost uninterrupted period of suffering, which seemed to reach its climax, when the paroxysms, or rather spasms, obliged her to keep the head turned to the right for two days. The least motion of the head would induce horrible suffering. The pain invaded also, about this time, the back and legs. Since her miscarriage, she had not been free from pain for a single day, and the greater part of the night was passed in a sleepless state. As a last resort, in the vain hope of obtaining relief, about six weeks before my visit, she had all the teeth of the lower jaw extracted, some of which were decayed; but all in vain. The paroxysms came and went away as usual. They still come and go, harassing her more than ever. Her general health is much impaired. Appetite poor and capricious; bowels very irregular. Is exceedingly nervous and excitable. All possible means of treatment have proved nugatory. Nor did she omit to worship at the shrine of "*infallible Homœopathy*," with the glorious satisfaction of testing the efficacy of the wonderful Hahnemannian potencies. She waited for their effect upon the neuralgia with "*expectant*" hope, till she found she could not afford to wait any longer. At this stage of my interrogatories, the patient was quite free from pain. "I fear," she remarks, "you can do nothing for me just now, doctor, for I am not suffering at this moment." I told her I would see to that, and resolved at once to verify the principles first laid down by Valleix as to finding the most painful point by pressure, the same being also the most eligible one for the operation of injection. She declared herself willing to undergo any operation for the sake of obtaining relief. I determined to try subcutaneous injection; her dentist from Boston, her family physician, Dr. Sullivan of Malden, her husband and sister, being present.

Having placed her in an easy chair, I began to produce slight

pressure with the edge of a coin—a ten-cent piece answered my purpose—along the ridge of the forehead. Patient complained of considerable pain, when I pressed near and upon the supra-orbital foramen. But this pain could not be compared in intensity with that which was experienced when I pressed, even slightly, upon the second division of the fifth pair at its point of emergence at the infra-orbital foramen. Pressure there produced the most intense agony. At the same point of emergence on the left side of the face, on the contrary, pressure, even the most firm, caused no pain. Pain was also absent at the mental foramen. Though the patient, when previously asked, could not recollect the exact point where the pain was most severe, so sudden and unexpected was the advent of the paroxysm, and which seemingly affected the whole side of the face equally, now she remembered, at once, that on the cheek, to use her own words, was the beginning of all the trouble.

Having thus found the *infra-orbital point* to be the most painful (although, no doubt, all the three divisions of the trifacial were in this case affected), I charged my syringe with twenty-drops of a solution of one grain of acetate of morphia to one drachm of sherry wine, or one third of the drachm solution—which would be equal to two grains of solid opium contained therein—and injected the whole at the *infra-orbital point*, bringing the point of the needle directly to the foramen; a point easily ascertained in this case, because the patient was very much emaciated.\*

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\* I am in the habit of using different solutions of the sedative, adapted to the susceptibility and strength of the patient. For some patients, a very weak solution of the acetate is sufficient to produce distressing nausea and vomiting, even when injected in small quantity, namely, six to ten drops; but I have observed, that the stronger the injection, and the greater the disturbance caused thereby in the system, the more permanent is the result. The great desideratum is to find a sedative to be injected, which does not produce nausea or vomiting. I find that this can only be avoided by using very weak solutions, and then injecting repeatedly, so as to arrive ultimately at the same result as if a stronger solution had been used. I inject the following solutions:—

One grain	of acetate of morphia dissolved in one drachm of sherry wine,
Two grains	“ “ “ “ “ “ “ “ “ “ “ “
Three	“ “ “ “ “ “ “ “ “ “ “ “
Four	“ “ “ “ “ “ “ “ “ “ “ “

When not particularly stated, when I speak of using the solution in my cases, related above, I have used the one-grain solution. In all other cases, I shall mention the strength of the solution employed. I have experimented with hyoscyamus and with the Indian hemp. I succeeded in avoiding the nausea and vomiting; but neither produced the desired sedative effect upon the pain when injected.

In *Championnière's Journal of Practical Medicine and Surgery*, of September, 1859, Vol. I., No. 9, Art. 5680, there is an extract from a paper read by Dr. Béhier, physician of the Hospital Beaujon, before the Academy of Medicine, on this important therapeutical question.

Mr. Béhier injected a solution of sulphate of atropia, in the proportion of five grains of sulphate of atropia to one ounce of distilled water, which gives about 1-160th grain of the drug to every drop. This mode of treatment was applied in fifty-three cases, of which there were eighteen cases of *sciatic neuralgia*, but only one case of *facial neuralgia*. Out of the eighteen instances of sciatic neuralgia, twelve have been manifestly cured; in six others, cure was more than probable. "Upon the whole," I quote directly from the article before me, "out of fifty-three cases, in which injections of the sulphate of atropia have been used, Mr. Béhier has witnessed eighteen complete cures, usually obtained by a solitary injection, by two at most, and in fifteen other cases he has ascertained constant beneficial effects from this mode of treatment, even when he has been unable completely to follow up his observations. In several patients, four days treatment and two or three injections only, were sufficient to effect complete cure. In some cases, as many as fifteen injections were requisite."—Pp. 386, 387. It may also be mentioned here, although only indirectly connected with the subject of neuralgia, but directly with that of *injection*, that Mr. Béhier has made injections of sulphate of strychnia in seven cases of paralysis. The liquid he used contained five grains to one ounce distilled water, as in the case of sulphate of atropia. Among



The pain of the application was very severe, but the effect not less speedy. Immediately upon the instrument being withdrawn, the surrounding part became œdematous, extending as far as to the nose and upwards to the eye. Mark, however, the effects of the injection upon the nervous system. When asked whether she had any pain now, she answered—"none at all." In about five minutes after the operation, patient said her eyes felt very heavy; she could hardly keep them open; felt as if all her nerves were unstrung. In a few minutes more she was fast asleep. Pulse rose, rapidly at first, from 86 to 104 per minute. In this condition I left her—being obliged to return to Boston. I gave directions, in case she should be attacked by nausea and vomiting—an effect of the injection which I fully anticipated, and requested her husband to report to me, next day, her condition.

Feb. 16th.—This afternoon, nearly twenty-four hours after the operation, patient's husband reports to me the following facts. About an hour and a half after my departure (Mrs. ——— being soundly asleep during the whole of that time, just as I left her), she was attacked with nausea and vomiting, similar to sea-sickness, which continued for several hours at intervals, and obliged her to go to bed. The œdema seemed rather to increase, but she felt no neuralgic pain whatever. When vomiting had ceased, she passed a perfectly quiet night, and was free from pain all the next day. The swelling began to diminish during the night, and was considerably less on Saturday morning. Felt somewhat sick at stomach all day. R. Bismuthi sub. nitratis,  $\text{ʒ}i$ .; infus. gentianæ, comp.,  $\text{ʒ}iss$ .; aqua menth. viridis,  $\text{ʒ}ss$ . Ft. mistr. One teaspoonful every half hour till vomiting ceases. Ordered warm hops to be applied to the œdematous part.

17th.—Patient is still free from pain. Slept well all night. Swelling much decreased. Nausea subsided, after taking the medicine prescribed yesterday, twice.

18th, 11, A.M.—To my great surprise, patient enters my office, in person, accompanied by her sister. Seeing her, I expressed my satisfaction and surprise. But she interrupted me:—"I considered it my duty, to come myself this morning, and thank you for the

the facts adduced in support of this mode of treatment, the *Gazette des Hôpitaux* reports several which seem very conclusive.

I have injected the sulphate of atropia, of the strength used by Dr. Béhier, in one case only, of facial neuralgia; the patient is still under my observation, and I shall report the result, perhaps, at some future time, after having tried the effects of this medicine in other cases.

Something ought also to be said here, in regard to the instrument used. The glass syringe, made first by Mr. Young, of Edinburgh, and that of caoutchouc, by Tiemann, of New York, are both good, and answer all common purposes. But they are not exact enough when we wish to reduce the number of drops to a very small fraction; and when we wish just exactly to know how much we have injected, or to limit the amount to be injected. I had, therefore, an instrument made by Mr. Tiemann, of New York, similar to the syringe invented by Pravay for injection of perchloride of iron. At each quarter of a turn of the piston, which is screwed, one drop of the medicated liquid escapes. The body of the syringe holds one half a drachm. To the syringe are screwed trocar needles of the finest kind, and of different lengths. The only objection to this instrument is its high price; the one I have, cost me fifteen dollars, a serious objection to its ever being extensively used, unless the price is much reduced.

relief you have given me. For the first time, in three years, have I slept three entire nights without pain, since the injection on Friday." In fact, the patient seemed to be very happy at the result; although I told her I feared a return of the paroxysms sooner or later. Is free from pain in the face and head; swelling has almost entirely disappeared. Nothing could be seen of the point where the instrument had been inserted. Thought she felt a little pain in the fore-arm on her way to the city. I prescribed, also, quiniæ sulphas in one-grain doses, twice per day, and tinct. quassiæ comp. Told her to call on me on the first reappearance of the pain.

April 29th.—Had not heard from my patient, except indirectly, till to-day, when she called at my office in excellent spirits. Has not experienced the least pain whatever in the face or head since I saw her, the 18th of February. A few evenings ago she went out, and it being damp, caught cold; she felt, afterwards, a few pains shooting through the occiput down the neck and spine. Has gained much in strength, in appearance and color of the face. Is able to do again her own sewing. Has taken the quinine and gentian since her last visit.

She complains, however, of occasional pains, shooting down her arms and legs; requests me to inject some morphia into the thigh. I consented; and having ascertained the most painful point to be situated about the middle of the anterior part of the thigh (in the course of the middle cutaneous nerves), I injected ten drops of the solution. The same phenomena presented themselves again, as after the first operation; pain, œdema and nausea. But the injection was not powerful enough this time to produce vomiting. Patient left my office, after an hour or thereabouts, quite comfortable.

May 4th.—The very morning I was about to sail in the steamer Arabia from East Boston for Europe, Mrs. —— called on me; and during the short interview I had with her, I ascertained that she reached Malden well, free from pain in the thigh, and free from the distressing vomiting of the former operation. Advised her to persevere, during my absence, with the tonic treatment; and recommended in addition such hygienic measures as might tend to invigorate her constitution.

Oct. 2d.—Patient presented herself to-day, being informed of my return from Europe. She informs me that she has had no return of the paroxysms of pain; although she had been kept, for several days and nights, in a constant state of excitement and mental anxiety, owing to the dangerous and nearly fatal illness of her husband. Her general appearance is much improved; has gained strength; is more fleshy than she was six months ago; has persevered constantly in the constitutional treatment; intends to remove to the State of Maine. For a period of seven months, then, and in fact after the first injection, this patient has been free from her pain, and has continued doing well up to the present time.

CASE II.—*Neuralgia of the Lachrymal Branch of the Ophthalmic division of the Trifacial, of seven years' standing; injection at the palpebral point; relief.*

March 3d, 1859, I was consulted by Mrs. —, Boston, aged 35; mother of one child; of nervo-sanguineous temperament. Has been troubled with neuralgia of the face and head for seven years. The pain is wholly confined to the right side; extends just as far as the sagittal suture; has never invaded the left side of the face at all. It seems to be of a dull, heavy character, almost constant, but at one time more severe than at another. Patient indicates the right malar bone as the seat of her trouble; also, the external angle of the eye, but particularly the spot where the lachrymal branch of the ophthalmic division of the fifth pair emerges. Producing pressure along the course of the nerve with a small coin, I find the pain at and about the supra-orbital foramen less severe than at the *palpebral point*; but still pain is felt there, extending from thence over and along the sagittal suture, down to the parietal foramen. Lately, it has also extended downwards and backwards from the angle of the eye, and become stationary in front of the ear. The important diagnostic question occurred here, whether this pain in front of the ear originated in the portio-dura or one of its branches; or whether it was merely symptomatic pain, caused by the disordered action of the fifth? Subsequent events showed that it was only symptomatic. This pain around the ear has, however, troubled the patient only for the last two weeks. It is neither lancinating nor spasmodic, but a constant, dull and heavy pain. Neither cold nor heat affects it. The general health is much affected; has sometimes so severe pain that she does not know what to do; feels then so perfectly miserable that she is unable even to dress herself. Sometimes the right eye is very painful. Is accustomed to press her hand against the cheek while the paroxysm lasts, and thinks pressure relieves her.

*Operation.*—I injected fifteen drops of the solution directly at the *palpebral point*. Patient felt very little pain from the injection. A few minutes after, she told me she thought the pain was less than before the operation, but still there was some pain. The pain around the ear, but particularly in front of it, continued to be very severe. Introduced the needle again, and injected ten drops more at the same point. About five minutes after, she declared herself entirely free from pain. The swelling at the point of injection was very trifling, but a distinct rash appeared. Felt a little nauseated, but soon recovered from its effects. No vomiting.

4th.—Mrs. — called on me this morning, and told me she had passed the whole time up to the present moment free from pain; although the weather was very chilly, damp and unpleasant, which has generally affected her unfavorably. The swelling had subsided, but the part was still a little sore. As her general health had

suffered much in consequence of her continued suffering (the countenance being exsanguine, and the lips nearly colorless), I order'd the following medicine, with generous diet:—R. Citratis ferri, ℥ij.; syrugi aurantii, aquæ menth. pip., aa ℥ij.; aquæ puræ, ℥iv. M. Sumat coch. parv. ter in die.

16th.—Called on my patient. She has been free from pain till within a day or two, when she again experienced pain in the right temple. I detected the most painful spot still to be situated in the course of the *lachrymal branch*, at the *palpebral point*. Injected ten drops of my solution No. 2; patient felt a severe pain and screamed aloud. The part immediately surrounding the puncture became œdematous and exceedingly tender to the touch. Patient had nausea, but did not vomit; had to retire to bed, feeling too unwell to sit up. About fifteen minutes after the injection, she told me that the neuralgic pain had vanished. Except the tenderness at the point of injection, she did not feel anything at all.

17th.—Part still a little œdematous, but not so tender as yesterday. No pain since the injection.

18th.—Edema has altogether disappeared, as well as the soreness. Patient is free from pain.

From that period up to the time of writing this report, Mrs. — has been mostly free from pain. She had a severe attack of fever, followed by varioloid, within the last three months, but no return of the neuralgia. Except during my absence in Europe, the patient has been constantly, and is still, under my observation.

[To be continued.]

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 27th.—*Laceration of the Liver and Kidney.* Dr. ELLIS showed the liver and kidney of a young woman, 22 years old, who had been knocked down, on the evening of February 17th, by a heavy sleigh, the runner of which passed over or upon the right side of the abdomen, at the upper part. She had little or no pulse for many hours after the accident. On her entrance to the hospital, the next morning, the pulse was feeble and rapid. She had much pain and tenderness across the upper part of the abdomen, but not more on the right side than on the left, and there was no tenderness in other parts of the abdomen. *There was no external mark of injury.* In the evening, she was rather more comfortable; the pulse was at 108, and quite feeble; she had vomited frequently; had been unable to urinate, and was catheterized. The urine never contained blood. The skin was jaundiced. On the 19th, some dulness on percussion in the right side of the abdomen, which was dependent, was noticed, suggesting the idea of laceration of the liver, and effusion of blood into the peritoneal cavity. The patient vomited everything she took, and continued to sink until ten o'clock of the forenoon of the 27th, when she died.

At the autopsy, no sign of external injury was found, except a slight bluish discoloration of the skin over the cartilages of the lower ribs on the left side. There was a limited ecchymosis in the adipose tissue, four inches above the umbilicus. Between six and seven pints of dark bilious fluid were found in the peritoneal cavity. The peritoneum was everywhere of a dark-green color, as if stained by bile, but presented no evidence of inflammation. In the liver, near the right edge of the coronary ligament, was a fracture, an inch and a half in length, and half an inch in depth; there was no appearance of coagulation of blood, or of inflammation about the rent. The tissues about the common bile-duct, and the duct itself were torn completely through, at a point an inch and a half from the duodenum. All the bile had evidently flowed into the peritoneal cavity. Some blood was effused into the cellular tissue around the left kidney, and a large quantity into that around the right. Several fractures existed in the right kidney, the largest extending from the hilus deeply into the substance of the organ. A large portion of its substance had a yellow or dark-red appearance. The left kidney presented the same peculiarities of color, but no fracture was noticed.

The contents of the intestines were of the consistence of thick gruel, and of a whitish color, the latter showing, beyond a doubt, that no bile had entered the intestine. Other organs normal.

FEB. 27th.—*Anæmia ; Disease of the Liver and Kidney.* DR. SHATRUCK reported the case, which was that of a man 28 years old, a clerk. His parents had died of phthisis. His own health was good in early life; he afterwards lived freely, drinking, smoking and chewing. Ten years ago, he had a scrofulous ulcer on the left hand, and since then one on the left elbow and below both clavicles. Four years ago, he had a chancre, which was followed by sore throat and pains in the bones, but no eruption. One year later, he began to lose flesh and strength; and continued to do so rapidly for the last six months. He entered the Hospital Feb. 18, weighing 115 pounds, in place of 145 pounds, his former weight, emaciated, anæmic, taking scarcely any food, enfeebled in mind as well as in body. The liver was felt just below the ribs, and the hepatic dulness extended to an inch below the nipple. He became delirious on the evening of the 21st, and died at 10, A.M. on the 22d.

Dr. ELLIS showed the liver, which was the principal seat of disease. Its weight was seven pounds and a quarter. Its substance was everywhere yellow, but variegated. While some parts presented the usual appearance of fatty liver, others, which were mingled with them, were darker colored, and somewhat waxy. The organ was also much firmer, and the fractured surface smoother than when fat alone is present. On microscopic examination, an abundance of fat was found. The kidneys were of a light yellow color, and of about the usual size. On microscopical examination, the tubuli were found to be filled with fat globules. The supra-renal capsules were large, being two inches and a half in length.

MARCH 26th.—*Penetrating Wound of Chest ; Death in eighteen Days.* DR. ANSON HOOKER exhibited a piece of iron and a fragment of a rib, which were found after death in the chest of a patient, whose history was as follows:—He was a firework-maker, a robust man, in middle life. While experimenting with a fog-gun, Feb. 22d, the piece burst, and he was knocked backwards about eight feet. He got up and tried

to walk, but after going a few rods he fell, and was carried home. On examination, Dr. H. found a wound below the right axilla, about ten inches long, and larger at one end than the other. The fourth rib was fractured, and a fragment of it was picked out. The finger was passed its whole length into the wound, but no foreign body could be detected, nor could the lung be felt. There was considerable hæmorrhage; the pulse was feeble. He was immediately got into bed, and stimulants were administered. He continued to bleed till midnight, and was apparently rapidly sinking; the hæmorrhage then ceased, and he began to rally. He lay with his left side slightly elevated, and the wound was left open for the escape of effusion. The next day he was pretty comfortable, and, on consultation with Drs. LEWIS and GAY, it was decided to etherize him, and examine the wound. Dr. Gay passed his finger into the wound, but could feel nothing but a pulpy mass. He then carefully introduced a long pair of forceps, but nothing could be felt. On examining the gun, a piece about two inches long, and nearly as wide, was missing. He was ordered opiates and stimulants, *pro re nata*.

On the 24th, he had a pulse of 140. Respiration, good in the upper part of the right lung, as well as throughout the left. A large amount of bloody serum escaped from the wound on removing the dressings. He had not much pain and took broth. For the succeeding few days, he continued in the same state, the pulse varying from 90 to 144. He took nourishment and wine. March 1st, he had some cough, which continued to increase, and the discharge from the wound began to be offensive; he slept without an opiate for two nights, and had a good appetite. On the 5th, the cough increased, and was accompanied by rusty sputa. A large quantity of offensive serum was discharged from the wound, with a few shreds of blue flannel, which came from the frock he wore at the time of the accident. He was very feeble; pulse 100. The next day he rallied, was very comfortable, and took plenty of nourishment. The cough then increased, the discharge became copious, continued very offensive, the expectoration became difficult, and the respiration labored. He complained of no local pain. Although he occasionally rallied for a short time, he gradually became worse, and died at 3, A.M., March 12th.

The *autopsy* was made at his request, by Dr. ELLIS, who reported it to the Society. On opening the right pleural cavity, the lung was found collapsed, lying against the spine, and adherent posteriorly. The attempt being made to inflate it, air escaped from the part opposite the wound in the chest. The pleural surface was roughened by a false membrane of a greenish or blackish color. The cavity contained about half a pint of dark brown, offensive fluid.

The lung was mostly deprived of air, and showed a deep depression in the lower part of the upper lobe, opposite the wound. The substance immediately around this was somewhat solidified. A fragment of iron, an inch and five eighths long, and three fourths of an inch wide, with a portion of the fractured rib, an inch and three quarters long, lay upon the diaphragm; at the posterior part of the lung, was a small portion of cotton cloth.

At the commencement of the descending aorta was an irregularly cylindrical coagulum, upwards of two inches in length, and about half an inch in thickness, attached by the extremity to the lining membrane of the vessel. The granular character of the contents of

this showed it to be of some standing. The other organs were healthy.

FEB. 27th.—Dr. MORLAND, referring to the case of ruptured perinæum reported by him to the Society, October 25th, 1858 (*See Society's Transactions*, Vol. III. *Supplement*, p. 155, &c.)—and in uniting which, a combination of the quilled and interrupted suture was used—said that the woman had lately been again confined, and the perinæum, as restored, had proved entirely equal to the necessities of the occasion. There was not the slightest tearing of the part. Dr. Gray, in Dr. M.'s absence, delivered the woman, who did well in every respect. The child was of the average size.

MARCH 12th.—*Intussusception of the Ileum, caused by a Polypus.*—Dr. JACKSON reported the case, by permission of Dr. J. T. TALBOT, of this city, in whose practice it occurred; the specimen having been shown to him by Dr. T.

The patient, a lad, 14 years of age, had exercised rather severely at a gymnasium, on the 29th ult. On Friday, the 2d inst., he was attacked, after breakfast, with vomiting, and this continued as a marked symptom in the case, though there was some relief from the 3d inst. till the 5th. No dejection throughout, excepting the evacuation of the large intestine. Very little tenesmus; and no discharge of blood or mucus, though some of a very dark-brownish fluid. Abdomen not very much distended. Pain moderate until the last two days, when it was very severe. Patient died on the 7th inst., at 1 o'clock, P.M.

The specimen was not shown, but Dr. J. described the invaginated portion of the intestine as of an intensely deep-red, almost black color, and probably a foot or more in extent. The polypus, which hung from its extremity, when the parts were in situ, was of an elongated, oval form, with a marked peduncle, smooth on the surface, quite flaccid, about two-thirds as large as the thumb, and looked at first like a large coagulum; its situation was about three feet from the cœcal valve. Some dark fluid was found upon the invaginated portion, which was swollen from congestion, but no blood, mucus, or lymph was seen; a small quantity of the same fluid was found by Dr. T. in the large intestine, and the intestine above the intussusception was distended by fluid of a lighter color. Dr. T. also found some of the intestinal contents near the affected part; but, as there was no peritonitis, the rupture, which he found just above the intussusception, he supposed to have been made in the dissection.

Dr. J. spoke of polypus as one of the recognized causes of intussusception, and referred to the following case which he examined in the year 1848. A female, aged 75, had taken aloetic pills three times within two weeks. When under the influence of the third cathartic (April 27th), and whilst in the privy, she was attacked with severe pain towards the region of the cœcum. On the same day, her physician found a tumor in the seat of pain, and it continued as long as she lived. The pain was soon relieved by an enema; but there remained a tenderness about the umbilicus. Abdomen hollow in the region of the arch of the colon. No dejection, but discharge of bloody water, after enemata; and no tenesmus, except from these last. No nausea except on 30th—a remarkable fact in this case. Several large enemata were given; also, by the rectum, four or five ounces of castor oil and five drops of Croton oil. Death occurred on the 31st, at 6 A.M. The

polypus was in the ileum, three feet from the cœcal valve, of the size of the top of the thumb, and hung from the extremity of the invaginated portion. This last was two and a half feet in length, but crowded into eight or nine inches; its neck was four or five inches above the cœcal valve, and its extremity within the cœcum. It was thickened by an infiltration of blood and serum, with blood and mucus upon the surface. Some appearances of peritoneal inflammation.

Dr. J. had also examined a case of intussusception which was confined to the rectum, and from the extremity of which there hung off a tumor to which a ligature had been applied during life.—(No. 509, in the Society's Cabinet.)

The only other case of intestinal polypus that Dr. J. had met with, was one which arose from the ileum one foot above the valve. The patient, a woman, aged 58, died of dysentery.—(No. 487, in the Society's Cabinet.)

Dr. ELLIS has also exhibited a polypus that arose from the rectum.—(See Vol. III., p. 107, *Society's Transactions*.)

MARCH 12th.—*Sudden Death from Œdema of the Glottis*. Dr. PAGE reported the case.

A young man, a hack-driver, much exposed to night air, had been under his care, since January, with syphilitic ulcers in the throat, which had nearly healed under local and constitutional treatment. On the 8th of March he was considered as nearly well, but on the 9th, he called on Dr. P., complaining of difficulty of swallowing, and choking sensation in the back of the throat. A probang gave a sensation of stricture, with swelling behind the larynx. He grew worse rapidly. On Saturday morning, the 10th inst., there appeared no immediate symptom of danger. At 10 o'clock at night, he was worse; the pulse was at 100, full and hard; the breathing was labored, but not alarmingly so; there was no aphonia. At about 1, A.M., he was taken with an attack of suffocation, and died immediately. Dr. Page opened the trachea within a few minutes after death, and tried artificial respiration, without avail. A *post mortem* examination revealed œdema of the glottis and of the laryngeal mucous membrane, with inflammatory arborescence of the trachea, and a small amount of frothy mucopurulent fluid in the larynx. There was no membranous exudation. The whole duration of the acute attack was forty hours.

FEB. 27th.—*Exophthalmos*.—Dr. BETHUNE remarked that he had recently been consulted by a young lady for a protrusion of one eye. She was 23 years old; not strong. Her mother had died of phthisis. She had had amenorrhœa for six months, with dyspepsia, constipation, palpitation, cold extremities and neuralgia of the head. She also has occasional flushes, and thirst. A month ago the left eye was observed to project, and has so continued. The eyes have felt weak, and disposed to water. On examination, the sclerotic of both eyes was seen to be injected with fine, pink vessels. The left eye was very decidedly more prominent than the right: the globe was less covered by the lids, the caruncle was larger and of a deeper red, as were also the semilunar folds. There was no evidence of a tumor at the bottom of the orbit, and no disease of the heart or thyroid gland.

She was ordered two leeches to the left temple, with cold applications to the eyes; a pill of aloes and sulphate of iron; a stimulating liniment to the spine; to wear flannel; and to exercise in the open



air as much as her strength would allow. There was already some improvement; the eyes were more comfortable, and the projection was perhaps less. The treatment was continued.

Dr. Bethune remarked that this case differed from those which had been lately reported to the Society, inasmuch as only one eye was affected, and there was no enlargement of the thyroid gland or of the heart. It was evidently dependent on local congestion at the bottom of the socket.

FEB. 27th.—*Diseased Tusk of an Elephant.* Dr. J. C. WHITE showed a section made near the base of a tusk of a large elephant, illustrating the effect of the passage of a rifle ball through the dentinal pulp, from side to side. The ball, which was a large one of wrought iron, probably entered the thin socket formed by the prolongation of the premaxillary bone in which the tooth was inserted, breaking through the tender pulpy cone, and the toothwall of the other side, and spent its last force against the interior surface of the socket on the opposite side. It then fell back within the hollow it had formed, and became imbedded within the new growth it excited, which consisted of large, irregular-shaped layers and masses of osteo-dentine; a tissue which was secreted instead of ivory, probably in consequence of the irritation produced by the foreign body.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 12, 1860.

IN *The American Journal of the Medical Sciences* for April, 1858, Dr. Read published an article upon "the influence of the placenta on the development of the uterus during pregnancy." This was noticed by Brown-Séguard in the *Journal of Physiology* for January, 1859. This distinguished physiologist considers as entirely correct the view advocated by Dr. Read, viz., that the part of the uterus which is first developed is that to which the placenta is attached, and adds, "to physiologists it is so clear that it must be so, that they do not understand how accoucheurs could have had any doubts with regard to the fact.

The same paper is referred to by Dr. J. M. Duncan, in the *Edinburgh Medical Journal* for March, 1859, in connection with some remarks upon placenta prævia. He says:—

"On this subject I will not further enter, but refer to obstetric writers, and especially a recent American author, Mr. Read (*American Journal of the Medical Sciences*, April, 1858), for sufficient evidence of the extremely unsatisfactory nature of the notions now entertained on the subject. But, while Mr. Read has done good service in exposing the untenableness of the views now entertained, it is necessary to add that his own theory is, perhaps, the most untenable of all. For we find him supposing that the placenta may attach itself to the lowest part of the cervical portion—a supposition, I need scarcely say, quite inconsistent with all that is known of placenta prævia."

We were surprised to learn, a few days since, that the difference of opinion, expressed in a portion of the passage quoted, was entirely

owing to a misunderstanding, long ago explained in a correspondence between the two writers. The letter of Dr. Duncan we are now allowed to publish, and do so with the greatest pleasure, regretting exceedingly that it should have been so long withheld.

EDINBURGH, July 9, 1859.

DEAR SIR,—I have just received your interesting note, and thank you sincerely for it. I am sorry that I should have misunderstood your meaning, when you spoke of the lowest part of the cervical portion; but, as you admit, the fault was not mine, but yours. This does not diminish my regret, for, apart from my desire to do full justice to your valuable paper, I have missed the value and interest of your researches, from believing them greatly vitiated by an error, which you now show me is a mere misinterpretation, arising from indistinctness of language.

I now see that when you spoke of the lowest part of the cervical portion, you meant the lowest part of the cervical end or portion of the body of the uterus. I thought your words indicated the part adjoining the external os uteri, while they were really intended to indicate the part of the cavity of the body adjoining the internal os uteri.

Perhaps you are not aware that it has been thought by some authors that in individual cases, and very rare ones, the placenta was really attached to the internal surface of the cavity of the cervix. But this is far from proved, and would require much proof to ensure acceptance; and, even if quite proved, it is so rare as not to affect the argument in papers such as yours and mine, which take up the common phenomena of placenta prævia.

I shall read your paper again, and with more intelligence now. Only, I must tell you that you have found meanings in my article that were never expressed in it, when you suppose me to believe the general scope of your article to be wrong. I am, on the contrary, inclined to adopt it, and always was so. Only, seeing the special part of your paper referring to placenta prævia to contain an error (now corrected), I held and said that that error vitiated your argument on this special point.

These explanations bring us, I think, to one mind; and I will venture to express a hope that we may meet again, if not in the body at least in literature, and then our present correspondence will enable us more justly to appreciate one another.

Dr. READ.

Yours, most truly,

J. MATTHEWS DUNCAN.

EXPERIMENT ON THE DEVELOPMENT OF VACCINE VIRUS.—The following note, signed "H.," in reference to the inoculation of the cow with variolous matter, by Dr. Martin, of Attleboro', some years since, seems to be satisfactorily answered by a communication over the signature of "J. C. M.," in reply to that signed "S.," which appeared in the *JOURNAL* of February 23d.

MESSRS. EDITORS,—Were there two attempts made by Dr. John C. Martin, of Attleboro', Mass., to procure "pure vaccine virus," by inoculating the cow with variolous matter, one of which was successful, while the other proved not only unsuccessful, but fatal to some who received the virus, variola being communicated, and death ensuing? Your correspondent, "S.," gives the details of the attempt in the *JOURNAL* for Feb. 23, and his article seems to leave no room for the supposition that two attempts were made with unlike results. In

Wood's "Practice," third edition, Vol. I., page 389, is the following: "Dr. Jenner believed that smallpox and cowpox were merely different forms of the same disease." Mr. Ceely, of England, inoculated the cow with variolous matter, and, having introduced into the human subject some of the virus from the resulting pock, succeeded in producing a complaint which was afterwards transmitted from individual to individual, with all the phenomena of cowpox. This experiment was repeated, with the same results, by Dr. John C. Martin, of Attleboro', Mass., in 1835 (*Medical Examiner*, iv., 782, from *Boston Medical and Surgical Journal*), and by Dr. Basile Theile, of Kasan, in Russia, in 1836 and 1838. If my memory serves me, other "Text Books" refer to the attempt of Dr. M. as successful. Your correspondent gives the time as 1836, while in the extract quoted it is put 1835. I only refer to this to say it is a little strange that the statement made in a work so commonly in use as Wood's "Practice" should have so long remained uncontradicted if untrue. But what say the old files of the JOURNAL, as it is referred to as the authority?

Medford, Mass., March 17, 1860.

Yours, truly,

H.

MESSRS. EDITORS,—I notice in your JOURNAL of Feb. 23d, 1860, page 77, an article from "S." of Attleborough, Mass. You will allow me, through your pages, to correct and review the same. In the autumn of 1835, Dr. John C. Martin, of Attleborough, Mass., inoculated a cow with variolous virus taken from a pock on the body of a man who died of the smallpox. So great was the excitement of public feeling at the time, which I am sorry to state, was promoted, in no small degree, by his medical brethren of the place, that the Doctor was obliged to retire without a hearing, and not allowed even to make a statement of the case. He was condemned without judge or jury, and he thanks "S." for the article above referred to, as it affords him an opportunity to correct the error, and give a fair, candid, and truthful statement of the facts. For a minute description, see *Boston Medical and Surgical Journal*, 1841, Vol. XXV., p. 265, by John D. Fisher, of Boston, a gentleman of a highly-cultivated intellect, who devoted the energies of his powerful and discriminating mind to the study of cutaneous diseases. In reviewing "S.," it appears in the first place, that he is so little acquainted with the subject on which he attempts to enlighten the profession, that he does not even know the year in which the experiment was made. Second. "S." says Dr. M. inserted lymph into the udder of a cow. He should have said, Dr. M. inserted virus into the teats of a cow. She was eight years old, and nearly dry; this he considered a favorable circumstance, as the virus would be more readily absorbed into the system of the animal. The cow was put into a pen in the open field, safely protected from the chilling winds by surrounding hills and shrubbery. She was dieted a few days previous to the experiment. The quills, freshly charged from a pock on the body of the man, were in twenty or thirty minutes inserted into punctures just made with a lancet on the teats of the cow, and allowed to remain until they dropped out. The virus thus deposited, remained dormant five days, and the punctures on the teats disappeared. On the fifth day, the animal showed symptoms of indisposition; viz., loss of appetite, thirst, and some fever. On the seventh day, a fine crop of pustules appeared on the teats. Some of them filled with pure virus, others dried up and fell off in mahogany-colored scabs. Third.

“S.” will allow me to correct him in regard to the first subject vaccinated. On the tenth day, I took virus from a pustule on the teat of the cow, and inserted it into the arm of Horace Babbitt, a boy ten years old. The vaccination took well (or inoculation, if “S.” chooses to use the term). Horace was watched carefully by the experimenter during the progress of the disease. He exhibited little or no indisposition; no more than is common in ordinary vaccination. The virus lay dormant four days; on the fifth day a red spot appeared at the point of insertion. The vesicle formed was perfect, with a central depression; it filled, and ran its course like the common vaccine vesicle, and was characterized by a well-formed and regular areola.

The experimenter took the boy to Providence, R. I., and exhibited his arm to the leading physicians of the city. Each, and alone, examined the pustule, and pronounced it true vaccine disease, and gave the experimenter a written certificate of their opinion to that effect.

Feeling that all was right, the experimenter commenced vaccinating from Babbitt’s arm on the seventh day of the disease, the virus being introduced into his own child and others with good success. Fourth. At this time there was no alarm. “S.” states that physicians were summoned, and, after examination, the patients were declared to have true *smallpox*. “S.” will allow me to put him right on this point. Physicians were summoned, and, after examination of the various patients who had been vaccinated, pronounced it true *vaccine disease*. At this juncture, the senior Dr. Manchester, of Pawtucket, accompanied by John C. Dodge, of Attleboro’, called at the experimenter’s house to congratulate him on his success. They thought him the rising man. They were ready to shout Hallelujah! Hallelujah! A few days elapse, and a cloud comes over the scene. There is some anxiety and alarm. Unlooked for symptoms exhibit themselves in some of the patients. Physicians are again called, and visit the patients; they revoke their opinions, and report adversely.

Now notice the course the veritable Dr. Manchester and Dr. Fuller pursue. Instead of shouting hallelujah, they say, mentally, Dr. M. is in our way; he has got a large share of our practice; now is our time; we will arouse the evil passions of the ignorant, by telling them that Dr. M. is spreading smallpox, and we will cry crucify him, crucify him.

Fifth. “S.” further states, from cotemporary informants, that the experiment was not entered into by Dr. Martin without consultation. Permit me here to say, positively, Dr. M. consulted no person. He inoculated the cow on his own responsibility. It was kept a secret until the matter was procured from the cow, transmitted to the Babbitt boy, and exhibited to the physicians above named. If there is any reproach or honor attached to the discovery, it belongs to Dr. M., he being the first successful experimenter.

Dr. John D. Fisher, of Boston, in a note to Dr. Martin in 1840, while at the West, says, “I thank you sincerely in behalf of the profession, for the philanthropic efforts you have made towards the accomplishment of this desirable object—the advancement of medical science. But I regret Dr. Ceely, of England, has gained the credit of the discovery which belongs to you. He, without doubt, learned the results of your experiments, and inoculated a cow with like results.

Sixth. There was no excitement except what was got up for selfish purposes; business was not suspended. Seventh. Dr. Sylvester Fuller, whose testimony “S.” would have you believe is conclusive evi-

dence, is a *Myth*, there is no such person. Dr. Lemuel Fuller, of Attleborough, doubtless is the person referred to. Eighth. One hospital house was established, to which four or five of those attacked were removed. Four or five weeks, instead of months, elapsed before the last patient was discharged. Only a small number of those who were vaccinated were sick, and none died. Ninth. "The affair quite ruined Dr. M." That remains to be seen. "Truth crushed to earth will rise again." As the remainder of this sentence and the following one, relative to Dr. Manchester, are in bad taste, to say the least, and foreign to the subject, I will let them slide.

Tenth. "S." makes a sweeping and groundless assertion, which discloses an amount of ignorance that is truly marvellous. Physicians know that the origin of kinpox is, and ever has been, a subject of theory. Jenner has left us in the dark, his cotemporaries have shed no light on the subject, and it is a question, not settled, but open to discussion and experiment at the present time. To close up the article, and give it a rhetorical flourish, "S." quotes a sentence from Shakspeare, which is not a *propos* in any sense, unless he has come to the sage conclusion that Dr. M. has sore eyes.

"S." is rather to be pitied than censured, as he is an entire stranger to the person and subject on which he writes. He is duped by his homœopathic brethren to attack Dr. M., supposing Dr. M.'s health was such that he would not be able to reply. It is freely admitted that there were several cases of varioloid among the individuals vaccinated, and as many among those not vaccinated. But it should be borne in mind that Dr. Fuller attended Mr. Cooper, who died with smallpox; that the doctor was careless, did not use suitable precaution in changing his clothing, &c., after visiting Cooper, but went from house to house. Is it not more rational to suppose Dr. Fuller spread the contagion, than that it arose from Dr. M.'s vaccination. This is a view of the subject worthy of note, especially when we notice the favorable appearance of most who were vaccinated.

Dr. M. is confident that the virus taken from the cow (whether it be variola or vaccinia) is a safe, sure and mild prophylactic; and he would respectfully urge upon his professional brethren the importance of following up the inquiries by experiments on the cow. He would suggest that the Massachusetts Medical Society offer a suitable premium to the successful experimenter, and that the virus, when obtained, be kept exclusively in the hands of regular physicians.

South Attleboro', Mass., April 6th, 1860.

J. C. M.

THE EXTERNAL APPLICATION OF MUSTARD IN VARIOLOUS DISEASE; ITS EFFECT UPON THE ERUPTION. *Messrs. Editors*.—In your JOURNAL of the 5th instant, you have a note from H. Lenardson, M.D., stating the "non-appearance of the eruption in confluent smallpox in parts to which mustard was applied." Dr. L. very wisely seeks to know whether this observation accords with that of others. Within the last month, I saw one case in which there was a marked contrast to that reported by Dr. L. A lady, passed 70 years of age, was affected with *varioloid* after several days of much discomfort. During those days she used a mustard cataplasm very freely on the upper half of the abdomen, and this part was left much discolored. When the eruption took place, the part thus discolored had on it many more pocks than any other part of equal extent on the head, trunk or extremities. This case was seen, and the peculiarity as to the eruption noted, by Dr. H. J. Bigelow, as well as by myself.

Hamilton Place, April 7th, 1860.

JAMES JACKSON.

**PRIZE OFFERED.** *To the Medical Students of the United States of America.*—I will give a premium of \$250 for the essay which shall be judged the best, by competent judges, on the Anatomy and Physiology of the Animal and Organic Nervous Systems. The essays to be sent to me on or before the first of March, 1861. I will likewise give a second premium of \$250 for the best essay on the same subject. The essays to be handed in on or before the first of March, 1862.

The medical students who shall be declared the successful competitors will be required to declare on their *word and honor* that the essays are their own production, and that they have not been assisted by any legally qualified medical man.

230 4th Street, Washington Square, S.,  
March 8th, 1860.

JOHN O'RIELLY, M.D.  
[*American Medical Gazette.*]

Dr. STEINROTH, a German economist, proposes to require from the ox, sheep and pig, a supply of blood for public alimentation as we take milk from the cow and ewe. Blood contains all the ingredients which render meat preëminently nutritious. Doubtless, oxen could not be bled as often as cows are milked; but bleeding might, according to the German physician, be performed every week and for several years on an animal properly kept without injury to its health. This operation would not prevent the owner from obtaining the usual profit from the flesh of the animal at the time appointed for slaughter.—*Championnière's Journal of Prac. Med. and Surg.*

MISS NIGHTINGALE.—This lady's health, which has for sometime caused much uneasiness to her friends, we regret to learn, from the recent journals, continues to decline.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 7th, 1860.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	36	41	77
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	36.0	33.6	69.6
Average corrected to increased population, . . . . .	..	..	79.6
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
15	2	3	7	0	4

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.742	Highest point of Thermometer, . . . . .	71
Highest point of Barometer, . . . . .	30.263	Lowest point of Thermometer, . . . . .	22
Lowest point of Barometer, . . . . .	29.404	General direction of Wind, . . . . .	S. W.
Mean Temperature, . . . . .	42.18	Whole am't of Rain in the week	0.608 in.

TO READERS.—Can any of our readers give us any information where a copy of Saxtorph's treatise "de funiculis umbilicalis vivorum infantum nodose complicatis" can be obtained?

*Books and Pamphlets Received.*—Fifth Annual Report of Births, Marriages and Deaths in the city of Providence, R. I. Year 1859. By Edwin M. Snow, M.D. (From the Author.)—Lectures on the Diseases of Infancy and Childhood. By Charles West, M.D. Third American Edition. (From the Publishers.)—The Diseases of the Ear. By Joseph Toynbee, F.R.S. (From the Publishers.)

MARRIED,—In New York, March 7th, Whitman V. White, M.D., of Stockbridge, Mass., to Maria Louise Reed, of New York.

DIED,—In Baltimore, March 25th, Prof. Charles Frick, aged 37.

*Deaths in Boston* for the week ending Saturday noon, April 7th, 77. Males, 36—Females, 41.—Apoplexy, 2—disease of the brain, 1—cancer (in stomach), 1—consumption, 15—convulsions, 4—croup, 2—dysentery, 1—dropsy, 3—dropsy in the head, 3—debility, 1—infantile diseases, 4—erysipelas, 2—biliary fever, 1—scarlet fever, 3—homicide (supposed), 1—disease of the liver, 1—inflammation of the lungs, 7—marasmus, 3—palsy, 1—pleurisy, 3—premature birth, 3—scrofula, 1—disease of the spine, 2—smallpox, 4—tabes mesenterica, 1—teething, 3—tumor, 1—unknown, 3.

Under 5 years, 34—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 10—above 60 years, 9. Born in the United States, 56—Ireland, 16—other places, 5.

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No. 12.

A MEDICO-LEGAL TREATISE ON MALPRACTICE AND MEDICAL EVIDENCE.—A REVIEW.\*

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

FONBLANQUE, a distinguished English barrister, and Paris, an equally distinguished physician, united their forces and professions in a work on Medical Jurisprudence, and the product of the connection was an excellent treatise on that important subject. It sometimes reminds us of the tessellated piece of mosaic of Burke, with here a bit of black stone, and there a bit of white; but it loses not an atom of interest in the admixture, or the variety. We are reminded here of an edition of Blackstone's Commentaries, with notes by an American barrister named *White*, and to which the above quotation from Burke was with great felicity applied by a brother limb of the law. But let this pass.

We have just read a new American work on Medical Jurisprudence, the literary history of which reminded us of the co-partnership of Paris and Fonblanque. Dr. Elwell, the author of the volume before us, having studied and practised medicine for several years, turned over a new leaf, and studied and practised law for as long a time, and now presents us with the product of the two professions, united by a Siamese form of attachment, which makes it as easy to work for and with one, as for and with the other. The design in this work, it will be seen, is novel, and it is excellently well accomplished. If it do not sustain the old adage that two of a trade can never agree, it certainly does prove that two of the most diverse callings may act in perfect harmony, and for the equal benefit of both.

\* A Medico-Legal Treatise on Malpractice and Medical Evidence, comprising the Elements of Medical Jurisprudence. By JOHN J. ELWELL, M.D., Member of the Cleveland Bar. "A doctor who knows nothing of law, and a lawyer who knows nothing of medicine, are deficient in essential requisites of their respective professions."—DAVID PAUL BROWN. New York: John S. Voorhies, No. 20 Nassau St. Cleveland, Ohio: Alfred Elwell & Co. 1860.

Dr. Elwell's work is divided into forty-two chapters, fifteen of which, or 232 pages, of 582, are devoted to malpractice. This, perhaps, is the most important part of the work. It treats of malpractice in all its varieties—with highly interesting illustrations in adjudicated cases, drawn from the very best sources in the books of both Europe and America. The arrangement of the various subjects treated is excellent; and the references to the highest authorities will enable the reader to consult them with perfect ease. In this part of the work the author has furnished abundant proof of careful, honest study, and the best evidence of the value of his work.

Following Malpractice, are several chapters on Evidence, its principles and application. We have in this department the same assurance of the fidelity of the author as in the preceding. To the physician these chapters are of special value. In no department of professional duty does he meet with so many and so grave embarrassments, so much often to regret, or to be mortified about, as in that which connects him with the administration of the criminal law; and grateful must he be to him who has done so much to make these evils less. Dr. Elwell has labored to make clear to the medical man this very obscure subject. He knows what the medical man most needs in preparation for his public duties. His two professions have taught him what these duties are, and what is required in their performance.

The next subject is Insanity. In treating this we are very glad to find so much thought and space devoted to Moral Insanity, so called to distinguish it from the intellectual. We do not quite agree with Dr. E. in regard to this very interesting subject; but are willing to confess that we have not met with any discussion of it which has appeared more free from prejudice.

The next, and closing, chapters are on Poisons, Infanticide, Wounds, Rape, Coroner's Offices and Inquests.

Criminal Abortion has a distinct place in this work, and quotations are made from Dr. H. R. Storer's valuable contributions to this subject. Especially valuable are his statistics, which show how wide spread is this crime; and physicians know how frequent is criminal abortion in this State of Massachusetts, and in this city of Boston.

Mrs. A. called on Dr. — for some uterine trouble, and expressed a strong will to have children. "Have you ever been pregnant?" "Yes, twice. It happened soon after I was married, several years ago, and I had abortions produced, because it was very inconvenient for me to have a family so soon after marriage. For years have I wished to have children and have failed. I am nearly 40, and the time will soon have gone by for me to have them. Mrs. —, my friend, does not mean to have children, and has miscarried several years in succession. Her health is perfect, and her abortions give her no trouble." From this history



it would seem that Mrs. — thinks it a sort of moral duty to get rid of the foetus as soon as she knows she is pregnant. She has no desire for, or interest in, children, and would not know what to do with them. If she must conceive, she says she has a perfect right to get rid of the product of conception.

A case is in mind in which abortion was produced by the pregnant woman herself. She was quite young—16 or 17—had been married three months, had twice missed the catamenia, and, from this and other signs, believed herself pregnant. This was wholly unexpected to her. It surprised her, and she was determined not to submit to it. Various means were resorted to. Among others, and the last, was spurred rye. She got a quarter of a pound of the powder, and literally eat it all, and this rapidly. Violent and steady pain occurred in the abdomen, with swelling and soreness. Intermitting bearing-down pains at length came on, with hæmorrhage, and we were sent for. Things were found as above described, and the ovum partly out of the womb. It was soon expelled, and comparative ease followed. After very serious and dangerous illness the patient recovered. In this case the abortion was not the result of *specific* action of ergot. The womb was called into morbid action in consequence of the universal disease produced by the spurred rye. The woman was poisoned by it, and it was entirely through the constitutional disturbance produced, that the expulsion of the ovum took place. We have no *specifics* for producing abortion. Death frequently follows instrumental abortion, and when this is not its consequence, we have often produced diseased conditions which are never recovered from.

But why multiply instances? What is the remedy of so much evil? It has been looked for in law. But, as is shown in a late number of this JOURNAL, without effect. And why this? Because it is impossible to obtain witnesses of the commission of the crime. If the woman gets well, she will never criminate herself. But if she dies? The law cannot reach such a death. The woman goes alone to the abortionist's house, and there the operation is done. She goes home, is seized with flooding, inflammation, and dies. Suppose the agent is suspected, and the suspicion leads to his arrest. The government can do nothing. The plea is "not guilty," and who is in court, or who can be found to gainsay it? We have talked with a late attorney for the County of Suffolk. He said he had never gained a conviction. Cases had occurred which promised success, but had entirely failed. We have heard of a case which promised better. The woman went with a friend—the abortion was procured, and the woman died. A person was suspected of the crime, was arrested—but he *married the friend*. She was the only witness, but her competency, as such, was destroyed by the coverture. The above is given as reported, and is one of the most extraordinary cases in the history of our criminal abortion. It shows more strongly than any other how useless is law in such an application.

It were ludicrous, this mode of escaping the law, were there not so much that is immeasurably sad and terrible connected with it. Here was a double killing of mother and child; and most likely under an assurance that one party at least would be safe.

An instance is in my memory, somewhat like the above, at least as showing how ineffectual is law here. A woman who had suddenly disappeared from her place of residence was traced to Boston, and to the house of an abortionist in very large business, now dead. She was next traced to Cambridgeport, where she became suddenly ill. She died soon after giving birth to a child of a few months from conception. There was an autopsy, and peritoneal inflammation, extensive and strongly marked, was found. She was brought to Boston and buried in the cemetery on the Neck. A stranger, wearing a white hat, was in the graveyard at the burial, and was carefully observed by the undertaker and his assistants. Persons who had learned the whereabouts of the woman—her friends—came to Boston to examine the body for identification. The grave was opened, *but the body was gone*. The stranger with the *white hat* was described to these friends, but circumstances arose which put an end to further investigation. We see in such cases as these where is the real difficulty in their legal investigation. There is no such interest in the discoveries of the law, as there is sympathy for the dead, and this sympathy exists in the hearts and minds of the nearest and dearest friends. They want to learn what has become of the missing, and if dead and buried, where? Their errand is to the grave, and with its revelations the scrutiny ends. And is not all this too natural not to be even sympathized with, out of the circle in which the death and the crime have occurred? Brutuses are not in the roll of the latest civilization, and a father would shrink from the bench were a son on trial for his life. And so do friends of the betrayed or voluntary criminal from those who destroy, or who have destroyed, the evidence of her guilt.

Many, many cases are in memory of women who have produced abortion on themselves. Many, many of these have suffered long afterwards, and many have had disease and permanent invalidism follow, making their lives most miserable. A question occurs, shall the physician attend such cases, either in their acute or chronic stages? This question is alluded to because it has been raised; not that we raise it. The answer is at hand. We must always minister to disease. Sydenham settled this case for himself and for his profession long ago. He was asked if one is obliged to attend cases of syphilis—or whether such attendance did not tend to encourage vice. Sydenham's answer, if memory serves, was that the paramount duty of the physician was to cure disease under whatever forms or circumstances produced—that this duty involved the investigation, the study of all diseases; to cure and to prevent after-morbid consequences, as in the instance of syphilis. We are for the most part obliged to act as the indications of these

cases of abortion suggest, for it is rare with us to get confession of what we believe has been done, and has made the case what it is. But the confession is sometimes volunteered, and especially when chronic disease, the consequence of procured abortion, comes before us for relief. And if made, how often is it with circumstances which, if they do not palliate the wrong done, in our own apprehension of it; show under what almost irresistible motives it has been accomplished. Among these are the memories of mature labors, the subsequent illnesses and dangers, the inability to nurse and the consequent disease and death of children, the want of means to support a family. In such cases as these have we not mental conditions which to the sufferer present reasons for acting which are not controllable, or in which responsibility almost ceases? Take, then, into account also, the mental and physical attendants on pregnancy, especially early pregnancy—the signs, or, more correctly, the diseases of that state, and we may understand at least what are the difficulties of enduring such state, and the strength of that temptation to have done, or to do, what will end them. And last, but not least, the deep, deep sense of shame with which pregnancy and mature childbirth are regarded by the unmarried. No one but the physician can understand what are the mental states of such persons—how nearly they approach to, if they do not reach, that of insanity. Every sort of motive—appeals are made to his deepest feelings, money is offered, considerations of character pressed with almost irresistible eloquence, ruin here and hereafter, tears, entreaties, everything is said and done which can be addressed to him, and he resists it all. He states the dangers of the process to destroy pregnancy, the criminal character of the act, the weight of the law. The applicant is not convinced. She leaves him, and either finds some other agent, or accomplishes the object herself.

In what is here said of circumstances which may explain, but hardly palliate the voluntary abortion, our reference in part is to married women who have already suffered gravely during pregnancy, and more especially during delivery, so that to die would be gain, if death offered the only means of preventing such protracted, such intolerable suffering. Resort to abortion in such cases is, as far as we are acquainted with instances, exceedingly rare, and they have been revealed to us in order to explain existing chronic diseased conditions, assist their investigation, and to guide the treatment.

There are cases in which premature labor may be induced to save mother and child. We refer to instances in which there is so much deformity and consequent diminution in the pelvis as will prevent the mature foetus passing. In such cases, labor may be induced at the seventh month, with good chance of preserving the life of both foetus and mother. If so much deformity exists that a

seventh month child cannot pass, then labor should be induced earlier. All writers agree that the mother must partake with the child in the dangers of both premature and mature delivery—in other words, the fœtus, or unborn child, is to be sacrificed only when the safety of the mother without question demands it. If it is fully ascertained that the fœtus is already dead, that mode of delivery which will best secure the parent's safety should be adopted.

There is one other contingency under which abortion or premature delivery may be induced, viz., the presence of such diseases or conditions of pregnancy as, if allowed to continue, may prove fatal; and for the cure of which the best means have been faithfully tried, and in vain. Thus, vomiting in the early or late months may be so constant and so severe as to threaten life. This may be good reason for forced delivery.

We believe we have stated all the contingencies which may justify abortion or premature delivery.

#### THE PHYSICIAN IN COURT.

The physician may be in court as a witness, as plaintiff, and as defendant. Under whatever circumstances, it is one of the most disagreeable calls he may ever be required to make. Let us look at him there as a witness—as an expert.

Is he obliged to go? Yes.

How is his presence there required? By summons.

He cannot resist it? No. Should he fail to obey the summons, this would be contempt—a malicious act—and punishable by fine or imprisonment, or both.

If very inconvenient to him to go at the moment, may he delay attendance? This depends on circumstances. We had, between one and two o'clock, one summer's day, just driven to our door, and was getting out of our carriage, when, at that moment, a person stepped up with a paper in his hand, which proved to be a summons requiring our immediate attendance at the Supreme Court. This was peremptory enough. So off we went, whip in hand, to court. The cause was an amicable one, between the heirs of a large estate, one of whom had been born after the death of his father, and the question related to the legitimate length of pregnancy. I asked for a copy of Hargrave and Butler on Coke on Littleton, for in it is an opinion of William Hunter on this important subject, and a higher authority does not exist. The book was brought, the opinion found, read, and our humble testimony given in its support, and our office in court, for that time at least, was accomplished, and we have no doubt that the posthumous young gentleman got his share of his father's property. For ourselves, and our office, we got seven-and-sixpence, and four cents for travel, it being a presumption, or a fiction of law—it was clearly the last—that the travel from our

door-step at or near the corner of Tremont and Court Streets, was a measured mile from the Court House in Court Square—a mile which we got over much under 2.40.

The physician is called into court as a witness in the most important causes—causes in which life, or honor, or property are at stake, and in the determination of which he is to be an important agent. In the performance of his office his own character takes, or has, a deep interest. As an expert, he is understood to be thoroughly acquainted with the most important portion of the subject matter before the court; and on his skill or ability to present his knowledge on questions involved, may the result of the trial depend.

What now are the facts in such a history which makes the office so peculiarly embarrassing to the medical man?

In the first place, these come out of his personal, intellectual, moral and physical endowments—of his knowledge, his moral power, and his manner.

Who are his audience? Twelve men—the jury.

Why this number? In early England, the jury was composed of all the freemen, having a certain money qualification, in any place in which a court was sitting; a majority of twelve of these decided any cause in hearing. But why twelve now? The oldest vestige of this change is found under Henry II., in the Constitutions of Clarendon, so named because they were made in a parliament held in a small English village of that name, in 1164, and in Northampton in 1174. Civil as well as criminal contests were now to be decided by twelve respectable men of the neighborhood, and from this time the trial by jury has remained unaltered in England, and in America, to which the English colonists brought it, the unanimous vote of the twelve only giving a valid decision, which was the verdict—*true word*. Thus were the people and their affairs, when in controversy, tried by their peers. In the House of Lords, however, matters were managed differently. The lords being peerless, could only be tried by themselves, and so each lord votes. But a majority of twelve votes is necessary to a valid condemnation. The right of peremptory challenge differs in the jury of twelve, and that of all the lords. The accused may challenge twelve of the former body. In the last, thirty-five, or one less than three times the number required for conviction in the jury of twelve.

Henry killed, or had killed, Thomas à Becket. B. had already provoked the king's displeasure in 1163, the year before that of the celebrated Clarendon constitution; and to this he swore he would never assent, on account of some provisions concerning the clergy. Becket at last assented to it. Then followed much more to irritate Henry; until at length he commissioned four men to kill him, which they did. May we not pardon this act of terrible violence, in the memory and enjoyment of the blessings which have come out of the final settlement of the trial by jury?

We said the jury is the proper audience of the witness. To it is he specially to address himself. He is to look at them; and if he have any perspicacity, he will see what is the force of what he is saying—whether he is understood; at the least he will see if he have so aroused the attention of his hearers as to secure its continuance; nay more, increase it by what follows. Here are twelve men to decide whether a murder has been committed, and whether by the accused. It were desirable that they were all equally capable of instruction by the professional witness—the expert. This is not to be expected. The jury are chosen by ballot, a great number of names being in the box. Inequality in ability cannot be avoided; and it is not to be desired that all be equally capable. Of twelve men taken at large, some one, two or more may understand sufficiently well for all practical purposes, what the witness says; and a larger number may see in the manner of the witness, that he is honest and sincere in what he says. They may feel the moral, if they do not comprehend much of the intellectual; especially may they be in a state to be usefully influenced by what those most taught by the evidence, the counsel, may communicate to them in his pleading. This perhaps is all that is reasonably to be looked for from the jury, and is it not enough?

It has been suggested that it were better to choose the jury from the professions. Physicians are exempt by law. Lawyers are so from their relation to the administration of the laws. And so are ministers, presidents and faculties of universities, heads of incorporate academies, &c. It may seem singular that the best instructed persons in any community are exempt. But is it not well and wise that it is so? Suppose for a moment that it were not so, and that physicians, ministers, and college men, formed a part or most of the jury. Is it at all probable that a verdict would ever be rendered—that such men would ever agree? You might starve them out, but it is seriously to be questioned if more than one would not be found in every jury who would have to complain of the incorrigible obstinacy of all the others. The jury, as at present provided for, is the most important of all social institutions. It makes safe, life—honor—property. In its simplicity is its beauty and power, and who does not venerate him who gave to it its present simple, its wise, its whole life and agency? Is it not, of human institutions, the most perfect in its operation, and most to be honored and valued for its wide and important benefits?

But however important is the function of the jury, and especially its agency in its relation to testimony, the witness is not the only, or the final portion in the apparatus of a civil or criminal prosecution. In a work lying before us is the following, which has a bearing on this point:—

“In every case, the last impression of a jury will be the decisive one. The charge, by which, after the termination of the debates, the presiding judge, versed in the law, seeks to guide the deliberations of the jury, and aid their untaught

judgment, may contribute, indeed, to remove this and the deficiencies remarked below, but the force of it is very inconsistent with the object of jury trials; for it makes him, in most cases, master of the judgment. One may generally foretell, in England, the verdict of the jury from the charge of the judge."

How far this may be the case in America, we do not know. But that it does not always happen that the judge's charge determines the verdict, an instance may be given where it signally failed. A judge of a supreme court, now dead, made of his charge an argument for one party, and with the earnestness and eloquence of a very liberally-feed advocate. The jury's verdict was for the other side. A chief justice, meeting his associate the next day, having seen a report of the action in the morning papers, looking at him with the tail of his eye, said to him, "Brother, I see you lost your cause yesterday."

In a capital trial, after the evidence was all in, Mr. Justice —, of the U. S. Supreme Court, said to the U. S. Attorney, "perhaps the counsel for the accused will let the case go to the jury without argument." After consultation between the counsel, the attorney reported to the court that he agreed to what the judge had suggested. As he arose to address the jury, that body also rose. Judge — begged them to resume their seats, and proceeded at first with the evidence, and then with the argument. It was the most touching scene we have ever, in a long life, witnessed. It is rare, we think, that the offices of advocate and judge are by consent, and in a capital trial, confided to the court; and never have we listened to an argument more eloquent. When the judge had taken his seat, the foreman took the sense of his brethren of the jury as to their verdict. It was unanimous for acquittal. And for once the spectators were allowed, without check, to express the pleasure with which the announcement was received.

[To be continued.]

## TREATMENT OF NEURALGIA BY SUBCUTANEOUS INJECTION.

BY A. RUPPNER, M.D., BOSTON.

[Continued from page 222.]

CASE III.—*Neuralgia of the Superior and Inferior Maxillary Nerves, or the second and third divisions of the Trifacial. Injection at different points; relief.*

MRS. —, of Boston, aged 59 years, married, mother of seven children, of nervous temperament; has suffered from neuralgia for about eight years. The pain is confined to the right side of the head and face, principally to the upper and lower jaw.

What degree of excitability the nerves of sensation of the face may reach, was here most fully illustrated. Would that I were able to describe in adequate terms the indescribable sufferings of my patient; not that I find delight in the recital of a, seemingly, too highly-colored tale; no! but to do thereby inadequate justice and

homage to the fortitude and resignation with which Mrs. — has so long borne her suffering. The least breath of air—loud conversation—a sudden noise—the riding in an omnibus over the pavement—even the noise of a passing carriage or other vehicle, over the street—the act of laughing and talking—the taking of fluids, warm or cold, into the mouth—the touching of the gums with the tip of the tongue, would induce a sudden paroxysm of pain, and cause the patient to give vent to her distress in loud screams. At such times, the muscles of the upper lip and cheek of the right side are convulsed; and by placing the hand upon the affected part, which is exceedingly painful to the touch, a regular throbbing sensation is distinctly felt, going tick—tick—tick, with perfect regularity, and reminding one very forcibly of the appropriateness of the French name of this malady, "*Tic douloureux.*" The course the pain takes, as it shoots along, is generally regular. Starting from the central and lateral incisor tooth, it shoots upwards to the ala of the nose, thence obliquely upwards and outwards to the infra-orbital foramen, thence to the temple, and finally upwards either to the vertex and again along the suture down to the neck, or from the temple down to the pes anserinus and into the lower jaw.

Is it surprising that the patient's health broke down gradually under so much suffering? For the paroxysms would come on often several times during the day and night—often daily for a week or more, and after a short interval of rest, return to assail her anew. Every thing was tried to give relief, from the medicaments ordered by the most able physicians—which gave temporary relief at least—to the most extolled nostrums of the day.

Sept. 14th.—Examined the patient for the first time, with reference to trying subcutaneous injection. From the direction the shooting pain generally takes, and from the fact of its starting always from the two incisor teeth of the right side, I suspected that much of the trouble was owing to the disordered state of the teeth and gums. Such, upon close examination, did not prove to be the fact exclusively. The gums, however, were in an unhealthy state, and the superior and inferior maxillary bones are, I fear, not in the most healthy condition. Much of the mischief in neuralgia is, no doubt, often owing to decayed teeth; but much harm is also done in indiscriminately extracting teeth, believing them to be the cause of the neuralgia; whilst by removing the tooth, *the nerve, the true seat of the pain*, is by no means reached. Many cases are on record, where no benefit at all was derived from such a procedure (vide case No. 1, of this report); and the present furnishes another illustration of the uselessness of extracting one or more teeth, and the benefit derived from the opposite course when warranted by a correct diagnosis. Several years ago, the subject of the present case had one or more teeth extracted, hoping thereby to get cured of her neuralgia, but in vain. And I believe she



was advised by her physician, and her dentist too, not to have them removed. She has still a strong hope, that if her teeth were extracted, there would be an end to her neuralgia. The successful removal of the right molar tooth, of late, seems to have strengthened her in this belief. But the reasons for extracting that tooth, done by my advice, after consultation with Dr. Keep, senior, of this city, and for not extracting the others, will be apparent very soon.

I decided first to try the effect of the valerianate of ammonia on this patient—a preparation, of which I have already spoken. I prescribed, as follows:—R. Solutionis ammoniæ valerianatis, ℥ii.; syrugi simplicis, ℥ii. M. Cochlear. parv. *pro re natâ*. Also generous diet and pure grape wine. Patient was relieved for the time, but the pain soon returned. I concluded to resort to subcutaneous injection the first time it should return and be severe.

Sept. 15th.—Mrs. — sent for me, having a terrible access of pain. Pressure revealed the *infra-orbital point* to be the most sensitive; I injected ten drops of the solution at that point. Patient felt a sudden warmth pass over her whole body; (complains of having always cold feet and hands, but particularly of the right side;) five minutes after the operation, or thereabouts, she felt no pain at all, and became drowsy. Left her in that state, lying on the sofa. Œdema at the point of injection inconsiderable; very tender to pressure. Some hours later, she said to me: “What did you inject? That drowsy feeling was splendid; I saw such beautiful visions.” Towards afternoon she was seized with nausea, which was shortly followed by vomiting. This continued at intervals until evening, when I prescribed: R. Bismuthi subnitratæ, ℥i.; infus. gentianæ comp., ℥iss.; aquæ menth. pip., ℥ss. M. One teaspoonful every hour till relieved. Vomiting ceased after taking the first dose. Slept well all night, and was free from pain.

16th.—Still free from pain, except directly over the first molar tooth, at the root of which the pain seems to be situated. Patient is very nervous and weak. Prescribed the following: R. Infus. gentianæ comp., ℥iij.; extract. valerian., fl ℥i. M. Two teaspoonfuls three times per day.

17th.—Patient had, last evening, a severe paroxysm of pain in the upper maxillary bone, caused by sudden excitement and much conversation. It subsided after about an hour, under the use of the valerianate of ammonia.

20th.—Was sent for. Patient was very comfortable yesterday, but to-day suffers much from pain in the superior maxillary bone, just at the root of the first molar tooth. Has also pain in the infra-maxillary bone. Injected five drops at the *mental point*, being the most painful point, and about five drops more, close by the right ala of the nose, in a line with the margin of the same. Pain subsided in about ten minutes, and patient felt quite com-

fortable, with the exception that there was some burning sensation from the puncture made with the instrument. In about ten minutes more a general, comfortable warmth was diffused over the body, and she again passed into a half drowsy state.

21st.—Reports no pain. Comfortable all the rest of yesterday, during the night, and this morning at the hour of my visit. Feels very much debilitated.

26th.—Was requested to see my patient. She reports herself as having been mostly free from pain and more comfortable than ever before, although the weather was very stormy, which had usually affected her very unfavorably. Complains of some pain in the lower jaw, not where I had previously injected, but at the *auriculo-temporal point*, and also at the root of the first molar, as usual. Injected five drops at the *auriculo-temporal point*, and five more near the *ala of the nose*. Patient was at once relieved from pain, and felt easier. I must not omit to state that the patient had mental trouble last week, which may be regarded as the exciting cause of these last paroxysms.

Oct. 1st.—Quite free from pain, with the exception of some slight twinges over the first molar tooth. All the suffering seems to be confined to that place. Patient still takes infusion of gentian and valerian. Tried iron and quinine, but neither agrees with her. Appetite excellent. Pulse 82.

2d.—Complains still of pain over the same tooth as yesterday. Very nervous and excitable about the least thing that is said. Injected again four drops near the *ala of the nose*. Patient was relieved of pain, but felt very sleepy.

3d.—Reports no pain, but feels much prostrated.

4th and 5th.—Patient exercised both days quite violently. Was exposed to sharp winds. Had, each evening, a paroxysm of most excruciating pain, all starting from the molar tooth. Pain lasts about two hours—from 7 to 9, P.M. Was sent for; when I arrived, somewhat late, pain had subsided. All the pain, which is of a pulling, tearing character, is confined to the tooth. Complains of no pain anywhere else.

6th, 9½, A.M.—Was sent for. Patient had another attack in the same region as on the two previous evenings. Feels very feeble; pulse 72. Injected, directly, five drops over the molar, followed soon by relief. Is sensibly affected by the injection; compares it to a crawling sensation all over the body. Begins to sleep.

7th.—Free from pain. Slept well. Feels weak and prostrated, but not so much as yesterday. Continues her tonic and wine.

16th.—Was called to the patient, who has repeated paroxysms, situated, as before, over the molar. The least touch or motion of the lip produces a paroxysm, which lasts about a minute. Pain does not spread. Injected again with good results.

18th.—Is free from pain, but very nervous. Pulse 104.

19th.—Had several severe, though short, paroxysms this morn-

ing. Is entirely prostrated by pain, and extremely nervous. Any and everything brings on pain. Suffered so severely in my presence, that I injected eight drops of the solution near the *infra-orbital point*, with immediate good result. Patient insists upon having the first molar tooth removed, it being the source of all her trouble. Pulse 98.

1 o'clock, P.M.—Consulted with Dr. Keep, Sen., as to the removal of the tooth in question, at the patient's request. Dr. Keep had extracted several teeth, within the last few years, for the patient, with no good effect as far as the neuralgia is concerned. The pain always shifted afterwards. Patient is still free from pain, and under the influence of the injection of this forenoon. The lip can be raised without trouble. Is very nervous; pulse 120, with violent palpitation of the heart. For these reasons the operation on the tooth is postponed till next day, in the hope of getting the patient more calm, and pulse reduced.

20th, 9, A.M.—Met with Dr. Keep at patient's house. Has passed the previous afternoon and night free from pain. Went down stairs to breakfast, and had a paroxysm. Pulse 88. Lip comparatively free from pain. Dr. K. extracted the tooth without trouble. The appearance of the tooth presents nothing abnormal, except that its fang is very rough, almost serrated on one side and more transparent than usual. Says she feels better. At the evening visit the lady is found to be comfortable, free from pain, but still very nervous.

22d.—No pain. Very weak and nervous. Has little appetite. Pulse 92.

24th.—No pain. Feels stronger. Thinks the vegetable bitters and the wine agree with her.

28th.—Patient is still free from pain. Continues to gain strength.

Nov. 3d.—No pain, and much improved. Can eat without difficulty; sleeps well; has been out in the fresh air almost daily; can ride, &c., without suffering from pain.

11th.—Gives a favorable account to-day since I saw her last. Looks better; has a good appetite, and is in good spirits.

From this date my visits ceased; and patient has continued, as I hear, doing well.

I have reported this case in full, in order to present the effects of often-repeated subcutaneous injection; and to show its power of stopping the pain, at least for a considerable period of time, when a possibility of cure is almost, if not entirely out of the question, thus giving, at least, relief from time to time. Here the tic douloureux was so well marked as to leave no doubt in my mind about the nature of the case; the pain was evidently seated principally in the terminal branches of the superior maxillary nerve, in the mandibulo-labralis and some muscular twigs of the inferior maxillary, and to a slighter extent also in the pes anserinus of the portio-dura. Another fact must also not be overlooked

in this case. Patient had always a good appetite, although she was unable to eat on account of the pain caused by the motion of the jaws. Having become much debilitated, a tonic treatment was indicated and vegetable bitters produced the desired effect; whilst iron and quinine could not be borne at all. Much benefit, no doubt, was also derived from the constant use of pure Rhine wine.

CASE IV.—*Neuralgia seated in the right temple; Injection at the Temporo-malar point; Use of the Valerianate of Ammonia; relief.*

Mr. —, residing in Boston, aged 20, book-keeper by occupation, was attacked, some two weeks ago, with violent pain in the right temple, during the night. Is of the sanguineous temperament, and has always enjoyed good health. Is, however, not robust, but rather delicate. Can assign no cause for the pain. Consulted his physician, who prescribed palliative remedies, in the form of ointment, to be applied externally. Did not derive any benefit therefrom.

Sept. 21st.—Consulted me at my office. Pain has been more or less constant; rather dull and heavy instead of lancinating. His teeth are sound. Upon pressure, I discovered the *temporo-malar point* to be the most painful spot of the affected surface. I advised injection, but he rather objected to it, and expressed his preference for internal remedies. Prescribed the valerianate of ammonia in the usual form, and told him to call on me if he did not get relief till morning.

22d.—Reports having obtained no relief from the use of the medicine. Persuaded him to consent to injection. I injected ten drops of the strong solution at the *temporo-malar point*. About fifteen minutes after the insertion of the narcotic, he complained of giddiness, but declared himself free from pain, which was very violent when he entered my office. Went to sleep for almost an hour. Had no pain when he left me, but the point of injection was very tender to the touch, and slightly œdematous. Patient took tonics for a considerable period afterwards. Pain has not returned, up to the present time.

CASE V.—*Severe pain in the teeth of the right side of the Upper Jaw, occurring during Pregnancy; Injection of Opiates into the gums; temporary and partial, but not permanent relief.*

The patient was a German woman, aged 34 years, of nervo-sanguineous temperament, mother of two children, and four months advanced in her third pregnancy. When I arrived, she complained of pain in all the teeth of the right side of the upper jaw. Suspecting them to be at fault, I examined them carefully, and found them perfectly sound; but on the left side there were two decayed ones. Here, however, she experienced no pain at all. I determined to try the effect of opiates by injection, as everything else had been tried. By means of a curved needle, I injected into

the gum fifteen drops of solution No. 4. In about twenty minutes the patient declared her pain to be somewhat less. This being in the forenoon, I called again towards evening, in order to inject once more, so as to give the patient rest over night, if possible, as she had already lost two nights' sleep. Injected again twenty drops of the same solution. Pain was somewhat relieved after half an hour. Patient felt nausea, and soon began to vomit.

When I called next morning, patient informed me that for about two hours after the injection she felt but little pain, but shortly after that time it returned with more violence than ever, and kept her awake all night.

This case not being adapted to the treatment, and having injected for the sake of experiment rather than in the expectation of giving permanent relief, I desisted from any farther operation. The pain subsided, a few days after, spontaneously.

CASE VI.—*Case of Cervico-Brachial Neuralgia of many years' standing; failure of all other remedies; Injection at the Post-Clavicular Point; relief.*

Mr. —, German, 46 years of age, married, a carpenter by trade, has suffered for many years from severe lancinating pain in his left arm, which he fractured, at the upper third of the humerus, when 12 years old. The pain is generally most severe after exposure to damp or cold weather, or after a hard day's work. Can generally predict, with considerable certainty, the advent of a paroxysm. Pain is sometimes sharp and lancinating, sometimes it partakes of a dull and heavy character. It shoots along the neck, from whence it starts, downwards, is felt all over the shoulder, and is often most severe at the external angle of the clavicle, at its articulation with the scapula. Pressure revealed that the most tender spot was the *post-clavicular point* of Valleix. I inserted my syringe within the angle formed by the clavicle and acromion process, and injected twenty drops of the solution I generally use. Not long after the instrument was withdrawn, the patient felt sleepy and drowsy. No nausea nor vomiting. He remained lying on my sofa for an hour, and when he awoke, declared himself free from pain.

Some weeks after, he called again, the pain having returned with increased violence. I injected, at the same point as before, fifteen drops of my strongest solution. The same phenomena were observed, and the same results followed. Having cautioned my patient in regard to his dress and over-exertion, and having prescribed some stimulating anodyne liniment, to be used in case pain should be only slight in future, I sent him home. This happened in March, 1859. From that time to the present he has had, in cold, wet and damp weather, occasional and very slight pains, which he says are not worth noticing when compared with his former suffering. Is now working at his trade, perhaps more assiduously than ever.

### Bibliographical Notices.

*Therapeutics and Materia Medica; a Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History.* By ALFRED STILLE, M.D., late Professor of the Theory and Practice of Medicine, &c. &c. 2 vols., 8vo. Pp. 813 and 975. Philadelphia: Blanchard & Lea. 1860.

THE climate of Philadelphia has proved to be as favorable to the growth of doctors as that of the Rhine to grapes, or of Hymettus to bees; and the doctors that live in an atmosphere, so highly charged with medical literature and learning, yield annually a harvest of books, as readily as grapes produce wine or bees honey. The harvest for 1860 is not yet all in; but when it has been all gathered for the present year, and for many years to come, we doubt if any of it will surpass in quantity or quality, that which the pen of Dr. Stillé has yielded, and which bears the title we have placed above.

The work, as its name indicates, is a systematic treatise on the agents that are ordinarily included in the *Materia Medica*. It is an excellent *resumé* or compilation of the recorded observations of the medical profession on most of the various drugs that have been used in the treatment of disease. It is written from the point of view of therapeutics; that is, the action of drugs in health and disease, and the uses to which they may be put by physicians are much more fully described by Dr. Stillé than their physical properties, chemical affinities, or botanical or other characteristics. In fact, the latter points are only touched upon, and sometimes almost too briefly. A few agents besides drugs are described, such as electricity, heat, cold, &c. By far the largest part of both volumes is devoted to drugs alone. On this account we regard the title as somewhat too comprehensive. "Medicinal agents," such as are used by the enlightened practitioner of the present day, include a large number of important remedies, which almost always serve as a basis for the use of drugs and sometimes supersede them. A work which purports to treat of all "medicinal agents" should not exclude these from its pages, under the excuse that they belong to Hygiene. However, we are not going to quarrel with the work on this account. It has too many excellencies, and fills too important a place in our medical literature, to be hastily condemned.

The various articles, which the author describes, are classified under the different heads of Lenitives, Astringents, Irritants, Tonics, General Stimulants, Cerebro-Spinal Stimulants, Spinants, General Sedatives, Arterial Sedatives, Nervous Sedatives, Evacuants—as emetics, cathartics, &c.—and Alteratives. The classification is not a new one, and is, perhaps, as little open to objection as any of the sort. Each class is preceded by an account of the general characteristics of the articles thus brought together. The two volumes open with an introduction, of 116 pages, in which the sources of our knowledge in therapeutics, the physiological action of medicines, the art of prescribing, and other collateral matters, are briefly discussed.

Dr. Stillé has brought to his work a large amount of labor and learning, and the result is alike commendable to his industry and his acquirements. He is evidently familiar with the modern languages of Europe, and has enriched his volumes with ample citations from Ger-

man, French and Italian writers, as well as from English and American ones. This part of his work, by which the reader is enabled to compare the opinions and experience of widely different observers, constitutes, perhaps, its most important feature. If we had the leisure and space to write an elaborate review, instead of so brief a notice as this, there are many other excellencies, which we should take pleasure in pointing out, as well as some points which we should feel obliged to criticise. As it is, we will only say that we have read both volumes, from beginning to end, with equal pleasure and profit, and we commend them heartily to our readers, with the advice to go and do likewise. The work is as honorable to our literature, as it is to the author.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, APRIL 19, 1860.

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**SANITARY SCIENCE.**—The sanitary condition of the city of New York has for a long time been such as to excite the astonishment and indignation of those who took the slightest interest in the welfare of their fellow beings, and it appears that efforts are at last being made to remedy this growing evil.

In the report of a committee of the State Assembly, we are informed that several attempts have been made to secure some action upon this important matter, but without success until now, and it will appear from the following statements that it is quite time to act. An examination of the sanitary statistics shows that the ratio of mortality to the population is 1 to 36.9 in New York; 1 to 40.2 in Brooklyn; 1 to 48.1 in Boston; 1 to 50.2 in Baltimore; 1 to 52.9 in Providence; and 1 to 63.6 in Philadelphia. If New York had been as healthy as Philadelphia, 9000 persons would have been saved. The causes which produce this excessive mortality affect particularly the young. In Surry, England, ten children in every eighty-six die under the age of one year; in London, one in every five; in New York, ten in every twenty-six, making the mortality of the last place double that of London. This rate is greater than that of any city, large or small, and is mostly owing to the utter neglect of public sanitary measures.

The causes are found both without and within the dwellings of the people, particularly within. The tables of the report exhibit this fact in the most striking manner. Some diseases have increased at an almost incredible rate, particularly cholera infantum and congestion of the brain. Many of the diseases enumerated in the tables referred to are the direct result of deficient ventilation and sunlight, filth of person and domicil, of cellar-dampness and darkness, foul gases, &c. It is said that nearly 200,000 persons in the city live under ground. Although laws have long existed, which might to a certain extent be brought to bear upon this evil, the enforcement of them has for many years been confided to men incompetent to appreciate either their nature or value. From 1804 until 1844, the City Inspector was almost invariably possessed of a medical education. Since that period, the incumbents have invariably been without medical knowledge.

The immense number of poor emigrants from Europe, who crowded into the city, swelled for a time the bills of mortality, but this element cannot explain the progressive increase, which is still so fearfully obvious.

Boston has long afforded a pleasant contrast to New York, and its sanitary condition is confided to the care of competent physicians. Still it is necessary that the people themselves should understand the importance of, and be interested in, the subject of public hygiene. To secure this desirable end, a number of gentlemen met at the house of Josiah Quincy, on the evening of April 7th, to hear the report of a committee previously appointed to draft a constitution for the organization of a sanitary association. The following officers were chosen: *President*, Jacob Bigelow; *Vice Presidents*, John Ware, Prof. W. B. Rogers; *Corresponding Secretary*, G. H. Snelling; *Recording Secretary*, Josiah H. Curtis; *Treasurer*, Otis Clapp; *Directors*, Josiah Quincy, Jr., Dr. Henry G. Clark, Dr. Edward Jarvis, Rev. E. E. Hale, Wm. S. Bullard, Thomas Russell.

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CICATRIX-LIKE STREAKS ON THE SKIN OF PREGNANT WOMEN.—Opinions as to the time of appearance, frequency, and other peculiarities, and medico-legal importance of these streaks, are so unsettled and conflicting, that we gladly hail the excellent review of the subject by Crede, of Berlin, one of the editors of the "*Monatsschrift für Geburtskunde und Frauenkrankheiten*." We have prepared for our readers the following propositions which he has established (*Monatschr.*, &c., Nov., 1859, p. 323 et seq.):

1. The streaks on the abdomen more or less extensively exist in the great majority of pregnant females. They appear but very seldom, however, during the first half of pregnancy—frequently not until the last month, or the last but one.

2. Soon after delivery they change in appearance, becoming gradually less evident, unless the skin is made tense, but never entirely disappear.

3. In some cases they do not appear during pregnancy, and sometimes no trace of them can be found after repeated pregnancies.

4. Sometimes they appear for the first time at the second or third pregnancy, or else new streaks are added to the old.

5. They make their appearance also, without the existence of pregnancy—in consequence of diseases producing a rapid and considerable extension of the skin (especially in dropsy, therefore).

6. The quite similar streaks on the breasts, and the anterior surface of the thighs, occasionally, also on other parts of the body, as the buttocks, calves of the legs, &c., merit the same attention as those on the abdomen.—L. ELSBURG, M.D., of New York.

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PERSULPHATE OF IRON AS A HÆMOSTATIC.—Monsel, of France, first proposed the use of this excellent hæmostatic, and as its use is becoming more general, we give our readers *his* process for its preparation.

"Place in a porcelain capsule 100 grammes of distilled water, and 10 grammes of sulphuric acid; raise the mixture to the boiling point, and then add 50 grammes of protosulphate of iron. After complete solution of the latter, pour, in small quantities, into the boiling liquid



16 grammes of nitric acid at 35 degrees. When the rapid discharge of orange-colored vapors has ceased, add, in portions, 50 grammes of the protosulphate of iron, the solution of which will produce again reddish flames, and will cause the excess of nitric acid to disappear. The volume of the liquid is then raised to 100 grammes, by the aid of distilled water, cooled and filtered."

Monsel suggests that 100 grammes of this solution be treated with a few grammes of linseed oil, and that the mixture be shaken three or four times in twelve hours. There is thus obtained a perfectly neutral solution, having no nitrous odor, and susceptible of preservation for a very long time. The solution is limpid, of a very dark brownish red, inodorous, and with an extremely astringent, but non-caustic taste. It marks 45 degrees of the *pese-sels*. When concentrated by boiling, it assumes the consistence of honey, and if, in that condition, it is spread in thin layers on plates of glass, and dried at a temperature of 100 degrees Fahrenheit, it can be obtained in reddish-yellow scales, transparent, like those of the citrate and tartrate of iron.—*Journal de Phar. et de Chim.*

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REPORT OF THE PENNSYLVANIA HOSPITAL FOR THE INSANE FOR THE YEAR 1859.—At the date of the last report there were 230 patients in the Institution, since which, 171 have been admitted, and 147 have been discharged or died, leaving 254 under care at the close of the year. The total number of patients in the hospital during the year was 401. The highest number at any one time was 258; the lowest was 230; and the average number under treatment during the whole period was 244. The number of males in the house during the year was 209, and the number of females was 192. The highest number of males at any one time was 136, and the highest number of females was 125. At the beginning of the year, there were 115 males and 115 females. At this date there are 132 males and 122 females. The number of males admitted during the year was 94, and of females 77. Of the patients discharged during the year 1859, were cured, 94; much improved, 12; improved, 19; stationary, 8; died, 14. Total, 147.

Of the deaths, three resulted from acute mania; two from the exhaustion induced by chronic mania and enfeebled digestion; two from organic disease (softening) of the brain; three from tubercular consumption; one from strangulated hernia; two from chronic diarrhœa; and one from chronic dysentery. One of these cases was only two days in the house.

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TONGUE REMOVED BY THE ECRASEUR.—In the *New Orleans Medical News and Hospital Gazette* for February, Dr. Choppin reports a case of removal of the tongue, for cancer, with the ecraseur. The operation lasted fifteen minutes, and was accompanied with no hæmorrhage. This operation is usually accompanied with considerable hæmorrhage, and it is highly probable that the ecraseur is, in such cases, a valuable surgical appliance.—*Am. Med. Monthly.*

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PROF AUSTIN FLINT, Jr., has recently been appointed to the Chair of Physiology and Microscopic Anatomy in the New Orleans School of Medicine. The former incumbent of this chair, Prof. Peniston, has been transferred to the chair of Anatomy, Prof. Beard resigning it and assuming the duties of the chair of the Principles of Surgery and Surgical Pathology, while Prof. Choppin takes a new Professorship, to be called the chair of Clinical and Operative Surgery. Dr. Flint, previous to accepting this position, had resigned his professorship in the New York Medical College.—*Ibid.*

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THE Collegiate Department of the Long Island College Hospital opened on the 29th ult., with an introductory by Prof. Hamilton.

THE AMERICAN MEDICAL MONTHLY.—We see by the March number of the *American Medical Monthly* that Dr. Flint, who has recently retired from the editorship of the *Buffalo Medical Journal*, has become one of the editors of this periodical, which, at the commencement of the next volume, takes also the title of *New York Review*.

From the reasons given by Dr. Flint for this change, it is quite clear that his withdrawal from the *Buffalo Journal* was the only course that he, as an honorable and independent man, could have pursued. He regarded himself, as he certainly was, personally responsible for all advertisements which might appear in the periodical under his charge; and so soon as he found that the control over this department was denied him, and that there was an apparent determination on the part of the publisher to admit advertisements of a decidedly objectionable character, there was clearly but one course for him to take.

There has been received at this office, from the late publisher, a circular of such character and tone as to strengthen us in the conviction that Dr. Flint has done wisely to rid himself of all connection with the journal; and as the medical public are not to be deprived of his valuable services, we see no cause of regret, but rather of congratulation, at a step which gives his talents a wider scope.

MEDICAL DEPARTMENT OF LIND UNIVERSITY.—The first annual commencement of this new medical school took place on the 5th of March last. The degree of Doctor of Medicine was conferred on 9 graduates, and the *ad eundem* degree was conferred on Drs. Edward C. Dickinson and Ezra A. Steele, both of Chicago. The valedictory address to the graduates was delivered by Prof. H. A. Johnson. After the public exercises, an entertainment was given by Prof. N. S. Davis, at his residence.

UNIVERSITY OF LOUISVILLE, KY.—The commencement exercises at the close of the twenty-third session of the Medical Department of this University took place recently, and the degree of M.D. was conferred on 41 of the recent class. A brief address was given by Hon. James Guthrie, President of the Board of Trustees, and the valedictory delivered by Prof. J. Lawrence Smith.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 14TH, 1860.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	38	38	76
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	36.8	36.4	73.2
Average corrected to increased population, . . . . .	..	..	83.9
Deaths of persons above 90, . . . . .	..	1	1

##### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
15	2	1	7	2	4

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.964	Highest point of Thermometer, . . . . .	57
Highest point of Barometer, . . . . .	30.256	Lowest point of Thermometer, . . . . .	37
Lowest point of Barometer, . . . . .	29.702	General direction of Wind, . . . . .	S. W.
Mean Temperature, . . . . .	44.43	Whole am't of Rain in the week . . . . .	0.484 in.
The weather, during the past week, was very changeable.			

MARRIED.—In this city, Dr. John Adams Tarbell to Miss Eunice Thornton Harris, both of Boston.

Dr. Sanford's communication was received too late for insertion this week.

Deaths in Boston for the week ending Saturday noon, April 14th. 76. Males, 38—Females, 38.—Accident, 1— inflammation of the bowels, 1—bronchitis, 1—congestion of the brain, 2— inflammation of the brain, 1—cancer (in the breast), 1—consumption, 15—convulsions, 4—croup, 2—cystitis, 1—diarrhoea, 1—dropsy in the head, 4—infantile diseases, 7—puerperal disease, 1—erysipelas, 1—scarlet fever, 1—typhoid fever, 2—disease of the heart, 3—jaundice, 1— inflammation of the lungs, 7—disease of the liver, 1—measles, 2—old age, 1—palsy, 1—pleurisy, 1—premature birth, 1—rheumatism, 2—smallpox, 4—sore throat, 1—teething, 1—unknown, 4.

Under 5 years, 31—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 15—above 60 years, 8. Born in the United States, 56—Ireland, 14—other places, 6.

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ON ALBINISM.

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

[Communicated for the Boston Medical and Surgical Journal.]

THERE have recently been exhibited in Boston two female albino children, born in the State of New York, of parents perfectly black; there have been several other children born to the same parents perfectly black, and one other female albino, who died young. These girls are of about the ages of 4 and 7 years, and between them was born a black child; the parents are healthy. In these children the hair of the head, eye-brows, eye-lashes, and down on the body, are milk-white, with a slight yellowish tinge on the head; it presents, under the microscope, all the characteristics of the negro hair except color. The nose is flattened, the lips thick and protuberant, and the heels prominent, as in the negro; the voice, attitudes, movements and actions are such as are seen in ordinary black children; indeed, but for the color, they in every way resemble young negroes. The skin is everywhere very white and soft; the pigment is also absent from the eyes, and the iris and pupil have the characteristic pink color due to the coloration of the vascular choroid appearing through the translucent membranes of the organ. As the iris does not act as a diaphragm to shut off the excess of rays of light, but allows the whole flood to pour in upon the retina, these girls shield their eyes from the glare of the sun or artificial light by means of the hands, by partially closing the lids, and by a downward and lateral position of the head, as in ordinary cases of photophobia from disease; they are also near-sighted, and like to examine objects very close to the eye. They are playful, as intelligent as common uneducated children of their ages, with by no means a disagreeable expression of countenance; they are healthy, and as well proportioned as any of their race.

This condition of albinism has been noticed from the earliest historic period, and is no more a characteristic of a race than is that of gigantic or dwarfish stature, but is the result of an indi-

vidual and accidental modification, and has occurred in all races and in all climates. It also occurs in mammals, birds, and fishes, as in the familiar cases of white monkeys, moles, ferrets, mice, rabbits, elephants, and otters; and in white crows, blackbirds, robins, martins, swallows, sparrows, parrots and ducks; and also in the silver variety of the gold fish. It is especially common among domesticated animals; some mollusks, as the genus *Oliva*, are occasionally albino; and perhaps the etiolation of plants kept in the dark may be brought under the same category.

Albinism is the most common, according to Is. G. St. Hilaire, in the races of tropical climates, interesting in connection with the fact that the nearer we approach the pole, the more the white color prevails in animals, as in the white bear, fox, ermine and ptarmigan. It is also the most common in the dark races, being very rare in the white races. It seems also to occur more frequently in females than in males, probably from their naturally more feeble constitution. There have generally been a large number of children in families presenting albinos; and undoubted cases are on record of albino twins.

Albinism may be complete, as in the case of these children—partial, or confined to certain regions of the body—or imperfect, in which pigment is not entirely absent. Perfect albinos are generally of feeble constitution and short lived, and most on record have died of phthisis. They are said in the books to be incapable of perpetuating their race *inter se*. This assertion does not appear to rest upon any foundation of actual experiment, and the circumstances which would render it possible must rarely occur in civilized regions; albino females, however, are fertile with black males, and produce, according to the observations of President Jefferson, progeny either entirely black or albino, and never one in part black and in part white. Albinos of other races in Europe have been proved to be prolific with individuals not albino. As white mice and albino rabbits are prolific *inter se*, it would seem *à priori* that there was no physiological reason why albino men and women should be necessarily sterile *inter se*.

Cases are on record of black persons becoming white in adult life; and pied individuals, both men and animals, with the spots unsymmetrically arranged, are sometimes seen. In imperfect albinism the color may be uniformly lighter than the normal, in pure races, displaying, as it were, the first degree of albinism. Perfect and imperfect albinism are always, it is believed, congenital; but partial albinism, at least in man, is generally if not always acquired, and the result of a diseased modification of the pigment cells not well understood.

There is another class of facts which it would seem must be explained by any hypothesis which would account for albinism—such as the rapid change of the human hair from dark to white, from fright or grief, in so short a space of time that there could be no

alteration in the texture of the hair—the change to white in the winter covering of arctic mammals and birds, as in hares, the ermine, the grouse, &c. These may possibly find an explanation in the way formerly suggested by Dr. Weinland, viz., by some chemical change in the oily matter of the pigment from acid or other ill-understood cause, or by a rapid reabsorption of the coloring matter, as takes place slowly in the natural progress of age.

There is an opposite condition of the system, called *melanism*, in which there is an excess of coloring matter in the skin, hair, and iris; this is more common in domesticated than in wild animals, and occurs with partial albinism, this co-existence of opposite anomalies indicating that the causes which produce the deficiency and excess may be local in their character. The genus *felis* (the cats) is very subject to melanism, while albinism is rare in this family. Unlike albinism, melanism is most common in temperate and even cold climates. Dr. J. C. Prichard alludes to three cases of children born albinos, in which coloring matter in the course of their growth was developed in the skin and iris.

It is beyond dispute that albinism depends upon a congenital absence of pigmentary matter in the skin, hair and iris. According to Quekett, this pigmentary matter in the eye (and it is doubtless very much the same in the skin) consists of granules of a peculiar animal principle, the chief constituent of which is carbon, and on this last account the strongest acids and chlorine are incapable of destroying the color; in albinos, he says, the pigment cells exist, but they are destitute of the granular pigment matter.

There is a time in the growth of the embryo, when there is no pigment, and albinism would seem to be an arrest of development in this direction just at this point, the other characters of the black race (in the present and the most common examples) going on to their ultimate development, indicating that color is rather an accidental than an essential character of races. Other facts pointing towards an arrest of development are the uncommonly downy skin and the persistence of the foetal pupillary membrane in albinos beyond the ordinary time of their disappearance.

The question then arises, what is the cause of such an arrest of development? It is hardly worth while to mention the fabulous physical, mental, and moral causes; neither does it seem due to any well ascertained debilitating causes. Dr. Addison, a few years ago, and more recently Dr. Brown-Séquard, maintained that the supra-renal capsules are not mere transitory embryonic organs, like the thymus gland, but that they are of permanent utility, presiding over the secretion of pigmentary matter in the animal economy. Hundreds of dogs, cats, Guinea pigs, rabbits, and rats, met an untimely end, from the removal of these capsules, in order that that the latter physiologist might be able to say that the blood of these animals contained an increased amount of pigment and often in plates larger than the diameter of the capillaries of the brain, and

that death took place sooner after this operation than after the removal of the kidneys themselves. From this accumulation of pigment in the blood of animals, and in a few instances in the human skin when these capsules were found diseased, it has been concluded that the function of these organs is to modify the substance capable of transformation into pigment. If, then, cessation of the function of these organs lead to excess of pigmentary matter in the blood and skin, it would seem that their increased action might in the same way be connected with deficiency of coloring matter, and indeed with congenital albinism. Other physiologists, however, deny that there is any necessary connection between the supra-renal capsules and the production of pigmentary matter, maintaining that in the case of man the connection has been merely accidental, and that the death in the case of animals was not due to any accumulation of pigment in the blood, but to the inflammation or other results of such a severe operation. These capsules have been removed from albino rats, and the animals have survived from two to ten weeks, whereas in ordinary animals death is sudden when their functions have been quickly and completely arrested. The fact, if it be a fact, that pigment matter is accumulated in the blood after the removal of these capsules, whether the cause of death or not, and the longer survival of albino animals in which, as no pigment is formed, this modifying function of these organs would find no chance for exercise, would seem to show some connection between the capsules and the distribution of pigment; but experiments show, according to Brown-Séguard, that even albino rats die in two or three days after the simultaneous removal of both capsules, indicating that they have other important functions in the animal economy than the modification of pigment matter. The present condition of physiological science does not show conclusively a connection between the supra-renal capsules and the state of albinism, any more than between the latter and the equally embryonic thymus and thyroid glands. We must therefore apparently look to the pigment matter itself for an explanation. This has been seen to be highly carbonaceous. Sachs, an albino himself and having an albino sister, says that, according to the chemist Vauquelin, albino hair contains no iron. As this element gives color to the red corpuscles of the blood, it has been supposed to be concerned in the coloration of pigment matter. How far this last may be connected with the phenomena of albinism may be interesting from the occurrence of discoloration of the surface in chlorosis and the blanching of the hair in chronic and debilitating diseases. There are cases, too, in which the preparations of iron administered internally have arrested the change of dark hair to gray, and have even restored the black color. Physiological chemistry does not yet enable one to decide to what subtle alchemy of nature's processes the arrest of development in regard to pigmentary matter is due—whether to some deficiency

in the iron of the blood of the mother or the child, to unnatural activity of the carbon-eliminating organs, to an insufficient supply of the carbonaceous materials of the pigment, or to some other cause or causes entirely different from these.

As an example of the use to which albinism has been put by the advocates of the specific unity of the human races, it may be stated that Dr. John Davy, brother of Sir Humphry Davy, says, in his work on the Island of Ceylon, that albinos are frequently seen there; he describes one, 12 years old, as having light blue eyes, light hair, a fresh and rather rosy complexion, such as would not be regarded as peculiar in Norway or even England. Though this does not answer to what is properly albinism, Prichard makes it an argument in favor of his theory, and quotes further from Dr. Davy, approving of the following remarks of the latter. "It is easy to conceive that an accidental variety of the kind might propagate, and that the white race of mankind is sprung from such an accidental variety. The Indians are of this opinion, and there is a tradition or story amongst them in which this origin is assigned to us." This would satisfy the most ardent advocate of Mr. Darwin's theory of the origin of species by natural selection.

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The following examination, by Dr. B. Joy Jeffries, is interesting in connection with the foregoing remarks.

An ophthalmoscopic examination of the eyes of the two albino children, now at the "Aquarial Gardens," was made on Thursday, by permission of Mr. Laggon. The pupils were *not* artificially dilated. The light used was a *single* common candle. The instrument employed, that of Prof. Edward Jäger, manufactured by Kraft, of Vienna.\* Only the *weak reflector* was used, which is composed of three plane-surfaced pieces of glass, laid together. The constant *voluntary* motions, and, after a few seconds of steady gazing, the involuntary oscillations of the eyes *from side to side*, in a horizontal direction, naturally rendered a perfectly satisfactory examination impossible. Yet, after carefully looking, during the few seconds that the eyes could be kept fixed, the following was made out with the "upright image." The general coloring of the bottom of the eyes was very light red, but darker in the younger of the two children, whose sight Mr. Laggon thought was the better. This child appeared also to be somewhat near-sighted. Its power of accommodation, the ophthalmoscope showed to be active. The retinal vessels, so far as could be traced, were normal. They appeared to stand out more in relief than in an eye in which pigment is present, probably from the contrast to the general light coloring. The entrance of the optic nerve was not readily distinguish-

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\* A description and engraving of which is given in a pamphlet entitled "Über Staar und Staaroperationen," Wien, 1854.

able, on account of its injected state, and the consequent *want* of contrast between it and the surrounding choroidal vessels.

The fine granulated appearance which the bottom of the normal eye has, when viewed with the "image upright," was of course wanting, and, instead of this, the delicate anterior and coarser posterior vessels of the choroid were seen. From the want of pigment behind and between them, their outlines were not so marked as might have been expected. This was also owing to the white sclerotic shining through their meshes, and thereby adding to the general *light color* of the bottom of the eye.

The appearances are therefore those which would be, *a priori*, expected, and which are, to a greater or less extent, found where disease has loosened and removed the normal pigment of the choroid, and broken down the "internal pigment layer," and so left that portion of the eye affected, similar to the state in which it is found in the albino.

It may be said that an ophthalmoscopic examination of the eye of an albino would be hardly possible with any other form of instrument, or with a much stronger light; for in sunlight they are almost blind, so great is the amount of light received upon the retina through the pupil, *iris* and *sclerotic*. Not that they see any *better* than others in a dim light, but they *cannot* see in a strong one. The amount of light thrown into the eye by the instrument used, may be easily found by placing three pieces of clear thin window glass upon each other, and, in a darkened room, holding them a few inches from the eye, and reflecting into it the light from a single candle held on a level with, and a few inches from, the ear of the same side. With these children it was not enough to cause contraction of the pupil sufficiently to interfere materially with the examination. This is in general all the light that is requisite with this form of ophthalmoscope.

The power of accommodation of course greatly interfered in such an examination. Could this have been destroyed for the time being, by artificial dilatation of the pupil, a much more minute and prolonged view might have been obtained, even in spite of the curious and perpetual horizontal oscillation of the eyes in both children. But, with dilated and fixed pupils, the light of the exhibition room would have been intolerable for these albinos who were about to return to it at the time of examination.

The reflection of light from the bottom of the eye, which gives the pink instead of the ordinary black appearance to the pupil of the albino, shows that but little more light need be thrown in upon it to render it visible, and, could the observer's eye be rightly placed to receive the rays of light reflected out of the eye, perhaps the retinal and choroidal vessels might be seen without artificial aid; for, in addition to that which passes through the pupil (most of which would be intercepted by the observer's head) a



good deal must go through the iris, and more particularly the sclerotic. The albino's iris appears darker than it really is, by the shade thrown upon it, particularly in a side light, by that portion of the sclerotic which projects forward beyond the outer edge or attachment of the iris.

No print of the bottom of the eye of the albino can be referred to, for, unfortunately, by an unforeseen accident, Prof. Jæger was prevented from adding one to his truly wonderfully truthful delineations of ophthalmoscopic appearances, entitled "*Beiträge zur Pathologie des Auges,*" Wien, 1855.

DR. ELWELL'S MEDICO-LEGAL TREATISE ON MALPRACTICE AND MEDICAL EVIDENCE.

[Continued from page 241.]

THE physician is summoned by the government or the defence. He is a witness for both. The examination *in chief* being finished, he is passed to the cross-examination, with a "*the witness is yours.*" This relation to a trial should never be lost sight of by the witness. It aids him in every way. He is for no party. He is for justice, not for a man. His memory is aided, and he keeps to his facts. If he goes for a moment out of these, it is only to give them more life—more force. No matter what may be the tone of the cross-examination—no matter what the effort to break him down. He is calm—firm—cool. He knows the object which would now oppress him—viz., a verdict—and he feels, if he feel at all, that that is the true object of the issue. The deep sense of duty—the solemn precept under which he speaks—the deep sense of his whole responsibility, never hurts him. It amazingly helps him, and makes noble and true—at least to himself—what he says. The jury always sees this, and for defence nothing can be stronger.

The physician in court must carry with him all the knowledge of his case which he can possibly attain to. He is to make a diagnosis both differential and direct. He may get previous knowledge at second hand, through counsel, or from the accused. He is consulted. The case is stated. His views of it obtained. If to be summoned, he knows it, and makes preparation for his office. However the mode, let him get knowledge—wisdom—for it will be truly power to him.

A question arises here, which it is very important to answer. Is the expert to believe all he learns? His belief must often be much after the order of faith, as is the case in his daily professional relations—it must be very much the substance of things hoped for, the evidence of things not seen. He may be told that the opinions of an expert are facts in law—another mode of presenting the apostolic formula. But of infinite importance is it—

this character of his opinions—when looked at in their legal significance. It invests what we may say in court with sacredness, and with beauty. It gives to ratiocination that mighty alchemy which converts thoughts into things—thoughts which Mr. Coleridge says are stronger, of infinitely more power, than are things, which are matters to be seen, before believed—thoughts which cannot be seen, but like the hidden principles which govern the physical world, are the basis—the foundations—of human action as well as belief.

Is the physician compellable to reveal what has come to his knowledge in his professional relation to patients? On this subject, Dr. Elwell has the following:

“This (compellability) is the Common Law rule undoubtedly, in both England and this country; while some of the States, like New York, Missouri, Wisconsin, Iowa, Michigan, and perhaps some others, have passed a statutory rule on the subject, in the following language: ‘No person, duly authorized to practise physic or surgery, shall be allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe to such a patient as a physician, or to do any act for him as a surgeon.’ But a physician consulted by the defendant in an action on the case for seduction, as to the means of producing abortion, is not privileged from testifying under this statute, as the information was not necessary for a proper prescription.”—P. 320.

“By the laws of New York and Missouri, no minister of the Gospel or priest, of any denomination, is allowed to disclose any confession made to him in his professional character, in the course of discipline enjoined by the rule or practice of his denomination.”—P. 328.

Difference of opinion prevails on this important subject of privilege. By far the larger number who have treated it, deny the privilege. Very respectable authority, however, and Greenleaf among them, argue for it. Among physicians are John Gordon Smith, of England, and Charles A. Lee, the American editor of Guy's Forensic Medicine. Attempts have been made to avoid the disclosure of secrets of the professional relation of medical men. But they have always failed under the rule of the Common Law. Statutes may ride over this, as in the States alluded to. In England, Mr. C. Hawkins, in a celebrated peerage case, demurred to a question which involved facts which had come to him in his professional attendance on the Duchess of Kingston. But upon consultation, the court required his testimony, on the ground that such testimony was not privileged. We remember a case in which a physician claimed the privilege of the Catholic clergy, and refused to testify, but his claim was not allowed. Our author, in the passage quoted above at length, on the statute of several States which exempts experts from testifying to facts disclosed by professional interro-

gatories, says—"But a physician consulted by the defendant," &c. &c. We question this position, on the ground that the knowledge of the means by which abortion has been procured may be absolute "essential to a proper prescription." All sorts of means are used. We have in mind one in which the person used quite a novel method to procure abortion upon herself. She first tried wire, but it failed, as it stuck into the vagina and so was fixed. She withdrew, and *bent* it, pressing the bent portion very close to the shank, thinking it would retain its position. It went readily into the womb; but to withdraw it was impossible—*facile est descensus*. After taking all the pains, and pain, she could take, or bear, she gave in, and sent for her medical man. He tried and failed. We were next summoned, and we failed. Our object was to introduce the finger into the womb, then to press the wire upwards so that its point should be free, and then, by resting the point on the end of the finger, to withdraw them together. It was impossible to dilate the os and neck sufficiently to do this. We left, to come again in the afternoon, and try another method.

In our absence, and to facilitate matters, the attending physician cut off the wire (as it hung awkwardly out of the vagina), and as close to the os uteri as his instrument would reach. This prevented all further attempts at reduction. Many years have passed since this strange passage in Mrs. ——'s life. She has been perfectly well. The wire remains in *statu quo*, and, what is almost as strange as any other fact in the history, she was *not pregnant* when she attempted abortion; nor has she been pregnant since.

The medical man is not compellable to answer a question, if the answer can make him liable to a criminal prosecution. Mr. Surgeon Patmore went out in a duel as a surgeon. One of the parties was killed. The survivor was tried, and Mr. Patmore was summoned as a witness. A question was put to Mr. P.; but before it was answered, the presiding judge said that if in his answer anything might be contained which would render him liable to a criminal prosecution, he was not bound to answer it. Mr. P. said that he should not answer it. The government in this step probably deprived itself of very important testimony, rather than act unjustly towards a witness, or withhold from him the protection of law.

It was said that the physician in court should be calm—sustained by his knowledge—in his intellectual and moral repose, and most careful to avoid the position of a partizan. He is tempted to a different course than here indicated. In court, he is out of the sick chamber. In the latter he is a ruler. His office is the highest delegated to man. He is to do all man can do, to lessen suffering, and to save from death, and he acts with the great advantage of possessing the confidence of the sick, and of their friends. He is here a questioner. He examines the sick, and their attendants; and it is understood that the strictest scrutiny is to be daily made

into all which relates to the case. The strong motive of interest secures fidelity in the questioned. The physician here is the Supreme Court as well as counsel. He collects the evidence, and passes judgment.

In court, the reverse of all this is the position of the physician. He is literally put *to the question*. All sorts of questions are put. Some of them it is not possible to answer. They are nothing but confused, impossible statements, offered as possible—as having a relation to matters under inquest, but which absolutely relate to nothing. Another mode of presenting the question is asked for. This is attempted, but it is clear to the witness that nothing can come of nothing, as it was when the same apothegm was propounded ages ago. Nay, what is still worse, when the question seems to have a meaning, the answer may be all Greek to the inquirer. It is hard to avoid technicalities in these matters. But words in common use in physic and in law, are not correlative. Thus, *descent*, in law, is the transmission of the right and title to lands to the heir, on the decease of the proprietor, by the mere operation of law; the operation of no principle whatever. In surgery, *descent* means *hernia*, and is a result of a principle in physics. Again, *jactitation*, in medicine, means the irrepressible tossings of the patient in acute disease—often a most alarming symptom. In law, *jactitation* is a purpose of marriage. Then, *action*, and *case*, have their meanings in law, in nothing resembling those in medicine. In the latter, *action* means function, whether healthy or morbid; *case* means disease, as manifested in its subjects. We need not offer other instances. How difficult must it be to reach the whole truth, when sought for under such circumstances. And yet, life may be at stake. It may happen that the medical witness gets some notion of what is demanded of him, and his reply may show it. He may sometimes hypothetically answer in such a case, and so render important service to both counsel and issue. If his mode of regarding, or of putting the question, fail to accomplish the object proposed, the counsel will say so.

There is another matter connected with the present, which deserves distinct notice. If the expert does not understand the question, it is very often his best course to acknowledge his ignorance of the subject. Let this be done distinctly. The question may be presented in another form. If not understood, let this be at once stated. A medical witness is sometimes tempted to cover his ignorance by giving an opinion touching the point presented, and which point involves a fact. The witness, we are persuaded, will in such a case do more by a simple *no*, than by the best circumlocution he may resort to.

In his manner, the medical witness should manifest his sense of the importance of his office, and in the best way meet its requirements. Deliberation in manner can hardly be ascribed to doubtfulness as to communications in court, if distinctness—occasional

emphasis—accompanies it. At times, a question, having an important relation to the case, is put after such a manner as declares its whole meaning. Such a question may require thought. It is to be seen by the witness in all its bearings, and should be answered accordingly. When this is done—ably, thoroughly done—the witness will see its effect on the jury at once, and feel how important is the point which has been gained. No physician was ever on the stand who has been able so to accomplish his important office, who has not seen what he has effected, it may be in the gravest issue; and felt the satisfaction which such a service to public justice always brings with it.

We remember a trial for murder, of singular obscurity, making the office of the professional witness exceedingly embarrassing. A witness who preceded us, was almost ludicrously deliberate. The day was hot, and the witness was long on the stand. He was very thirsty, and frequently called on an officer of the court for cold water. He would always wait at rest till the water came. After the trial, we asked him how he had succeeded on the stand, for he was long under the harrow. Said he, "The day was very hot, and I was very thirsty, and I always found myself most thirsty when I did not fully understand the question. So while the officer was gone for water, I thought over the question and the answer. I never drank so much water, in the time, in my life." I afterwards asked the counsel for the prisoner, what sort of a witness was my friend, Dr. — in —'s case. Said the counsel, "I never had a better witness."

It was in this case that the above legal friend told me of a witness who broke in upon him one evening when he was exceedingly occupied in preparing for the next day, saying that he had a very important witness for the defence. "Who is it?" asked Hon. Mr. —, with much temper. "An angel appeared to me last night, Sir, and said that Mr. — was innocent." "Let him be summoned!" screamed out the irritated counsellor.

In this case a medical witness for the government sat at the elbow of the Attorney General while we were undergoing cross-examination, and was seen to be passing slips of paper to him on which were questions for us to answer. Of these questions, the Attorney probably knew as much as the jury, and my answers being strictly professional in meaning and technical in language, as such questions from such a source strictly demanded, it is very probable that little light was shed. We hardly know of a more mistaken and absurd mode of reaching useful knowledge than this, where experts are witnesses.

Questions are sometimes put which cannot be answered, and others which should not be answered. For the most part these last arrest the attention of counsel for or against, and an appeal to the court for judgment is made. But sometimes questions get in without challenge, which the witness believes he is not obliged

to answer. In such a case he has a perfect right to appeal to the court himself. We have been in situations in which such appeals have been made. In a trial for murder, we had been some hours on the stand, and were about leaving it, when the prosecuting officer said he had one more question to ask. It was, if it were not possible for us to have been influenced by our views of capital punishment, in our testimony. We appealed at once to the court, addressing the Chief as follows:—"May it please your Honor, I am surprised at this question of my learned friend, for at the very last term of this court I was called by the government in a trial for an alleged murder. I wrote at once to my friend, the present public prosecutor, stating at much length my views of capital punishment, and asking if he might not think that they would bias me in my testimony. My friend has probably this letter still in his pocket. My views were not regarded as objections to my appearing for the *government*. But now, please your honor, when I appear for the *defence*, I am questioned concerning bias. Am I obliged to answer the question?" The answer was, *No*. The great auditors showed their pleasure at the answer.

In another capital trial, certain women of most abandoned character being at the time in the house in which the alleged felony was committed, were the principal witnesses for the government. We were leaving the stand which we had occupied for hours, when the attorney for the government said he wished to ask another question, viz., if our testimony might not have been influenced by the character of the government witnesses. We again asked the judgment of the court. We asked, if we were the judges of these declared infamous witnesses of the government—whether, if their character was such as to destroy their credibility, they should have been witnesses at all—and more to the same point; the appeal ending with the question if we were obliged to answer the inquiry. It was ruled that we were not. We believe that the effect of these questions and these answers upon the jury was as much for the benefit of the prisoner, if not more, than any part of our testimony in chief; and in this way. It settled the moral character of that testimony, and this was much more likely to influence the twelve men, than the best scientific statements and arguments an expert can present. The people felt it.

We have seen the same or a similar effect produced in another way. This was in a case of capital felony, in which we were called as an expert. Our appearance in the court was objected to by the government, in a manner so nearly approaching rudeness, that it might have annoyed a sensitive person, but we had very often been in court before, and were not troubled. The court ruled that our appearance was not necessary. Our office would have been to have rebutted the testimony of another medical witness, which had been given the afternoon before. The ruling was of course decisive, and for ourselves we had no occasion to complain of it.

We kept our eye upon the jury during the arguments against our appearing, and it was clear to us that the effect upon it was for the benefit of the accused. They saw and felt that there would not have been so much effort made to suppress our testimony, if it was not believed by the government that it would have had some important influence upon the jury. Silence here was gold!

[To be continued.]

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### Bibliographical Notices.

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*Memoir on the Salubrity of the Isle of Pines.* By Dr. DON JOSE DE LA LUZ HERNANDEZ, Physician and Surgeon of the Royal House of Beneficencia, &c. Habana: 1857.

THERE is a small island, a few miles distant from the southern coast of Cuba, towards its western extremity, in past times the resort of pirates and fillibusters, which, from the salubrity of its climate and the virtues of its mineral waters, is beginning to attract considerable attention as a resort for invalids. From the interesting pamphlet which we have received from Dr. Hernandez, a physician of distinction, we gather much information with regard to the soil, climate, mineral and vegetable productions of this island, and also the benefits received by quite a number of patients who have recently resorted thither.

The extent of this island is about one hundred and eighty square leagues; its length, from east to west, being about twenty-one, and its breadth, from north to south, thirteen and a half leagues; and it is distant about thirty leagues from Havana. Although not more than thirteen leagues from the Cuban coast, the Isle of Pines differs widely from that fertile island in the character of its climate, soil, and mineral productions. The climate would seem to approximate to that of the Isle of Wight, and is more equable, and far more salubrious than that of Cuba, the atmosphere being purer and drier, and the temperature more unvarying—circumstances, as the author states, that certainly promote most favorably the physiological reaction indispensably necessary to correct a diseased condition.

The mineral resources of this island seem to be great and various; and the waters, combining, as they do, chalybeate and saline properties, have proved peculiarly efficacious from their tonic and alterative virtues. These waters, according to analysis, differ essentially from the mineral waters of Cuba.

The pamphlet of Dr. H. gives an interesting account of the mineral and vegetable productions of this beautiful island, and the author looks forward to the time, when, by the aid of government, it will emerge from the state of contempt and neglect in which it has been so long held, and require the renown it merits, not only as a place of resort for the sick, but as an agricultural province, capable of adding to the revenues of the State.

From the numerous cases reported as benefited by a residence there, it appears that it is peculiarly serviceable in phthisis, and other affections of a scrofulous nature; in lymphatic and nervous patients; in syphilitic diseases; certain affections of the stomach, as gastralgia and some other forms of dyspepsia; diseases of the skin, and chronic

dysentery; in short, all affections occurring in debilitated constitutions, and requiring an equable temperature, and mild alterative and tonic treatment.

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*Food for Babes, or Artificial Human Milk; Its Mode of Preparation and Administration.* By WM. HENRY CUMMING, M.D. N. York. 1859.

THE object of this little book is to impress upon parents, as well as physicians, the importance of a proper food for infants, and the evils that arise from that too often substituted for the nutriment supplied by nature, when, from any cause, this is deficient. That which he suggests most closely resembles the natural secretion of the breasts in vigorous, healthy women, and hence offers to the child all that he needs for growth, development, warmth and activity. He believes, what is undoubtedly true, that a large proportion of the sicknesses and deaths of infants is the direct result of insufficient and improper food, and that, by the use of that recommended, the health and lives, of tens of thousands may be annually saved.

We fully agree with the author, that the painful dentition, colics, wasting diarrhœa, and that most fearful of all diseases among children—cholera infantum, are too often consequent upon the unscientific and badly-prepared compounds with which infants are fed; and that the therapeutical importance of a due regulation of the diet in these diseases cannot be overrated.

To obtain a compound which shall contain the right proportion of butter and casein, the two most important elements of human milk, he recommends that the upper third of cow's milk which has stood for four or five hours, be taken, this containing fifty per cent. more butter than the ordinary milk of the cow; or, if in the summer, the latter half, given by the cow at a milking, is equally good. The cow should be healthy and vigorous, from four to ten years old; her calf not less than two weeks, nor more than five months, old; and her food should consist of hay or grass, salt and water, without slops of any kind.

The dilution of the milk thus obtained, should vary with the age of the infant, being made more nutritious by the addition of less water, as the child advances. For the first month, dilution with one-and-a-half times the quantity of water is sufficient—less water being required for each succeeding month. The water should be soft, and sufficient sugar should be added to make the whole only a little sweeter than that of the cow.

Many of these details seem perhaps unnecessarily minute, but we are convinced, if observed, much sickness will be prevented and a healthier race of children be the result.

Dr. Cumming has given to the public a book, the size and contents of which, should ensure it the usefulness it deserves.

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*Tenth Annual Report of the Association for the Relief of Aged, Indigent Females.* Boston: 1860.

FROM this, it appears that there have been admitted during the year, seven persons; that five have died, and that there remained in the Institution, on the first of January, 1860, fifty-seven inmates. Although the expenditure of the past year has not been fully met by the donations of those interested in the welfare of this excellent Institution, we have no fears that its charitable objects will be forgotten by a community which boasts of its benevolence to the poor and suffering.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, APRIL 26, 1860.
 

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THE NECESSITY OF RE-VACCINATION.—As the subject of re-vaccination is one upon which there has been a difference of opinion among physicians, and as it involves a point of much practical importance, we are glad to be able to give, at the suggestion of Dr. Jeffries, the extracts referred to by him in the following communication:—

15 CHESNUT ST., BOSTON, APRIL 5, 1860.

Messrs Editors,—As the opinion has recently been expressed in your JOURNAL that re-vaccination is unnecessary, “for it will give no additional protection to those who have been already duly vaccinated, but is troublesome, attended with some expense, and not wholly free from danger,” and as this is not the belief of many, will you, for the benefit of your readers, quote those portions of two articles in the April number of *The American Journal of the Medical Sciences* which touch upon this very important question? and oblige

Respectfully yours,

B. JOY JEFFRIES.

The following is the summing up of M. Marc D’Espine’s elaborate memoir on the epidemic of variola, in the Canton of Geneva, in 1858 and 1859:—

“The epidemic of 1858–59 has been by far the most severe of all those which have visited the canton since the introduction of vaccination. It attacked 21 individuals in 1000 inhabitants, and gave rise to 2.3 deaths, one half of these depending upon a hæmorrhagic cause.” \* \* \* \* \*

“The *elective age* of natural variola is childhood and infancy. In countries in which vaccination is but little or not at all practised, variola attacks but few adults; but in proportion as a population has been more generally, and for a longer period, submitted to the vaccine influence, variola attacks a larger proportion of the older vaccinated, and spares children protected still by recent vaccination. In those countries in which nearly the whole of the new-born infants have been vaccinated for a long time past, it is from the twentieth to the twenty-fifth year that variola attacks most of its subjects; children below ten years of age being rarely affected.

“*Re-vaccination*, made at opportune periods, greatly increases the chances of preservation, and evidently alleviates the disease in those individuals whom it has not been able to secure against the attack. It seldom succeeds in producing satisfactory pustules until after ten years of age. On this account, then, and because the first vaccination affords sufficient protection at least until ten years, it is at about from the twelfth to the fifteenth year that the first re-vaccination should be performed. A second may be resorted to at about the age of thirty; but this is of less consequence than the first, inasmuch as the examination of facts show that the chance of contracting variola diminishes much after the age of thirty. Nevertheless, just as the more general practice of vaccination has transposed the age of the maximum of frequency of variola from infancy to the fifteenth, twentieth, or even twenty-fifth year, a generalization of the practice of re-vaccination at about the twelfth or fifteenth year may thrust back this maximum beyond thirty years; and we may predict that with the progress of primary vaccination, a second towards the thirtieth, and even a third towards the fortieth year, may one day become requisite. Vaccination or re-vaccination, practised even at the height of an epidemic, when complicated by an immediate invasion of the variola, neither modifies the progress of this, nor is itself modified by it. We may therefore vaccinate during an epidemic with impunity.

"It would seem that a first variola preserves somewhat more certainly from variola than a first vaccination; but that if variola does supervene, that which is secondary is more fatal than is the varioloid following vaccination.

"Cowpox appears to succeed somewhat better than the chain of Jennerian virus, both as a prophylactic, and as to the pustules it gives rise to; but virus passed from man to the cow, and then from the animal to man, derives no advantage from such passage."

In connection with the above, we may refer to the following facts published in the *Medicin Zeitung*. We find it there stated that—

"Variola, which had acquired a considerable extension in Prussia in 1857, increased very much in 1858, both as regarded the number of localities invaded, and the number of individuals attacked. In some places it assumed an intensity which called to mind the ravages of the cholera. In 1857 there occurred throughout the entire monarchy 8,922 cases, but in 1858 there were 30,843 cases observed in 2,668 localities. Of this number 2,789 individuals died, a mortality therefore of 9 per cent., that of 1857 having been 10 per cent. \* \* \*

"Of the 30,843 patients, 25,995 had been vaccinated, and 4,758 were unvaccinated. There were, therefore, 15 per cent. unvaccinated. The proportion was 10 per cent. in the adult (2,331 in 22,209 cases), and 28 per cent. in the children (2,427 in 8,634 cases). Of the 25,995 vaccinated, 1,730 died, *i. e.* 7 per cent.; and of the 4,758 unvaccinated, 1,055 died, *i. e.* 22 per cent. A mortality of two thirds less in those submitted to vaccination, strongly exhibits the power of this in mitigating the severity of the disease. The influence is somewhat less manifested in the children than in the adults; for while of the 6,187 who had been vaccinated, 503 (8 per cent.) died; of the 19,808 of the vaccinated adults, 1,227 (6 per cent.) died. The mortality in the non-vaccinated also varied considerably. Of 2,427 children, 782 (32 per cent.) died; and of 2,331 adults, 273 (12 per cent.) died. Summing up the figures, we find, then, that in vaccinated children 8 per cent., and in unvaccinated 32 per cent. (*i. e.* four times as many), die; in vaccinated adults 6 per cent., and in unvaccinated 12 per cent. (twice as many), die. These facts surely speak highly for the protective power of vaccination, and for its beneficial influence on the course of the disease. The whole of the recruits for the army, about 40,000 per annum, are re-vaccinated; and re-vaccination being always resorted to when epidemics exist, the prevalence of smallpox within its ranks has been almost entirely prevented."

WE publish the following communication in reply to that of J. C. M., which appeared in our issue of April 12.

MESSRS. EDITORS,—The writer, in drawing up an account of Dr. Martin's vaccine experiments, was simply actuated by a wish to state an event in the history of variola, which, from the remoteness of its occurrence, was probably not familiar to the medical public of the present day. He disclaims any intention to wound the feelings of Dr. M., and has never heard him mentioned but with respect and regret for his misfortunes. With him he is personally unacquainted, and has never been a cotemporary, Dr. Martin having been long withdrawn from practice, and for a considerable time from the town. This the writer believes will prove the absence of sinister motives, or an attempt to misrepresent occurrences. The readers of the JOURNAL are only interested, however, to know the facts of the experiment and their incontrovertible results.

After recounting the details preliminary to the vaccinations in which matter derived from an inoculated cow was introduced into the human subjects, and the primary symptoms exhibited, your correspondent, who would deny the writer's correctness, says,—“A few days elapse and a cloud comes over the scene. There is some anxiety and alarm. Unlooked-for symptoms exhibit themselves in some of the patients.

Physicians are again called, and visit the patients; they revoke their opinions and report adversely." That is, they decide it is not kin-pox, as at first supposed, but smallpox. The trivial errors in stating the year to be 1836, instead of the preceding; the writing of Dr. Fuller's name Sylvanus, instead of Lemuel; and that the variolous matter was inserted into the udder instead of the teat, have no material bearing upon the case.

The admission that Dr. M.'s cotemporaries, to use his own language, "reported adversely," carries the opinion that smallpox was not induced by him, resting upon the experimenter's assertion alone. Dr. Fuller and Dr. Manchester believed the disease was smallpox, and both were far removed from the imputation of being influenced by inimical motives, or a disposition to persecute an unfortunate young man. These gentlemen are both dead, but their belief is not a matter of conjecture.

The writer is as little disposed to annoy Dr. M. in his long retirement, broken in health and spirits, as to conduct a controversy with him thus; and while he feels at liberty to make reference to facts as public, as in this case, he regrets the occurrence of anything disagreeable to Dr. M.'s feelings. S.

*Attleboro', Mass., April 18th, 1860.*

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DISLOCATION OF THE HUMERUS. *Messrs. Editors*.—I have succeeded several times in reducing dislocations of the humerus into the axilla, by the following process. Placing the patient upon his back, on a bed or a table, I seize the arm, with one hand just above the elbow and the other near the wrist. I first carry the arm across the body of the patient as far as I can without the employment of much force. I then flex the elbow, which causes the hand to point over the shoulder of the opposite side. Then, on slightly rotating the arm outwards, the bone at once slips into its place. The operation requires but very slight force, and occasions very little pain. I succeeded in one case, in reducing the luxation in this manner, after quite powerful extension and counter-extension had been tried without the least effect.

Respectfully yours, ALBION COBB, M.D.  
*Saccarappa, Me., April 20, 1860.*

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IODIZED GLYCERINE IN SKIN DISEASES.—This solution is prepared after the following formula: R. Potassii iodidi, et iodini, each ℥i.; glycerinæ, ℥ij. Add the iodide of potassium to the glycerine, and when solution is effected, add the iodine. A few minutes' agitation will cause a perfect dissolution.

This solution has the great advantage over alcoholic solutions of not drying; in consequence, the surfaces remain supple, and the absorption and action of the iodine is much prolonged. It should be applied to the affected part and covered with gutta percha paper, to prevent evaporation and increase the perspiration of the part. It is left untouched for twenty-four hours, and the degree of reaction regulates its further application. The application of water will readily remove all traces of the solution. This solution occasions pain, which varies in intensity and duration according to the state of the diseased part and the sensitiveness of the patient. There has, however, never been any general inconvenience. On removing the application, the

healthy skin has become brown and the diseased parts paler than before. On ulcerated surfaces, no trace of iodine will be found two hours after its application. Sometimes its action has been so powerful as to produce phlyctene.

The results of Dr. Richter's experiments are, that this solution acts as a caustic; that it has really a heroic action in cases of lupus; that its efficacy is remarkable in non-vascular goitre, scrofulous ulcers, constitutional syphilitic ulcers—doubtful in primitive chancres and eczema, and useless in psoriasis.—*Wener Med. Wochens-Schrift.*

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ARSENICAL POISONING BY PAPER-HANGINGS.—Three children near Tip-ton have suffered from the arsenical emanations from a green bedroom paper in a newly-papered house. The symptoms were emaciation, pining, general restlessness (worse at night), and twitching of the facial muscles. Dr. Balenden, observing these symptoms, concluded that they were suffering from the effects of gradual poisoning; and, on being removed into another room, the children recovered.—*London Lancet.*

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HOLOPATHY.—A distinguished physician of Paris, M. Marshal de Calvi, is now lecturing on a new medical doctrine, to which he has given the name of holopathy. M. Marshal considers that diseases, as they come before the medical practitioner, are only phases or episodes of a general affection of the organism, which affection or diathesis produces the episodes when circumstances favor their appearance. The lectures are causing some sensation in the French capital.—*Ibid.*

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GINSENG.—A letter from St. Petersburg, dated 24th December, states that a scientific expedition has been organized, under the direction of M. Maak, to describe the interesting valley of Oussory, as well as the south-east of the Mantchoo territory to the frontiers of Corea, and to examine specially the ginseng (a renowned medicinal plant), to study the geographical extent of the Mantchoo territory, where this plant is propagated, and particularly the places in which it grows naturally, and to examine and describe the plantations of the Chinese who cultivate it. A great number of Russians propose to establish plantations of ginseng as an important produce for trade with China.—*London Journal of Pharmacy.*

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MEDICAL STUDENTS IN PARIS.—The number of inscriptions taken at the Faculty of Medicine of Paris, at the commencement of the present scholastic year, was 988; namely, 922 for the degree of Doctor of Medicine, 66 for the grade of Officer of Health. Among these are 304 new inscriptions. In 1858, the total number of inscriptions was 1065; the number of new ones, 251. Last year, 34 foreign students were inscribed in the separate register; this year their number is 48.—*Medical News and Library.*

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ON THE LOCAL EMPLOYMENT OF CHLOROFORM IN THE REDUCTION OF DISLOCATIONS.—M. Orliac, a French provincial practitioner, relates two cases of recent dislocation of the shoulder, in which rapid and painless reduction was accomplished. This result he attributes to having surrounded the shoulder with, and placed in the axilla, compresses im-

bibed with ten or twelve grammes of chloroform, these being applied two or three minutes prior to, and during the attempt at reduction. In this way, he observes, assistants may be dispensed with (an important matter in country practice), and pain be prevented, without any danger being incurred.—*Moniteur des Sciences Médicales*.

ON THE DURATION OF LIFE AMONG MEDICAL MEN.—From the statistics of over 1000 persons of different occupations, who died within the last 100 or 150 years, at an age of at least 80 years, collected by Faber, and communicated to the *Württemberg Correspondenzblatt*, we learn that among these long-lived persons, there were:—

1. Authors and learned without special profession, 86.
2. Statesmen and diplomatists, 96.
3. Clergymen and theologians of all beliefs, 150.
4. Artists, 167 (painters, engravers and sculptors, 72; poets, 42; musicians and composers, 26; actors, dancers and circus riders, 9—among whom were Franconi at 98, Noverre 105, and his two sons at 82 and 83).
5. Military, 190 (army, 159, navy, 31).
6. Naturalists and physicians, 192 (naturalists and physicians not in practice, 58; practising physicians, 134—of whom there were 3 over 100; 15 between 90 and 100; and 116 between 80 and 90 years at their death).

Now, though we do not accord to these statistics completeness in themselves, nor regard them as proper foundation for generalizations, we may surely draw from the above combination of ages the satisfactory result that the duration of life among physicians is by no means as limited as so many authors (König, Villermé, Deneufville, Hufeland, Escherich, Zeeman, &c. &c.) affirm.—*Medical and Surgical Reporter*.

PRESERVATION OF BODIES FOR ANATOMICAL PURPOSES.—Professor Budge has found that bodies may be admirably preserved for a long period of time, whether for anatomical purposes, or for courses of operative surgery, by injecting into the carotid a preservative fluid composed of pyroligneous acid and sulphate of zinc, of each from eight to twelve drachms to seven pounds of water. Bodies thus injected have kept during eight weeks of intense summer heat, without giving rise to any putrefactive smell, the muscles retaining their red color, and though a little softened, admitting of good dissection. The injection does not prevent the subsequent injection of colored matters; and the knives used in dissection scarcely suffer at all.—*Virchow's Archiv*.

DEATH FROM INHALATION OF CHLOROFORM IN LISBON.—On the 12th of February, a man of 30 was to have been operated upon, at the St. Joseph Hospital of Lisbon, for a cystic tumor of the face. Chloroform was administered by means of a piece of lint, covered with a thin strip of linen, and held at a short distance from the nose and mouth. The stage of excitement suddenly ceased, the patient turned pale and pulseless, and made a long inspiration. He drew in long breaths at more and more distant intervals until he died—just six minutes after the chloroform had been placed against his mouth. The actual contact of the lint moistened with the chloroform had hardly lasted two minutes. On a *post-mortem* examination, the lungs were found gorged

with blood and ecchymosed, the right auriculo-ventricular orifice dilated, the aorta full of brown, fluid blood, the cerebral matter and meninges injected.—*Gaz. Méd. de Lyon et O Archivo Universal de Lisboa.*

**ADULTERATION OF FOOD AND DRUGS**—that most dastardly and nefarious description of commercial roguery which impunity and long practice have combined to bring to such perfection in England—is fraught with difficulty and visited with heavy penalties in Paris. The vigilance of the Paris police almost suffices to ensure the public against the evils of slow poisoning which *we* are compelled to undergo to an extent which may account for many of the diseases prevalent in this country, and generally attributed to climate. Surely no supervision can be deemed superfluous, and no chastisement too severe, which may tend to obviate such horrors as we know to be practised on the English public, especially on the poor. When a Paris shopkeeper is caught either diluting, adulterating, or fraudulently mixing his merchandise, or in selling short weight or measure, he is first heavily fined, and then condemned to a public confession of his guilt by stating the particulars on a large placard, conspicuously exhibited in his shop during the pleasure of the court; so that he himself informs his customers he has been practising on their credulity, tampering with their health, and picking their pockets.—*Realities of Paris Life.*

**PRESERVATIVE FLUID.**—Dr. Passini recommends the following as an antiseptic mixture for the preservation of blood globules, nerves, ganglions, the retina, and the white tissues generally:—Protochloride of mercury, 1 part; chloride of sodium, 2 parts; glycerine, 13 parts; and distilled water, 113 parts.

**MEDICAL COLLEGE OF GEORGIA.**—The annual commencement of this institution took place in the city of Augusta on the 2d ult. The graduating class numbered 31, and the medical degree was conferred on the members by the President of the College; also the honorary degree upon Dr. J. R. Dickinson of Alabama and Dr. J. F. Knott of Georgia. Three prizes were awarded for two of the best theses and the best clinical report.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 21st, 1860.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	37	47	84
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	40.8	37.1	77.9
Average corrected to increased population, . . . . .	..	..	88.9
Deaths of persons above 90, . . . . .	..	1	1

##### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
16	1	2	7	1	5

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	30.135	Highest point of Thermometer, . . . . .	67
Highest point of Barometer, . . . . .	30.503	Lowest point of Thermometer, . . . . .	24
Lowest point of Barometer, . . . . .	29.726	Whole am't of Rain in the week . . . . .	0.228 in.
Mean Temperature, . . . . .	43.14		

**DIED.**—At the residence of Dr. Heaton, Clifton, Mich., 2d inst (to which place he had gone for the benefit of his health), Adams Wiley, M.D., of Roxbury, Mass., 43 years, 6 months.

*Deaths in Boston* for the week ending Saturday noon, April 21st, 84. Males, 37—Females, 47.—Asthma, 1—disease of the bowels, 1—inflammation of the bowels, 4—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 1—colic, 1—consumption, 16—convulsions, 3—croup, 1—debility, 3—infantile diseases, 2—puerperal diseases, 2—dropsy, 2—dropsy in the head, 3—epilepsy, 1—scarlet fever, 2—typhoid fever, 2—disease of the heart, 1—congestion of the lungs, 3—disease of the lungs, 1—inflammation of the lungs, 7—measles, 1—old age, 1—palsy, 3—paramenia, 1—rheumatism, 1—scrofula, 1—scalded, 2—smallpox, 5—suicide, 1—tabes mesenterica, 1—tuberculosis, 1—tumor, 2—unknown, 5.

Under 5 years, 27—between 5 and 20 years, 12—between 20 and 40 years, 21—between 40 and 60 years, 10—above 60 years, 14. Born in the United States, 56—Ireland, 23—other places, 5.

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No. 14.

CROUP—TRACHEOTOMY—RECOVERY.

[Reported to the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY GEORGE HAYWARD, JR., M.D.

I WAS called, Feb. 11th, to see a male infant 14 months old, who, it was thought, had shown some symptoms of croup. The child was an uncommonly large and strong one, and appeared to be perfectly well, the evening previous, but during the night the mother thought that his breathing was peculiar, and, after watching it some time, that it had a croupy sound. An emetic of ipecac was immediately given, which operated thoroughly, bringing up a good deal of mucus, after which the child seemed to be relieved, slept well, and in the morning appeared to be so well that the parents hesitated to send for me. When I saw him, there was no lymph on the tonsils, he was free from fever, pulse and respiration were good, and it was only by making him cry that anything like a croupy sound could be heard. I directed the room to be kept as full as possible of the steam of hot water, a powder containing one grain of calomel and two of ipecac to be given then, in the afternoon, and at night, and an expectorant mixture to be given freely through the day. I saw him again in the evening, and found that he had had a very comfortable day, the breathing having been for the most part, as was reported, quite natural. I remained with him some time, but was unable to hear any sound like croup; pulse and respiration were good, there was no lymph on the tonsils, and had it not been for the alarm of the previous night, and the insidious nature of the disorder, I should have felt very little anxiety about him. During the night of Feb. 11th, the symptoms of croup returned, and were not relieved by emetics of ipecac, which were administered and operated thoroughly. I saw him early on the morning of the 12th; at that time the croupy breathing, although not constant, was decided, his pulse was quickened, and there was a slight mucous râle in both backs, but there was no

lymph on the tonsils, and his color was perfectly natural. Dr. Hayward, Sen., saw him in consultation with me about  $8\frac{1}{2}$ , A.M. (when he presented the appearances described above), and recommended giving him a third of a grain of calomel and one grain of Dover's powder every three hours.

I stated to the parents my wish that tracheotomy should be performed as soon as the symptoms required it, as I was satisfied it would be the best course to pursue, if the remedies then being tried failed to relieve the child; and that, to be effectual, it must be done early. They left the matter in my hands, and I accordingly saw Dr. Cabot, and agreed with him to meet me in consultation on the case at 4, P.M., but to hold himself in readiness to perform the operation at any time, should circumstances render it advisable. We also agreed to make an application to the epiglottis, with a sponge probang, of a solution of nitrate of silver, in the proportion of a drachm to the ounce.

I saw the child at 11, A.M. and 1, P.M., at which times he remained much as he had been in the morning; the breathing only occasionally croupy, and the color perfectly natural. At  $2\frac{3}{4}$ , P.M., they sent, as I had directed, to inform me that the breathing was more difficult, and I went immediately there, calling on my way for Dr. Cabot. We found no false membrane on the tonsils, but respiration was much more difficult than when I left him, the croupy sound being constant, and there was a decided appearance of lividity of the skin. Under these circumstances, we thought that tracheotomy should no longer be delayed, and it was accordingly performed by Dr. C., and the double silver tube inserted at about 3, P.M., the patient having first been completely etherized.

Very little blood was lost during the operation, the breathing soon became easy, and the skin assumed its natural appearance. We directed that the inner tube should be taken out and carefully cleaned every hour, that fifteen drops of a solution of nitrate of silver ( $\mathfrak{D}$  i. to  $\mathfrak{z}$  i.) should be injected through it every three hours, and that a teaspoonful of the following mixture should be given every two hours: R. Potassæ hydriod.,  $\mathfrak{D}$  ij.; syr. tolu., aquæ, each  $\mathfrak{z}$  ijss. The steam was directed to be kept up constantly, as before.

Towards evening, I again met Dr. Cabot, who continued to attend the case with me until the child was out of danger. We found our patient pretty comfortable, except that he was a good deal troubled with a thick, viscid mucus, which obstructed the trachea, apparently just below the end of the tube; this was best removed by passing a small feather, taken from the inside of the wing of a goose, through the tube, and then twisting it around, and thus entangling the mucus in it and bringing it up. Beef-tea was directed to be given freely through the night, and the same treatment to be continued. This course was continued for several days, the patient being seen by me every few hours, night and day, excepting



that the injections of nitrate of silver were not given so often as before, injections of a few drops of cold water being sometimes used instead, by which means, frequently, portions of hardened mucus, and occasionally small pieces of false membrane, were coughed up; the hydriod. potassæ was also sometimes omitted. The only change of any consequence for the first week was that the child, who was teething, was very much troubled with diarrhœa; and arrow-root, and brandy and milk were frequently given it instead of beef-tea, and enemas of starch and laudanum administered.

About Feb. 20th, there were some symptoms of pneumonia in the upper part of the right lung; these continued, until there was distinct dulness on percussion, in the upper and middle part of the right lung, and, after a few days, in the upper part of the left lung also. Auscultation was rendered difficult by the sound caused by breathing through the tube being transmitted through the lung, but fine crepitous râles were occasionally heard, both by Dr. Cabot and myself. Mild sinapisms were used occasionally, and flannels wet with warm brandy were kept constantly on both chests; but very little treatment could be adopted in so young a child.

The outer tube was provided with an oval opening on its upper part, communicating with the trachea, and various attempts were made at different times, by removing the inner tube and closing the external opening, to ascertain whether the upper part of the trachea was sufficiently pervious to allow the air to pass through it, but it was not until Feb. 25th, thirteen days after the insertion of the tube, that it was thought safe to remove it altogether. No inconvenience followed the removal of the tube, the respiration being perfectly free through the trachea. On the next day, Feb. 26th, the child seemed, in the afternoon, without any apparent cause, to be very much exhausted and almost in a moribund condition, so much as to require frequent support from brandy and water, &c., but on Feb. 27th he began to improve, and from that time continued to get better, the pneumonia gradually disappearing, until he entirely recovered; the opening in the trachea closing entirely March 10th.

I have thought this case worth reporting at some length, as it seems to give evidence additional to that already adduced, of the importance of an early operation in cases of membranous croup; and because I believe it is very rare for a patient to have recovered from that disorder when it has been followed by pneumonia of both lungs.

## THE PAROTID GLAND.

BY J. C. BRADBURY, M.D., OLDTOWN, MAINE.

[Communicated for the Boston Medical and Surgical Journal.]

FROM the high organization and complex relations of this gland, we should expect to find it the frequent seat of disease; but the united testimony of the most experienced surgeons has proved the truth to be quite otherwise—in other words, that disease of this organ is exceedingly rare; far more so than is to be accounted for, upon anatomical or physiological principles; as if “He that tempers the winds to the shorn lamb,” mindful of its fearful relations, and the difficulty of surgical access to it, had especially interposed some invisible and almost insuperable defence to protect it from disease and the perils of surgical interference.

Most of the older surgeons, among whom were Boyer, Allan Burns, Richerand, and others of equal distinction, both in this country and Europe, were disbelievers in the practicability of the removal of this gland; and it is comparatively recently that we have had warm discussions, relative to its possibility, among the most distinguished surgeons, even since it has been several times successfully removed. Many of your readers will doubtless recollect something of the spirited controversy that arose some years since between Profs. G. of the Pennsylvania University and P. of the Jefferson School of Philadelphia, relative to this subject. Prof. P. was *sure the operation could be, and had been, done successfully*. Prof. G. was *quite as certain it never had been, and never could be, done*. As I was spending a season in Philadelphia, soon after this occurrence, I was told there were strong hostile feelings existing between the two distinguished Professors, which grew out of the above controversy, and which I suspect were never compromised, as Prof. P. had left Philadelphia for the New York University. While in Philadelphia at this time, I purchased, among other volumes, at auction, from the library of a physician who was about leaving the city, a copy of Prof. G.'s work on “Surgery,” which is still in my possession; and on a blank leaf of the second volume I find, as a quotation from a lecture of Prof. G. to his class (written, as I supposed, by a student, or some one attending his lectures), the following decisive denunciation of this operation:—*“Therefore, in spite of Scotch assurance, and English arrogance, and Irish impudence, and French politeness, and Yankee impertinence, the parotid gland never has been, and never can be, completely removed by the knife.”*

This emphatic declaration sufficiently indicates the spirit of the controversy, and the assurance of Prof. G. that he was prepared to defend his position against a considerable portion of the world. Whether Prof. G. is still of the same opinion, I have no means of knowing; but certain it is, that since then there has been sufficient testimony to reverse his decision; and as it may be well to avail

ourselves of the moral lessons strown in our paths, let us remember, that when we differ from those who have opportunities and capacities for judging equal to our own, such a difference is, at least, circumstantial evidence of the possibility that we are in the wrong.

It is not surprising, that the anatomist who contemplates the location and complicated relations of this gland, only in its normal state, with the external carotid and jugular vein passing through its substance, and sending off numerous and important branches, in its course through the gland, traversed also, as it is, by the facial and temporal nerves, and crowded between and wrapped about the numerous and inaccessible muscles, the neck of the condyle, internal ligaments and articulation of the lower jaw, and in close proximity to the internal carotid artery, jugular vein, pharynx, pneumogastric, glosso-pharyngeal and spinal nerves; and shut almost from view and reach, by its anterior boundaries, the ramus of the jaw, mastoid process, mastoid muscle and external auditory meatus—I say it is not surprising that he should have come to the conclusion that its extirpation was impracticable. But those surgeons who have been driven to the extreme alternative of attempting its removal, and who have consequently learned more of its pathology, have noticed, as observed by Dr. Randolph, that in a diseased condition its capsular investments have been found contracted to such a degree as to cause deep-seated and irregular prolongations so far to recede from their inaccessible positions, as to render its removal practicable.

In a note to Cooper's Surgical Dictionary, Dr. Reese awards the merit of having first removed this gland to Prof. Samuel White, formerly of Hudson, N. Y., in 1808. Yet, Dr. John C. Warren speaks of his father having done the operation as early as 1804, although he did not tie the external carotid. M. Beclard performed the operation in 1823, and Prof. McLellan in 1826. The operation has been done many times since; but the long catalogue of tumors, that have been removed from the parotid region, supposed to have involved the gland, and reported accordingly, are believed to have been tumors made up of diseased lymphatic glands and their adjacent tissues, which, by pressure upon the carotid, have occasioned its absorption, till tumors, originally superficial, have been by their external coverings pressed partially, or quite, into the parotid cavity; and as they carry before them all the important relations of the carotid, and have none of their own, their extirpation is attended with no risk or difficulty; hence we account for those operations unattended with hæmorrhage, and requiring the ligature of no important arteries, and not followed by paralysis of the muscles of the face.

There has been a diversity of opinion, relative to the propriety of tying the external carotid, as a preparatory step to the removal of the parotid. As this artery passes through the gland, I

see no way of avoiding its division, when the whole gland is diseased, and is to be removed; and it therefore must be tied either before or during the operation. This being admitted, I see no adequate reason for doubting the expediency, where the extirpation of a parotid tumor, that is known to involve the gland, is to be attempted, of doing this before the operation; the liability to abundant and possibly fatal hæmorrhage, is in that way avoided.

I am aware that there are one or two instances where, it is said, experienced surgeons have removed the gland, leaving the trunk of the artery undivided. In such instances, it is probable that that portion of the gland about the artery was not diseased. Dr. Warren has observed that this is sometimes the case. But all, I think, are agreed in the universal necessity of dividing all the branches of the artery above its entrance into the gland; and there can be but little difference, physiologically, between obliterating all the branches, and the main trunk, a few lines below.

In several instances, have the lives of patients been eminently perilled, in the hands of the most distinguished operators, by the accidental division of the carotid, and even of its branches. Mr. Carmichael came near losing his patient, by hæmorrhage from the trunk of the facial artery; pressure upon the carotid was not sufficient to control the torrent. M. Beclard had a dangerous hæmorrhage from either the external carotid, or one of its branches close to the trunk—which, was not determined. Our late distinguished and veteran surgeon, Dr. John C. Warren, accidentally divided the trunk of the external carotid, which deluged the wall, operator and assistants with blood. And in these instances, a good deal of difficulty was experienced in securing the vessels, owing to their retracting to positions difficult of access, and the intervention of the tumor between the operator and the vessel.

It has been thought, by some, that the vessels of the parotid have, in certain instances, been so completely obliterated by disease, as to permit its removal without hæmorrhage or the ligation of its arteries. If this has ever been so, it has been exceedingly rare, and must be too doubtful a contingency for any practical reliance.

The following case appears to me to illustrate a very good method of proceeding, where there is doubt whether the gland be involved in the disease.

Mrs. G., a married woman, of about 40, of plethoric and corpulent habit, had a swelling which suddenly appeared in the parotid region, some eight years previous to its removal, and which was supposed to be the *mumps*; contrary to expectation, however, it did not wholly subside, but became chronic, and remained stationary for several years; for the last two years, it increased in size with considerable rapidity, assumed a conical form, became painful, and the patient grew anxious as to the consequences. Constitutional and local treatment was unsuccessfully tried, for a time,

to bring about, if possible, its resolution. Several physicians advised its removal by an operation. As I had observed the development of the disease from its commencement, and supposed it to involve the parotid, I dreaded so formidable an operation, both as regarded myself and my patient, and did not encourage it, till urgent symptoms and the frequent solicitations of the patient no longer left excuse for delay.

The tumor—extending anteriorly from the zygomatic process, downwards, over the masseter muscle and angle of the lower jaw, and posteriorly, from the mastoid process of the temporal bone, downwards, over and under the mastoid muscle some four inches, crowding upwards the external auditory meatus, and somewhat backwards the mastoid muscle—was, by the advice and assistance of Drs. Allen and Samuel Bradbury, removed in this wise.

An incision was made from the root of the zygomatic process, downwards, in the course of the external carotid artery, about four inches; a second, from a point about half an inch below, and a little posterior to the mastoid process, obliquely downwards and inwards across the centre of the first, about three inches in length, across the angle of the lower jaw. The flaps being dissected up, most of the exterior surface of the tumor was exposed to view. The attempt was now made to dissect up the anterior portion of the tumor, but it being very vascular, and the anterior portion of the gland being involved, it was concluded, after tying several arteries, to reserve this part of the dissection until the last, when the hæmorrhage could be better controlled; therefore, that portion of the tumor lying over, and attached to, and around the mastoid muscle, was dissected up; when it was found that the tumor occupied the parotid cavity, and involved the deep portion of the gland. Now, having no confidence that the gland could be wholly removed without a division of the external carotid, to avoid further hæmorrhage and that useless process of tying all its branches and the trunk at last, the first incision of the integuments was extended so far below the boundary of the tumor and over the carotid, as to permit dissection to the artery below the boundary of the tumor, when it was tied with a double ligature, and divided between its branches. After this, the tumor was, by a cautious and slow dissection, completely removed, without further hæmorrhage or difficulty of importance.

After the removal of the tumor, the boundaries of the parotid cavity were entirely exposed, and also most of the relations of the tumor. That portion of the carotid above its division was found passing through the substance of the tumor, with the ligature attached to it. The large cavity was dressed from the bottom, and was filled by granulations with considerable rapidity; some eight or ten weeks elapsed, however, before the wound was completely healed. As was to be expected, considerable paralysis of the muscles of the side of the face succeeded the operation; but

it is to be hoped that in time the efforts of nature will remove this deformity, as it has done in some other cases.

The superficial portion of the tumor was found to be composed of condensed, cellular tissue, interspersed with enlarged and indurated lymphatics. The deeper structure had the granulated appearance, indurated, but indicative of its primitive structure; but the very internal portion was of a *medullary consistency*, which facilitated its removal, leaving, however, some apprehensions in regard to the result. But now, some fourteen months have passed, and there have been no symptoms, either local or constitutional, of a threatening or suspicious character, and the patient is quite well.

#### TREATMENT OF NEURALGIA BY SUBCUTANEOUS INJECTION.

BY A. RUPPNER, M.D., BOSTON.

[Concluded from p. 247.]

CASE VII.—*Neuralgia of Twenty Years' standing, seated in the Pes Anserinus of the Portio Dura of the seventh, or facial Nerve, and the third union of the Portio Dura with the Trifacial; Injection at the Temporo-Maxillary point; relief.*

THE following case was placed in my hands by my esteemed friend, George Bartlett, M.D., of this city, in October, 1859.

Mrs. ———, of Boston, widow, 48 years old, mother of three children, of nervo-sanguineous temperament, has been subject to neuralgia for the last twenty-six years. Her father was healthy; but her mother, who is still alive, and 74 years old, suffered from early youth, for many years, from the same complaint. Her two sisters have never had neuralgia. She has been delicate and sickly from childhood, but has never been subject to rheumatism, or any kindred malady.

Twenty-six years ago the patient experienced, for the first time, a very severe paroxysm of pain in the superior maxillary and malar bone, without being able to assign any cause for it. It thence travelled upwards to the vertex, never crossing the median line, but now and then a sudden, sharp pain would dart down the left side of the face. It continued generally from one to three or five days, and then would be superseded by a severe nervous headache, occurring about once in a fortnight, continuing for three days without abating, and leaving her, at the end of that period, in an extremely exhausted condition. Had some teeth extracted in the hope of getting relief, but all in vain. About six months ago, the pain changed its seat suddenly, and appeared at a point directly in front of the right ear, where the portio dura of the facial gives off its ascending, transverse and descending branches. Since that time, the neuralgia has been entirely confined to the ear itself, and a small space in front and behind it. Complains of a con-

stant noise going on within the ear—similar to the humming of a swarm of bees—which keeps her awake all night. Her general health has suffered much within the last few years; her appetite, however, is good, and the digestive functions are in tolerably good condition.

As every possible remedy had been perseveringly tried with only temporary relief, on taking charge of the patient I tried at once *subcutaneous injection*.

Oct. 11th, 9, P.M.—Suffers excruciating pain in and about the ear. I injected ten drops of the solution between the *temporo-maxillary* and the *auriculo-temporal point*. Experienced a little nausea. After ten minutes she felt more comfortable, and almost free from pain. Noise in the ear still perceptible and annoying.

Oct. 12th, 9, A.M.—Patient had a comfortable night. Complains of no pain, and declares she had never tried any thing which gave her such prompt relief. Feels weak and nervous. R. Infus. gentianæ, ꝑ iii.; extr. valerian., fl ꝑ i. M. Sumat. coch., amp. ter in die.

14th, 9½, P.M.—Patient sent for me. Has great pain in and around the ear. Injected fifteen drops of the strong solution at the *auriculo-temporal point*, with decided relief to the pain. She slept for an hour, and was then troubled with nausea.

15th.—Passed the night free from pain. Ordered her to try, in case the pain should return, the valerianate of ammonia.

16th.—No pain. Pulse weak. Advised her to drink wine.

17th, 18th, and 19th.—Had one of her periodical headaches, but no pain in or about the ear.

21st. Has some pain, but not violent. Injected once more as before. Slept well that night.

Nov. 14th.—The patient to-day is free from pain. The noise in the ear has not returned. Persevered in taking tonics, and particularly Rhine wine, with her principal meal; her general health has in consequence much improved. Appetite good; strength returning. I have seen this patient a number of times since the above date, and find her doing well, continuing free from pain.

CASE VIII.—*Sciatica of three and a half years' standing; Injection in the course of the Sciatic Nerve; relief.*

Mrs. —, aged 26 years, of nervous temperament, but strong constitution, aborted some six years ago. Since that time her health has been impaired. About a year after the above mentioned event, she was treated for prolapsus uteri by the most eminent physicians, but never recovered her former health. Three years ago, she was attacked with severe pain in the right sciatic nerve, starting from the ilium and shooting down the thigh to the knee. The least damp, cold or wet weather, the wearing of thin stockings and shoes, excitement of any kind, or a long walk, would bring on a paroxysm. Warmth and friction generally relieves the pain. In November,

1859, this lady consulted me in regard to her sciatica. Examination revealed tenderness of the whole right hip, and a distinct painful point was felt upon pressure, near the posterior superior spinous process of the ilium, and another farther down, a little below the middle of the thigh.

I had previously advised her to apply ten leeches in the course of the sciatic nerve, to be followed promptly and assiduously by warm fomentations, and Dover's powder, in five grain doses, once or twice during the night. An active cathartic was also given, and followed by good effects.

Nov. 22d.—Pain returned with much exasperation, being very severe and lancinating in the middle of the thigh and around the head of the fibula. I introduced the syringe at the painful point in the middle of the thigh, this point not being larger than a three-cent piece, and ten drops of the narcotic solution were injected without any pain, only producing a slight smarting at the seat of the puncture. In a little more than an hour the pain ceased and the patient fell into a sound sleep. Slept for more than two hours, and, on awaking, declared herself free from pain.

The state of this patient's general health required considerable attention. She is now much better than before, but still far from being well. She has also had two slight returns of the sciatica, owing chiefly to her own imprudence in exposing herself to a cold and damp atmosphere in the evening. At her own request, she has been treated by opiate injections twice, with decided benefit. Continues doing well; has, however, now and then, slight attacks of pain.

*CASE IX.—Case of Rheumatic Neuralgia of four years' standing; Injection at the Supra-Orbital Point; use of the Valerianate of Ammonia and Tonics; partial relief.*

January 18th, 1860, I was requested to see Mrs. —, of Boston; mother of five children, of feeble constitution, inclined to consumption, and of a very nervous temperament. For about ten years she has been subject to rheumatism, and is still a victim to it. This malady first attacked her knees, next the articulations of the forearms and fingers. Her family is subject to the same affection. Her heart has never been affected by the disease. Pulse 78. Lungs not in a good condition. Suffers much from sore throat. In fact, ask her what you please, and she will have some complaint or other to make.

About four years ago she was attacked with severe neuralgic pain over the left eye, which at times disappeared and again returned with increased violence. Being very careless in regard to her health, even trying to indulge in the pleasure of skating, and shunning no weather in the evening when the occasion offered, she often suffered from an aggravation of the pain.

I directed my attention first to her general health. In case of



pain I tried, with tolerable success, valerianate of ammonia; at other times, the valerianate of zinc, with hyoseyamus, in the form of pills, and vegetable bitters were also given. Having laid down strict rules as to her manner of living, and particularly as to her leaving the house, &c., I had the satisfaction of seeing this patient's health improved, and her pain mitigated.

Feb. 3d.—The pain over the eye is more severe than ever. Pressure at the supra-orbital foramen gives great pain. I injected at the *supra-orbital* point, therefore, ten drops of the usual solution. In a few minutes patient was nauseated. Felt like an intoxicated person. This feeling soon passed off, and she declared herself free from pain. A little œdema at the point of injection, but no rash.

4th.—Is very comfortable. Feels weak and without energy. Continues the tonic treatment.

9th.—Sent for me in the night. Had severe pain in the left temple and over the eye. Had been out in a rain, to a party, the evening before, notwithstanding my directions to the contrary. Upon examination, pressure pointed still to the supra-orbital point as the proper place for the injection. I introduced eight drops of solution No. 4, with good effect. Pain soon ceased. No nausea or vomiting followed the injection.

5th.—Rested well the whole night. Is free from pain. Directed her to continue the tonic treatment.

From the above date to the present, my patient has had but little pain, except in damp and unpleasant weather. Uses still the valerianate, in solution and in pills, with good results.

Five other cases have come under my observation, besides the nine already detailed, but I shall report for the present only the above, and give the history and result of the remaining at some future day.

In no case have I observed any injurious effects to follow the operation, although in most cases I have injected more than once, and in some at more than six different times. In those not unfrequent cases where the disease has a *central*, not a *centripetal* origin, I maintain that the treatment is quite useless, except in giving momentary relief to the suffering patient. In two cases, the puncture was, in a few minutes, surrounded by a blush of urticaria.

Lastly, I shall briefly consider the *modus operandi* of this new method of applying remedial agents.

But let me here state, plainly and unreservedly, that I approach this question of the *modus operandi* with great diffidence. I have no new principles or discoveries in the domain of physiology to advance. All I claim is, to bring into notice those facts scattered through the best works of our modern physiologists, bearing upon this point. These theories, supported by facts, have been collected by Prof. Wood in his little treatise already quoted by me, and

this question of the *modus operandi* has been discussed by him at some length. I have repeatedly and carefully studied the treatise of Dr. Wood. I have sought for and read the authors quoted by him, with reference to this question. I shall therefore do little else than chiefly to restate *his* principal arguments. I may not always quote him literally, and shall incorporate, when necessary, extracts from the authors quoted by him. The reader will judge, from the actual cases given in these researches, how far the principles laid down by physiologists are borne out by actual experiments and the treatment of the disease known as neuralgia.

Our point of inquiry is, then, have we any means of introducing medicinal agents very rapidly into the body, in a situation where they will not be readily decomposed, and where, in certain cases, we can secure at once their *local* and their *remote effects*?

In neuralgia we have usually a *general* and a *local* affection, a morbid state of the system, arising from many causes, displaying various symptoms, requiring varied treatment, and existing in states of the body the most opposite; a local affection, occurring in paroxysms of violent pain, either regular or irregular, following, like the electric current, the course of the affected nerve, ceasing, either to be suspended for a time, or immediately to recur with still more unbearable violence. An affection presenting characters such as have been described, would appear to demand at once a local and a general treatment; a *local treatment* intended to mitigate the fearful anguish, under which the patient is well nigh driven to despair; a *general treatment* intended to correct the "*habitus neuralgicus*" on which it depends, and having reference to the causes from which it has arisen, the state of the system in which it exists, and the diseases with which it may be associated.\*

Let us first consider the *local treatment and its effect*. Many circumstances in the history of neuralgia seem to point at, and give peculiar facilities to, local treatment. All observers admit that the *superficial* nerves are of all others the most liable to the disease. Hence various methods of applying narcotic and other remedies more directly to the seat of the disease have been introduced. Prof. Wood classifies them thus:

1st. *The enepidermic method*, in which the agent is simply applied to the surface of the skin.

2d. *The iatroleptic method*, in which the absorbents are stimulated by friction to take up the agents which are presented to them in solution or in a minute state of division.

3d. *The endermic method*, proposed by MM. Lembert and Lesieur, in which the obstacle which the epidermis offers to the entrance of the remedy is overcome by previously removing it.

4th. *Inoculation*, which, largely practised for the introduction of smallpox and cowpox into the system, has been proposed by M.

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\* Wood on Neuralgia, p. 19.

Lefergue St. Emilion, to be extended so as to secure the application of remedies. Dr. Bureau\* does not seem to have been very successful in the application of inoculation with morphine. It was also found, by M. Martin Solon, that the effect produced was very much the same, whether the patient was inoculated with belladonna, or strychnia, or gastric juice, or chyme.†

5th. There ought to be added the plan of local treatment proposed by M. Valleix,‡ which consists in the application of a succession of small blisters over the points in the course of the nerves which are painful on pressure. In all his cases it seemed to alleviate the symptoms. This plan of blistering is not new, but for the application of it to the tender points we are indebted to M. Valleix. He has clearly shown that some points in the course of the nerve are more liable to be affected than others, and that these points are frequently the very ones where the nerve is most superficial. Moreover, these points can in most cases be detected in the course of the disease by their extreme tenderness on pressure. Even in the intervals between the paroxysms, very slight pressure on these points is sufficient in many cases to excite severe suffering, although, in some exceptional cases, firm pressure may be applied without causing any complaint. We are therefore greatly indebted to M. Valleix for the immense improvement in practice, by showing where our local treatment, whatever that may be, ought to be applied. Dr. Wood's own experience has not confirmed the value of simple blisters, and he prefers following them up by the endermic application of morphia. Two strong objections are, however, raised by Dr. Wood against the blistering, or the endermic application of narcotics in this disease—first, the painful nature of the remedy; and, secondly, the mark which it often leaves, which is very objectionable, particularly when the disease is seated in the nerves of the face.§

Thus it is evident that we were still in want of a method of directly applying sedatives to the affected part: but such a method has been suggested by Prof. Wood, and supported by many successful experiments; a method which is almost painless, and calculated not only to diminish the local pain, but, at the same time, powerfully and rapidly to affect the general system.

Moreover, the experiments instituted by Müller|| clearly show that, to quote his own words, "narcotic poisons, when applied locally to nerves, have only a local effect." "I held," he continues, "the nerve of a frog's leg, which was separated from the body in a watery solution of opium, for a short time, and that portion of the nerve lost its irritability, but below the part that the poison had touched, the nerve still retained this function; *opium, therefore,*

\* Lancet, 1837, p. 826.

† Bullet. de l'Acad. Roy. de Med., 1836.

‡ Traité des Névralgies, ou Affections Douloreuses des Nerfs; par L. L. S. Valleix. Paris, 1841.

§ Wood on Neuralgia, pp. 19-20.

|| Muller's Physiology, by Baly, vol. i., p. 246.

produces a change in the nervous matter itself, but the influence is local."

The advantages, therefore, secured by this mode of administering narcotics and sedatives are:

1st. A local effect, produced *directly* upon the affected nerve.

2d. A remote effect, ensuing almost *instantaneously*, on the application of the remedial agents.

The first of the above propositions is amply proved by the almost immediate cessation of the pain after the opiate was injected, in all the cases reported by Dr. Wood and many other experimenters, as well as by the cases which I have myself given, and others which have come under my observation. The acute and agonizing pain may, in some cases, have returned, as indeed it did in most of my own, yet still the pain was mitigated and subsided for a time, after the injection, and in some it never returned.

In regard to the second proposition—the remote effect produced by the injection—it is well known that opiates, administered through the ordinary channels, are usually some hours in taking effect; whilst most of the cases which I detailed show with what rapidity narcotics take effect when introduced into the system in this manner. In one case, the patient felt as if she was seasick; in another, immediately after the injection, a drowsy state followed, and the patient saw beautiful visions; a third could not describe her feelings, it was a sort of crawling sensation all over the body, and so on. In a case where Dr. Wood tried injection, the man, who was not at all aware of what was being done, told him that he felt as if he was drunk within a few minutes after the introduction of the narcotic.

We are now led to the second point of our inquiry, namely, *how is this remote effect produced?*

Medicines, remarks Dr. Wood, page 14, when exhibited, have usually two effects:—1st, *the local effect or topical*—the particular effect of a medicine on the tissue to which it is applied; 2d, *the remote effects*—being physical, chemical or vital changes, produced on parts at a distance from those to which the medicine is directly applied, or on the system at large.

The manner in which the local effect is produced is comparatively simple, and depends on the relation of the medicine to the tissue to which it is applied. Thus some applications simply stimulate or irritate the tissue, the effect varying from the least powerful, which merely redden, to the strongest, which produce ulceration, or even gangrene. Others, again, form compounds with the elements of the tissue, thus chemically decomposing or corroding it; while a third class, according to Dr. Christison,\* "neither corrode or irritate, but make a peculiar impression on the sentient extremities of the nerves, unaccompanied by any visible change of structure."

\* Christison, *Treatise on Poisons*, p. 1.

Considerable difference of opinion prevails, continues Prof. Wood, as to the manner in which the remote effects are produced. Magendie\* and his supporters contended strongly that they were conveyed by absorption from the part to which they are first applied, while Messrs. Morgan and Addison† are of opinion that the remote effects are exclusively due to sympathy, or an impression transmitted through the nerves. Other observers, however, among whom may be mentioned Sir Benjamin Brodie and Dr. Christison, unable to adopt either view exclusively, admit this double mode of operation; "a conclusion," which Messrs. Morgan and Addison agree, "that all fair analogy forbids; because it is contrary to Nature's rule," they say, "to adopt two ways of attaining the same end." Absorption is admitted, by all European and American authors, to be the most usual channel by means of which medicinal agents are conveyed from the part to which they are directly applied, so as to affect remote organs, or the system at large. The principal agents by which absorption is effected are *the veins*, though the lacteals and absorbents take up certain agents, but their operation is both limited and slow. Much depends upon the absorbent power of different tissues. M. Vernière‡ has shown that the mucous membrane of the intestinal canal absorbs less rapidly than the serous membranes, and they, in their turn, are less powerful channels of absorption than a vein or an open wound.

Hence this difference of the absorbent power of different tissues must modify to a great extent the action of remedies. Thus, the stomach and intestines, which are the tissues to which medicines are generally applied, possess a considerable power of absorption, as we might expect from their office; nevertheless, we find, from the experiments of Christison§ and Coindet,|| that when oxalic acid is introduced under the same circumstances into the stomach of one dog and the peritoneum of another, the dose may be so apportioned that the amount which does not prove fatal to the former kills the latter in fourteen minutes. M. Ségalas found, that half a grain of the solution of extract of nux vomica, injected into the windpipe, proved fatal; while two grains might be injected into the stomach, peritoneum or chest, without any fatal effect, thus showing the power of absorption of the pulmonary membrane.

The skin, which has at various times been employed as a medium for the introduction of medicines into the system, would appear to possess no very active power of absorption, at least, unless it be denuded of its cuticle. "Accordingly," says Dr. Christison,¶ "many active poisons are quite inert when applied to the unbroken skin, or even to the skin deprived of its cuticle. Hydrocyanic

\* Magendie, *Annales de Chimie et de Physique*.

† Essay on the Operation of Poisonous Agents, &c.

§ Christison on Poisons, p. 29.

¶ On Poisons, p. 20.

‡ Journal des Progres, 1827.

|| Journal des Progres.

acid, perhaps the most subtle of all poisons, was found by Coullon to have no effect when dropped on the skin of a dog.\* On the other hand, Dr. Madden, in his work on Cutaneous Absorption,\* has shown, from carefully-conducted experiments, the power which the healthy skin possesses of absorbing from a gaseous and from an aqueous medium, and has collected, from various authors, proofs of its power to absorb medicinal substances. Both solids and fluids have been thus absorbed by the skin. Kellie found salivation follow the use of mercurial plaster. Arsenic employed to destroy lice, has been known to produce violent inflammation. Salivation has been produced by the absorption of a solution of corrosive sublimate. Iodine has been detected by Dr. Wadden in his urine, after immersing his hands in a solution of hydriodate of potassa, and he also succeeded in purging himself, by applying to his skin infusions of rhubarb, jalap and gamboge. "Some poisons," says Dr. Christison, "which act slowly through the stomach, cause instant death when injected into a vein."

With regard to the cellular tissue, the same author further states:—"that it is a ready medium for introducing poisons into the blood, especially if an artificial cavity be made where the tissue is loose, but that its power as a medium of absorption has not been, and cannot easily be ascertained. On the one hand, it is difficult to apply poisons to it, without also applying them to the mouths of divided vessels; and, on the other hand, it is difficult to make a set of experiments for comparison with others, on the stomach, pleura or peritoneum, as the cellular tissue does not form an expanded cavity, and consequently the extent of surface to which a poison is applied cannot be made the same in each experiment of a series."† Sir Benjamin Brodie reported in the *Philosophical Transactions* of 1811-12, some experiments which approach the most nearly to direct injection of the cellular tissue, in which experiments various poisons were introduced into wounds, and were found to produce very speedy results; but in all these cases, the great division of parts exposed so many blood-vessels, that it is not easy to say how much of the effect was due to the cellular tissue, and how much to the action of the divided vessels.

The preceding, being quoted from Prof. Wood's Treatise, he adds:—"I am at present engaged in some experiments on this subject, in which, by means of an improved apparatus, various substances have been introduced into the cellular tissue with comparatively little injury to the adjacent vessels, and, as far as these have gone, they would lead to our ascribing great absorbent power to the cellular tissue."‡ What has been stated proves satisfactorily:—

\* Edinburgh, 1838.

† Christison on Poisons, p. 30.

‡ I know that Prof. Wood is at present engaged in writing a treatise on the subject of Neuralgia, and I have no doubt, when all his experiments and cases are given to the profession, with reference to subcutaneous injection particularly, he will throw much light on the subject, and the book, being not only of practical value, will also be a most valuable addition to medical literature.

1st. That medicines are more rapidly absorbed by some tissues than by others.

2d. That the stomach is by no means the most rapid way of introducing medicines into the system.

3d. That the cellular tissue has a great power of absorption.

From the cases which I have submitted at some length in this paper, I think it may be safe to arrive at the following important conclusions, with which Prof. Wood concludes his consideration of the *modus operandi*.

1st. That narcotics, injected into the neighborhood of the painful point of a nerve affected with neuralgia, will diminish the sensibility of that nerve, and, in proportion, diminish or remove pain.

2d. That the effect of narcotics, so applied, is not confined to their local action, but that they reach the brain through the venous circulation, and there produce their remote effects.

3d. That in all probability what is true in regard to narcotics, would be found to be true in regard to other classes of remedies.

4th. That the small syringe affords a safe, easy, and almost painless method of exhibition.

5th. That, destitute as we are of any precise experiments as to the applicability of the cellular tissue as a medium for the reception of medicinal agents, the experiments made with the syringe show that it seems to offer an excellent surface for the operation of the absorbent action of the venous system.

6th. That the method now detailed seems as extensively applicable as any of the methods of applying remedies to the skin, whether enepidermic, iatroleptic, endermic, or by inoculation.

Finally, the above conclusions, arrived at after the considerations of the *modus operandi*, may not be entirely satisfactory and conclusive to some of the readers of this paper. Such, however, need not be apprised of the existence of many phenomena presenting themselves in health, and particularly in disease, the causes of which cannot be ascertained. Too often we have, indeed, to content ourselves with the maxim of Cicero—“*Sufficit si quid fiat intelligamus, etiamsi quomodo quidque fiat ignoramus.*”

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 3, 1860.

TRACHEOTOMY IN CROUP.—In view of the success that has attended tracheotomy in several cases of croup that have recently occurred in this vicinity, one of which is reported in the JOURNAL of this week, it is interesting to note similar encouraging results in many of the late foreign journals, and to find that the prejudice which has existed against an operation that has been the means of

saving life in so many instances, is diminishing under the increasing light of advancing surgical knowledge.

In the November and February numbers of the *Edinburgh Medical and Surgical Journal* is an able paper on this subject, by Dr. Conway Evans, illustrated by several interesting cases, in which the writer briefly sets forth the arguments in favor of the operation, and also answers the most common objections which have been urged against its performance.

The slowness with which this method of treatment has been adopted is quite naturally attributable to the great opposition to it hitherto manifested by the highest authorities in England and this country, as well as to the ill success with which it has been so often attended. But the remarks of Dr. Evans are so clear and forcible, and the results of late have differed so widely from what we should have expected from the opinions that have been so often expressed, that we are almost led to the conviction that a new era is dawning in the history of this fearful disease.

Among the arguments adduced by Dr. E. is, first, the high death rate in this disease, the mortality amounting, so far as can be determined, to at least one half, and, according to some authorities, to two thirds of the patients attacked. As death in most cases is from suffocation, Dr. E. infers, in view of a fundamental principle in medicine which suggests any rational treatment whose object is to combat the tendency to death, that there are good grounds for questioning the correctness of the opinion that the operation is unjustifiable.

The favorable results that have followed the operation, not only in England but in France, results that have been equally remarkable in our own country, Dr. E. regards as having an important bearing upon this question. It may be here stated that out of 14 cases of tracheotomy reported by Dr. Voss in the *New York Journal of Medicine*, 5 recovered. We might also allude to the recoveries that have taken place after the operation in our own immediate vicinity. In the February number of the *Edinburgh Journal*, Mr. Spence reports 13 cases operated upon by himself in the last suffocative stage, in 6 of which, life was saved.

Dr. Evans is inclined to urge an early resort to the operation, as tending to prevent the fatal issue in a larger number of cases, counteracting, as it must, the certain effects of the slow carbonization of the blood which otherwise takes place, and by which asphyxia as certainly follows, as when produced by the croupy exudation. This, it will be remembered, is the course advocated by Dr. Gay, of this city, in whose hands the operation has proved peculiarly successful. He remarks that in this vicinity death has been, so far as has been ascertained, mainly owing, in most instances, to the operation being too long deferred. Dr. S. L. Bigelow, of Paris, in a late communication on diphtheria, remarks of Dr. G. that he has "said the best, and done the best of any living man, not even Trousseau, in regard to the question of the proper time to operate, and the proper treatment to pursue after performing tracheotomy in membranous croup—he operates early."

Mr. Spence considers it an error to suppose that this operation prevents the extension of the membrane downwards, hence he thinks it hardly warrantable till after the usual remedies have been actively tried, and no other chance remains; "then," he says, "there should be no delay."

In answer to one of the more common objections urged against the operation, that of the danger induced of pneumonia or bronchitis, by the introduction of air into the lungs not properly warmed or moistened, Dr. E. suggests that this may in a great measure be obviated by observing more than ordinary care in the after treatment; by modifying the condition of the air, by its being caused to pass through flannel, which should occasionally be wrung out in hot water, and by keeping the patient in an equable temperature, and free from all depressing remedies. He remarks in reference to this accident, that he is not, however, by any means certain that what is called pneumonia is not often an extension of the croupy exudation, and in no way dependent upon the operation.

The treatment subsequent to the operation, it is now agreed by all, is of the first importance. The greatest care should be observed lest any obstruction should occur to free respiration through the tube, and all depressing agents, particularly antimony, should be avoided. Mr. Spence remarks that although in many cases it is necessary to give wine and beef-tea from the first, he generally



prefers a nutrient, non-stimulating diet for the first day or two, afterwards giving animal food.

One advantage of the operation, as remarked by Dr. Gay, is that it gives greater facilities for acting through the opening in the trachea, directly upon the disease, even when this exists in the bronchi. Hence the injection of a solution of nitrate of silver, recommended and employed with such marked effect.

The results of tracheotomy, then, as reported by our own and foreign surgeons, within a few years past, certainly afford a striking contrast to those which formerly attended its performance, and encourage the belief that a remedy is always at hand, which, with all the precautions enjoined, much diminish the terrors of this fatal disease.

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**RAW MEAT IN CHRONIC DYSENTERY.**—A letter from Dr. Willis, relating the following case, was sent by mail to this JOURNAL for publication some weeks since, and by mistake reached the *Daily Journal* office in this city, in which paper it was printed. Its Editor has politely apologized for the mistake, so far as he is concerned, and we now gladly do our part to set the matter right by inserting the case in the pages for which it was originally written:—

The patient was a child eighteen months of age. He was one year old when first attacked with dysentery. He was eleven months when weaned; immediately after weaning, he began to decline. I was first called to see him September 17th, 1859. I found him very much emaciated, and unable to help himself much, with skin so shrivelled that he appeared like a little old man. His abdomen was protuberant, and presented all the symptoms of tabes mesenterica, which appeared to follow as the sequel to muco-enteritis. His appetite was capricious; and what little he did eat, was either undigested in its passage or vomited. There was diarrhœa, with frequent discharges of pus and blood, attended with feverishness and atrophy. Hard and irregular lumps were perceptible in the abdomen. Various remedies, which are usually recommended in like cases, were tried, but with very little benefit. As a last resort, I ordered him to have the pulp of raw beef, as suggested by Dr. Weisse. He took one teaspoonful of the pulp once in four hours. It set well on the stomach, and the patient soon began to improve in strength and flesh. The dejections diminished in number, and became more healthy. This was the only treatment, with the exception of Dover's powders and McMunn's elixir of opium. For some time the stomach would not bear any other diet; but the last time I saw him, Jan. 24th, 1860, he was able to eat the same food as did the family. He has become very fond of the raw beef, and weighs many pounds more than when I first called to see him. He acts lively and appears quite healthy. After the stomach became able to bear it, I gave cod-liver oil, and the syrup of phosphates twice a day.

Royalston, April, 1860.

I. P. WILLIS.

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**THE PENINSULAR AND INDEPENDENT MEDICAL JOURNAL.**—This periodical has, for the last two years, been published in Detroit, Mich., as a union of two medical journals which were previously published separately in that city. It is hereafter to be discontinued—the valedictory of its senior editor, Prof. A. B. Palmer, appearing in the last number. The cause given by the publishers for the discontinuance of the work, is that “the outlay the past year has been so much larger than the receipts.”

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**BOYLSTON PRIZES.**—The prizes of the Boylston Medical Society for 1860 were recently awarded as follows:—To essay on Bright's Disease, by Robert T. Edes, a prize of fifteen dollars. To essay on Diphtheritis, by W. B. Gibson, a prize of fifteen dollars.

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**WORCESTER NORTH DISTRICT MEDICAL SOCIETY.**—At the second annual meeting of this Society, held in Fitchburg, April 14th, the following officers were chosen:—*President*, Dr. J. A. Marshall, of Fitchburg. *Vice President*, Dr. Alvah Godding, Winchendon. *Secretary and Librarian*, Dr. James R. Wellman, Fitchburg. *Treasurer*, Dr. T. R. Boutelle, Fitchburg. *Censors*, Drs. A. Hitchcock, Fitchburg; A. Miller, Ashburnham; J. A. White, Baldwinville; E. J.

Sawyer, Gardner; C. Warner, Westminster. *Councillors*, Drs. A. Godding, Winchendon; I. P. Willis, Royalston; J. A. Marshall, Fitchburg; L. French, Ashby. *Delegates to the National Medical Convention*, Drs. A. Godding, Winchendon; J. O. Parker, Shirley; I. P. Willis, Royalston; J. A. Marshall, Fitchburg.

J. R. WELLMAN, *Secretary*.

Fitchburg, April 17, 1860.

BALTIMORE COLLEGE OF DENTAL SURGERY.—At the twentieth annual commencement of this institution, held in February, the degree of Doctor of Dental Surgery was conferred on 39 young gentlemen. Dr. Bond delivered the valedictory address. A prize offered by Dr. Mallet, of Connecticut, was awarded to Geo. C. De Marini for a thesis on "The Salivary Glands." The class, during the last session, numbered 70 students, and was the largest which has ever attended any course at the school.

APPOINTMENT.—Dr. Edward Warren, of Edenton, N. C., Editor of the North Carolina Journal of Medicine, has been appointed to the chair of Materia Medica and Therapeutics, in the University of Maryland, at Baltimore.

A NATIONAL Hospital for the Paralyzed and Epileptic, under the guidance of Dr. Brown-Séguard, has been established in London, and is now open for the reception of patients.—The Royal College of Physicians, London, have lately resolved, unanimously, that a bust or picture of the late Dr. Bright be placed within the College in honor of his memory, at the expense of the College.—Of the sixty members of the lately elected Municipal Council of Genoa, Italy, six are medical men.—Dr. Edw. F. G. Percy relates, in the London *Lancet*, two cases of the successful treatment of scarlatina by an injection, every three hours, of the aromatic spirit of ammonia, one teaspoonful in an ounce of warm water.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 28th, 1860.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week, . . . . .	43	42	85
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	36.9	36.6	73.5
Average corrected to increased population, . . . . .	..	..	84
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
17	3	3	5	3	4

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.930	Highest point of Thermometer, . . . . .	65
Highest point of Barometer, . . . . .	30.328	Lowest point of Thermometer, . . . . .	33
Lowest point of Barometer, . . . . .	29.712	General direction of Wind, . . . . .	Northerly.
Mean Temperature, . . . . .	46.81	Whole am't of Rain in the week . . . . .	0.000 in.

PAMPHLETS RECEIVED.—Proceedings of the Medical Profession at Baltimore in relation to the Deaths of Drs. Charles Frick and Perwick B. Smith, of the University of Maryland.—Dental Anomalies, and their Influence upon the Production of Diseases of the Maxillary Bones. (From Jones & White, Philadelphia.)—Annual Report of the Pennsylvania Hospital for the Insane.—An Essay on Diphtheria, by Dr. D. Wooster, of San Francisco, Cal.—The Silver Wire in Ununited Fracture; and a Case of Ligamentous Union successfully treated—by E. K. Sanborn, M.D.—Introductory Lecture, by Prof. Wm. Sweetser, before the Medical Class of Bowdoin College, Me.

DIED,—At Fort Hamilton, N. Y., Dr. Joseph Eaton, U. S. A., 75 years, 7 months, 22 days.

Deaths in Boston for the week ending Saturday noon, April 28th, 85 Males, 43—Females, 42.—Accident, 3—apoplexy, 3—inflammation of the bowels, 1—disease of the brain, 1—inflammation of the brain, 1—burns, 1—cancer, 2—consumption, 17—convulsions, 2—croup, 3—cyanosis, 1—diabetes, 1—dropsy, 3—dropsy in the head, 3—drowned, 1—debility, 1—infantile diseases, 6—puerperal disease, 1—emphysema, 1—epilepsy, 1—scarlet fever, 3—disease of the heart, 1—hæmorrhage, 1—intemperance, 1—inflammation of the lungs, 5—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—measles, 3—premature birth, 1—smallpox, 4—suffocated (by swallowing a bean), 1—teething, 2—tumor, 1—unknown, 5.

Under 5 years, 34—between 5 and 20 years, 8—between 20 and 40 years, 21—between 40 and 60 years, 13—above 60 years, 6. Born in the United States, 66—Ireland, 25—other places, 4.

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PELVIC CELLULITIS.

[Read before the Boston Society for Medical Observation, April 2d, 1860, and communicated for the Boston Medical and Surgical Journal.]

BY A. D. SINCLAIR, M.D.

PELVIC cellulitis, commonly called pelvic abscess, is a disease the nature of which was known to ancient medical writers. Archigenes and Paulus Ægineta give good accounts of it. In later times its study was neglected, as we may presume from the silence which prevails upon this subject. Not that this disease was not frequently met with, but that mistaken notions existed as to its nature.

In 1844, Marchal de Calvi published the first essay on it in modern times, entitled "Intra-pelvic Phlegmonous Abscess." About the same time Drs. Doherty and Churchill, of Dublin, each wrote an essay on this subject; that of the former entitled "Chronic Inflammation of the Appendages of the Uterus after Parturition"—that of the latter, "Abscess of the Uterine Appendages." But Prof. Simpson, of Edinburgh, more than any other, has extended our knowledge on this subject, for in his earlier as well as later contributions to medical literature, he has given us very clear and comprehensive ideas on this matter. He was the first to suggest the name of pelvic cellulitis as being in accordance with the pathology of the disease; for, he says, that we might with equal correctness call pleurisy, empyema, as pelvic cellulitis, pelvic abscess. This suggestion has been acted upon by Dr. West in his excellent work, not long ago published, on the Diseases of Women, in which he gives more details upon the subject of pelvic cellulitis than are found in any other text-book of the present day.

Medical men, long ago, meeting with abscesses about the pelvis, following delivery or abortion, regarded them as secondary deposits produced by the elements of the milk circulating too freely in the blood, thus giving rise to the name of "depôts laiteaux." This

theory, although it was the only plausible way known to the older physicians to explain away the cause of many diseases common to the puerperal state, did not prevent, however, accurate descriptions of these being put upon record.

We now know better, in regard to this disease at least, for it may be met with in all ages and conditions, from the infant of two or three years old to the old woman of three or fourscore. That it occurs most frequently as one of the sequelæ of delivery and abortion, is not remarkable, when we take into account the nature of things—such as the large amount of pressure and strain upon the soft parts underlying and intervening between the numerous folds of the pelvic fascia. Other causes than those named have been found resulting in pelvic cellulitis; local violence, ulceration and inflammation of the uterus, disordered catamenia, and, perhaps, the taking of cold during the menstrual period. Again, cases have occurred where no exciting cause could be clearly ascertained. Primiparæ appear to be more subject to this affection than those who have borne children. This would point to the character of the labor as being the chief cause, inasmuch as in first cases it is more protracted; but on the other hand it occurs in cases where the labor was natural, and everything promised a speedy and happy recovery. Inflammation of the cellular tissue of the pelvis occurs sometimes in the male, after operations about the rectum and urethra.

Pelvic cellulitis consists in acute or subacute inflammation of the cellular tissue of the pelvis. It cannot be very accurately described, by reason of the present imperfect knowledge of the exact distribution and relations of the pelvic fascia. Descriptions of the fascia of the female pelvis in anatomical text-books, give us but meagre aid in rightly understanding the practical relations of the various folds of the fascia of the pelvis, with reference to the disease now under consideration, as well as the common disorder of uterine displacement. Our knowledge of the morbid anatomy of pelvic cellulitis will be incomplete until the pelvic fascia is studied with especial reference to diseases attacking the uterus and its appendages. In former times, vague notions existed among surgeons as to the proper treatment of hernia, and it was not until the anatomy of the abdominal fascia was thoroughly studied and described, that the knife was used with precision.

The pelvic fascia in its general distribution may be summed up as follows: One layer of fascia, which is continuous with the iliac fascia, has osseous attachment to the ilio-pectineal line, or brim of the pelvis; dips down and lines the interior of the true pelvis; then divides into two layers—the one, after forming the floor, is reflected over the broad ligament, including the ovaries and back and fundus of the uterus; the other forms a sac between the uterus and rectum and uterus and bladder.

Between the various layers of fascia there lies, densely packed,

a large amount of cellular tissue; and numerous loculations and dissepiments are the natural consequence of so many fascial adhesions and divisions. Inflammation may seize only one of the divisions of the pelvic fascia, and the effusion may confine itself to the loculation first involved, or may spread slowly or rapidly to parts adjacent. The extension of the disease into neighboring parts will depend much on the nature of its inclusions; for when the effusion is shut up between fascia and bone it can spread less readily than when it occurs between fascia and fascia, or fascia and muscle. The relation of the effusion, however, as to its exact inclusion, for reasons already given, can sometimes be but approximately determined.

Inflammatory effusion does not necessarily go on to suppuration, for in many instances, by appropriate management, resolution takes place short of this. The ordinary course of pelvic cellulitis is, in the first place, effusion of serum into the cellular tissue, which may remain unchanged for many days. Prof. Simpson relates the case of a girl, where the effusion was behind the uterus and ovary; thinking it was pus, about the tenth day from its commencement, he punctured the tumor by means of an exploring needle; pus did not appear, but a clear, limpid fluid resembling urine, which led those present to think that he had committed a great blunder and tapped the bladder, but on standing for a short time, the fluid showed itself to be coagulable serum. This occurred when the disease was always spoken of as pelvic abscess. In from one to two weeks, generally, pus is generated, but, as before remarked, the serum is absorbed in many cases, and the disease terminates before suppuration has had time to declare itself. On the other hand, neither absorption nor suppuration sets in, but as in a case related by the author already cited, and which was supposed to be cancer, the deposit was found to be one of coagulable lymph. In this last condition of things, when the lymph is deposited between fascia and fascia, but particularly between the latter and bone, the sensation of hardness which it conveys to the touch is equalled only by ligneous or osseous substances. This form of deposit is remarkably slow in its course, and may take months, nay years, before it breaks up and discharges. The effusion sometimes increases very rapidly, rising high up into the abdomen in a few days. When the disease has progressed until a true pelvic abscess has formed, the latter tends to relieve itself of the pent up matter in various ways, depending in a great measure on the extent of the abscess, and its relation to external parts. When the abscess is confined to the true pelvis, it is disposed to open into the vagina, rectum, uterus or bladder; when above the brim of the pelvis, the tendency is to discharge itself on the iliac or inguinal surface. A collection of pus is sometimes found upon the hip, or near the rectum, caused and originated by the escape of matter from the pelvis through the sacro-ischiatic notch. Prof.

Simpson relates cases where abscesses burst consecutively into two viscera, forming vesico-uterine, vesico-intestinal, and utero-intestinal fistulæ. It is very remarkable, how rarely these abscesses open into the cavity of the peritoneum. This fortunate fact, Cruveilhier says, is accounted for by the intervention of a layer of fascia, which prevents the discharge of matter in that direction. The existence of Cruveilhier's layer of fascia, however, is denied by some; but be that as it may, the fact substantiating the rarity of abscess pointing and discharging into the peritoneal cavity still remains unchanged.

The shape of the tumor is governed by its situation, and the folds of fascia which include it. Effusion most frequently takes place between the folds of the broad ligament, expanding the latter, and being bound down to the pelvis and uterus, and loose in the centre, assumes a bulging outline exceedingly hard to the touch. This state of things may simulate tumor of the ovary, but as no tumor of this organ is adherent to the pelvis, there is little liability to error. The disease may confine itself entirely to one side of the pelvis, but sometimes it passes down to the cervix uteri, assuming the feel of a carcinomatous affection, passes over to the opposite side, and there gives rise to a fresh abscess. It may and often does originate between the uterus and rectum, and uterus and bladder, or entirely above the brim, the infiltration pushing up the peritoneum before it. Prof. Simpson speaks of cases where sloughing of the cellular tissue of the pelvis took place, caused by compression of the vessels by the effused serum or lymph. The uterus, as may be inferred from the nature of the disease, is often found displaced, the displacement depending upon and being influenced by the extent and position of the disturbing cause.

The symptoms of pelvic cellulitis are partly local and partly constitutional. Dull pain and a throbbing sensation are complained of in the pelvis, and there is great tenderness on pressure over the lower portion of the abdomen. The effusion, by pressing upon adjacent viscera and nerves, gives rise to the most characteristic symptoms of the disease, namely, dysuria and painful defecation; the former from pressure on the bladder, the latter from pressure on the rectum. Pains of a neuralgic character are frequently complained of, shooting down one or both lower extremities and simulating sciatica. On passing the finger into the vagina, severe pain is caused by pressure on the tumefied portion, and the temperature of the canal is much elevated. When an attack comes on immediately after delivery, the lochial discharge is nearly if not entirely suppressed. The constitutional disturbance is characterized by the usual symptoms of fever; dry and hot skin, quick pulse and restlessness. This fever lasts for several days, and may subside spontaneously. It belongs to the primary stage, before suppuration has commenced in the pelvic effusion. In the second stage, or that of the formation of abscess, the character of the fe-

ver is modified; it assumes the hectic type—worse in the afternoon and evening. When much constitutional irritation exists, the patient has the appearance of one in advanced consumption, so emaciated and prostrated does she become; but there is this difference, that associated with the chill and hectic of this disease, there is absence of cough, a symptom invariably present in phthisis.

At the commencement of the disease, on account of the vagueness of symptoms, its presence may be overlooked; this too, especially after delivery, as some tenderness about the abdomen is not unusual; but after a few days, there is no difficulty in ascertaining the nature of the affection, if due examination is made, and the symptoms, local and constitutional, properly considered. Pelvic examination ought to be conducted with both hands; the index finger of the one in the vagina, while the other hand is used externally. In this way the swelling, when situated in the broad ligament, or between the uterus and bladder, can be embraced between the fingers, and its size very nearly appreciated. These swellings are very hard to the touch, and irregular, generally, in their outline, and cause much pain upon pressure. The effusion may extend itself in different directions, according to its amount; and this, with its immobility, is a most valuable guide in deciding as to the nature of the disease, for in no other affection does a similar state of things exist. Tumefaction may be felt anterior or posterior to the neck of the uterus, or in the septum between the vagina and rectum. According to the amount of effusion, the uterus may be found fixed or considerably displaced, and access to the os attended with much pain and difficulty, while the vagina, from the extension downwards of the swelling, may be much encroached upon. When the tumor occupies the space between the uterus and rectum, or recto-vaginal septum, external examination would fail in detecting it; hence the necessity of vaginal examination in a case of suspected pelvic inflammation. Should there be doubt as to the nature of the tumor, recourse may be had to the exploring needle, a very safe and reliable agent in resolving the difficulty. If there be feeling of fluctuation in any accessible portion of the tumor, there let the puncture be made. As sometimes pus does not flow along the canula, it is best in all cases, where matter does not appear upon puncture, to apply suction, and then to blow through the tube. A single drop of pus, thus obtained, may throw light upon an obscure affection. The microscope will also aid us, if doubt remains as to the nature of the matter obtained through the exploring needle.

Pelvic hæmatoma, or blood tumor of the pelvis, might be mistaken for pelvic cellulitis, but there is a wide difference between their symptoms at the onset. Pelvic hæmatoma accompanies some menstrual derangement; comes on suddenly, without fever. There is great pain in the pelvis at the time of the effusion of blood, and the patient may faint; but from both of these she becomes

soon relieved. The constitutional disturbance is slight. The tumor is large from the first, and does not increase as in pelvic cellulitis, nor is it nearly so painful on pressure.

Although this disease, when it goes on to the formation of pelvic abscess, frequently reduces a previously strong and healthy female to the very verge of the grave, yet the number of cases resulting fatally is small, amounting, perhaps, to not more than four per cent. This is encouraging to the physician, when he has to deal with a lingering case of this disease, for in no other affection, perhaps, except phthisis, does he find such general emaciation and prostration. Reproduction does not appear to be much interfered with, for children have been borne by women who had previously suffered severely. Abortion, however, is apt to occur, in cases where the uterus contracted adhesions during the pelvic disease.

The treatment of pelvic cellulitis must vary according to the stage in which it is found. When detected in the outset, it is to be treated antiphlogistically. Leeches are to be applied to the cervix uteri or hæmorrhoidal veins. To the latter place they are very easily applied; for by placing them in a wine-glass, and inverting it against the anus, they take hold in a very little while. If the pain or throbbing do not subside after the first bleeding, it must be repeated in about twenty-four hours. Calomel and opium may be given, until the specific action of the mercury is produced. It is considered best to bring the system speedily under the influence of the mercurial by small and frequently-repeated doses. Counter-irritation by means of nitrate of silver, croton oil or ointment of tartarized antimony, may be used with much benefit. The fly blister is to be avoided, from its tending to aggravate the already too urgent dysuria. Of the counter-irritants, the blister with nitrate of silver answers the purpose better, perhaps, than any; it can be made in a few seconds, is simple and perfectly manageable. The process consists merely in passing the stick of solid nitrate of silver, moistened at the tip, a few times across the skin over-lying the seat of tenderness, and, anon, a blister follows. Warm fomentations will be found serviceable in soothing pain and allaying irritation. Should there be much fever and constitutional irritation, anodynes and febrifuges may be resorted to. The bowels are to be kept freely open by purgatives.

After the first, or acute stage has passed, and the disease has established itself, the aspect of the patient changes, and local pain subsides more or less for a time. Purulent matter is now pent up in the system, and its constitutional effects are beginning to show themselves; chill and fever in afternoons and evenings, restless nights, and general prostration. Upon examination, tenderness will be complained of, on pressure over the seat of the disease. This may be the case, where no complaint was made of the pain, previous to examination. Instead of the depletory, a supporting



plan of treatment must now be adopted. Quinine and iron, beef-tea, nutritious broths and malt liquors, are especially indicated. Poultices, or steamed-bran fomentations, are to be constantly applied to the abdomen, and warm vaginal injections used twice or thrice daily. This course will sustain the patient's strength, hasten the discharge of the matter, and alleviate the pelvic uneasiness. Due attention must be paid to the bowels, as constipation will add very much to the sufferings of the patient. Anodyne applications may be used internally or externally if much pelvic pain is complained of. Suppositories of morphia or other anodyne substances may be passed into the vagina or rectum; to be prepared after the manner recommended by Prof. Simpson—with wax, lard, &c.; they melt at the temperature of the body, and the medicinal portion is readily absorbed; not so, if the suppository is dispensed in the old way, made as if a pill.

It not unfrequently becomes a serious question as to whether the abscess is to be left to burst of itself. Experience has taught that it is best to defer surgical interference as long as circumstances will warrant, and leave it to nature to determine the place, time and mode of evacuation. Sometimes, however, it becomes absolutely necessary to make an opening, especially if the abscess be large and the walls thin, or if the matter is deep-seated, or if the constitutional disturbance threatens life. If incision of the abscess is determined upon, let the opening be made into the vagina, and not into the rectum, for in the latter there is danger of the opening becoming fistulous, and of constant irritation by fæcal matter. This would prove a disagreeable complication, whereas a wound in the vagina soon heals, and obviates this probable result. The posterior cul de sac of the vagina, in most cases, is the portion recommended for incision, as there the wall is thinner and more easy of access. If the abscess can be opened externally, so much the better; but this can rarely, if ever, be done, unless the matter lies above the brim of the pelvis. Prof. Simpson recommends the tenotomy knife for this operation, or in lieu of it a bistoury, guarded to within a certain distance of the point with a piece of string or tape. But, not unfrequently, puncture has to be repeated three or four times; besides, other channels of exit are often found by the matter than that made by the knife. The general rule, therefore, is to avoid opening artificially, if possible; but if the constitutional disturbance be very severe, then the abscess must be punctured. After evacuation of matter, the parts gradually assume the natural condition, but a thickened state of the cellular tissue remains for a long time after all pelvic uneasiness has subsided. Sometimes sinuses—communicating with adjacent viscera, or the external surface of the body—discharging sero-purulent matter, remain after the disease has disappeared in every other respect. Prof. Simpson recommends counter-openings to be made, and the use of tincture of iodine, to be injected into the

sinuses, for the purpose of setting up adhesive inflammation in their walls. He also suggests the use of fine iron wire, with the view of bringing about the same result.

The foregoing pages claim to be but an imperfect sketch of this interesting pelvic affection, and may seem redundant at the present time, after such an excellent account of it has appeared in a foreign journal, but as notes on this subject were made previous to the publication of Prof. Simpson's lectures in the *Medical Times and Gazette*, it was thought worth while to bring them forward.

DR. ELWELL'S MEDICO-LEGAL TREATISE ON MALPRACTICE AND MEDICAL EVIDENCE.

[Concluded from p. 265.]

A MEDICAL witness is not allowed to read books on the stand. He sometimes attempts to do so, because he does not know the rule of law concerning this matter. The ground on which the rule depends, is a singular one. It is, that the presiding judge can consult authorities, or read books, as well as the physician. A question arises—does the judge do this? Has he done it? If not, then may the accused suffer not a little from such judicial negligence, involving, as it does, much ignorance where knowledge is truly power. The medical witness must study books on medical jurisprudence. He must attend lectures about it, as a branch of his professional education. He goes into court prepared by knowledge for his great office; and if he have it not, he meets its sure consequences. He may and must use such knowledge. Books would serve only to confirm, what his memory allows him to declare.

Another important matter for the physician in court. He may, on the stand, consult the notes he has taken of the case, concerning post-mortem appearances, chemical analyses, quantities, numbers, &c. He may do this under the rule, "*to refresh his memory,*" but not to get *information*. Is there not the same analogy between what we have read and about which we have deeply thought, as between notes and their use on the stand? We do not mean in these questions to attempt the vain office of altering judicial rules, but to state to the medical witness what he *may* and what he *may not* do.

There are other annoyances in court which have their source and character in those who are more or less concerned in the administration of public justice. We have had but little experience here, but we have seen the effects of court ethics upon others. We recal an instance, but it was one which can hardly be repeated. A person was indicted for two capital felonies, alleged to have been committed in the same place, and at the same time, viz., murder and arson. We were summoned for the defence in

both trials. The verdict was for the accused upon the first. The second trial soon came on. Upon our cross-examination, we observed the District Attorney had a small book in his hand—a green-covered book—from which he read during the whole of our examination. As soon as we left the stand, we took a seat next to the attorney, and asked him what book it was which he read so attentively during our examination. He said it was an old interleaved Massachusetts Register, in which he had entered all the questions put to us on the first trial, together with their answers. And he used the book to see how nearly our answers in the arson trial, corresponded with those given in that for murder. “And the result?” asked we. “Very, very, correct,” was the answer. We had not dreamed of such an use of the small, green-covered volume; and the annoyance was in an occasional self-questioning as to the book, its contents, &c. We have seen much discomfort, and even distress, produced by examinations of other witnesses, in which we have been an associated witness, and in which it has been our sincere pleasure to find the court interfering to protect the witness, and to let the offending counsel know what the court thought of his conduct, and to give him a lesson on the duties of adverse lawyers in obtaining testimony for, or against, him, or her, on whose behalf he had been employed.

In a trial for adultery, a middle-aged woman—a Swede, of very prepossessing appearance—took the stand for the defence. She testified to an occurrence on the day in which the crime was alleged to have been committed, which occurrence proved that the accused could not have been where he could have committed it—in other words, an *alibi*. It was Tuesday, the 11th of June. The circumstances which proved this statement to be true to the witness, were personal to her, and were of a character to show that her testimony was strictly correct. The testimony was exceedingly important, and the adverse counsel did all in his power to break it down.

“Why, madam, might it not have been on Monday, the 10th, that such and such things happened?” The reasons were given, in answer. “Why might it not have been on Wednesday, the 12th, instead of Tuesday, the 11th?” “You swore that it was on such an hour of Tuesday, the 11th, that you visited Mrs. ———; might it not have been at some other hour? Take time, you are on your oath.”

Thus proceeded the *question*, to the evident distress and embarrassment of this woman, a stranger to our country, its language and customs. At length the Chief was roused, and said to the counsel, in a manner perfectly courteous, but the whole meaning we all understood, “It is an ultimate fact in the mind of the witness that it was on Tuesday, when she was to visit Mrs. ———, and an ultimate fact is not a matter for explanation or reasoning.”

We remember a trial for assault and battery in which we were

a witness, as well as in the preceding one; in which the judge who tried the cause said to the counsel for the defence, that his conduct and his manner had so overcome the witness that she could say no more, and desired her to take her seat.

In a case of alleged infanticide, a witness was very hard pressed by the government, and at length, not being able to bear the rough handling any longer, said, with questionless emphasis, "Mister, you mean to make me lie, but I won't." Some of the audience let him know, in a still small voice, that they were pretty much of the same mind with the witness. This course on the part of the witness, was taking the law into one's own hands. We do not recollect that the court or the sheriff has ever interfered with such use of one's own power, or with those who expressed their approbation of its exercise.

The above case was of much interest in its medico-legal bearings. A female servant had been ailing some time, but one morning looked so much feebler than usual, that her mistress asked her if she were ill. She said "No." Her bed was examined, and found to be very bloody, and blood was traced on the stairs to the privy. This was examined, and a child was found in the vault. In the chamber was a flat-iron, the sharp angle of which was bloody, and hair found sticking to it. A coroner, informed of these facts, called a jury together, Dr. ——— being one. The infant's body being looked at—for it was not in a condition for very free, if any handling—the skull was found broken in, and the scalp much wounded. There was a rope round the neck, and the throat was cut. My friend, Dr. ———, thought these marks of violence made out so clear a case of wilful killing, that he said a *post mortem* was unnecessary. The woman was arrested, and brought to trial for child-murder.

We were summoned as an expert. The foreman of the jury was a very intelligent man, and in the course of our examination, asked if there were not such evidence furnished by the lungs and heart as would go far to prove whether the child was still-born, or was born alive. We said "Yes," and described the *docimasie pulmonaire*—pulmonary proof. The foreman understood at once that a very important point had been overlooked at the inquest. There was no proof that the child had ever lived; and hence, none that it had been *killed*. A fatal error was discovered in the indictment—the words, "being born alive," being omitted in the description of the child.

The evidence being all in, the pleadings were about to be begun, when an officer of the court came in, and begged to communicate some very important testimony from the prisoner. The usual questions were asked, as to the circumstances under which the testimony was offered, &c., and being satisfactorily answered, it was agreed by the government and the defence that the communication should be received. The officer then said that the pri-

soner had made confession that she killed the child. She was found guilty of murder, but, on account of various palliating circumstances, was sentenced to imprisonment in the common jail for life. She died not long after, of consumption. But for the confession, it is not at all probable she would have been found guilty.

This case has been introduced because of its important medico-legal teachings. Above all, does it show how important it is that in the examination of dead bodies, where a suspicion exists that the death came of violence, the utmost care should be taken that the whole evidence be forthcoming under the requirements of the criminal law.

#### MALPRACTICE.

We have seen the physician in court as a witness. We have now to see him in a different position—as a defendant. He is now on trial. If his first relation to jurisprudence were embarrassing, in every sense so, it is easily perceived that this new one can be almost anything but agreeable.

The question is of legal responsibility, as it affects physicians. Our author has devoted much of his work to this question; and the ability with which he has done this, gives to his volume great value, and makes him a large benefactor to the profession. Our article has already reached such a length that we have but little room for the discussion of a question of the highest importance in medical jurisprudence. We cut the following from a newspaper some time since; and it presents our subject after a manner so clear, that we offer it to our readers:—

“LEGAL RESPONSIBILITY.—Judge Minot, of Pennsylvania, has laid down the following rules of law as applicable to physicians:

“1. The medical man engages that he possesses a reasonable degree of skill, such as is ordinarily possessed by a profession generally.

“2. He engages to exercise that skill with reasonable care and diligence.

“3. He engages to exercise his best judgment, *but is not responsible for a mistake of judgment.* Beyond this, the defendant is not responsible. The patient himself must be responsible for all else; if he desires the highest degree of skill and care, he must secure it himself.

“4. It is a rule of law that a medical practitioner never insures the result.

“These are received in general as sound views, and such as will govern every enlightened court. There could scarcely be a greater absurdity, than to require physicians and surgeons to insure the result, when they can in no case control all parts of the treatment. Few serious cases are carried through a single day, and many not a single hour, without a violation of instructions, on the part of nurses and attendants.” So far the extract.

The last paragraph contains an important truth. It would have been more complete, had it stated that not only "nurses and attendants," but patients themselves, will disturb dressings, move limbs, show what they can do, as the phrase is, and abuse the surgeon for his tyranny, and then, if a bad cure is produced, sue him for damages.

Malpractice is almost exclusively charged on surgical practice. Except for medical treatment of diseases of the eye, we do not find a case of charged malpractice in the treatment of disease, distinctly so called. A case of alleged malpractice in the medical treatment of a diseased eye was tried in the October term of the Ohio Supreme Court, in 1857, which attracted much attention and occupied a long time. We make an extract or two from the charge, as it has distinct reference to medical responsibility.

Brinkerhoff J. charged the jury, "That the law did not require of the defendants eminent or extraordinary skill; that this kind of skill is possessed by few. An absolute necessity requires that the wants of a community must be supplied with the best medical knowledge its means and location will command. To require the highest degree of skill would deprive all places, except large cities, of medical men. The medical profession is as upright, as self-sacrificing and as useful as any other—none can do without their assistance in some period of life—and they are eminently entitled to protection at the hands of the court. The surgeon is not a warrantor, or a guarantor of a cure. It would be monstrous to require it at his hands; it would be alike monstrous to hold a physician liable for mistakes, if he brings to bear ordinary skill and care," &c.—Elwell, p. 162.

One other case of medical malpractice may be referred to—the case of the Commonwealth of Massachusetts v. Samuel Thomson, for the alleged murder of Ezra Lovett, by lobelia. Thomson was acquitted, on the ground that the evidence did not show malice on the part of the prisoner, or make out a case of manslaughter.

It is in surgery that malpractice has been most frequently charged; and our author has given many and various adjudicated cases in Europe and America. Surgery presents the most difficult cases for legal investigation and settlement. You may examine the most complicated machine ever presented in a patent case, and there shall not be found the least difficulty of learning concerning it any and every matter which can be in dispute. But when you come to the human, living machine, the common mind is not able to understand so much of it as to arrive at any safe conclusions in the midst of the conflicting assertions and opinions of professional men. We know few more unprofitable and melancholy sights than are presented in courts of justice in the collisions, the quarrels of surgical witnesses. The very fact that both theoretical and practical views should so strongly militate—that a demonstrative science should be, and is, subjected to the same varieties

and oppositions of opinion as are the most obscure matters in intellectual philosophy, makes a case for the popular, common mind, which it cannot compass—about which it literally proves nothing, and about which it can be taught nothing. We remember, and never can forget, a charge to a jury in a case of surgical malpractice, which was the wisest one which has come within our reading. The presiding judge was held in very sincere and high respect by his brethren and the public. We quote from memory.

“We have been many days on this trial; we have had many surgical witnesses—experts. We have had anatomy, and physiology, and pathology, and surgery. My knowledge of these is slight. In anatomy, I know but little if anything beyond what is contained in an old book, which doubtless you, gentlemen of the jury, have often read: WE ARE FEARFULLY AND WONDERFULLY MADE.”

We remember a case which made a good deal of noise in the time of it, and in which the counsel for the plaintiff declared his ignorance of the whole matter by attempted witticism. The case was dislocation of the hip-joint. A very distinguished teacher of anatomy, who was also an highly esteemed surgeon, was summoned, and described the various directions which dislocated hip might take. The counsel for the plaintiff—a young man—did all he could to break down, and so destroy the influence of this witness; and in the course of his argument, stated, in amount, that he, the surgeon, had said that the dislocation was upward and downward, backward and forward, inward and outward—making a very important part of the testimony to seem ridiculous as well as impossible.

Now when we recollect what is the knowledge of a jury, taken at large, of matters of description which require great study for their apprehension, and much thought to reach their natural uses, and the disturbances which accident or violence may produce in themselves and in their relations with neighboring parts—when we take these things into account, we cannot be surprised that a jury should be influenced by the most distorted presentations of testimony, the elements of which, counsel know so imperfectly, and especially when accompanied by eloquent appeals to the sufferings and great injury which the alleged malpractice has produced. We need not argue or illustrate this matter farther. The question arises, what shall be done to remedy so glaring a defect in our jurisprudence—a defect involving so much evil to the accused, and to a profession. The law has settled this, in its benign and most just rule, that a person accused of a crime shall be tried by his peers. We have seen that the Lords of England have no equals in the state—are peerless—and therefore try themselves. Why should not the same rule of law be extended to the medical profession; which has no equal out of itself, and the members of which cannot be wisely or justly tried by any other members of a

community. No one at all acquainted with the present mode of trying cases of malpractice, can fail to have been convinced of their entire and necessary mismanagement—the witnesses being in direct conflict; and the whole balance of the apparatus of criminal jurisprudence being in utter ignorance of the nature and causes of the professional quarrel. Said a Solicitor General once to us, “If you would have ‘confusion worse confounded,’ call on different sides two or more doctors to the stand, and you will have an illustration which cannot be misunderstood.”

In both army and navy, officers are tried by their peers—by themselves. And the clergy, in every matter relating to their profession, have recourse to the same rule, and are tried by their peers. The law, of course, has the same privilege. Physicians ask for nothing more, and in no other way is it possible for them to get justice. The broken bone of a limb has been set in the best manner. Approved apparatus has been applied to keep the parts in place. The fracture is oblique. Every thing promises well. Friends get dissatisfied, and recommend their physicians, who, in their opinion, have great skill in surgery. The regular attendant is dismissed. His apparatus is removed. The new-comer knows nothing about the kind of fracture; new means are applied. The bones unite. The leg is an inch or two too short. This deformity is, of course, charged upon the first surgeon. His bill is disputed. The lame man is advised to sue for damages. He does so; and it is more than an even chance the surgeon loses his case, and with it his bill, and has damages and costs on his shoulders to boot. We have actually been told that in a certain county, of a certain State, the jury in all suits for malpractice give their verdict for the plaintiff; and that same county, it is said, tries more of such cases than all the others of the *Commonwealth* put together. It may be questioned if that expressive word for State is not unhappily applied to such a community. Woe to that surgeon who has in charge an accident in that county. The common victualler must have bed and board for the traveller, or forfeit his license. The surgeon of — county must have all skill, and all apparatus, for all sorts of fractures, &c. But the all and the best will avail him not, if a Haman be “round.” His first fracture will be fatal to him. The jury care not a fig what bone is “broke,” or how, or how treated. They know that the *defendant* is not the *plaintiff*, and that sufficeth.

We have finished our work, and unconsciously have spread it over more ground than we dreamed of when it was begun. It contains reminiscences of cases adjudicated, most of them many, many years ago, but as fresh in memory as if of yesterday. There may be an interest in the records of actual observation and experience which other abstracts may want. The experiment at least seemed worth making, and the time taken for the effort may not have been wasted if our object be obtained.



We heartily commend Dr. Elwell's work to our readers. It is from one who knows well what his profession wants in such a work; and in our judgment he has met and satisfied the demand.

NOTE.—At page 300, it is said that books are not allowed to be read from by the witness. He is not allowed to refer to, or quote them. In a trial in which we were a witness, somnambulism was in the defence. In Elliotson—doubtless from the State Trials—the case is given of a somnambulist, the brother of a nobleman, who rose one night and went to the horseguards and fatally shot one when on duty. He was tried for murder, and was acquitted on the ground that he had done the deed during somnambulism. We were not allowed to state this case.

In a trial for matricide, by a little girl 12 or 13 years old, whose mother was a confirmed drunkard, and who had wholly neglected her child, moral insanity was advanced in the defence. It was rejected, and among other reasons because in a late London Law Reporter the plea of moral insanity had been ruled out. Now why was the prosecuting attorney allowed to make this quotation, and a professional witness forbidden to refer to a case exactly in point in the somnambulist case? It was from a law book the attorney had quoted. And it was from the same we proposed to give a case, viz., from the State Trials. We recollect that there was a question of the justice of the ruling in the two cases; in other words, if the government had any better right to the kind of testimony involved than the defence. A million of people were trying that poor, ignorant, most wretched, helpless child; for in a legal sense that same child might murder each and all of that million. Had not she as perfect and as legal a right to the same defences as had the endangered million?

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, MAY 10, 1860.

MASSACHUSETTS GENERAL HOSPITAL.—From the annual report of this Institution, which we have received, it appears that during the year 1859 there were admitted to the Hospital 1240 patients (776 males, and 464 females). Of this number, 653 were discharged well, 128 much relieved, 152 relieved, 54 not relieved, and 141 died.

It will be observed, says the report, that the number of patients admitted was larger than in any previous year (being 225 in excess of 1858), and yet at no time were all the beds occupied, nor was any proper applicant refused admission.

The trustees speak of the new system adopted in 1858, as having resulted very satisfactorily, and express their sense of the admirable order and efficiency which have marked the government of the estab-

lishment, under the guidance and supervision of the Resident Physician, Dr. Shaw.

In connection with this report, is that of the Superintendent of the McLean Asylum for the Insane, Dr. John E. Tyler. Since the last annual report, it appears that 131 persons have been received into this institution, and that the aids of the Asylum have been extended during the year to 317 patients. Among these are persons of every age and rank of society, and exhibiting almost every phase of mental disease.

Dr. Tyler's report, we have only space to say, is marked by ability and much sound practical sense. In his excellent observations on the treatment of this class of maladies, he alludes to a point which cannot be too strongly insisted upon—that of the necessity of the early removal of the patient from the presence of familiar scenes to the more quiet abode of an asylum, away from the associations of its origin, and where he can have all the benefit of regular medical treatment, and, at the same time, is free from the dangers to which the insane are peculiarly liable. In answer to a very natural objection arising from the idea of disgrace with which, in many minds, mental alienation is too apt to be associated, Dr. T. very justly remarks that insanity is a disease to be dreaded and provided against, but “no more a thing to be ashamed of than a fever or a fracture.”

With regard to the nature and causes of insanity, Dr. Tyler speaks of the latter as no longer to be considered owing to mere *functional* disturbance, but rather to *organic* changes in the brain itself. The fact that no morbid change is discovered after death in an organ whose functions have been imperfect in life, by no means proves the absence of such organic change. Dr. T. says:—

“Great advances have been made within the last few years in physiological and pathological science, and ‘many diseases, such as the fatty degeneration of the heart, and the epithelial desquamation of the ducts of the kidney, which but a little while ago were called functional because no morbid change could be discovered, are now by the aid of the microscope proved to be structural,’ and it is probable that the perfection of the science of observation will reveal the same fact in all diseases which are now called functional to conceal our ignorance of their real nature and cause.”

He regards insanity, then, as a physical disease, and to a great extent amenable to medicine, as curable in its earlier stages, and under favorable circumstances for treatment, as any one in the nosological list.

Among the causes of insanity alluded to which may be more readily guarded against, are those arising from the neglect with which apparently slight physical disorders are treated, more especially derangements of the stomach and liver:—

“Many a person is morose, peevish, or depressed, a trouble to himself and his family, from an inactive stomach, a sluggish liver, or neglected bowels. Many a lawyer who has been looking despairingly at the difficulties of a case before him, and his prospects of a verdict, will courageously ‘beard the lion,’ after the result of a single prescription. Many a merchant sees his anxieties and forebodings vanish before the potency of a blue pill; and many a clergyman who desponds at the meagre result of his labors, and fears that he has mistaken his calling, is quickened by an energetic horseback ride, to work with the faith and hope of an apostle. These little ailments—a cold, a rheumatism, an indigestion—curable enough in their inception, by simple means intelligently directed—become grave by ill management or neglect, and more seriously implicate the brain, even to the production of insanity.”

Dr. T. also refers to a form of insanity which has appeared within a few years in this community, and with rapidly increasing frequency, commonly known as "softening of the brain":—

"Professional, but more frequently business men, are its subjects. The predisposing cause is sumptuous living. After a morning fully occupied with business matters, a man comes regularly to a dinner of various and highly-seasoned dishes of fish and fowl and flesh, with every adjunct to excite and gratify the appetite. He partakes freely of food and wine, in excess to be sure, though perhaps never to the extent of gluttony or inebriety. The papers are read, cigars are smoked, a few hours are passed socially, and the evening closes with a hot supper and abundant punch. If a man living thus continues successful in his plans and his business, he may go through life with no other physical or mental infirmity than the pain and irascibility of gout or the distress and gloom of dyspepsia. But if it be otherwise, if he meet with a reverse of fortune, or if some grief or chagrin come upon him, then he is exceedingly liable to this fatal disease, which is the joint product of luxurious living and some torturing anxiety or disappointment."

We would say, in conclusion, that Dr. Tyler's report fully sustains the Trustees in the opinion expressed by them, that the Superintendent, "with eminent professional qualifications, combines marked devotedness to the responsibilities he has assumed."

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BOSTON MEDICAL ASSOCIATION.—The annual meeting of this Association was held at No. 12 Temple Place, on Monday, May 7th, 1860. Dr. J. Mason Warren was chosen Chairman.

The following gentlemen were chosen members of the Standing Committee for the ensuing year:—Drs. Nathaniel B. Shurtleff, Silas Durkee, William J. Dale, J. Mason Warren, George Hayward, Jr. Dr. John B. Alley was re-elected Secretary.

The following gentlemen have become members since the last annual meeting: Drs. John C. Dalton, Marcus B. Leonard, B. Joy Jeffries, Gustavus Hay, Carl Both, John Stearns, Jr.

The Secretary read the Annual Report, and the following sketch of the formation and progress of the Association:—

The Boston Medical Association was founded in 1806, by thirty physicians then resident in the city. No record of the primary meeting exists. The first annual meeting was held at Vila's, on the first Wednesday in March, 1807. Dr. Thomas Welch was chosen Chairman. A Committee consisting of three members, viz., Drs. John Warren, Lemuel Hayward, and John Fleet, the first Secretary of the Association, was appointed to prepare a code of Medical Police, and report at the next annual meeting.

The second annual meeting was held at Vila's, on the first Wednesday of March, 1808. Dr. John Warren was chosen Chairman. The Committee appointed to prepare a code of Medical Police, reported a draft, which was recommittees with instructions to print five hundred copies for distribution, and the following vote was adopted:—"That the thanks of the Association be presented to the Standing Committee for their copious and useful Report."

This code, remarkable for the conciseness, simplicity and purity of its style, remains unaltered to the present day, and for more than half a century has exerted a highly favorable influence upon the members in their professional intercourse, and has contributed much towards elevating the standard of medical attainments and increased the respect for the profession in the public estimation.

The annual meetings for the next ten years are devoid of any matters of general interest. A special meeting of the Association was held March 20, 1811, to receive and act upon a report of a Committee appointed at the annual meeting, to arrange for the general vaccination of the citizens of Boston, and it was voted, "to reduce the fee for the space of three months, and that the hour from 7 to 8,

A.M., be devoted to the gratuitous vaccination at the physicians' houses, and every patient be requested to call at the end of the fifth, seventh, ninth and eleventh day."

Five years later, the smallpox prevailing to some extent, the Board of Health submitted to the Association a plan for general vaccination. A special meeting was held on the 28th May, 1816, and it was unanimously voted that the members of the Association cordially approve of the general plan of the Board of Health, and will freely coöperate with them in their laudable undertaking. It was also voted that the regulation respecting the fee for vaccination shall be dispensed with for three months, and that all the members of the Association vaccinate the poor gratuitously.

At the annual meeting held March 1, 1820, it was voted to hold an adjourned meeting for the purpose of revising the By-laws. The meeting was held, and after the acceptance of the report of the Committee, it was voted to hold the next meeting of the Association on the first Monday of May, 1823. A special meeting was held December 15, 1820, to consider if any measures were necessary to prevent the irregular practice of midwifery, and the subject was referred to a Committee.

At the triennial meeting, held on the first Monday of May, 1823, a Committee was appointed to consider the expediency of restoring the annual meeting of the Association. Said Committee reported, at an adjourned meeting held May 19, 1823, in favor of the restoration of the annual meeting, and the recommendation was adopted.

In 1824, an attempt was made to restore the annual dinner, which had been discontinued for some years, and a proposition was offered to establish an entrance fee of five dollars, and an annual assessment of two dollars. This plan was not adopted, but the Association voted to restore the annual dinner, with the proviso "that no member should be assessed for the dinner who should give notice to the Secretary in writing, at least one week before the meeting, that it was *not* his intention to dine with the Association."

At the annual meeting in 1825, the ordinary business was transacted, and sixteen members sat down to dinner.

In 1828, on motion of Dr. Enoch Hale, a Committee was appointed to consider the practicability and expediency of effecting some arrangement with the apothecaries so as to secure a more able and faithful execution of physicians' prescriptions.

A special meeting of the Association was held on March 29, 1829, for the purpose of expressing a sense of the public and private loss sustained in the death of Dr. John Gorham. Appropriate resolutions were offered by Dr. John Ware, and unanimously adopted. Dr. James Jackson was requested to deliver an address on the occasion of his funeral.

At a special meeting, held a few days subsequently, on motion of Dr. George Hayward, it was voted, "that the Secretary be directed to present the thanks of the Association to Dr. Jackson for his very interesting and appropriate eulogy on the late Dr. Gorham, and to request a copy of the same for the press."

At a special meeting held April 16th, 1830, a proposition was made to substitute a supper for the annual dinner, but after some discussion it was withdrawn.

At the annual meeting in 1830, the committee appointed to confer with the apothecaries, made a report, and offered the following resolution, which was adopted:—"Resolved, that the Association regard with much satisfaction the establishment and exertions of the Massachusetts College of Pharmacy, believing that the results will be highly useful to the medical profession and to the public generally, as well as beneficial to the members of the College."

The same year the dinner was discontinued, and quarterly social meetings were held at the houses of physicians, until Jan. 11, 1839, when it was decided to discontinue them.

A special meeting was held Dec. 10, 1830, to request the city authorities to consider the subject of a general vaccination, and a committee of five was appointed to report measures of a permanent character to insure vaccination, and a committee of nineteen members was appointed to vaccinate gratuitously all persons designated by the Mayor or other city officers as proper subjects. The offer was gratefully acknowledged by the city authorities, and it was voted, by the

FACSIMILE OF AUTOGRAPHS

OF THE

ORIGINAL MEMBERS OF THE BOSTON MEDICAL ASSOCIATION.

James Lloyd	Thos. Danforth
Cornel Danforth	Asa Bullard
Isaac Rand	John G. Coffin
John Jeffries	Jacob Gates
Walter Jarvis	John Dixwell
Sam Hayward	James Jackson
Thos. Kest	Ben. Shurtleff
John Warren	Phyl. Howard
Thomas Wilsh	J. Warren
A. Dexter	Cyrus Perkins
W <sup>m</sup> Spooner	Horae Bean
Isaac Rand Jr	John Gorham
John Fleet Jr	William Garrison
William Ingham	John Kendall -
	P. Parker



Board of Aldermen, "that the Board will cheerfully co-operate with the Medical Association, in giving effect to their benevolent project of securing the advantages of vaccination to those whose circumstances preclude them from paying the expense of the operation."

On the 16th of December, the committee appointed at the last meeting reported a draft of a memorial addressed to the city authorities, recommending the enjoining upon all physicians to urge the necessity of vaccination, and that each physician keep a record of all children born under his care, and vaccinate each one within six months from the birth of each child; the establishment of an office for the gratuitous vaccination of the poor, under the direction of the City Physician, and the abandonment of the plan of sending patients affected with smallpox across the water in the cold season of the year, which recommendations were adopted by the authorities.

At a special meeting, held June 25, 1832, the Association, contemplating the possibility of the cholera visiting the city, on motion of Dr. Jacob Bigelow, voted, unanimously, "that they will at all times co-operate with the city authorities in judicious measures for the promotion of public security, and will render prompt and gratuitous services to the poor, will endeavor to give efficacy to public and private charities, and will render, to the best of their belief, a true and frank account of the state and progress of the disease." The resolutions were accompanied with many valuable suggestions, as to hygienic treatment, and were admirably calculated to allay the fears which the prospect of the advent of so terrific a disease would naturally arouse.

On the 7th of August, 1832, the subject of bills of mortality was ably reported upon by a committee appointed for that purpose, and a suitable nomenclature was adopted.

At a special meeting held on the 14th of November, 1832, resolutions, expressive of the great loss which this country had sustained in the death of Dr. G. F. Spurzheim, were offered by Dr. John C. Warren, and unanimously adopted.

At the annual meeting in 1835, the attention of the Association was called, by Dr. John Ware, to the subject of introducing pure water into the city, and it was voted that a committee of five be appointed to consider the expediency of stating to the city government, the opinion of the Association, that the introduction of pure water would be a measure highly conducive to the future benefit of the city, with power to make the statement either in the form of a petition or otherwise, should they think proper to do so. At the next annual meeting, the committee reported that they had presented a petition on the subject to the city government, signed by all the members of the Association. The remarkable degree of health with which the city has been favored during the twelve years since the introduction of pure water, and the great diminution of all diseases caused by imperfect sewerage, prove the wisdom of the suggestion.

Since 1836, the proceedings of the annual meetings consist mostly of the ordinary business, viz., the election of officers and reports of the Secretary. The formation of the Suffolk District Medical Society has drawn away the attention of members from the objects of the Association, and some have even suggested its discontinuance, but it should be remembered that the two organizations differ very materially in their objects. The Boston Medical Association is an independent organization, expressly designed to regulate the intercourse of members with each other, and to provide a suitable fee table which it shall be deemed a point of honor to adhere to. No one can reasonably doubt the advantages of such an Association. Its influence on individual members, its active co-operation with the city authorities in times of epidemics, and the general interest which its members have exhibited in the promotion of the hygienic condition of the city, have been productive of much good. The District Medical Society is not an independent organization. It is part of a great Society which extends over the State. Its object is to promote the general interest of medical science by meetings for medical improvement and the dissemination of medical literature. It cannot bind its members to the use of a fee table. The one is part of an incorporated Society, bestowing certain honors and privileges upon its members; the other is simply an Association of medical men, who approve of certain regulations, and agree upon their honor to comply with them. Of the thirty original members of the Association, but one individual remains. May he long be spared

to adorn the profession to which he has devoted nearly sixty years of constant activity. "Serus in cœlum redeat."

Through the kindness of Dr. J. Mason Warren, we have been furnished with an engraving, comprising a facsimile of the signatures of the original members of the Association, from which copies have been printed to accompany this report in the present number of the JOURNAL.

MESSRS. EDITORS,—The Hampden District Society, at its annual meeting, May 1, 1860, desired the Secretary to request the insertion of the following resolutions in the next issue of the Boston Medical and Surgical Journal:—

"Resolved, That in the death of Dr. Jesse W. Rice, of Wilbraham, the medical profession of Hampden County has lost an honored member—a man whose education and long experience, and rectitude of character, had procured for him a position of great usefulness.

"Resolved. That the members of the Hampden District Medical Society tender their warm sympathies to the family of their deceased brother in this their heavy affliction."

Dr. Rice (a retired member of the Massachusetts Medical Society since 1856) suffered for the past year from repeated attacks of pulmonary hæmorrhage, in one of which he succumbed, March 2, 1860. GEO. A. OTIS, JR., *Dist. Sec'y.*

MESSRS. EDITORS,—In the case of tracheotomy reported by me to the Society for Medical Improvement, and published in the last number of the JOURNAL, I omitted to state that the opening to the tube was covered with a piece of muslin, which was kept constantly wet by applying a camel's hair pencil dipped in water of about the temperature of the room. G. H., JR.

*Boston, May 8, 1860.*

THE annual commencement exercises of the Philadelphia College of Pharmacy were held on the 11th of March. The list of graduates numbered 29, and each one received the degree of Graduate in Pharmacy.—The annual commencement of the Maryland College of Pharmacy took place March 1st, in Baltimore, and 7 young gentlemen received the diploma of the College.

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 5th, 1860.

#### DEATHS.

	Males.	Females	Total
Deaths during the week, . . . . .	48	50	98
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	35.5	36.8	72.3
Average corrected to increased population, . . . . .	..	..	82.5
Deaths of persons above 90, . . . . .	..	..	..

#### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
19	4	6	6	4	2

#### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	30.153	Highest point of Thermometer, . . . . .	63
Highest point of Barometer, . . . . .	30.310	Lowest point of Thermometer, . . . . .	30
Lowest point of Barometer, . . . . .	29.936	General direction of Wind, . . . . .	N. E.
Mean Temperature, . . . . .	43.53	Whole amt of Rain in the week . . . . .	0.000 in.

PAMPHLETS RECEIVED.—Notes on Nursing; What it is and what it is not. By Florence Nightingale. (From Wm. Carter, Boston.)

*Deaths in Boston* for the week ending Saturday noon, May 5th, 98. Males, 48—Females, 50.—Abscess, 1—asthma, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—bronchitis, 1—cancer (in throat), 1—consumption, 19—convulsions, 3—cholera infantum, 1—croup, 4—diphtheria, 1—dropsy, 2—dropsy in the head 5—drowned, 1—debility, 1—dy sentery, 1—infantile diseases, 3—erysipelas, 1—bilious fever, 1—scarlet fever, 7—typhoid fever, 1—gangrene (of the lungs), 1—gastritis, 1—disease of the heart, 2—inflammation, 1—intemperance, 2—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 2—disease of the lungs, 2—inflammation of the lungs, 6—measles, 4—necrosis, 2—palsy, 1—pleurisy, 2—rheumatism, 1—smallpox, 2—suicide, 1—teething, 1—tumor, 1—unknown, 6.

Under 5 years, 47—between 5 and 20 years, 10—between 20 and 40 years, 17—between 40 and 60 years, 16—above 60 years, 8. Born in the United States, 74—Ireland, 21—other places, 3.



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ACUTE IDIOPATHIC PERICARDITIS.

[Communicated for the Boston Medical and Surgical Journal.]

BY T. H. SQUIRE, M.D.

*Death; Autopsy; Two Pints of Pus found in the Pericardium; Fracture of the Cervix Femoris, Intracapsular.*

CHARLES HAMILTON, colored man, aged about 50 years, came into my office, for medical advice, on Wednesday, 22d of February, 1860. Headache was his principal symptom, but he had, also, some pain through the chest, in the direction of the mediastinum; his tongue was furred, and his bowels were costive. I gave him two powders of calomel and gamboge, to be taken three hours apart, designing to produce, by them, a very thorough effect upon the bowels.

On Saturday following he returned, saying that the medicine had operated several times very copiously, and that he had been relieved thereby; but still he was far from being well, and the headache was still his chief complaint. As the patient was of full habit, and the tongue being still coated, I repeated the same remedies, to be followed by a solution of antimony, as I feared the disease might prove to be pneumonia.

On Sunday this patient went to church, and on Monday he sawed wood for a neighbor, till 4 o'clock in the afternoon, when he was obliged to desist. On his way home he was very chilly, and it was more than an hour afterwards before he became warm, though seated all this time by a hot stove. That evening, I was sent for, to visit him. He now complained of pain in the right side; had some cough and dyspnoea. I then directed a warm footbath, the free use of warm pennyroyal tea, a large mustard poultice to the side, and the continuance of the tartar emetic, in small and frequent doses. After this he kept his room, and the greater part of the time, his bed. During the next few days, the dyspnoea was the chief symptom which attracted attention, the headache having nearly or quite disappeared. There was a little cough, but no expecto-

ration worthy of note. The antimony was continued, and a large blister was put upon the right side. At this time the lungs were resonant on percussion, but some crepitation was audible, especially in the back of the right chest. About this time, also, the cough entirely disappeared, the dyspnœa grew less, and I really believed the patient to be getting better; and, for this reason, no notes of the case were written, till Saturday, March 10th, at which time I made the following minute:

Dr. E. L. Hart saw Hamilton, in consultation with me, last evening. The tongue was then clearing off, in front and at the edges; was quite moist, as it has been, in fact, during all his sickness. Large crepitation in the back part of both lungs, chiefly in the right; one big crepitation, *a solitary crack*, in front of the left chest, heard only during inspiration, and audible at some distance from the body; bowels slightly tympanitic; tolerable appetite; pulse 100, irregular as to size, easily compressed, *peculiar*; no cough; dyspnœa; strength pretty good; sits up an hour or two each day.

Saturday.—Symptoms the same as last night; some improvement in the morning, but worse this evening; tongue improving; not quite so much tympanites, only very slight; eats quite freely of mutton broth and crackers; *big crepitation, solitary crack*, over the left chest. Gave blue pills, by Dr. Hart's advice, and applied blister to the left side.

Monday, 12th, evening.—Tongue a little dry, for the first time; pulse 104, but with no uniformity; patient a little flighty in the morning, and restless in the afternoon.

Tuesday morning.—Tongue moist; pulse 112, rather oppressed, wavy; breathing hurried; physical signs the same, no worse; crepitation and partial dulness on the back of both lungs, respiratory murmur and perfect resonance in front.

Wednesday, 14th.—This morning Hamilton thought himself better; his tongue looked better, and he complained of no pain. The breathing, however, was more hurried than it had been for two or three days past, but not as much so as it was for several days, more than a week ago. The pulse, also, was as bad as at any time previous during his sickness, *feeble, irregular, unequal and intermittent*. It was absolutely impossible to count the pulsations, not on account of their frequency, but on account of their dreadful irregularity and inequality. The best I could do was to count the more respectable pulsations, without any regard to the abortive ones; and in doing so, I made about fifty beats per minute; but, scattered through these, there must have been from twenty to twenty-five defective or imperfect ones. The lungs were resonant on percussion, and only a comparatively trifling crepitation could be heard in the back part of the chest. I now asked myself, *in earnest*, "what can be the cause of this continued dyspnœa, and this remarkable pulse?" In answering this question, the idea, for the first time, entered my mind, and impressed itself upon my convic-

tion, that there was *inflammation of the pericardium*. This idea finds support from the fact that the region of dulness over the heart is larger than natural.

Thursday, 15th.—This morning his condition was much the same. This evening the dyspnœa is equally bad; pulse more full, and not quite so irregular, counted 114; lies on the left side; has some dry cough; perfectly rational; difficult to talk, owing to the dyspnœa; eats pretty well; movement of the bowels to-day. Suggested to Dr. Hart, this evening, that we should use blisters to the left side, and mercurials; will probably use them to-morrow, under the impression that there is pericarditis with effusion. The sounds of the heart confused, blended and muffled.

Friday morning, 16th.—Present in consultation, Drs. Hart and Wey. Pulse 112, more regular, and more equal than before, but still somewhat irregular; dyspnœa less; a new coat coming on the tongue, which has been nearly clean for the last few days; nose bled last night; more cough, but no expectoration; crepitation in the back of right lung; *large crack* over the region of the heart, heard, generally, during the commencement of the expiration. Ordered calomel and blister. Friday evening.—Pulse 116; respiration 56; two operations from the bowels during the day; can lie on either side; crepitation distinct; *crack*, during expiration, over the left chest.

Saturday evening, 17th.—Breathing better, only 35 per minute; lungs more resonant on the back; some crepitation at the lower part of right lung; *crack* over the heart. Pulse from 60 to 70, very irregular and unequal, thus: 1—2—3—4—5—6—7—8—9—10—11—12, and so on, large and small, fast and slow, without any order or regularity. Preternatural extent of dulness over the heart; tongue growing more furred; feels better.

Sunday morning, 18th.—Feels better, but seems to be a little more easily fatigued on exertion. Tongue, once almost clean, has now a second fur, white and thin; lungs more resonant, and respiratory murmur more natural in the back; some crepitation in the lower right back; dulness over the heart more extensive than natural. The *crack* has become more prolonged, loud and *squeaking*; heard most during expiration; most distinct over the base of the heart; may be heard a few feet from the body. Coughs oftener; coughs loud and strong, but fails to bring up anything to speak of; last night expectoration to the amount of about a table-spoonful, frothy, watery and tenacious, and some of it having a reddish brown cast, probably caused by a very slight admixture of blood. Pulse about 75, rather oppressed and feeble; quite irregular and unequal. Considerable dyspnœa upon slight exertion. Appetite failing.

Sunday evening.—Pulse 80, more or less irregular and unequal; respiration 40; crepitation in the lower right back; cough apparently on the increase, loud, forcible, dry, with difficulty in raising

anything. During the day he expectorated about two tablespoonfuls in quantity, which was carefully kept in a saucer, for my inspection; in character it was frothy when first expectorated, but on standing it came to look perfectly clear and transparent like water, but was ropy or tenacious. With a small part of this expectoration, was intimately mixed a little blood, giving it a mahogany color; examined this with the microscope, and saw blood corpuscles.

Monday, 19th, 6 o'clock, P.M.—Patient feels more uneasy to-day; a vague feeling of distress about the heart. That peculiar sound which has been constantly heard over the region of the heart, is louder than heretofore, and more prolonged, so as to come properly under the title of *rubbing* or *friction* sound. This sound is heard all over the precordial region, even from the clavicle to the ensiform cartilage, but much the loudest, and nearest to the ear, at the junction of the cartilage of the third rib with the sternum; at the space between the third and fourth cartilages, an *undulatory impulse* may be both felt and seen.

Monday evening, 10 o'clock.—Made the regular visit this evening alone. Patient evidently worse; cough more frequent and dry. During the day has expectorated only half as much as yesterday, of the same character; tongue moist, of a dirty white color; breathing about 48 per minute; pulse of its worst character, feeble, irregular, unequal and intermittent; face cool. Several times this afternoon and afternoon bathed in cold sweat; it was so just after a fit of coughing, during my visit, not half an hour ago. *Undulatory impulse* very perceptible to the fingers, and also to the eye, at the space between the cartilages of the third and fourth ribs; this fluctuating wave having the same characteristics of irregularity and inequality as the pulse. Sudamina about the clavicles and neck. As the patient seemed easily worried, I did not practise auscultation and percussion. Bowels moved to-day; discharge natural; urine also natural.

Tuesday morning, 20th.—Saw the patient with Dr. Wey, Dr. Hart being out of town. Symptoms a little better than last evening. Pulse 90, irregular and unequal as usual; breathing 40 per minute; friction sound over the precordial region, loudest at the junction of the third cartilage with the sternum. Other symptoms as heretofore; natural discharge from the bowels in the night.

Thursday morning, 22d.—Since last note I have been out of town. Found Hamilton this morning much more feeble; pulse 50 per minute; respiration 60 per minute; tongue about the same, dirty-white, moist and cool; slight œdematous appearance about the eyes, feet also a little œdematous; surface and extremities cool; some cough, and expectoration as before; friction sound quite distinct, loudest at the point before designated. The sound is now heard, to and fro, with the respiratory movements, but loudest and longest with the expiration. Patient can lie on either side, or

on the back; does not require to have the head and shoulders raised; lies mostly on his left side, to accommodate his attendants; nothing in the nature of the disease that would make it more difficult for him to lie on the right side, facing the wall; changing from one position to another seems to embarrass the circulation very much. Has no pain; chief anxiety seems to result from the dyspnoea. Had a good sleep last night.

Thursday evening, 10 o'clock.—Hamilton died an hour ago. Had been growing more distressed and anxious—*anxious* is the word, not *distressed*—through the afternoon; died quite suddenly; was trying to change his posture a little from the left, towards the right side, when the heart ceased to beat, very unexpectedly to his wife, who, alone, was with him.

Friday, 10 o'clock, A.M.—*Autopsy*. Slight œdema of the cellular membrane in all parts of the body; region of dulness over the heart, extending from the nipple to the right margin of the sternum, and from the space between the cartilages of the second and third ribs to the ensiform cartilage. Complete ossification of the cartilages, obliging us to use the saw in opening the chest; sawed through the ribs, about two inches distant from the cartilages, in order to make a wider opening into the thorax. Raised the sternum with great care, and did not wound the pericardium; discovered, by fluctuation, a large quantity of fluid in the pericardium; procured a saucer, tapped the membrane near the apex of the heart, and obtained, by measurement, *a little more than a quart of pus*.

The pericardium being freely laid open, we beheld large quantities of coagulated lymph, adhering to its inner surface, or floating in the cavity. In some places it was partially organized, forming false membrane. Near the apex of the heart, and towards the left side, the opposing surfaces of the pericardium were firmly glued together by a medium of this character, more than half an inch in thickness; around the auricles, and base of the heart, were collected large masses, or flakes, of concrete lymph, from half to three quarters of an inch in thickness, and resembling somewhat, in size, the large coagula of fibrin, which are sometimes found in the chambers of the heart after death. By this very abundant accumulation, the surface of the heart and interior of the pericardium presented a rough, granular and shaggy appearance. The heart and its appurtenances being removed from the body and thoroughly washed, a few small portions of the pericardium were free from this false membrane, and here the inflamed surface was thickly covered with small scarlet specks; the heart itself was thickly coated over and enlarged by this accumulation of lymph. At one place, over the base of the heart, the inflammation seemed to have been propagated through the pericardium, to the contiguous surface of a limited portion of the right lung, which overlapped the heart at this particular point, giving rise to adhesion, and

a little flat abscess, containing a small quantity of pus, which was entirely exterior to the fluid in the pericardium. The remainder of both lungs was free from disease, though somewhat infiltrated with serum; the left lung was a good deal compressed by the distended pericardium. There was no evidence of disease in the abdominal cavity.

This patient possessed another feature of interest, in a surgical point of view, growing out of an injury of the right hip, received three years ago last November. The patient had not been able, since that accident, to bear his entire weight upon the injured limb, and had been obliged to walk with some artificial support. Moreover, those who had examined the case were not agreed upon the nature of the injury. The opportunity now offered of removing all doubts upon this point was not to be neglected, and an examination revealed a *transverse fracture of the cervix femoris*, close to the head of the bone. There had never been any displacement of the fragments, and consequently the limb retained its proper length. Union had taken place by strong bands of ligament, forming an artificial joint of limited motion; motion was also present in the true joint.

In addition to what has been already said in the previous part of this report, I may say that the headache, which was the patient's first symptom, had been coming on gradually for about one week before he came to my office. I am unable to trace the pericarditis to any assignable cause, different from the usual causes of "a bad cold." For aught I know, the ossification of the cartilages might have been a predisposing cause; he never had rheumatism.

At what stage of the disease the exocardial sound commenced, is not known, as, unfortunately, I was not sufficiently attentive in this particular during the early part of his sickness. I certainly heard it, in a careless way, for more than a week before I made any minute of it. At each visit I heard it *snap, snap*, with each inspiration, for many days; afterwards it occurred at the beginning of each expiration; and, finally, it became double, *to and fro*, during inspiration and expiration. Whatever might have been the *rationale* of this sound towards the close of the disease, it was not properly a friction sound in the commencement.

*Elmira, Chemung Co., N. Y., March 29th, 1860.*

#### VIENNA LYING-IN AND FOUNDLING HOSPITALS.\*

[Translated for the Boston Medical and Surgical Journal, from the *Österreichische Zeitschrift für Practische Heilkunde*.]

BY O. D. PALMER, M.D., PA.

THIS praiseworthy work, including the reports of the two previous years, is divided into six parts. Part 1st relates to the Lying-

\* Medical Report of the Royal, Imperial Lying-in and Foundling Hospitals at Vienna. Published by the Directors of the Institutions for Lying-in Women and Foundlings. Vienna: 1856. Analysis, by Dr. Edward Nussu.

In Hospital; Part 2d, to the Foundling Hospital; Part 3d, to the Institute for Vaccination; Part 4th, to the preservation of the present foundling pathological preparations; Parts 5th and 6th, to the formation of graphic and statistical tables.

The first section reviews the results of the Lying-in Hospital. From this we learn, that of the whole 7,285 births, occurring in the years indicated (among which were 1,460 so-called street births, and 290 of a separate division), 283 lying-in women died in childbed. Examining the particular cases, we find there were 46 abortions, or untimely births; 375 premature births; 93 twin-births; 51 face presentations; 2 forehead presentations (stirnlagen); 138 pelvic presentations; 77 shoulder or "oblique" presentations (quer-und schief lagen); in 27 cases the umbilical cord came down first; in 11 cases the extremities came with the head. Labor was prolonged in the second stage, in 17 cases; in the third and fourth stages, in 91 cases. *Puerperal mania* was observed in 4 of the women; *epilepsy* in 3; *eclampsia* in 11. *Placenta prævia* occurred 6 times, *ruptura uteri* once. *Metrorrhagia* was treated in 49 patients, in the first clinic; in 83, in the second clinic; and in 12, in the separate division.

In the enumeration of operations resorted to, we perceive that the 153 forceps cases were so divided, that one occurred in every 33 births in the first clinic; whilst, in the second, there was only 1 to every 133 births. The other operations, the indications for which depended less upon individual views of the character of the cases, seem to have been adopted in both clinics in equal numbers. Thus, for example, turning by the feet was resorted to 34 times in the first clinic, and 33 times in the second clinic. As respects the relative health of the women in childbed, the last year was more favorable than the previous one. The proportion of mortality relative to the puerperal process amounted to 7.22 per cent. The proportion of mortality, to the number of births, was 3.77; whilst this proportion, compared with the attacks of disease, rose to 53.80 per cent.

The first section concludes with an examination in relation to the new born. These were 3,613 boys, and 2,553 girls, born alive. The stillborn (185 boys and 150 girls) consisted mostly of premature and feeble-lived children.

The part concerning the doings in the Foundling institution, is reported more extensively, and with much particularity. It examines the children in the first place, then the nurses, then both together in respect to the movements of the same, and lastly the individual and remarkable forms of disease.

The largest number of receptions, and of diseases, and the most unfavorable percentage of mortality, occurred in the month of March. The greatest number of fatal cases arose from innate feebleness, tabes and diarrhœa. The last, the *diarrhœa*, reached its

greatest virulence in the present year, affording a mortality of 80.86 per cent.

Interesting for reference is the fact, that, of 26 cases of congenital syphilis, 23 proved fatal. The writer finds these figures substantiated, by his individual experience, as heretofore published in the *Zeitschrift*, on the occasion of reviewing "Bok's Syphilization of Children." The surgical diseases, with the operations, and the observations on anomalies of formation, are somewhat confounded, indeed, but contain so much that is readable, that we readily forget, in consideration of this, the want of systematic order in their arrangement. The great crowding of children in the institution was a fruitful source of gangrene, particularly in the month of December, 1856, when the number of sick nurslings was unusually increased, and the entire attendance of two, and at times three nurslings had to be given up to one nurse.

The third part, relating to the Vaccine Institution, is prepared with much care. It gives us much pleasure to perceive with what scientific skill all is directed in this institution; every important observation noted, and statistics obtained thereby that may be called, in truth, reliable. We learn by the report of the vaccine inspector, that, in the entire year, there were vaccinated 699, with effect, and 28 were re-vaccinated. Of the last number, but 11 took effect. This number, compared with the great number received (8,321), is very small, and the reason must be found in the fact that nurslings were admitted of very feeble and consumptive constitutions, unfit to be vaccinated; and a large number who at the time of their reception (nine days old) were wholly sound and well-nourished children, but after a few days sickened with *stomatitis*, *diarrhoea* and *abscess*. Here have been assembled the usual and unusual symptoms of kinepock vaccination, as performed at the end of twelve months. In the month of July, three children were tried with original lymph. This vaccine virus took effect in *one* only of the three (2 pustules from 6 insertions) children, and it assumed, on the tenth day, the usual appearance of pustules, from which, afterwards, two children were vaccinated, with perfect success. The two children vaccinated without effect, were afterwards tried with the old virus of the institution, and were both affected, proving the experience of others, that original lymph, in its first transfer to man, does not readily "take," or, to a certainty, is less liable to be successful, than humanized lymph. This new generation of lymph was marked in the Protocol, and henceforth, therefore, the institution will propagate the lymph of two different origins.

The numerous cases of erysipelas, following vaccination, observed in the two previous years, increased the present year, and in their course were still more unfavorable than before. The mode of living, in the institute, and its occasional over-filling, are assign-



ed as causes of this particular sequence. This would seem to be the most reasonable inference, as in private practice the kinepock-erysipelas is very uncommon, at least in my practice; for in over 1000 vaccinations in the last fifteen years, I have not encountered a single instance.

In conclusion, there are in the museum of the institute for Foundlings, 61 pathological preparations, mostly of unusual interest, which, considering that the collection was only commenced in 1854, is a very valuable and instructive one.

It is in matters like this that we recognize the active and enterprising spirit of men of science, talent, and energy, who, impelled by a sense of the magnitude of their gifts, are willing to let nothing be lost that can become of importance to the medical practitioner, to a sanitary board, or to the statistician.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

MARCH 26th.—*Fracture of the Skull; Grave Symptoms; Recovery.*  
Dr. MORLAND read the following account of the case, which was communicated, at his request, by Dr. J. D. MILLER, U. S. Navy, now Resident Surgeon at the Navy Yard, Charlestown, where the accident occurred.

“On the 14th of February last, F. M., aged 17 years, was engaged, in a machine shop, with others, endeavoring to replace a large strap or belt upon the drum from which it had slipped. He was upon a platform, 17 feet from the floor, and the strap becoming entangled with an iron brace, the latter was wrenched from its fastenings, and striking him with great violence, hurled him from the platform. The evidence of the bystanders differs as to the place where the iron struck him, but it is supposed that his head, as he fell, came in contact with the corner of a large box, containing iron, upon the floor, as some of his hair was found upon it. He was picked up insensible, and carried to his father's house, and, upon being examined, presented the following condition. Extreme pallor of the surface and flaccidity of the muscles; pulse almost imperceptible; blood oozing from the nose; a distinct fracture and depression of the os frontis, over the left eye, about two and a half inches in diameter; integuments over depressed part loose and sacculated to the touch, and containing fluid; frontal ridge badly comminuted; eye protruding from the socket, and specks of blood starting from under the lids; pupils widely dilated; after a short time, slightly returning consciousness. No other injury was discovered, except a flesh wound, three inches long, on the right leg. About an ounce of brandy was administered, diluted with water, which was violently ejected from the stomach ten minutes afterwards, with nearly a quart of very dark, imperfectly coagulated blood. Soon after this, his clothes were taken off, and he was carried up stairs and placed upon a bed. He was then immediately seized with a severe convulsion, which lasted about a minute, and made it necessary for two persons

to hold him upon the bed. This left him, apparently, in a dying state, but he soon rallied and began to struggle, and to moan loudly. The vomiting recurred two or three times, and he discharged, in all, about three pints or more of dark, coagulated blood. This undoubtedly came from the posterior nares and spongy and cancellated tissues immediately underlying the anterior portion of the cerebrum. He gradually became sufficiently conscious to recognize those about him, and to give coherent replies to questions. He also passed urine voluntarily and freely, two or three hours after the accident. Cloths steeped in iced-water were constantly renewed and applied to the injured part of the head. The blood continued to ooze from the posterior nares, and was swallowed, during the next forty-eight hours. On the day after the accident, the os frontis and eye had nearly regained their natural contour—that is to say, the eye-ball resumed its place within the socket, though the eye was closed by the infiltration of the lids. On the third day, the pulse was very irregular, both in strength and frequency, and intermitting, its character being altogether bad. There was a great deal of jactitation, and incessant complaints of distressing pain in the whole head. A stimulating enema was administered, which brought away a large quantity of solid and fluid feculent matter. The fluid extract of hops was exhibited, to allay pain and restlessness. Both micturition and alvine dejection were performed in the upright position at this time, the patient rising voluntarily for the purpose. He also moved without assistance from one bed to another—the bedsteads being placed side by side. There was no secretion from the skin, and the tongue was thickly coated, brownish-white, and red and dry at its tip. He drank incessantly and inordinately of iced-water, and passed urine in corresponding quantity, and almost colorless. He had something like stertorous respiration two or three times, though the condition of the nares would probably account for it.

“On the fifth or sixth day, he began to complain of pain in the left ear, which was followed by a discharge of straw-colored fluid, very offensive to the smell, and composed, apparently, of pus and serum mixed. This discharge was very abundant for a few days, soiling the pillow-case, and lying in the outer ear when the head was turned towards the right. There was also deafness during this period, which diminished as the discharge grew less, and the hearing was wholly restored. Jactitation and pain in the head were incessant and distressing—the patient seldom getting more than a few minutes sleep at a time. Cathartic pills were given, followed by castor oil, and which produced two, consistent, alvine dejections. No sensible perspiration—no diminution in the quantity of iced-water imbibed. Diet, at this time, ice-cream, arrow-root, baked apples and oranges—all which he took with relish. On the 23d of February, the tincture of hyoscyamus and sweet spirits of nitre were substituted, as an anodyne, for the fluid extract of hops—apparently with much advantage. On the 25th, a stimulating enema was again administered, which produced a natural, feculent discharge. The same night, after incautiously blowing his nose, the patient lost (as stated) about half a pint of blood from it, and, in consequence, was not so well the next day; the cerebral pain and jactitation being very much increased, and the dry surface more extended on the tongue. Diet, at this time, arrow-root, ice-cream, chicken-broth and eggs, with about a wineglassful of wine during the forenoon.

“On the day following—the 28th of February—there was a very manifest improvement in all the symptoms. On the 29th, the bowels were opened freely and naturally, and the brown coat on the tongue began to give way. Skin still dry, thirst constant and insatiable, and kidneys acting inordinately. Pulse good; skin more uniformly and constantly cool.

“From this time, the improvement was steady and rapid, and now, late in March, the patient is sitting up—cheerful, free from pain, and in his right mind, with all the functions in their natural, healthful condition. The contour of the forehead, brow and eye is entirely restored, and nothing, indeed, remains to point out the seat of injury except the darker hue of the integuments. The sight and hearing on the left side, as far as can be ascertained, are as perfect as on the right. The thirst only continues, and he imbibes and passes large quantities of water.

“It should have been mentioned that during the first two weeks following the accident, the nervous system was in such a state that the patient would suffer no one to cross the floor, or touch the bedstead, without making loud complaints and entreaties. There was also great intolerance of light, and the alternations in the state of the pulse, for the two weeks immediately following the accident, were frequent and irregular; and sometimes the skin was so cool and the pulse so slow and feeble, that the patient seemed sinking irretrievably; at other times, the pulse would be full and frequent, and the skin hot. This series of phenomena was daily observed, during the period referred to.

“The pulse ranged, between the extremes of the two states above specified, from 60 to 100 in the minute; never being the same, however, as to frequency, for five minutes at a time, and varying most remarkably and constantly under the fingers of the examiner.

“As a rule, the jactitation and loud complaints of pain in the head were greatest during the hot stage; though often quite as urgent during the opposite condition.”

Dr. Morland added that he was at the Navy Yard, in company with Dr. Miller, at the time the accident took place, and saw the young man shortly after, and several times subsequently, in consultation with Dr. Miller. After the profuse hæmorrhage and the convulsion, mentioned by Dr. Miller, the patient continued in an alarmingly collapsed and sunken state, and his death was momentarily expected. After rallying somewhat from this condition, he still exhibited the marked effects of severe concussion, alternating with the struggles spoken of by Dr. Miller. His condition was for a long time such as to induce his attending physician, and others who visited him, to apprehend a fatal termination as at any moment very likely. Dr. Morris, of Charleston, saw him after the first shock of the accident was past—two or three hours after the injury—and was then inclined to think rather favorably of him.

When the extent and severity of the injury, and the amount of blood lost, are considered, together with the intermittent pulse, intolerance of light and of movement, it will be allowed that an unfavorable prognosis was eminently justifiable. Notwithstanding, hope was held out to the friends, throughout, after the second day, although it was tempered by doubt.

At the time the discharge from the ear came on—and indeed previ-

ously, on the occurrence of the profuse bleeding—the question whether the base of the skull was fractured, naturally arose. The prevailing opinion seemed to be that it was. The accident was precisely that which gives rise very frequently to that fracture; and although there was no hæmorrhage from the ear, it is well known that this very common symptom is not a *constant* one, in these cases. The copious bleeding from the posterior nares is evidence of the laceration of all the tissues in that region, and the bulging and ecchymosis of the eyeball and lids showed a probable effusion of blood within the orbit. There was also a discharge of a clear fluid, at first, from the ear, and this, it is reasonable to suppose, was the cerebro-spinal fluid. Pus was afterwards poured out.

In view of all the circumstances, recovery was hardly to be looked for, although fracture of the base of the skull has been proved not to be so uniformly and unavoidably fatal as was formerly believed to be the case. On this point we have the testimony of the most reliable surgeons.

The patient owes much to the unremitting attention and judicious management of his attending physician, and to the constant watchfulness of his friends, as well as to his youth, good constitution, and the astonishing recuperative powers of Nature.

April 2d, 1860.—A note received from Dr. Miller to-day, states that the patient is "walking out."

MARCH 26th.—*Cancer of the Stomach, terminating in Perforation.* Dr. ELLIS showed the specimen, which was taken from a man 68 years of age, who for eighteen months had been subject, a short time after eating, to pain in the epigastrium. Never any hæmorrhage or vomiting. The difficulty was attributed to ordinary dyspepsia. The night before his death, he was attacked, after taking some quack medicines, with severe pain just below the epigastrium. This continued until his death, which took place suddenly on the following morning.

On examination, about two pints of serous pus were found in the peritoneal cavity. Slight redness of the external surface of the upper part of the intestines. In the small curvature of the stomach was a deep excavation, occupying the greater part of a soft, whitish growth, between two and three inches in diameter, which extended nearly to the pylorus. The margin of this was elevated and undermined. The soft, whitish material contained a large number of granular corpuscles, all small, and many elongated. In the centre of the diseased portion was a circular opening, about four lines in diameter, through which a communication had been established with the peritoneal cavity. The margin was quite thin, and such as would result from the rupture of a delicate membrane.

The liver was adherent to the stomach in the immediate neighborhood of the opening, but was not, itself, diseased. Other organs sufficiently healthy.

MARCH 26th.—*Bronchi greatly dilated to a limited extent. Death from Gangrene of the Lung.* Case reported by Dr. JACKSON.

The patient, an Irish shoemaker, 29 years of age, entered the Hospital on the 12th inst., and died on the 16th. General appearance rather delicate. For twenty-one years he had had more or less cough all the time, with copious, opaque, offensive expectoration; and about twelve years ago hæmoptysis to the amount of a pint. Had also been dyspeptic. He worked, however, until three weeks before ad-

mission, when the fatal disease commenced. From that time, the symptoms were increased cough, dyspnœa, expectoration more offensive than before, soreness over the chest, and, for a time, sharp pain, chills and heat, loss of appetite and flesh. Had kept his bed for about a week.

From the time of admission until death the breath was exceedingly offensive: also the expectoration, which was very profuse, almost ran from his mouth at the slightest cough, and consisted of a dirty, thin pus. Dyspnœa became very urgent before death; but pain was not complained of. For the first day or two he was up more or less, but afterwards kept his bed. Cough not very urgent. Pulse not much accelerated, and no increased heat, though chills continued.

On the right side of the chest a little râle was found, but otherwise nothing remarkable. The left side was flat in front, and dull over the lower half of the back, with considerable resonance above this. Some râle over front. Posteriorly, some vesicular respiration at apex, but generally a very coarse râle or gurgling, with bronchial respiration.

On post-mortem examination, universal, old pleural adhesions were found upon both sides. The right lung, which was large, was affected with pneumonia, and altogether to a considerable extent, but generally more or less lobular in its form; it appeared to be a low degree of hepatization. The dilatation of the bronchi was confined to the upper back part of the lower left lobe, and the lower back part of the upper lobe; it was very strongly marked, and occasionally the tubes bulged out into cavities of the size of the end of the finger; the appearance of the inner surface, and the general direction of the tubes, leaving little or no doubt as to the nature of the case. The gangrene was confined to the anterior portion of the upper left lobe, and appeared as a sphacelated superficial cavity, about four inches in extent; the substance of the lung beneath it presenting an appearance of acute disease, but somewhat intermediate between pneumonia and tubercle. One equivocal tubercle was also found in the right lung. The kidneys were affected with Bright's disease; in connection with which, it may be stated that there was swelling of the feet during the winter of 1858-9.

Dr. J. remarked that he had occasionally met with a slight dilatation of the bronchi, but never before with a strongly-marked case; however common such may be in Paris. The patient had had hæmoptysis, and stated that his expectoration had sometimes been as offensive in former years as during the last few weeks; the question would occur, then, of gangrene at some former period, but the anatomical appearances were against it; the pleural adhesions, also, are to be considered in reference to former disease. The râle over the seat of the gangrene was but slight, although the cavity communicated freely with the air passages; but Dr. J. had often noticed in gangrene the absence of such physical signs as would naturally be expected from the condition of the parts.

MARCH 26th.—*Phymosis, with adhesion between the prepuce and the glans, the normal condition of the new-born Fœtus.*—In consequence of some remarks made at a previous meeting of the Society, Dr. JACKSON showed the penis of a fœtus that was born at the full period. The prepuce could not be forced back so as to expose the glans; and, when it was cut through to the glans, considerable traction was required to separate the two, the adhesion being universal. Dr. J. said that he

had examined a great many cases in reference to this anatomical point, and one description would answer for the whole of them; excepting that often the orifice of the urethra could be exposed, with perhaps a little of the glans just about it. He was aware that phymosis was generally spoken of as a more or less common occurrence in new-born children, and that a retractile condition of the prepuce had perhaps often enough been observed; but he had no doubt that this last was very often inferred, when it did not exist, if anything was thought about it, which is probably very seldom the case. He was not aware, however, that any anatomist had spoken of the phymosis, and of the adhesion to the glans, as the normal condition of the parts, and of the contrary as the exception; and he thought it a point of some practical importance to determine the fact. It is not alluded to by Meckel, nor in Dr. Leidy's edition of Sharpey and Quain's Anatomy, nor in Wilson's Anatomy. Cruveilhier refers to phymosis as "sometimes" occurring, and it may be inferred that he refers to the new-born child, although he does not say so; in a foot-note, however, it is spoken of as a "malformation" by Dr. Pattison, the editor of Cruveilhier's Anatomy. To the adhesion between the prepuce and glans, Cruveilhier makes no allusion. Dr. J.'s attention was first called to this subject some years ago, when he was present at an operation by a distinguished surgeon, which was both tedious and painful, and most unsatisfactory in its results; the prepuce having been cut through, an attempt was made, with the knife, to separate it from the glans, but with only partial success. The patient was a young child, and the operation was done in consequence of an operation for phymosis having just been done for an older child in the same family; this last being required in consequence of the retention of urine within the prepuce. At what age the phymosis and the adhesion give way, Dr. J. has not observed; if, for any reason, however, which he could hardly conceive of, an operation should be required where both of the above conditions exist, the adhesion to the glans might be separated without difficulty and by means of a blunt instrument, after the usual operation for the phymosis.

MARCH 26th.—*Disease amongst the Cattle.*—Dr. JACKSON showed a portion of lung that he had received from Dr. Chas. M. Wood, veterinary surgeon. It was taken from a calf that had been sick since the 18th inst., and was killed on the 22d, as it would evidently have died; the animal being affected with the disease that has prevailed as an epidemic of late, among the cattle in this State. To a considerable extent, this portion of lung was hepatized, or rather carnified; the cut surface being smooth, as in the hepatization of children. The peculiarity of the case, and it is one, Dr. J. said, that he had never met with in the human subject, consisted in a very strongly-marked inflammation of the interlobular cellular tissue. This last was infiltrated with an opaque, whitish lymph, with some mixture of pus where the disease was most marked; the contrast between the red hepatized surface and the white lines by which it was traversed, being strongly marked, and almost suggesting the term "marbled," which, according to Dr. Wood, has been applied to the disease in some parts of Europe. The most interesting pathological fact, Dr. J. remarked, was the extension of the interlobular inflammation beyond the hepatization; tending to show that the first was the primary, and the second a superadded inflammation. The pleura had been abundantly covered

with lymph, but this had been removed and left the surface polished, and perfectly healthy in appearance, as Dr. J. had generally found it in the early stage of pleurisy.

Dr. SHAW stated, in reply to a question asked him by Dr. Jackson, as to the microscopical structure of the disease, first, that the lobules presented the ordinary appearances of pneumonia in the early stages, viz., granular degeneration of the epithelial cells, with general disintegration of the tissue; and, second, that there was a very extensive deposit of lymph in the intervening cellular tissue, likewise, in some parts, in a state of disintegration. There was neither pus nor tubercle. The calf had been killed expressly for an examination of the lungs, before the disease had become much advanced. The mother was sick of the same disease when the calf was born.

Dr. ELLIS remarked that the specimen showed by Dr. Jackson, differed entirely from one brought to him by Dr. Dadd. In the last, large yellowish-white masses, with irregular surfaces, lay in cavities or cysts, by the walls of which they were entirely isolated from the surrounding lung. These masses were quite firm, and, on incision, appeared to contain bronchi and blood-vessels. A microscopical examination showed that they were actually portions of the lung itself, the minute structure of the pulmonary tissue being everywhere seen, but infiltrated with granular corpuscles, as in pneumonia in human beings.

MARCH 26th.—*Cancer of the Bladder; Prolapsus of the Rectum.* Dr. ELLIS showed the urinary organs and rectum of a patient who died a short time after his entrance into the Hospital, under the care of Dr. WARREN, and who had long suffered from disease of the kidneys and bladder. He also had an extensive prolapse of the rectum, which before death was as large as an orange, and somewhat sloughy. In both pulmonary pleuræ, and extending to a slight depth into the substance of the lungs, were thin, irregular, white, firm growths, the largest about a quarter of an inch in diameter. Lungs œdematous, but in other respects normal. Some firm, white, cancerous tissue in the bronchial glands. Several small, white nodules were found in the cellular tissue of the upper part of the anterior mediastinum, and a number of nodules of the same character in various parts of the peritoneum. The lower edge of the large omentum adhered to the diseased bladder. The liver contained several nodules similar to those above described.

The pelvis was filled with a moderately-firm, white, cancerous mass, which was continuous with the diseased coats of the bladder, and projected into the latter in the form of a rough mass, which nearly filled its cavity. The parietes were much thickened, and the inner surface was studded with small cancerous elevations. The ureters were enormously dilated, particularly the right, which projected below the kidney, as a large, smooth, globular tumor. This being punctured, there escaped ten ounces of a clear fluid, and, afterwards, some of a purulent character. The pelves and infundibula of the kidneys were also much dilated, particularly those of the right. The mucous membrane of the lowest part of the rectum was in a gangrenous condition, and projected beyond the anus. The membrane, for some distance above, was of a dark red or bluish color, and quite lax.

The disease in the bladder contained such large nuclei and cells as are commonly found in malignant growths, but very few, if any, of a similar character were seen in the pleuræ and other parts. Here the

elements were much elongated, and crowded together as in epithelial disease, and were without nuclei or other special features.

The growths in the pleuræ contained clavate processes or villosities, somewhat resembling those of the placenta, but more or less filled with indistinct nuclei.

APRIL 9th.—*Formation and Rupture of an enormous Thrombus during Labor; Death of the Patient, undelivered.* Dr. STORER read a letter which he had received from Dr. L. E. RICHARDSON, of Stoddard, N. H., giving an account of an interesting case of thrombus, occurring during labor. The following are the particulars of the case. The patient, Mrs. S., was 27 years of age, and a primipara; above medium size, of sanguine temperament, full habit, and in excellent health. She was taken in labor March 27th, about 3 o'clock, A.M. The labor went on normally until 5, P.M., when the membranes protruded externally, and broke, letting off the usual quantity of liquor amnii. At this time Dr. R. detected a swelling of the right labium, which increased so rapidly that in two minutes a tumor of the size of the head of a full-grown fœtus was formed, extending from the pubes to the sacrum, and involving the tissues of the inside of the thigh. It was very firm, and the skin covering it was so stretched as to become smooth as glass. It was of the color of blood.

In five minutes after the discovery of the tumor the pains grew more feeble, and the vagina became contracted, and so rigid as to render it difficult to pass the finger to the head of the child, and this difficulty was increased by the size, position and firmness of the tumor. The patient became pale, and her breathing short. She complained of great pressure in the parts, and was very thirsty. The labor-pains continued to grow weaker. The blood oozed through the skin over the tumor, and in some parts escaped in small streams. At about 9, A.M., the tumor burst, producing a frightful laceration from the pubis to the anus, along the inner surface of the labium. The blood was so coagulated that not a large amount escaped. The woman continued to sink, and died, undelivered, at half-past eleven.

Dr. Richardson was unable to detect any malformation of the pelvis, but thought the head of the child large.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 17, 1860.

THE SALE OF A MEDICAL PRACTICE.—Nothing can give us a better idea of the readiness of persons to invest in uncertain securities, than a knowledge of some transactions, by which physicians attempt to transfer a medical practice. Exposed to all possible contingencies, ever varying, and beyond the control of any one, a practice is advertised and disposed of with the most extraordinary guarantees which render a dispute in many instances almost inevitable. When such cases are brought before our courts, the decisions are most important to medical men, as there are then settled certain questions which may again arise. We therefore think it well to publish the opinion of



Judge Bigelow, upon a case which was decided by the Supreme Court at Northampton, last September, with a preliminary statement of the terms of agreement, the declarations of the plaintiff, &c.

“NOAH GILMAN *vs.* WILLIAM DWIGHT. *Action of contract* upon this agreement: ‘South Deerfield, March 30th, 1853. This is to certify that I, William Dwight, M.D., of S. Deerfield, in consideration of two hundred dollars paid to me by Noah Gilman, M.D., of Boston, hereby transfer to the said Gilman my professional business in this place and the good will of my patrons; obligating myself to relinquish entirely from this date the practice of medicine in this region, and do all in my power to introduce said Gilman into business, and to induce my employers to sustain him. I do assure the said Gilman also that for the space of several years past I have, with few exceptions, done the medical business of this town. I also guaranty to the said Gilman that no other physician, for the space of four years, will establish himself in this place as a competitor, unless the increased population of the place should warrant it, or unless said Gilman should commit some act which shall forfeit to him the confidence of the community; and in case such competitor shall, within the above specified time, locate himself in South Deerfield contrary to the above provisions, I agree to refund to said Gilman the money paid by him to me as bonus, and interest on the same.

WILLIAM DWIGHT.’

“The declaration alleged that the plaintiff, relying on this agreement, ‘established himself in business as a physician in South Deerfield, and continued there as such physician for the space of five years, during which time he committed no act to forfeit the confidence of the community, and did not forfeit such confidence by any act by him committed, and the increase of population in South Deerfield did not warrant that another physician should establish himself in such place as a competitor of the plaintiff within the four years mentioned in said agreement.’

“The declaration then alleged that certain other physicians did, within said period of four years, establish themselves in S. Deerfield, and practise there as physicians and competitors of the plaintiff, to the damage of the plaintiff to the amount mentioned in said agreement, and thereby the plaintiff was injured in his business and prevented in, and deprived of, the care and treatment of patients which would otherwise have been intrusted to him. ‘And the plaintiff claims a sum of two hundred dollars and interest, to be repaid according to said agreement as such damages; and the defendant owes the same to the plaintiff.’

“Answer, that the stipulation, for breach of which this action was brought, was illegal and void; and that if another physician established himself in South Deerfield within the four years mentioned in the agreement, ‘it was because the plaintiff, by his acts, conduct and method of practice as a physician, and by his acts, conduct and offensive deportment as a citizen of the community on which said plaintiff was dependent for patronage and business, forfeited the confidence of the community, and the people composing said community thereby became alienated from said plaintiff and employed other physicians.’

“At the trial in the Court of Common Pleas in Hampshire at June term, 1859, upon the reading of the declaration, Briggs, J., at the request of the defendant, ruled that the agreement was void, and that no action could be maintained for a breach of it. The plaintiff alleged exceptions.

“S. T. Spaulding, for the plaintiff.

“G. T. Davis & C. Delano, for the defendant.”

The plaintiff’s exceptions were, as will be seen, sustained by the Supreme Court.

“BIGELOW, J. The agreement on which the plaintiff relies is not open to the objection that it is invalid as being in restraint of trade. Tried by the tests which are usually applied to ascertain the validity of such agreements, it will be found to contain the essential requisites of a binding contract.

“In the first place, it is only in partial restraint of trade. The defendant did not agree to relinquish entirely the practice of his profession, but only to discontinue it in the place where he had previously resided. Nor did he agree that no other physician should practise in the village or its vicinity for four years, but only that if a competitor with the plaintiff should establish himself there, he would repay to the plaintiff the sum which he had paid as the price or bonus for

the good will and patronage which the defendant sold and undertook to guaranty to the plaintiff. This was nothing more than an agreement to repay to the plaintiff the sum paid by him to the defendant as upon a failure of consideration, in the event that the benefit of the contract should be lost to the plaintiff by competition in the practice of his profession.

‘In the second place, the contract was upon an adequate, and not merely a colorable consideration. And lastly, it was reasonable, that is, the restraint stipulated for was only such as to afford a fair protection to the party in whose favor it was made, and was not so large as to interfere with the interests of the public.

“There is nothing in the nature of the business or profession to which the contract relates, which takes it out of the ordinary rules applicable to contracts in partial restraint of trade. The cases are numerous in the books, in which similar contracts entered into by attorneys, solicitors, apothecaries, dentists and surgeons have been upheld and enforced.

“Nor can we say that the terms of the agreement are so indefinite, uncertain and insensible on their face that a court of law will not attempt to enforce them. We think a jury, aided by a reasonable construction of the contract, will be able to pass on all the questions which may arise in determining whether the defendant is liable for a breach of his stipulations. It would be quite easy and entirely competent to show what was usually known and called as the village of South Deerfield. The ‘community,’ by forfeiting whose confidence the plaintiff was to lose his right to recover against the plaintiff, interpreted according to the subject matter, would probably be held to be the population residing in the village and its vicinity, among which the defendant practised his profession at the time of his contract with the plaintiff. Conduct on the part of the plaintiff, which should lead to a forfeiture of the confidence of the community in him, might reasonably be construed to be incompetency, immorality, or acts of such a nature as to induce reasonable persons to forbear employing him in the practice of his profession. These questions, however, can be best determined when they shall arise on the testimony at the trial. Without deciding them definitely, we have only indicated the mode in which they would probably be solved, in order to show that the contract is not so uncertain and insensible that it cannot be enforced in a court of law.”—(*Exceptions sustained.*)

We are informed that the case was settled by the parties interested, without a trial.

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BOSTON DISPENSARY.—Quarter ending April 1, 1860. Whole number of patients during the quarter, 4,148. Central office, 1,881. *Medical Service.*—Males, 309; females, 518; children under 15 years, 378—1205. *Surgical Service.*—Males, 205; females, 215; children under 15, 256—676. *Patients at their Dwellings.*—Males, 343; females, 796; children under 15 years, 1,128—2,267. Remaining at last report, 125. Patients returning to Central Office one or more times, 2,682. Average daily attendance at Central Office, 60. *Results in the Districts.*—Discharged cured or relieved, 2,157; removed to Hospital, 45; Died, 82; remaining under treatment, 108. Number of recipes dispensed during the quarter, 10,605; average daily number, 133; average cost of each recipe, 4 1-3 cts.

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CONNECTICUT RIVER VALLEY MEDICAL ASSOCIATION.—The following officers, committees and delegates were elected at the second annual meeting, held at Bellows Falls, Vt., May 2, 1860.

*President*, Prof. E. E. Phelps, Windsor, Vt.

*Vice President*, Dr. Samuel Webber, Charleston, N. H.

*Recording Secretary*, Dr. L. E. Simons, Saxton's River, Vt.

*Corresponding Secretary*, Dr. G. F. Gale, Brattleboro', Vt.

*Treasurer*, Dr. Samuel Nichols, Bellows Falls, Vt.

*Committee on Surgery.*—Prof. Dixi Crosby, Hanover, N. H.; Dr. D. Campbell, Saxton's River, Vt.

*Committee on Obstetrics.*—Dr. L. Sawyer, Springfield, Vt.; Dr. S. G. Jarvis, Claremont, N. H.; Dr. Samuel Webber, Charleston, N. H.

*Delegates to the American Medical Association.*—Prof. E. E. Phelps, Windsor, Vt.; Dr. L. G. Whiting, Chester, Vt.; Dr. F. J. Higginson, Brattleboro', Vt.; Dr. Campbell, Saxton's River, Vt. L. E. SIMONS, *Rec. Sec'y.*

MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA.—The class in attendance on the lectures for the session of 1859-60, amounted to two hundred and forty-nine students; and the degree of Doctor of Medicine was conferred, at the Annual Commencement, on one hundred and fifteen (115) candidates.

HUNTER MEMORIAL.—We learn that the subscription to this memorial is progressing well in Suffolk County. We have been requested to remind the District Societies of the State that the Committee of the Councillors hope to have similar returns from every Society. The funds and papers should be returned to the Committee at the Councillor's meeting, which will be held at 7½ o'clock, P.M., May 29th, at Temple Place, Boston. The Committee consists of Drs. Bowditch, Shattuck, H. J. Bigelow, Morrill Wyman, and Hitchcock.

ANNUAL DINNER OF THE MASSACHUSETTS MEDICAL SOCIETY.—We have received a communication from a member of the Massachusetts Medical Society, signed "Omega," relating to some of the more important features of the annual festival, which we have taken the liberty to refer to the Committee of Arrangements, not doubting that they will give it the consideration it deserves.

HASCHISCH.—The uncertainty with which the action of the Cannabis Indica is often associated, leads us to notice a fine specimen of the extract which we have received from S. H. Woods, Druggist, 51 Tremont Street. From its general appearance, odor, and other physical properties, we have little doubt that the drug of which this is a sample can be relied upon as possessing all the therapeutic virtues usually ascribed to this important remedy.

SUCCESSFUL EMPLOYMENT OF ACUPRESSURE FOR THE ARREST OF HEMORRHAGE IN THE REMOVAL OF A BREAST. Reported by EDWARD B. DALTON, M.D., Resident Physician at St. Luke's Hospital, N. Y.—On the 6th of March last, at St. Luke's Hospital, Dr. George A. Peters applied acupressure for the control of hæmorrhage after the removal of a cancerous breast. The needles were passed from the outside through the tissues, into the wound by the side of the severed artery, across the latter, piercing again the adjacent tissue and emerging through the integument, thus compressing the vessel between the needle and the superincumbent muscle. Such was the method adopted in each instance where torsion was not sufficient. Three needles were thus introduced with complete success. No ligatures were used.

The wound was brought together in the usual manner, and union by first intention followed throughout its entire length, with the exception of a small opening in the axilla for the egress of pus consequent upon the thorough removal of the glands.

Three days subsequent to the operation the needles were withdrawn. No trouble ensued, and the patient had a rapid and complete recovery.—*New York Journal of Medicine.*

IODIDE OF AMMONIUM IN THE TREATMENT OF CONSTITUTIONAL SYPHILIS. By Dr. GAMBERINI.—This remedy has been employed in England, particularly by Dr. Richardson, in the Royal Infirmary of London, in the form of ointment, and, internally, in a dose of one to five grains in scrofula, rheumatism, syphilis—in short, in all the cases where iodide of potassium is generally used. Dr. Gamberini has applied it on a greater scale to the treatment of syphilitic diseases. In the fourteen cases which he subjected to the experiment, his expectation was answered by success.

According to the author, the iodide of ammonium, called also hydriodate of ammonia, is indicated in all cases where iodide of potassium or sodium are employed. The dose of the medicine is from two to sixteen grains daily.

Intolerance of it is experienced only in exceptional cases, and manifests itself

by a burning sensation in the throat, and a sense of heat in the stomach, which cease rapidly when the use of the medicine is suspended for a day or two.

The external use of this iodide, three grains to an ounce of olive oil, aids in the removal of the nocturnal syphilitic pains of the muscles and joints. M. Gamberini finds the iodide of ammonium preferable to that of potassium or sodium:—1. Because, while it produces the same therapeutic effect as the other alkaline iodides, it has the advantage of acting more promptly than they. 2. Because it requires large doses of iodide of potassium or sodium to obtain the results which are procured by a very small dose of iodide of ammonium.—*Union Medicale*, and *Journal de Pharmacie et de Chimie*, November, 1859.

**POISONING BY ARSENIC.**—Dr. BLONDLOT has communicated, in a paper to the Paris Academy of Sciences, a fact which may be highly valuable in cases of poisoning by arsenic. After numerous experiments, he has come to the conclusion that the slightest quantity of greasy matter in contact with arsenious acid will reduce its solubility to about one-twentieth of what it was before. This explains at once why, in certain judicial investigations, arsenic has been sought for in vain in the liquid portion of the food contained in the stomach, when the food partly consisted of fatty substances, such as broth, milk, &c. It likewise explains how arsenious acid, taken in powder, may sometimes have sojourned a long time in the stomach before it produced any deleterious effect, since in such cases its action was hindered by the presence of fatty substances. Jugglers have been seen swallowing arsenic with impunity, because, according to Dr. Blondlot, they had previously taken the precaution to drink milk and eat fat bacon. Hence it follows that in cases of poisoning by arsenic, fatty substances may be administered as real antidotes, capable of suspending the action of the poison for a considerable time, until more radical means of effecting a cure can be applied.—*Med. Times and Gazette*, February 11, 1860.

THE Thirteenth Annual Meeting of the American Medical Association will be held in New Haven, commencing on the first Tuesday of June next.—The Fourth Annual Meeting of the Quarantine and Sanitary Convention will be held in Boston on the 14th of June next.

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 12th, 1860.

#### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	37	47	84
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	36.8	34.9	71.7
Average corrected to increased population, . . . . .	..	..	81.8
Deaths of persons above 90, . . . . .	..	..	..

#### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
13	6	5	4	2	3

#### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	30.188	Highest point of Thermometer, . . . . .	80
Highest point of Barometer, . . . . .	30.422	Lowest point of Thermometer, . . . . .	40
Lowest point of Barometer, . . . . .	29.906	General direction of Wind, . . . . .	E.
Mean Temperature, . . . . .	56.63	Whole am't of Rain in the week . . . . .	0.000 in.

**BOOKS AND PAMPHLETS RECEIVED.**—Announcement of Brigham Hall Hospital for the Insane, Canandaigua, N. Y.—Pathology of Paralysis of Motion. By C. T. Taylor, M.D., New York. (From the Author.)—Constitution and By-Laws of the Connecticut River Valley Medical Association.

*Deaths in Boston* for the week ending Saturday noon, May 12th, 84. Males. 37—Females. 47.—Accident, 2—apoplexy, 3—inflammation of the bowels, 1—bronchitis, 4—disease of the brain, 1—cancer (in the breast), 1—consumption, 13—croup, 6—dropsy, 1—dropsy in the head, 3—drowned, 1—debility, 1—infantile disease, 1—puerperal disease, 4—scarlet fever, 5—typhoid fever, 1—disease of the heart, 1—insanity, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 4—congestion of the lungs, 1—marasmus, 4—measles, 2—mortification, 1—old age, 2—palsy, 2—pleurisy, 3—premature birth, 1—smallpox, 3—suicide, 1—syphilis, 1—unknown, 5—whooping cough, 2.  
Under 5 years, 33—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 13—above 60 years, 13. Born in the United States, 47—Ireland, 25—other places, 12.

## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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### WESTFORD VACCINATION CASES.\*

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT the 1st of February, 1860, some of the leading citizens in Westford observed a notice in the *Boston Daily Journal* of vaccine matter for sale by the City Physician of Boston, Dr. H. G. Clark, which was represented to be derived from the cow, and therefore possessing more fully the genuine *vaccine virus*. They sent for and obtained twenty quills and three scabs, at an expense of six dollars. On Friday, Feb. 10th, this matter was placed in the hands of Dr. James T. Buttrick, who had just removed to the place, and on Saturday and Sunday, Feb. 11th and 12th, these quills were used in vaccinating various persons. About one quarter of these cases were first vaccinations, and only one of the quills took at all, and that imperfectly—being a case of re-vaccination.

Two of the scabs were placed by Dr. Buttrick in one vial, and one in a separate vial, and snow water was added to the vial containing the two scabs on or before Monday, the 13th. On the afternoon of Monday, the 13th, Dr. Buttrick went to Pelham, N. H., to visit his brother, and while there vaccinated his mother, his brother, his brother's wife, and their three sons, all young—Charles, Abner and James—the last three being first vaccinations. The vaccine matter was obtained from this single scab kept dry in a vial.

Dr. Buttrick states, "I used the scab—took it to the mouth of the vial and broke it with a lancet so as to get it out, and then scraped off some and applied it with the point of a lancet and a quill; did not moisten it at the time."

Augustus Buttrick swears that the "Doctor took a scab and opened it, and took the matter from it, and did not moisten it."

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\* This paper was read at the Annual Meeting of the Middlesex North District Medical Society, held in Lowell, April 23th, 1860, and the statements, whether in quotation marks or not, are taken from the report of a Coroner's Inquest held at Westford in the month of March. It was prepared by a Committee appointed by the Medical Society to make some report on the subject.

Mrs. Buttrick says, "I saw the Doctor having nothing except the scab, which he did not moisten."

Now what were the results of these vaccinations?

Mrs. Polly Buttrick, the mother, aged 63, states that in her case it amounted to nothing—no pain or bad effects whatever followed.

Augustus Buttrick states, "My arm pained me a day or two after. It itched and was heated, not swelled. It remained in the same state a week or more; have suffered nothing since."

Mrs. Emily A. Buttrick swears that "An hour after vaccination my arm pained me, and has done so to the present time (three weeks); not much swelling, but inflammation set in. Now there is no scab. My arm was healthy before."

Charles Buttrick, the oldest boy, says his father "was singularly affected; he complained a good deal of his arm a day or two after vaccination; arm not much inflamed or swelled. His arm is now in a good state; the scab fell off in a week or a fortnight; he is as healthy since as before."

Abner Buttrick says his father "had a rough, ragged scab, which is still on his arm; the sore extended and spread; he complained of his arm, though not much swelled or inflamed."

"The arm of James Buttrick, aged 5 months," says his father, "after vaccination exhibited red streaks, extending from the sore (soon after it was done) up to the neck; grew worse; at last the arm was scarlet to the shoulder; swelled badly to the fingers; previous to this time, he was in good health. James died on Friday morning, four days after vaccination; he had spasms Wednesday evening; came out of the first, but never out of the second; was in terrible distress."

Mrs. Buttrick, the mother, in her testimony confirms the same statements. Dr. Bachelder, of Pelham, was called on Thursday to the child. Thought the spasms occasioned by worms or indigestion; said the child could not recover; said the sickness could not be occasioned by vaccination, that the matter was not long enough in the arm to work, but did not examine the arm.

Dr. Buttrick, on his return from Pelham, took the scab from the vial used there, and put it into the vial in which the two other scabs had been dissolved with snow water. On the 14th of February, or the day after, he put the thread into the same vial, and a small portion of thread was introduced into all arms afterwards vaccinated.

Feb. 16th was the first day Dr. B. vaccinated from the dissolved matter—which might have been from three to five days after the water was first added. Among the number vaccinated that day, and the only ones of whom we have any account given, were four children of Cyrus Hamblin—two sons and two daughters. With one son it had no effect; but with the other, and the two daughters, it had a strange effect. Says the mother, "Sarah complained of her arm in ten or fifteen minutes afterwards. Next

day the arm was inflamed and lame—not much swollen. Friday night she was taken quite sick, and next morning the arm was very red and swollen, and looked like a large boil. At noon it broke, and discharged yellow matter. Sunday her lips itched and smarted. Monday they broke out very badly, and continued so more or less for a week or two. The arm continued sore, and a scab formed and came off several times.” The second daughter, Katy, had a sore arm similar to Sarah’s, but no sore lips. Henry, the oldest son, had a sore arm, not so bad, but with some erysipelas following it.

These are the only cases noticed at the Coroner’s Inquest as vaccinated on the 16th of February, but there were probably others.

Feb. 17th, Dr. Buttrick states that he vaccinated several persons, but neither he nor any other witnesses testify who they were—the presumption is, that it did not have much effect.

Feb. 18th, Dr. Buttrick vaccinated quite a number of persons at Forge Village. Among them were Mr. Bostwick, Mr. George Wright, Mrs. Harris, and Mrs. Prescott. The testimony of these persons was not taken before the inquest, but the history and state of their arms correspond very nearly with that of Mr. Wright, which is given below. It seems that Mr. Bostwick was so sick the next day, Sunday, as to take his bed and send for the Doctor. The other three persons were soon taken dangerously sick, and Mrs. Prescott died on the fourteenth day after vaccination.

Feb. 20th, Dr. Buttrick vaccinated Mr. Samuel Fletcher, his son-in-law Mr. Sherman D. Fletcher, with others in the family, and some other persons of whom no account is given. Mr. Samuel Fletcher, vaccinated at 4 o’clock, P.M., on Monday, became unwell the same night, and sent for a physician next day. Mr. Fletcher died on Saturday, the fifth day afterwards. Mr. S. D. Fletcher had more or less erysipelas afterwards—not on his arm, but elsewhere.

Feb. 21st, Mr. Ephraim Wright, in the centre of the town, and Mr. S. Lawrence, at Forge Village, were vaccinated; and only one or two other persons are mentioned as vaccinated that day. After the 21st, no persons were vaccinated.

As the history and changes of one severe case may represent the whole of this class, that of Mr. Wright, the only one fully reported, may here be briefly given.

Mr. Ephraim Wright was vaccinated on Tuesday, Feb. 21st, about 11, A.M. Says his daughter, “I saw him an hour after; he complained of feeling the effects of vaccination; within six hours he could feel it sensibly. Wednesday his arm looked red on the place vaccinated, as large as a ten-cent piece—arm swelled and much inflamed; he gave up work; had severe pains in the head, back and elsewhere; was restless that night. Thursday, arm swelled and was still more inflamed; he sat up but little. Friday, arm more swollen, and discharged a little; he sat up a short time

only. Saturday, arm more swollen, extending higher and lower—was much inflamed. He got up, but had to retire immediately. Sunday, arm swollen to the shoulders and looked very red, and somewhat dark. Monday, arm swelled as much; not so much pain and color; not so dark. Arm swelled more towards the hand and across the chest. Tuesday, appearance of the arm the same; color, red; swollen badly, and discharged more freely. This day he lost his reason. Wednesday, Thursday, Friday and Saturday, arm not much changed. Less pain and swelling, but darker color and more discharge. He died Sunday, March 4th, the twelfth day after vaccination.

The pathological state of Mr. Wright's arm, as described at the *post-mortem* examination, so far as given is as follows: Dr. Kimball states, that the "arm of Mr. Wright was difficult to describe. It was in a state of rottenness," &c. Says Dr. Graves, we "found the whole arm—the cellular tissue—filled with purulent matter. The disease had extended to the neck, breast and lungs, which were congested and unhealthy, produced by recent disease." Says Dr. Allen, we "found the arm infiltrated with purulent matter, extending even to the bones. The left lung—the side vaccinated—was affected by the disease, but not the right one."

There are several points connected with these vaccination cases, worthy of particular notice.

First, that among fifty or more persons vaccinated, there should have been only one solitary instance of *true* vaccination, and that a case of re-vaccination, not having a very wholesome run. Here were twenty quills from the City Physician's office, Boston, and in all probability charged with virus from one or more arms—not the same as those from which the scabs were obtained; and about one quarter of these quills were introduced into the arms of persons never before vaccinated. At the same time, though in a few instances they created some inflammation, in none were there serious and lasting effects.

Again. The vaccination from the scabs, either as used at Pelham or in a dissolved state, had no wholesome run whatever. As quite a number of individuals were vaccinated only from three to five days after the scabs were dissolved in snow water, it would seem, in the opinion of some of the witnesses, that there might have been at least virtue enough left to work favorably in some one instance.

Another striking point deserving notice, is, that the cases in which the dissolved virus worked badly, assumed a more violent and dangerous form, the longer the matter had been kept, before being introduced. This fact would show that the virus became more and more poisonous in its nature, the longer it was kept.

Another feature peculiar in these cases, is the *immediate* and *powerful* effect the vaccination produced upon several persons. Mr. Ephraim Wright complained of feeling the bad effects in an



hour. Mr. Samuel Fletcher, vaccinated at 4 o'clock, P.M., slept scarcely any that night on account of pains in his back and hips; he took his bed at 10 o'clock next day, and sent for a physician. Mr. Bostwick complained next morning of so much headache, pain in his back and general uneasiness, that he sent for a physician and took his bed. Mr. Price, at Forge Village, says his arm, where vaccinated, became swollen within two hours. These four cases were *men*, having good health at the time, and not likely to complain or give up without sufficient cause, not being nervous or affected by any fears. The effects of vaccination were not therefore *imaginary*, but real, and probably under- rather than overstated.

The vaccinations of Mr. S. Fletcher, and of Mr. E. Wright, were the only violent cases that occurred in the centre of Westford, and both died; but at Forge Village there were five persons dangerously affected, of whom only one (Mrs. Prescott) died. These were attended by Dr. Kimball, of Lowell, who made deep incisions into the arm, which were followed with profuse suppuration; but a long time may elapse before all of them will recover perfect health.

So great was the excitement arising from these sudden deaths, and other dangerous cases growing out of this vaccination, that, to satisfy the public, a Coroner's Inquest was summoned upon the case of Mr. E. Wright, which, after various sittings, brought in the following result:

"I. Ephraim Wright died of phlegmonous erysipelas on March 4th, 1860.

"II. This erysipelas was caused by vaccination.

"III. There are two causes for the peculiar result of this vaccination. 1st. The matter, which came from Dr. Clark, of Boston, and with which this vaccination was done, was originally bad, when put into the hands of Dr. Buttrick. 2d. This matter, by keeping in solution by Dr. J. F. Buttrick, of Westford, became still worse.

"IV. The trouble in this case is due to a combination of these two causes."

The question why vaccination should produce such serious and fatal results, was an important one. Such was the occasion of the above-mentioned Coroner's Inquest, though the result of their verdict is not altogether satisfactory. The leading medical testimony—in fact, nearly the entire evidence of all the regular members of the profession—went decidedly to prove that *the fault was in using vaccine virus changed, by its solution in water, to a putrid nature*—operating as an animal poison. This would have been sufficient cause to account for all the facts that came directly and personally to the knowledge of most of the medical witnesses. But it was assumed by the inquest, from the commencement, that the same effects had virtually arisen from the same matter used in a dry state. Leading

questions were put by the foreman of the Jury to almost every physician, with such facts assumed. The result of this inquest was not surprising, considering this state of things, and was based undoubtedly upon three points, viz. :—1st. That no perfect vaccination resulted from this matter obtained at Boston, either on the quill, in the dry state, or from the virus dissolved. 2d. That several witnesses, who evidently had influence with the jury, testified positively that erysipelas, scrofula and syphilis, as well as some other forms of disease, were communicated by vaccination. 3d. That in six cases at Pelham, where this same matter in a dry state was used, it worked badly, resulting in one instance as the probable cause of death. The evidence from this last source rested almost wholly upon the veracity of the attending physician and his relatives—all interested parties. But as it was given under oath, and some circumstantial evidence seemed to confirm its correctness, it could not easily be set aside.\*

Were it not for these cases at Pelham, the inquest could not possibly have come to any such result. Dr. Osgood, of Westford, testified that in the case of one of the Buttrick boys, of Pelham, the vaccination was spurious. Had the three scabs been dissolved on the 11th or 12th of February, and this same matter used at Pelham, the whole facts would have been consistent, and could be explained upon strictly scientific principles. How the matter in itself could have been of such a poisonous nature, it is difficult to explain. John W. Foy, a student in Dr. Clark's office, testified that he put up these scabs for Westford; that they were obtained from clean and healthy children; that the scabs were of a bright mahogany color, perfectly free from any extraneous substances, and as good and perfect as any he ever saw. More than 3,000 supplies of matter, in points and crusts, have been furnished by Dr. Clark to physicians and public institutions, and several thousand persons within a year had been vaccinated at the office in Boston; but from no one of these had the least complaint ever been heard as to the *bad quality* of the matter. And why the scabs sent to Westford should be different in their nature or in the results of their application, it was impossible to explain.

The verdict of the jury may satisfy the mind of the public much better than that of the medical profession. It is impossible for

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\* Since the above matter was in the printer's hands, the following Card appeared in the *Lowell Courier* of May 17th:—

"We, the undersigned, physicians and surgeons, of Nashua, N. H., do hereby certify that we were present at the exhumation and examination of the body of the child of Mr. Augustus Buttrick, in Pelham, N. H., April 15th, 1860. Said child was vaccinated by Dr. Buttrick, of Westford, Mass., from a dry vaccine scab, about three days before its death. We found the body in a good state of preservation. On examination, the right arm appeared natural and healthy, while the left presented every appearance of having been extensively diseased by an aggravated and unhealthy inflammation, affecting not only the arm and fore-arm, but extending to the back and shoulder of the same side. There was no appearance whatever of a true vaccine vesicle. In our opinion, the disease was sufficient to have caused the death of the child.

GEO. GRAY,  
E. A. COLBURN,  
WM. A. TRACEY."

any scientific and thoroughly-educated physician to be satisfied with the reported evidence, as it came before this Coroner's Inquest. Perhaps, by the publication of this paper, or through some other means, new evidence may spring up from some source, which will throw light upon the subject, and help to clear away the mystery and reconcile the conflicting statements and evidence in this matter.

These vaccination cases at Westford present many important suggestions to the medical practitioner—some of which, may here be noticed.

*First*, Can pure or genuine *vaccine virus* be ascertained by the looks of the scab alone? Books describe what are called *good* and *bad scabs*; but will the form, color, size, and other physical qualities, ensure us that the *virus* is good?

Some intimations in the evidence connected with these cases, show us that we should be careful about using the edges, or under part of the scab—that these parts may be composed of purulent matter, more or less. Thus, much spurious vaccination might occur. And is it not probable that the purest part of the vaccine virus lies in the centre of the scab—that here, in the soft state, a small circumscribed circle secretes the real vaccine lymph—composing, in the hardened state, only the central portions of the scab, leaving the other parts made up of more or less purulent matter? If this is the case, even of scabs obtained from perfectly healthy children, it will account for failures, and spurious vaccinations, where it was not certainly expected.

*Again*. How shall we vaccinate? Most of the testimony on this point favored the practice of using a *dry scab*, introduced by the point of a lancet. Some moisten the matter and scarify the arm, but do not keep the virus in a dissolved state. No evidence from any good authority was given to sustain the mode of using vaccine matter long dissolved. After a very thorough search in various medical Journals and books, we can find no precedent or instruction to encourage or sustain such a mode of vaccinating. The most common principles of chemistry would seem to teach that animal matter, dissolved in water and exposed to heat, would become decomposed, and its nature radically changed. It might in this way become one of the most virulent animal poisons known—reaching, in a few days, its most poisonous state, and afterwards diminishing, if not losing its poisonous nature. If vaccination had ever been performed to any extent with matter in a dissolved state, there would certainly have been some notice or account of it, in medical Journals or books. If vaccination performed in any way had ever resulted in such a number of deaths as at Westford, there would undoubtedly have been reports of such cases somewhere in medical works.

Another peculiarity in this vaccination is, in the use of a thread—saturating it with vaccine matter, and introducing the least par-

ticle into the arm. This method is resorted to, both for the sake of economy and convenience. The same amount of vaccine matter used in this way would go much further, and when the *virus* is expensive, as in the present case, the economy of the thing is quite a consideration with some persons. In none of the testimony before the inquest, was there any authority or precedent adduced in favor of using the thread, which could have much weight with a jury or with the public. And the question has arisen, whether this thread may not have operated as a foreign substance like a sliver, to create an inflammation different from the vaccine matter, and thus change the whole character of the disease?

Another very important inquiry connected with this subject is, *can disease be communicated by vaccination?* Several of the medical witnesses testify as follows, on this point:—Says Dr. Kimball, “If you get a good scab, regular, &c., I doubt if through that you can transmit any poison from one body to another. I don’t believe you have any thing from it but good virus.” Says Dr. S. Cabot, “I do not believe any other than vaccine can be transmitted by a good and perfect scab.” Says Dr. Homans, “I do not believe anything foreign follows from vaccine matter, if the vaccination be perfect. If the scabs were perfect, the perfect fruit of vaccination in shape, size and look, I cannot conceive that it would produce anything whatever but the vaccine disease, unless it had absorbed something poisonous after leaving the body. Predisposition might interfere and cause erysipelas.” “In my opinion,” says Dr. Jacob Bigelow, “it has not been sufficiently proved that other diseases have been conveyed from one individual to another, with vaccine matter as such.” Dr. John Ware says, “I have never seen any dangerous result from vaccination.”

Dr. Henry A. Martin, of Roxbury, in his testimony at Westford, says, “The only disease, I think, which can be transmitted by vaccination, is syphilis.” And against this, Dr. John Homans states that “if a patient was suffering from syphilis, I do not believe it would connect itself with the vaccination. If syphilis affected the vaccine, you would not get a proper or perfect scab.”

Against the above testimony, there were four medical persons not connected with the regular profession, though professing much experience in vaccination and authority in such matters, who stated that, in their opinion, erysipelas, syphilis, and scrofula in some of its forms, are communicated by vaccination, and refer to facts within their own knowledge.

In respect to communicating, by vaccination, any disease or humors, so called, it is very desirable that both the medical profession and the community have a good understanding. It is very important here to draw the line between *transmission* and *occasion* of disease. In a large majority of the cases where the public are disposed to attribute to vaccination as a cause, any appearance of erysipelas, or any other disease of an eruptive or scrofulous na-

ture, the vaccination is merely the *occasion*, and not the cause. Erysipelas may be prevalent as an epidemic, or some other infectious disease, at the time of vaccination; or there may be an unfavorable state of health in the person, or a predisposition to scrofulous complaints which have always lain dormant in the system, awaiting any exciting cause for development. Several witnesses refer to such a state of things. Dr. Cabot refers to two cases vaccinated with the same matter—one his own father, who nearly lost his life, and upon the other it had no effect. The fault, in the first case, arose from constitutional peculiarities. Dr. Cabot relates several cases in which erysipelas followed vaccination, but he could easily account for it.

Dr. Homans mentioned two cases of erysipelas following vaccination, which he could not well explain unless there was some predisposition to it. He says that "vaccination may *educer*, but not *create* erysipelas: also develop other constitutional diseases." Dr. Bigelow says, "I have known three cases in which erysipelas occurred in a vaccination patient, beginning about the eighth or ninth day: two of these proved fatal." But he does not attempt any explanation of them.

Dr. John Ware states that he never had a case of erysipelas following vaccination, but thinks it possible, though of very rare occurrence. Several of the medical witnesses pronounce the cases at Westford as *phlegmonous* erysipelas, and two others describe them the same as *dissection* wounds. The inquiry here suggested is, does not an *animal* poison produce a *specific* inflammation—having a run, and affecting the system, unlike any kind of erysipelas? Would not a different cause, entirely unlike any other, produce a distinct and specific disease?

In the seven worst cases at Westford, there was a remarkable resemblance as to all the leading symptoms and effects, both local and general.

There are two inferences that naturally follow the perusal of this report. *First*, The matter of vaccination should assume far more importance and attention on the part of the medical profession than it now receives; and, *secondly*, the public should be enlightened and set right in reference to the subject of disease being communicated by vaccination.

#### SURGICAL CASES.

BY A. F. SAWYER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

#### CASE I.—*Wound of the Profunda Femoris near the Linea Aspera; Ligature of both Extremities.*

A young Spaniard, aged about 23 years, in a quarrel with one of his countrymen, received a severe knife-wound on the outside of

the left thigh, extending from a little below the trochanter, downward, a distance of about seven inches.

I was called suddenly to see the patient, about a fortnight after the receipt of the wound, on account of a severe secondary hæmorrhage which had supervened. I found him nearly pulseless and speechless, with a large amount of blood oozing and dripping from the dressings of the thigh. Firm compression was made at once over the femoral artery, where it escapes from the pelvis, which immediately checked the bleeding.

On inquiry, I learned that the *primary* hæmorrhage had been of a most dangerous character—the patient bleeding to syncope. Still no efforts had been made to secure the divided vessels by ligature; the wound being stuffed with Monsel's salt, the edges approximated and retained by sutures, then adhesive strap, and a simple roller applied to the limb. Recurring hæmorrhages took place at intervals of three or four days, the patient each time bleeding nearly to syncope, which afforded a temporary check to the drain of blood, to be renewed again when reaction supervened, and the force of the circulation became once more established. At each hæmorrhage the wound was re-opened, then stuffed with Monsel's salt in its pure state, and the compression renewed—this being applied only locally to the wound.

On removal of the dressings, the edges of the wound were found widely gaping and sloughy, enclosing also a large amount of fresh and half decomposed coagula, which were carefully washed out. The deepest part of the wound was at the lower third of the thigh, having its direction behind the femur. The *linea aspera* was denuded for about two inches, and just to the inside of the *linea aspera* the pulsations of the femoral could be distinctly felt, where this artery is seeking its posterior position with reference to the thigh, before it becomes the popliteal artery. We now had but little doubt that the femoral had been pricked, or partially divided, by the point of the knife which had made the wound. As the hæmorrhage appeared to be equally controlled by pressure on the superficial femoral, at the inside of the sartorius muscle, it was concluded that none of the larger branches of the profunda femoris were divided, as at first suspected.

On account of the sloughy condition of the wound, it was deemed preferable to tie the superficial femoral at the usual place of election, rather than to search for the bleeding orifice in the wound itself.

This operation was scarcely concluded, when, to our surprise, the hæmorrhage set in as profusely as before the ligature of the artery, proving conclusively our error, and that the hæmorrhage really came from some one of the larger branches of the profunda femoris.

The ligature which had been placed on the femoral artery was at once removed, and, without loss of time, we proceeded to make

search for the true source of the hæmorrhage, by dilating the original wound, resolving, if we failed, which seemed quite probable, that we would, as a last resort, tie the external iliac.

Fortunately, however, we were able to find the bleeding vessel, resting upon the *linea aspera*, and which was evidently the terminal branch of the *profunda femoris*. Both extremities of the vessel required ligatures.

From this period the case progressed favorably. The circulation of the femoral was at once re-established after the removal of the ligature, and the wound healed by first intention. The edges of the original wound were kept gently supported by adhesive plaster, over which emollient applications were applied for a day or two, until a healthy granulating surface was indicated. Firm dressings were then continued, with adhesive plaster and roller, until the wound was completely cicatrized, which occurred in about five weeks after cessation of the hæmorrhage.

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CASE II.—*Intra-Capsular Fracture of the Os Femoris in a young Man.*

Mr. F., a painter, aged 24 years, six feet two inches in height, and muscular in proportion to his size, while engaged in work, accidentally fell from a stage which was suspended by ropes, about twenty-five feet from the ground, and struck upon the edge of the curb-stone of the side walk—the force of the fall, and the weight of the body, being received directly upon the left trochanter.

On examination, a short time after the accident, there was found considerable swelling, with discoloration and tenderness about the upper portion of the thigh. The patient had no power of voluntary motion over the limb, and any forcible movement, as flexion, extension, &c., or pushing the head of the femur against the acetabulum, was attended with acute pain, which was referred to the hip-joint. Crepitus was perfectly distinct, especially on outward rotation of the thigh; still there was no inversion or eversion of the foot, no shortening of the limb, and the patient suffered little or no pain when the limb was allowed to rest quietly. These latter indications seemed rather to point to a fracture of the pelvis, involving the acetabulum, than to any fracture of the head or neck of the femur.

We found it necessary to etherize the patient, to enable us to make a more detailed survey of his injuries. We then got the same crepitation as before the patient was insensible, though more strongly marked on outward rotation of the femur. Crepitus was most perceptible when passive motion was given to the limb, by grasping the trochanter firmly with one hand, while the fingers of the opposite hand were pressed deeply towards the joint on the inner side of the thigh. We were unable to detect any grating or unnatural mobility about the pelvic bones, after a very careful examination both externally and by the rectum. The crest of the

ilium, the pubes, pubic arches and ischiatic tuberosities were firm, and in situ, and manipulation was unattended with any pain.

It is difficult to conceive of a fracture of the acetabulum, without fractures involving also the surrounding bone, sufficiently extensive to yield motion and crepitation. There have been rare instances where the acetabulum has been driven inward by the head of the femur, thus producing a shortening of the corresponding limb; but there was no shortening in this case. Here, if there had been any fracture of the acetabulum, the unusual crepitation that existed must have shown the fracture to have been a very extensive one, in which event it is obvious that grating could have been detected by the finger introduced within the rectum, which was not the case.

There was no pain in urinating, nor appearance of blood in the urine; in short, the pelvic viscera had escaped all injury.

We were thus forced to the conclusion that the head or the neck of the os femoris had sustained a fracture—especially when it is borne in mind that the nature of the fall was technically such as to produce this rare injury, the shock being immediately applied to the great trochanter, and transmitted directly in the axis of the cervix femoris. The absence of shortening, or of any distortion in the appearance of the limb, or of any tendency to eversion or inversion of the foot, were peculiar features in the case. The trochanter also appeared to occupy its natural place.

Many explanations have been attempted, by Syme and others, to account for the marked crepitation on rotation, an important diagnostic sign in this class of injuries. For crepitus *from rotation* is much more distinct than can be obtained from any other form of passive motion that can be given to the extremity. However ingenious these explanations may appear, we think, on the whole, they are to be rejected as unsatisfactory.

Was there any likelihood, in this instance, of the head of the bone being involved in the fracture? The absence of shortening of the limb and of other anatomical lesions, characteristic of fracture of the neck of the femur, whether extra- or intra-capsular, makes it probable that there was an oblique fracture of the head of the bone, all displacement being prevented by the integrity of the capsular ligament, and by the acetabulum acting as a closely-adapted splint to confine the fragments in close apposition with each other. We can hardly expect a fracture of the cervix, without a more or less complete laceration of the capsular ligament; and it is in part the laceration of this ligament which permits these displacements to take place, so important in the diagnosis of intra-capsular fractures of the cervix. We know also that fractures of the head of the bone may occur; and we have at the present time a specimen of this fracture in our possession. The injury was produced by a fall from a horse, when the subject of it was about fourteen years of age. The father informed us that the



nature of the injury was never distinctly made out by the surgeons in attendance, which is not to be wondered at, since the accident occurred at a time when the existence of intra-capsular fractures in young subjects was denied.

*Treatment.*—The patient was placed upon a firm, hard mattress, with his shoulders slightly raised, and both knees flexed and supported upon a pair of pillows—one placed upon the other, thus giving him the advantages without the discomforts of the ordinary mechanical appliances of the double-inclined plane. At the end of two months the joint was sufficiently firm to enable him to bear his weight on the limb without complaint of pain; and there was no pain or embarrassment in the articulation on motion. The fracture was considered to be sufficiently consolidated to allow him to move freely about on crutches.

*San Francisco, Cal., April 4th, 1860.*

### Bibliographical Notices.

*Seventeenth Report to the Legislature of Massachusetts relating to the Registry and Return of Births, Marriages and Deaths in the Commonwealth, for the year ending Dec. 31st, 1858.*

THE State Registration Report for the year 1858, comes to us with full evidence of the care and labor exercised in putting the facts together and drawing inferences from them, but also with the customary and well-founded regret that these facts are so incomplete.

During the year there were registered, in a population estimated at something less than one and a quarter million for the middle of the year, 34,491 live births, 10,527 marriages, and 20,776 deaths; being a decrease of 829 births, of 1212 marriages, and 504 deaths, as compared with those registered in 1857. Assuming that all the births, marriages and deaths, which actually occurred, were registered, this would give a rate of one birth to 35 persons living, one marriage to 116 persons living, and one death to 59 persons living, and shows an average, for each day in the year, of 94 births, 29 marriages, and 57 deaths. These numbers are from the outline which precedes the main report, and are followed by some just observations from Dr. Curtis on the importance of statistical inquiry, as applied to this class of facts, and upon the injury which is done by the dissemination of erroneous results, drawn from incomplete data.

From the article on population we learn that the rate of increase, from the excess of births over deaths, was 1.13 per cent.; and that the whole rate of increase, from this and other causes, was 3.02 per cent. On page 9 is an interesting table, showing the distribution of the population by ages, in which Massachusetts is compared with England and France, with two of the New England States, and with two of the Southern. It appears that France has in every 100 persons of the population 61 over 20 years, Massachusetts has 58, England has 55, and Kentucky 44. The number over 50 years, is 19 in the 100 in France, 13 in Massachusetts, 14 in England, and 8 in Kentucky. Between the ages of 20 and 50, France has 42 in the 100, Massachusetts

has 45, England has 41, and South Carolina and Kentucky have 36 each. In Massachusetts, 31.7 per cent. of the population are under the age of 15 years; while in the two Southern States, the proportions are 43.4 and 45.2 per cent.

The birth rate (1 in 35.3 of the living), for the year 1858, fell below the average (1 in 34.4), of the seven years 1852—58, and is considerably lower than the birth rate of England, which was 1 in 29.6 for the ten years 1847—58; and yet this State has 45 persons in the 100 between the ages of 20 and 50, while England has 41. The excess of females over males (100 to 81), in the illegitimate births, is rather a curious fact, though it appears that this excess has obtained during the seven years, 1852—58, the ratio being 100 girls to 91 boys in a total of 1,167 births. There were 293 illegitimate births recorded during the year. In 120 cases the mothers were American, in 151 they were foreigners, and in 22 their nativity was not stated. In this class of births was one which deserves notice as an exceptional case. E. D. was born at the Taunton Almshouse, May 24th, 1847, and at the same place, Feb. 1st, 1858, she was delivered, by the same physician who had brought her into the world, of a well-grown boy, she being ten years, eight months and seven days old—an instance of precocity, both physical and moral (or rather immoral), which would hardly have been expected except in a Hindoo.

The number of still births recorded during the year was 747. Were there any way of recording those which are still, because premature, and regarding which, the silence kept is guilty, possibly the difference between the registered fecundity of this State and that of England would not be so wide as it now appears. We fully agree with Dr. Curtis in the opinion that "the still-born should not be classed with the births, as they add no unit to living beings; nor with the deaths, as they detract no unit from self-existent life," and that none should be called still-born, who are not "dead when born."

It is note-worthy that the proportion of children born of American parents has diminished steadily from 54.3 per cent. in 1854, to 48.98 per cent. in 1858, while the proportion born of the intermarriages of Americans and foreigners, has increased (not steadily), from 4.58 per cent. in 1854, to 5.75 per cent. in 1858. The per centage of marriage between persons of native and of foreign birth was 8.58 in 1858, against 7.90 in 1854, and appears to be increasing. "Foreign birth," be it remarked, includes the American-born children of foreigners, and the increase in such births and marriages is important as affording some measure of the amalgamation, which is but beginning, between Americans of foreign parentage and Americans *pur sang*.

The uneven number, 24,217, in the second table of page 32, purporting to be the annual average number of persons married during five years, is probably an error, unless we may suppose that at some time, one fortunate individual has enjoyed the rare and unalloyed satisfaction of being married all alone by him- (or her-) self, the other, and in most cases the necessary, consenting party having been omitted on that special occasion. It is rare that any one succeeds so perfectly in marrying the person whom he (or she) loves best, as when he (or she) marries No. 1, and we can sympathize with the pious joy of the officiating clergyman that here was, at least, one holy bond, which could never be broken on the modern plea of incompatibility of temper.

Incompleteness and inaccuracy in the registration of deaths, are more to be regretted than the same faults in the matter of births and marriages, and in 1855 it was estimated that not far from 16 per cent. of the deaths escaped registration. The death rate for the year 1858, was 1.707, or one death to 58 living; this is below the average rate (1.845) for the five years, 1853—57. The death rate of England and Wales was 2.305 per cent. in 1858, and 2.201 per cent. for the five years, 1853—57. The actual death rate of Massachusetts is probably greater than these numbers give it; and the defects of registration, which are supposed to be greater in the thinly-settled districts than in the towns, must be remembered in comparing the different sections of the State. The ratios vary from 2.12 per cent. (1 to 47 living), in Suffolk County, to 1.33 (1 in 75) in Berkshire. But it is note-worthy that similar differences are found in the registered rates of mortality of the larger towns, and even of those lying close together. Thus in the table of page 42, the rate of mortality for Boston is 2.17 (1 to 46 living), for the year 1858, while Chelsea shows only 1.39 (1 to 72); and for the year 1857, the rates were respectively 2.30 (1 to 44) and 1.18 (1 to 85), for the same towns. The fact that Chelsea stands lowest on the list in point of population, does not account for this difference, for Fall River, which is next lowest, shows a rate of mortality fully equal to that of Boston, being 1 to 49 in 1858, and 1 to 32 in 1857, with an average of 1 to 33 for the five years, 1853—57, against 1 to 38 in Boston for the same period. No attempt is made to assign any cause for such differences, nor do we know that it comes within the scope of the Report.

The mean age at death in Massachusetts for the past ten years, has been 27 years; and the mean duration of life, 40 years. We would call special attention to Dr. Curtis's exposure of the prevalent fallacy of estimating the healthiness of a community from this source alone, and without reference to the average age of the living. Zymotic diseases were registered as the causes of death in 5,402 cases. Small-pox was fatal in only 12 cases. In 1854, 207 deaths were reported from this cause; in 1855, there were 328; in 1856, 140; and in 1857, 23. The record for 1859 will probably show a larger mortality than any year of the decade.

The tables, from p. 64 to p. 71, which show the number of deaths from several specified causes, are well worthy of attention. We are surprised that the term "typhus fever" should be retained, and made to include the cases of typhoid, and all continued fevers. The distinctions between typhus and typhoid are now fully made out, and should appear in any classification of the causes of death. Of the 901 deaths from this cause, in 1848, 136 (15.10 per cent.) were in the month of October; 410 (45.51 per cent.) were between the ages of 15 and 40 years. Of the 6,891 deaths registered under this head, in the years 1852—58, 1,097 (15.92 per cent.) were in October, and 3,347 (48.57 per cent.) were between 15 and 40.

Pneumonia was the cause of 1,174 deaths. Of these, 504 (42.93 per cent.) were under 5 years of age, and 259 (22.06 per cent.) were over 60 years.

"Teething," that convenient mantle, which, like charity, covers a multitude of (medical) sins, was the assigned cause of 353 deaths, none of which, in 1858, were of persons above 5 years of age; but

during the seven years, 1852-58, 5 deaths were reported of persons between 5 and 15 years as due to this cause!

Croup was fatal in 497 cases (266 males, 229 females), and it is stated that the recorded mortality from this cause has steadily diminished since 1853, when 608 deaths occurred.

Whooping cough was more fatal to girls than to boys, and the mortality from this cause has increased from 277 (125 boys, 151 girls) in 1855, to 347 (146 boys, 190 girls) in 1858.

Consumption is recorded as the cause of 4,574 deaths (2,025 males, 2,548 females). The largest monthly mortality was (429 and 418) in September and May. Of the 32,009 deaths from this cause, in the years 1852-58, the largest mortality (2,919, 9.12 per cent.) was in September; the next largest (2,839, 8.87 per cent.) was in March.

The greater frequency of consumption among females is shown by the fact that to every 100,000 males living in 1858, there were 342 deaths from consumption; while in every 100,000 females, there were 407 from the same cause. A table on p. 75, gives the sex and age of 23,130 persons (9,734 males, 13,396 females) dying of consumption during five years. Under the age of 5 years, more males than females (1,036 to 881) died of this disease; but between the ages of 15 and 30, there were 2,373 more deaths of females than of males, the proportion being as 25 to 17.

The mortality from this disease is much higher with us, than in England and Wales. In the five years, 1853-57, we furnished an annual average of 411 deaths in every 100,000 persons living. There the average mortality was 277 to every 100,000 living during the same five years.

On page 75 is a table giving the rate of mortality in some of the various occupations. The highest rate for the five years, 1853-57, was among physicians, 2.03 to every 100 living. The lowest was among operatives, 0.62 to every 100 living; and yet the average age at death, for the past sixteen years, has been respectively 55 and 35 years. Attention is called to the fact that no persons under twenty years are classed in this report, as affecting the value of the inferences drawn from it. The average age at death during 16 years has been highest (64) among agriculturists; of clergymen, the mean age at death has been 56; of lawyers, 56; of blacksmiths, 52; of painters, 40; of printers, 37; and of operatives, 35.

The hope is expressed that before long the means of comparing the numbers dying, in the different walks of life, with the numbers living, will be presented in a way to make the results more reliable and just.

Allusion is made to the effort of the Mass. Med. Society to present a report upon the cases of zymotic diseases throughout the State. Possibly, this effort would have been more successful if the result aimed at had been less extended. If a few, or even but one, of the more common and easily recognized diseases had been selected and returns requested, we cannot help thinking that more than 117 members out of the whole Society would have reported. A list, which runs through the entire zymotic gamut, from boils to glanders, is to some extent appalling. Moreover, the object is to ascertain facts with the least possible bias from the opinions of the individual reporter, and yet the division into mild, fatal, and severe, involves an opinion which a division into fatal and non-fatal would avoid. We all know that some men's cases are invariably very severe.

A glance at table 8 (causes of death alphabetically arranged) is both instructive and satisfactory; for we learn that during the year only 14 persons died, like the small child's grandfather, "of a sudden;" and out of 20,776 deaths, in only 291 was the cause unknown—a fact which speaks volumes for the proficiency in diagnosis, which has been reached in this State, either by physicians or by the friends of the deceased.

The importance of the subjects involved in these reports must be our excuse for the length of this abstract. There is an annual advance in their completeness and value, which we presume is largely due to the industry and care of Dr. Curtis.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 24, 1860.

STATISTICS OF MORTALITY BY PHTHISIS.—At the annual meeting of the Geographical and Statistical Society of New York, a paper upon phthisis was read by Dr. Henry B. Millard. As some of his conclusions are interesting in connexion with those arrived at by Dr. Bowditch, of this city, we republish them here. We call attention particularly to the effect of a moist atmosphere as favorable to the generation of the disease.

"He estimates that nearly one-sixth of the deaths among the human race occur from consumption. From statistics extending over a considerable period, he found that one death in every 5 7-10 occurred from consumption. In New York, from 1804 to 1820, one death in every 4 3-10 was caused by consumption; from 1820 to 1835, one in 5 4-10; from 1835 to 1850, one in 6 5-10; 1848 to 1859, one in 8 46-100; in Brooklyn, 1848 to 1859, one in 8 11-100. Of deaths in the army, he found that the greatest number of cases of consumption was from 6 9-10 to 9 2-10 annually for every thousand men, between latitudes 36 deg. and 25 deg., characterized by high temperature, copious rains and excessive moisture. The smallest number of deaths was 1 3-10 per thousand men in New Mexico, characterized by high land and dry atmosphere. While consumption is rare in countries of high latitudes, it is curious that in tropical countries the proportion of deaths is often too small to be calculated. In all Judea, in forty-three years, only 20 died of consumption. The theory that the sea air may prevent, as well as cure, consumption, is supported by statistics. In the British army, out of 14,590 men, 51 died of consumption; while out of 12,942 men in the navy, only 19 died of that disease. Consumption is not necessarily more prevalent in large than in small cities. Among the trades and professions, the following order of mortality by consumption was mentioned. The greatest was among tailors, shoemakers; next came blacksmiths, gardeners, bakers, butchers and lawyers. The mortality among tailors was four times that of the lawyers. The greatest mortality by consumption among males is said to be in the city. There is greater liability to consumption between the twentieth and thirtieth years of age than at any other period of life. The general conclusion was that humidity of the atmosphere is favorable, and dryness unfavorable to the generation of the disease, but moist salt water is not calculated for its development. Want of exercise and air tends to produce it; lack of light does not. It is more prevalent among females than among males. There are no reasons for the conclusion that the disease is either on the increase or decrease."

CONVENTION FOR REVISING THE PHARMACOPŒIA.—At the meeting of the Convention for revising the U. S. Pharmacopœia, recently held in

Washington, the following Committee on Revision and Publication was appointed, and instructed to publish the revised Pharmacopœia, and report their action to the next convention in 1870 :

Dr. Franklin Bache, of Philadelphia; Dr. E. R. Squibb, of New York; Mr. C. T. Carney, of Massachusetts; Dr. Geo. B. Wood, of Philadelphia; Dr. H. T. Cumming, of Maine; Mr. William Procter, of Philadelphia; Mr. Ira Carson, of Philadelphia; Mr. William S. Thompson, of Baltimore; and Mr. A. B. Taylor, of Philadelphia.

A resolution was offered and adopted, that, in the index of the Pharmacopœia, the syllables of both Latin and English names be so divided and accented, that the index may also serve as a pronouncing vocabulary to the *Materia Medica*.

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WHAT THEY THINK OF US IN PARIS.—We all of us, I fancy, are guilty of the vanity of looking in the glass once in a while, if only for the purpose of refreshing our memories as to "what manner of men" we are. The following reflection, therefore, upon our professional faces, from the *Archives Générales de Médecine* of April, may not be without interest to some of our readers. In a notice of Noeggerath and Jacobi's Contributions to Midwifery, &c., the *Archives* says:—

"We are so much the more disposed to encourage the experiment of our confreres in New York, as they thus furnish us a much more easy access to American Medical literature, distributed over their provincial publications, of which the greater part are as yet, and will remain for a long time, unknown to us. It is no more than justice to the medical writers of America, however, to say, that they are seeking more and more to establish scientific relations with Europe and even with France, of which they have known nothing until within these last years, except indirectly, and through the medium of English journals.(!) Science cannot but be a solid gainer by this, and professional morality will also find its advantage in it. America has, in this respect, a reputation to make, and still more to *unmake*. She has passed for a long time for a country of romantic observations, of adventurous experiments, of a surgery without pity or a medical practice full of perils. At the present day its rashness is getting calmed, but there are not wanting yet daring experiments, which have no other possible excuse, except that, in default of success, they serve at least as a warning."

*Fas est ab hoste doceri*, and this in any sense, even to learning to know ourselves. Is this reflection from the Parisian mirror a true "presentment," or is it a *little* distorted? At any rate, we think Mons. Vattermare, when he next makes a visit to America, had better turn his attention to a more complete system of medical exchanges.

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AMERICAN MEDICAL ASSOCIATION.—The Chairman of the Committee on Railroad Arrangements, Dr. Benjamin Noyes, of New Haven, has given notice that the Railroad and Steamboat Companies named below, have agreed to carry delegates to and from the meeting in that city on the 5th of June, at reduced rates of fare:—

"The Detroit and Milwaukee, Michigan Central, and Great Western Railroads, to Suspension Bridge; the Pittsburgh, Fort Wayne and Chicago Railroad; the Pennsylvania Railroad; the Philadelphia, Wilmington and Baltimore Railroad; the Charleston and New York Line of Steamships; it is hoped and believed that

arrangements for a reduction of fare between Philadelphia and New York will be effected prior to the sitting of the Convention; the New York and New Haven Railroad; the steamboats 'Elm City' and 'Traveller,' between New Haven and New York; the Western, and New Haven, Hartford and Springfield Railroads, between Albany and New Haven; the same roads, in connection with the Boston and Worcester Railroad, forming the 'Inland Express Route,' as also the 'Shore Line Route,' composed of the Boston and Providence, Providence and Stonington, and New Haven, New London and Stonington Roads; the Kennebec and Portland Railroad, the roads between Portland and Boston, the Worcester and Nashua, and Connecticut River Railroads. Delegates and permanent members should make their official character known when purchasing tickets upon *any* of these roads."

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MESSRS. EDITORS,—Will some of your readers answer the following question. "Can the infection of variola be more readily communicated from a *very old* and feeble person, than from a young and generally healthy one?"

I ask this question, because, quite recently, the first case of varioloid in our town was a person nearly ninety years of age, from whom it seems to have spread more than from any case I have ever known before.

Yours, truly, S. A. LORD.

So. Danvers, May 21, 1860.

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NEW MEDICAL JOURNAL.—We have received the first number of the "San Francisco Medical Press," a quarterly journal, edited by Dr. E. S. Cooper, Professor of Anatomy and Surgery in the University of the Pacific. It is a pamphlet of 64 pages, and contains several contributions from the profession in that city. We are glad to add it to our list of exchanges.

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We are requested to mention that the place of meeting of the National Sanitary and Quarantine Convention, which assembles in Boston on Thursday, the 14th day of June next, is in the HALL OF THE MECHANICS' ASSOCIATION, at the corner of Bedford and Chauncy Sts.

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UNIVERSITY OF MARYLAND.—The chair of Physiology and Anatomy in this institution, having been left vacant by the resignation of Professor Joseph Roby, Dr. W. A. Hammond, Surgeon U. S. A., has been unanimously elected to it, and will commence his duties with the next session.

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MEDICAL INSTITUTIONS IN AUSTRIA.—The Austrian empire now contains 330 civil hospitals and 159 for soldiers. The number of patients admitted annually amounts to about 400,000. There are 40 lunatic asylums, in which about 6000 individuals are confined; 40 lying-in hospitals, which annually receive from 40,000 to 60,000 women; and 33 orphan establishments, containing 24,000 children. The number of medical men in the Austrian empire amounts to 27,984, or one to each 1000 inhabitants. In France there are only 18,000 for a population of nearly 36,000,000, or one for each 2000 inhabitants.

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INSANITY IN PARIS.—It is stated by the French press that lunacy is much on the increase in Paris. It is certain that recently a considerable number of eccentric and insane persons have publicly exhibited their peculiarities in such a manner as to call for restraint. This may be an accidental and temporary condition of affairs. Twice during

the last few days the police have arrested three persons who were openly committing acts of insanity in public places. On Saturday week, three lunatics successively applied for admission at the Tuileries, seeking an audience of the Emperor Napoleon on various pretences.—*Lancel.*

**PEPSINE IN THE SEVERE AND OBSTINATE VOMITING OF PREGNANT WOMEN.**  
—M. L. Corvisart has of late advocated the use of pepsine to allay the very dangerous symptoms connected with the uncontrollable vomiting of pregnant women; and it would appear that excellent results have already been obtained. In *L'Union Médicale* of the 17th inst., we find two remarkable cases, reported by M. Baudot, in which the first doses of pepsine immediately relieved the patients, who had been brought to a very low ebb by constant vomiting.—*Ibid.*

Parts I. and II. of the "Geological Survey of Missouri," by G. C. Swallow, State Geologist, have just been published. The Legislature of the State has, since 1853, appropriated from \$10,000 to \$12,500 annually, to be expended in making "a thorough geological and mineralogical survey of the State."—Dr. John S. Wilson, of Columbus, Georgia, has become associated with Profs. Harris and Arnold, of Savannah, in the editorial management of the *Savannah Journal of Medicine*, which has just commenced its third volume.—The fourth regular Medical College in the State of Georgia has just been inaugurated. It is located at Griffin, and is called the *Middle Georgia Medical College*.—A prospectus has been issued of the Medical and Surgical Encyclopedia, to be published in Sandersville, Geo., and edited by Drs. Hollifield and Newsome.—The Legislature of Alabama has donated \$50,000 to the *Mobile Medical College*.

**VITAL STATISTICS OF BOSTON.**

FOR THE WEEK ENDING SATURDAY, MAY 19th, 1860.

DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	47	31	78.
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	33.5	34.7	68.2
Average corrected to increased population, . . . . .	..	..	77.8
Deaths of persons above 90, . . . . .	..	..	..

Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
15	1	2	8	1	4

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	30.088	Highest point of Thermometer, . . . . .	80°
Highest point of Barometer, . . . . .	30.346	Lowest point of Thermometer, . . . . .	37°
Lowest point of Barometer, . . . . .	29.616	General direction of Wind, . . . . .	E.
Mean Temperature, . . . . .	58°.6	Whole am't of Rain in the week . . . . .	0.20 in.

TO CORRESPONDENTS.—The following papers have been received:—Some Account of the Dengue Fever, by Dr. Powers, of Moravia, N. Y., with a Note from Prof. Holmes, of Boston. Suit for Malpractice in Cortland Co., N. Y. Singular Case of Loss of Hair. Record of Obstetrical Cases.

PAMPHLETS RECEIVED.—Pathological Phenomena Generalized. By H. Backus, Selma, Ala. Urethro-Vaginal, Vesico-Vaginal and Recto-Vaginal Fistules. Report of Cases treated by N. Bozeman, M.D., New Orleans (late of Montgomery, Ala.).

*Deaths in Boston* for the week ending Saturday noon, May 19th, 78. Males, 47—Females, 31.—Apoplexy, 2—inflammation of the bowels, 1—disease of the brain, 2—inflammation of the brain, 1—cancer (of the uterus), 1—consumption, 15—convulsions, 1—croup, 1—dropsy, 1—dropsy in the head, 3—drowned, 1—infantile diseases, 4—puerperal disease, 2—scarlet fever, 2—typhoid fever, 3—disease of the heart, 2—disease of the hip, 1—intemperance, 1—intussusception, 1—congestion of the lungs, 1—inflammation of the lungs, 8—marasmus, 1—measles, 1—mortification, 1—neuralgia, 1—old age, 3—palsy, 2—pleurisy, 1—premature birth, 1—rheumatism, 1—scrofula, 1—smallpox, 4—teething, 2—unknown, 4—disease of the uterus, 1.

Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 15—above 60 years, 8. Born in the United States, 61—Ireland, 14—other places, 3.



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CASES OF ABSCESS OF THE BRAIN.

[Read before the Boston Society for Medical Improvement, April 23d, and communicated for the Boston Medical and Surgical Journal.]

BY J. B. S. JACKSON, M.D.

A CASE of the above disease has recently occurred to me, under very favorable circumstances for observation, and has naturally suggested some others of which I made the post-mortem examinations a number of years ago, although I saw none of these last during life. As they will be hereafter detailed, the symptoms will be found to differ considerably, and more, in proportion, than the morbid appearances; but, whatever the symptoms may have been, positively, they were, in a negative point of view, I think, such as would hardly have been supposed to belong to such disease as was found after death. When tumors form within the cranium slowly and gradually, and the same may be said of abscess of the brain, it is well known that the disease, though not properly latent, is often very well borne; but when the abscess is acute in its character, as in six of the following cases, the absence of certain symptoms is very remarkable.

CASE I.—A lad, 13 years of age, entered the Hospital under my care on the 6th inst., and died on the 17th. March 13th, he went into a store, having recently left school, and three days afterwards began to complain of headache with pain in the ear, and discharge of pus; this last continued for several days, then ceased, and never afterwards returned. Two years previously he had had some trouble in the same ear for a time, with an offensive discharge. His mother also stated that two or three months ago, when coasting, he was kicked by a horse on the back of his head; but, although he was insensible for a few moments, and had slight headache with nausea, he fully recovered in twenty-four hours.

From the time of his fatal attack until death, the prominent and constant symptoms were headache, drowsiness and dilatation of the pupils, with slowness of the pulse and respiration. The pain

was in the forehead—as much upon one side as the other, and never in any other part of the head; severe from the first, but increasing in severity, and during the last two or three days causing him to scream, and sometimes violently. Early in the attack, the stupor was said to have been complete for a few times; but after admission, although he slept much and very quietly, he could always be easily aroused. The pupils were generally very largely dilated, and not at all affected by light, though on some days they were so affected. Intolerance of light and of sound was nearly or quite constant. The pulse varied from 48 to 54, and was often a little irregular. The number of respirations was generally about 18 in the minute, and on one day 15. From the 23d of March, he kept his bed; and from that time vomiting was a prominent and almost daily symptom. He was able, however, with some assistance, to go to the water closet, in the entry, outside of the ward, for some days after admission, but towards the last he was too feeble; loss of flesh and color, as well as of strength, being marked. Throughout the disease the bowels never moved without medicine, although he did not generally require large doses. The urine was always free until the last day, when there was retention. From first to last, the mind was perfectly clear; and there never was the slightest paralysis. Two days before his death there was something like a convulsion, but never at any other time. The skin was always well, after admission; and it could not be ascertained that there had been any febrile symptoms previously. There was no heat nor throbbing in the head, and no suffusion of the eyes. The tongue was moist, and generally more or less coated; liquids generally were taken, but towards the last he took a little bread, and with relish.

The case was regarded as one of abscess of the brain, and palliative treatment only was used; cathartics, leeches twice, and a small blister. Ice to the head was uncomfortable to him; and ether, applied externally, caused nausea. About fifteen hours before his death, the headache almost entirely left him, and severe pain in the small of the back came on; chloroform was inhaled a few times without much if any effect; but after twenty-five drops of the fluid ext. of opium, he was much relieved, and died very easily.

On dissection, twenty-seven hours after death, an abscess was found in the right hemisphere of the brain, towards the base, but otherwise about midway, and containing about three ounces of greenish, inodorous, moderately thick pus; the color and consistence being uniform. The abscess, which was clearly indicated by protrusion and fluctuation, when the dura mater was cut through, was perfectly defined, and lined uniformly by a membrane which was nearly or quite a line in thickness, and firm enough to be raised over the handle of the scalpel, but not reddened; nor was lymph seen upon the inner surface. The substance of the brain

immediately around it was a little softened, and a flattening of the convolutions such as is seen in cases of tubercular meningitis, gave the organ a swollen look, but otherwise it was quite healthy; the septum lucidum, even, not being softened. In the lateral ventricles were several ounces of clear serum; the smallest quantity being upon the diseased side. The arachnoid membrane, over the convexities, wanted its usual moisture, as also the pia mater beneath it; but there was no where a trace of meningitis, nor were the veins, even, unusually congested.

The petrous portion of the right temporal bone, internally, was reddened, as compared with that upon the opposite side, and infiltrated with a somewhat viscid and colored serum; but the internal cavities and the external meatus appeared quite healthy.

In the thorax and abdomen, nothing unusual was found, excepting a moderate distension of the bladder by urine, as is so often seen in the tubercular meningitis of adults. It was rather remarkable that no tubercles, nor any remains of them, were found, as the father of the lad, and a large number of the father's brothers, had died of consumption.

In regard to the cause of the disease in this case, the kick from the horse had probably little or no effect, whatever might have been expected from such an accident. The inflammation of the ear came on very early in the disease, and soon entirely subsided, without having ever been very severe, so far as appeared; the tendency, however, to meningitis, and also to abscess of the brain in cases of inflammation of the ear, is such that I could not but feel that this last served as a spark to light up the inflammation within, and, having done so, it subsided. The circumstance of the membranes being unaffected about the temporal bone, I do not consider as of the least consequence, as opposed to this view of the case; as, so far as I have seen, it is the rule and not the exception. The pain, though very severe, was always confined to the forehead, the two sides being equally affected, and yet the disease was limited to the right hemisphere. In a very few cases of cerebral disease, I have found the pain to be where we should expect to find it; but I think we may be often led astray by this symptom, as in several cases of disease in the very back part of the head I have been struck with the fact that the pain was seated in the forehead.

II.—Aug. 17th, 1839, a little girl, about 14 years of age, had a convulsion; she kept her bed, complained only of pain in her forehead, had no vomiting, and the bowels were easily moved. On the 28th, her physician, Dr. George Hayward, considered her as sufficiently well, and discontinued his visits. On the 1st of September the pain returned, in the evening it became agonizing, and the next morning, at 5 o'clock, she died. The whole duration of the sickness was about sixteen days; and, throughout, there was no affection of the mind, stupor (until the last hour), paralysis,

affection of the pupils, or slowness of the pulse. From Aug. 28th till Sept. 1st, she seemed to be well, and took care of a child in the family, but did no hard work—her mistress attending to her diet, &c.

On dissection, 11 hours after death, an abscess was found, not far from the centre of the right hemisphere of the brain, and containing an ounce or an ounce and a half of thick, dirty, greenish pus. It had burst into the right lateral ventricle, which contained a large quantity of a dirty and exceedingly offensive serous fluid, with flocculi, the inner surface being ash-colored. The abscess was perfectly defined, lined by a thin layer of soft, opaque, recent lymph which could not be raised, and the whole had a decidedly gangrenous odor. The cerebral substance, for the most part, around the abscess, was in a state of yellow gelatiniform softening, but no where to the extent of more than half an inch; the convolutions were flattened, and otherwise the organ was healthy. The membranes were nowhere inflamed, though inferiorly the abscess came quite to the surface; the arachnoid was dryish, and beneath it there was not the usual moisture.

The discoloration of the inner surface of the ventricle would seem to show that the abscess had burst into it before death; either one hour before, when the coma came on, or more probably some hours before, when the pain returned.

III.—A lad, 13 years of age, had “typhoid fever” in May, 1843. From that time until death, he had headache, but not severely, until the last of June—the pain being mostly in the forehead. In June, dimness of vision in the left eye came on, and it was a marked symptom ever afterwards. From July 10th till August 9th, he was in the country, where, though he appeared sick, he played somewhat and fished. About the middle of July, he accidentally received a blow upon the back of the head from an and-iron; the accident seemed to be a very slight one, but about a week afterwards a swelling appeared over the upper part of the occiput, and on the 16th of August it was about two thirds as large as a marble, and puffy. Sept. 10th, a blister was applied to the occiput, after which the swelling increased, and on the 13th it was opened—the discharge being slight at that time, and until death; a probe was passed in, but the opening through the bone, that was afterwards discovered, was not found. During the last three or four weeks, he had daily attacks of a general tremulousness, which seemed to commence with pain in the back of the neck, and at such times he would be much excited. He never, however, had any proper convulsions; nor was there ever any loss of consciousness or paralysis. During the last ten days he vomited twice; but otherwise the stomach was well; bowels kept loose by medicine. On the 18th of September, he entered the hospital: and on the following morning, before breakfast, and with only a few moments warning, he died. For the above details I was indebted to Dr. George Hayward, Jr.

On dissection, an abscess was found in the very posterior part of the left hemisphere of the brain, of a regular, circular form, and containing four ounces of moderately thick, yellow, inodorous, healthy-looking pus. The cyst that lined the cavity was most remarkably distinct, readily separable from the surrounding parts, about one half of a line in thickness, of a close and moderately firm, but not fibrous structure, somewhat yellowish, not generally opaque, a little reddened in some parts on the inner surface, without any trace of lymph, but bearing some resemblance to a mucous surface, as Lallemand remarks that it may after many years. The cerebral substance, to the extent of two or three inches anteriorly to the abscess, was somewhat gelatiniform in appearance and softened, but not discolored. Immediately around the abscess, in some parts, the white substance, to the depth of from half an inch to one inch, was completely softened, and had the appearance of a coarse cellular structure infiltrated with serum, but without much discoloration. No induration was found around the abscess; nor any effusion of lymph, pus or blood. The brain generally appeared swollen, and rather firm. The right lateral ventricle was large, and filled with clear serum; the left being perhaps rather smaller. The arachnoid over the convexities and the membrane beneath it were remarkably free from moisture; at the seat of the abscess there were strong adhesions to the dura mater, to the extent of about one and a half lines, and a direct opening, to the same extent, through the very upper part of the occipital bone; and into the external abscess, which was about half as large as an English walnut. The abscess, and a portion of the occiput, are in the Museum of the Medical College. The liver was quite large in this case, but otherwise there was no morbid appearance in the thorax or abdomen.

IV.—This case occurred in October, 1848. The patient was a middle-aged man, who had otorrhœa a year before his death, and entered the Eye and Ear Infirmary in this city, where a polypus was removed. The discharge, however, continued. On the 23<sup>d</sup> of October, Dr. Bethune, under whose care the man had been at the Infirmary, reported to this Society that, ten days previously to his report, he complained of pain in the head, but not particularly in the ear; the pulse was quick, and he had other febrile symptoms. An emetico-cathartic was directed. On the following day he had a rigor, with some slight delirium, and died suddenly with apoplectic symptoms. The above record, which was very kindly sent to me, at my request, by our present Secretary, Dr. Minot, unfortunately does not state how long before death the headache, which was the first cerebral symptom noticed, came on; and in my own notes, which were taken at the time, and are full anatomically, though meagre in regard to symptoms, it is not stated on what day in October the examination was made. I have made a record that the fatal symptoms lasted only about twenty-four hours; and

it may be inferred that he was in a pretty comfortable condition previously, when it is stated that only a day or two before his death he was picking pears in the garden of the Institution.

The abscess involved the greater part of the left lobe of the cerebellum, contained some dirty fluid, and was offensive to a most intolerable degree. Internally, it was sufficiently defined, though not smooth; somewhat greenish, but not brown, nor at all shreddy as from gangrene. The surrounding substance, to a small extent, and to the depth of about two lines, was softened and slightly yellowish, with some capillary apoplexy. Otherwise the brain was healthy, as were the membranes. The left temporal bone was found to be extensively carious; and the membrane of the tympanum, as well as the ossicula, were gone.

V.—This case occurred in August, 1842, and was under the care of Dr. James Jackson. The subject of it was an unmarried woman, 41 years of age, and had been living as a domestic with a family in this city for many years. She enjoyed generally a fair amount of health; but twelve years before death she had hemiplegia of the right side, from which she most completely recovered after some weeks, no traces of disease that could have been connected with it being found after death. The fatal attack lasted twenty-two days, and came on in a marked form. As she was going to an evening lecture, she complained of sleepiness, and a bad feeling in her head; and, on the following day, whilst dusting the furniture, she could not stoop on account of the sense of pressure, &c., in her head. Headache was a marked and constant symptom throughout, but it was confined to the left side of the forehead; there was also heat of the head and intolerance of light. Another very peculiar symptom, which appeared on the fourth day and was constant from that time, was an inability of speech; many words could be spoken as well as ever, but very many more could not be spoken at all, though she knew perfectly well the words that she wished to use. On the fourth day she had a momentary loss of consciousness, with general convulsions, from which time she kept her bed, and in the course of about a week she had three more such attacks. At first she was disposed to sleep, but afterwards she was quite wakeful. When in health she never took any animal food; and on the Thursday before her death, there being no reason to suspect the grave disease that existed in the brain, but nourishment seeming more than anything else to be indicated, she was ordered broth: immediately after taking it, stupor came on and lasted till Saturday noon, when it passed off entirely, and until her death, which occurred at 7, P.M., she had even a much greater command of her powers of speech than she had previously had. Otherwise the mind was never at all affected; no delirium, no paralysis of extremities or sphincters, strabismus, vomiting, or even loss of appetite. The bowels acted regularly until the last few days, when they became costive. No chills, heat, flush, or loss of flesh.

Some of the striking points in this case, are, the very peculiar affection of the powers of speech; the improvement in this respect during the last few hours of life; the subsidence of the stupor at the same period, and a tolerable coincidence between the seat of the pain and that of the disease.

On dissection, an abscess was found in the left anterior lobe of the brain, and another in the middle lobe; the two being, perhaps, connected to a small extent, though this was doubtful. They contained an ounce or more of thick, greenish, inodorous pus, and at the base of the brain approached so near to the surface as to seem almost ready to burst.

The limits were perfectly defined, and the inner surface generally sufficiently smooth, more or less red, and in some parts having a very thick pus adhering to it; in the middle lobe the inner surface was quite consistent to the depth of about a line, as from the formation of a membrane. A smaller abscess was also found just outside of the corpus striatum, and apparently connected with the one in the anterior lobe. Around the abscesses the cerebral substance was in a state of yellow gelatiniform softening, in some parts to the extent of about an inch, but in others not at all; at one part, in the middle lobe, this substance was less yellow, somewhat fibrous in appearance, and quite broken down. The convolutions were flattened; but otherwise the brain was quite healthy, the septum lucidum not being softened. Some lymph was found in the fissure of Sylvius, and over the abscesses there was an adhesion to the extent of perhaps two lines; but otherwise there was no meningitis. In the right lateral ventricle there was a considerable amount of serum; no pus in the left. The cranium was considerably thickened in some parts, but otherwise healthy.

VI.—The subject of this case was a child of Mr. Doughty the painter, and a patient of the late Dr. J. D. Fisher. A kernel of coffee was found in the very bottom of the right external auditory meatus, blackened at its outer extremity, and imbedded in a soft cheesy substance. No trace of tympanum, nor of the ossicula. The petrous portion of the temporal bone had a greenish dusky appearance, and the dura mater stripped off readily from it. Parietes of the lateral sinus, just before it passed out from the skull, quite disorganized to the extent of several lines, and perhaps gangrenous. In the right corpus striatum, the left optic thalamus and the left posterior lobe were abscesses, each about as large as a cherry; and in other parts of the brain four or five others, about the size of pepper-corns. These abscesses seemed to have a remarkable predilection for the gray substance, contrary to what is generally observed; the pus was very thick, straw-colored, and mixed with grumous blood; the substance of the brain around them was a little softened, and this formed the parietes. Otherwise, the brain was sufficiently well, as were the membranes. In the lungs were five or six abscesses of a decidedly gangrenous character, from about

one inch to three inches in diameter, and filled with thick pus and grumous blood; the surrounding substance being in a low degree of inflammation.

The child was three years of age, and had suffered much for more than a year from otitis. Fatal cerebral symptoms came on Nov. 17th, 1833, and he died Dec. 5th. At first there was feverishness, and, during the first week, very marked "ague turns, as in intermittent fever." During most of his sickness he was in a very irritable, fractious state, and sometimes screamed; but, as he sank, he became much more quiet; the pulse was always rapid; a week before his death he amused himself with his playthings. There was never any coma, and there is nothing in my notes of the case to show that he did not retain his mind until the last; on the last day there were some irregular convulsions of the face and limbs. The cephalic bellows-sound, of which, as is well known, Dr. Fisher was the discoverer, was very marked in this case. The breath was offensive when Dr. F. first saw him, and disease of the lungs was evident from that time. A discharge from the ear also existed, more or less, and was at times, if not generally, quite offensive.

It is not stated that the pus in the abscesses in the brain was offensive; and if it were not so it is quite remarkable, considering the affection of the bone and the character of the pulmonary abscesses, it having been often enough observed that the pus is offensive when the bone is not diseased. The abscesses in the lungs were probably connected with the disease of the lateral sinus; in regard to which, again, my record is unfortunately deficient, it not being stated whether there was or was not phlebitis with the disease of the parietes of the vein, though it may be almost inferred that there was.

VII.—In this case there were six or eight abscesses, averaging about the size of a hazel-nut, equally divided between the two hemispheres, and filled with thick pus, more or less colored, generally, by blood. The parietes of one of them were comparatively smooth, and quite firm though thin, so that they could be scraped rather roughly without being removed; those of the others were considerably firmer than the rest of the brain, and the internal surface was irregularly reddish. There cannot be much question as to the encysted tendency of these abscesses, though the term "cyst" is not used. In addition to this disease, there was a complete ramollissement of the anterior portion of the left hemisphere, and to the extent of from two to three inches. There was some yellow gelatiniform softening, also, around the abscesses. In the left lateral ventricle there was a considerable amount of dirty pus, with an appearance of inflammation of the lining membrane. Otherwise the brain was healthy; and the membranes were nearly so.

The patient was a man, 30 years of age, who entered the Hospi-



tal July 1st, 1832, and died about the middle of the night of the 3d. Having been previously healthy, he began to have cough, pain in the abdomen, and an alternation of diarrhœa and constipation about three months before admission; these symptoms continued, and on the 19th of June he gave up his work. Eight or ten days before admission, he had profuse hæmoptysis; and he seemed to be doing well, when, three or four days before admission, acute pain in the head came on. When first seen, he was able to give an account of himself, but frequently fell asleep during examination; complained of a "dreadful weakness," and of a pain in the forehead and eyeballs, which was constant and mostly severe; breathing and pulse slow; almost no thoracic trouble. The stupor increased, and just before death there was a slight convulsion.

In connection with the cough and hæmoptysis, the morbid appearances were not very satisfactory. The depending parts of the lungs were considerably congested, particularly upon the left side, where there was a somewhat gangrenous odor, with a greenish discoloration of the surface of the lung; the examination was made only ten hours after death, but the thermometer stood at 84°. There were no tubercles. In the abdomen there was found a very considerable development of the intestinal follicles, about twenty-five small gall-stones in the gall-bladder, a grumous condition of the spleen, and a marked congestion and brownish discoloration of the left kidney, which alone was examined.

VIII.—This case occurred in the practice of Dr. E. J. Davenport, and the patient was a young infant. At the age of four months it had a severe fall upon the head. During the following month (May, 1832), a swelling formed behind the left ear, opened and discharged greenish pus, there having been previously a discharge of pus from the ear itself. July 18th, it had a sickly look; the countenance was dull; a complete ptosis of the right eyelid existed, which had been coming on for about three weeks, and for the last four or five days the same had been coming on upon the left side. About the middle of Sept., this last symptom disappeared in the course of a week, and never afterwards returned. Oct. 6th, patient returned from the country, much worse; strabismus of right eye, with impairment of vision; faculties evidently impaired; had had partial paralysis of left side, which had subsided, though not wholly; occasional spasms, followed by a voracious appetite. From this time it failed rapidly, the spasms increased, coma came on, and it died Dec. 16th.

The abscess behind the ear continued to discharge, and on dissection the bone was found denuded to some extent. There was also a purulent oozing from the ear, and the membrane of the tympanum was destroyed. In the left optic thalamus an abscess was found, about the size of a filbert, and filled with thick, yellow pus; "its parietes were not thick, but so firm as to appear like a cyst." In the right crus cerebri was a similar abscess, but larger

and more irregular, and seeming about ready to burst. Otherwise, the brain was not remarkable, except that the convolutions were much flattened, and that it varied much in consistence in different parts. The lateral ventricles, however, contained about six ounces of limpid serum; and there was acute meningitis at the base. The head only was examined.

IX.—This case occurred in March, 1849, in the practice of the late Dr. Z. B. Adams. The patient was a man of large frame, 55 years of age, and a respectable mechanic. During the previous winter he had had considerable rheumatism, but was always at work. His sickness was supposed to date back to two and a half or three months before his death. Two weeks or more before this time, the hames of a horse-collar fell upon the top of his head. At the time of his death, I was told that for three weeks after the accident, the pain in the head was so severe that he had to walk his room in the night, the pain being upon the top of the head and towards the front; and that it then subsided, but continued as a dull and heavy pain until death. One of his workmen, however, afterwards informed me that the accident happened a few weeks before the pain began, that he made no complaint after the first day or two following the accident, and that he worked for a day after the pain began. His mind was dull or heavy, and for the last two weeks he was quite disposed to sleep, but he seemed well enough otherwise, as to intelligence. Never any fever. Pulse, after a time, became slow, and even as low as 40, but for the last two weeks rose to 70 or 80. Stomach well; costive towards the last.

On the evening of March 23d, Dr. A. found him as well as he had been. About midnight convulsions came on, and between that time and four the next morning, he had six. The convulsions were followed by coma and paralysis of the right side, and on the morning of the 25th he died, having become much emaciated during his sickness.

On dissection, the two anterior lobes of the brain were found to be adherent; and so firmly adherent to the cribriform plate that the two could not be separated. The bone being chiselled away, no disease was found beneath it. The abscess was just over the ethmoid bone, and mostly in the left anterior lobe, though to a small extent involving the right. It was well defined, and about one and a half inches in extent. The parietes were quite firm, two or three lines in thickness, and, to a very considerable extent, consisted of firm, opaque, greenish lymph. Contained a considerable quantity of thick, greenish, inodorous pus. Besides the above disease, there was a very extensive and very marked ramollissement, involving the greater part of the right and the whole of the left anterior lobe. Upon the left side the cerebral substance was almost diffuent, so that the abscess, on approaching it, felt like a hard tumor. Immediately around the abscess the softened brain had a brownish red color; and beyond this, to some extent, it

was straw-colored. Otherwise, the brain was healthy, the limits of the softened portion being ill-defined, as usual. Very little serum in the lateral ventricles, and no marked meningitis; nor was anything found to show that an external injury had been received. The head only was examined.

The ramollissement was regarded as the effect, and not as the cause of the abscess.

On reviewing the above cases, it will be observed that two (II. and V.) only were females. The ages varied from 1 to 55 years; one (VIII.) was 1 year old, one (VI.) 3, two (I. and III.) 13, one (II.) about 14, and the rest were adults. The duration of the disease was from six days to several months; and in many cases this could be very satisfactorily estimated; respectively, in the nine, it was 32 days, 15 days, 4 months, a few days, 22 days, 18 days, 6 days, several months, and  $2\frac{1}{2}$  or 3 months. In the first four and in the last there was but one abscess, in one (VIII.) two, in two (VI. and VII.) there were several, and in one (V.) the number was doubtful; the size being very much smaller in these last than where there was but one. In one only (IV.) was the cerebellum the seat of the disease. In seven the cavity was perfectly defined, and in two (I. and III.), if not in five (I., III., VII., VIII. and IX.), there was a cyst; in the remaining two (IV. and VI.) the cavity was sufficiently defined. Nos. IV., VI., VIII., and perhaps I., were connected with disease of the ear; but in the others no other disease was found which could act as an exciting cause; in Nos. I., III. and IX., however, there was external injury which, possibly, acted more or less as a remote cause. In the Guy's Hospital Reports (Vol. III., 3d Series, 1847), Mr. Gull has published a large number of cases of abscess of the brain, and seems hardly to allow, if he does not deny, the occurrence of idiopathic abscess. If five of the cases above reported were not idiopathic, the disease that gave rise to the abscess must have been very imperfectly marked during life and after death. The brain was always thoroughly examined; and if the temporal bones were not examined, it was because there was no reason to suspect the existence of disease in them, and the same may be said of the organs of the thorax and abdomen, when the head only was examined. In some cases details are given, with reference to the above idea of Dr. Gull's, and not because it was thought that the appearances described had anything to do with the disease of the brain. Dr. G. speaks of the abscess as compressing rather than destroying the parts; I had supposed that the contrary was the case, and that the well-known tendency to latency in the disease was in favor of this view of the case. No. II. is a strongly-marked case of the fœtor that, as Dr. G. remarks, has been observed in these cases independently of disease of the bone. The shortest period in which Dr. G. has known a cyst to form, was seven weeks, and he thinks it was perhaps nearer ten; in No. I., of the above cases, it

was well formed in 32 days, and in No. VII. something very much like a cyst was formed in less than a week, so far as the disease could be traced by the symptoms. In regard to the cause of these abscesses, it might have been stated that in no one case was there the least reason to suspect a tubercular origin. The frontal pain, and the absence of pain in the region of the disease, as remarked by Dr. G., were observed in several of the above cases; also the comparative latency. This last I am very much inclined to connect with the absence of meningitis, which is so striking a feature in the above cases; No. VIII., and to a small extent No. V., being the only cases in which it existed. The absence of rigors, which Dr. G. remarks upon, is a very singular fact, and the observation is fully confirmed by the above cases, though in No. VIII. they were strongly marked.

#### ALLEGED MALPRACTICE.

[Communicated for the Boston Medical and Surgical Journal.]

CORTLAND County, N. Y., has been the scene of several vexatious suits brought against surgeons by irresponsible individuals, who, not satisfied with having received the gratuitous services of the profession, have sought to enrich themselves at the expense of their benefactors.

An action of this description was recently commenced against Dr. Lewis Riggs, of Homer, an aged and highly respected surgeon, who having faithfully served the public for nearly half a century, and acquired a reputation for prudence, skill and capacity, second to none in the County, has in a measure retired from the active duties of his profession to enjoy a well-earned competency. The circumstances are these. Some ten years ago, a lad by the name of Whitney, a miserable, strumous subject, became afflicted with "*morbus coxarius*." After a few days' treatment in the early stage, his regular attendants were dismissed, and he was placed under the care of an "*Eclectic*." The disease advanced steadily, until suppuration was established, and an abscess pointed just behind the trochanter. Dr. Riggs was called, and found the patient suffering from extreme pain and restlessness, with caries of the joint, emaciation, hectic fever, and all the symptoms of an advanced stage of the malady. Little or no effort having been made to preserve extension, the limb had become permanently flexed. The Doctor opened the abscess, and directed a course of treatment under which the case gradually improved, though a number of sinuses subsequently formed in the vicinity of the hip, from which spiculæ of bone were from time to time discharged. The patient finally recovered his health, with the usual result of the disease, an ankylosed joint.

The father having a little property which might be liable for costs, the suit was deferred until the boy became of age. Having then nothing to risk, he resolved to try his chance of making a handsome sum out of the Doctor, upon a charge of malpractice. To the honor of the legal profession, it is inferred that no attorney in the County could be induced to engage in the suit. An obscure "limb of the law" was found in an adjoining county, who after listening to the extravagant misrepresentations of his client, and having, as he apologetically declared, his "sympathies wrought upon," commenced the suit. Some effort was made to induce the Doctor to pay a few dollars, and thus avoid the trouble of a defence. This plan did not succeed, and the cause was noticed for trial at the Circuit in Cortlandville. The parties appeared in Court, but the charge was so palpably groundless, and the preparation for a defence so complete, that the suit was discontinued, and a judgment by default rendered against the *plaintiff* for costs, amounting to about \$120. \*\*\*\*

#### CONGENITAL SYPHILIS.

*Transmission of the disease to two Nurses. Syphilitic Infection of three Infants through the agency of Nursing.* By M. Le Dr. LE BARILLIER, Physician of the Children's Hospital, Bordeaux.

[Translated for the Boston Med. and Surg. Journal from the *Journal de Médecine de Bordeaux*, April, 1860.]

At the present time, whilst the subject of congenital syphilis, and the manner of its transmission, are engaging much attention, I think it my duty to publish a case, in full, in which the mode of development of this disastrous malady will perhaps be anew, and strikingly, confirmed. The facts are as follows:—

I.—*A Nurse contaminated by her suckling.* Antoinette Eloi, twenty-four years old, a brunette of nervo-lymphatic temperament and good constitution, had always been in perfect health with the exception of a typhoid fever, which occurred at the age of twelve years. She bore her first child—a very healthy one—in 1856, and recovered speedily. In September, 1858, she was confined the second time. This labor was difficult, and the child was still-born. Fifteen days subsequently, Antoinette entered the hospital (*la Crèche*) as a nurse; a careful examination of her, at this time, did not reveal to us any suspicious circumstance; her milk was healthy and abundant. Since her admission, she has never been ill; and all the children she has nursed have uniformly been well, and have not exhibited either redness or eruption (*boutons*) upon the skin.

On the first of October, 1859, a child named Charles-Firmin Miraude, born on the 26th of September, was admitted into the hospital, and recorded as No. 1160, in the Foundling Register. It received the same careful examination on admission, which is

accorded to every child taken into the institution; and nothing particular was elicited in its case. The certificate of the midwife who admitted it, stated that its mother was healthy at the time of her accouchement. The child had simple hare-lip, which did not prevent its nursing. At the expiration of twenty-five days, it was the subject of a very confluent pustular eruption (acute ecthyma) whose character was not for a moment doubtful. It had previously been affected with confluent aphthæ, at the time endemic in the hospital, and which caused—what indeed we frequently have occasion to observe—fissures of the nipple in the nurse Antoinette. It is likely, moreover, that the confluent nature of the cryptogamic eruption masked the suspicious erosions or ulcerations observed in the child's mouth; at all events, the fissures of the nurse's breast increased in size and became ulcerated, and at this period the ecthyma spoken of manifested itself in the child. The ulcerations were at first cauterized with the nitrate of silver, and afterwards treated with calomel cerate, but they increased steadily. It was then resolved to commence an antisymphilitic treatment, which, while it would act favorably with the nurse, might likewise have a marked effect upon her suckling. The child Charles-Firmin Miraude died, syphilitic, on the nineteenth of November. At this date, the pustules of ecthyma were dried up, and replaced by copper-colored cicatrices; there were mucous tubercles upon the buttocks and around the anus, together with numerous ulcerations upon the lips and upon the palatine arch.

The necroscopic examination, carefully made twelve hours after the patient's death, revealed the existence of numerous ulcerations in the pharynx, having a grayish-colored base; the same were also found in the fauces and nasal fossæ. Numerous indurated masses, having all the characters assigned to syphilitic tubercles, were discovered in the lungs and in the liver.

A second child, of excellent constitution, Marie Sossa by name, had been entrusted to the nurse Antoinette, at the same time with the first, Charles-Firmin. A few days subsequently, the little girl had *muguet*, and was sent into the country, on the fifteenth of October, to be nursed by another woman. The examination of the latter confirmed, in every point, the certificate of the inspecting physician, viz., that she was a healthy nurse, and had abundance of milk. Further information satisfied us that both she and her husband were very correct in their morals, that they enjoyed excellent health, and that their three children were perfectly sound and well. On the 7th of February, the child Marie Sossa was brought back to the hospital by this new nurse, who was in great distress in reference to it, and who had, nevertheless, at this time no trace of syphilitic infection. The testimony of the inspecting physician, and our own examination of the child, satisfied us that it was affected with a general papular syphilitic eruption. At the present time—March 6th—the papules still exist, together with mucous

tubercles upon the genitals, and ulcerations within the mouth. The child died in a short time.\*

After the departure of the child Marie Sossa, a third child was given to the nurse Antoinette, while she was still entirely free from disease, and while it was not possible to suppose the existence of syphilis in the child Charles-Firmin Miraude. This third infant, Pierre Cazau, was healthy, but very feeble; he died on the twentieth of December, affected with very decided coryza, ulcerations in the throat and in the nasal fossæ, and having a few of the bullæ of pemphigus upon the thighs and around the genital organs.

II.—*A Nurse infected by the same child (Pierre Cazau).*—Catherine Lavran, 28 years old, of very strong constitution, and who had been a nurse at La Crèche for ten months, in order to oblige her companion Antoinette, whose fissured nipples caused her great suffering, nursed Pierre Cazau three or four times, after he had become affected with ulceration of the mouth, and without the knowledge of the Sister in charge, or of the physicians. Catherine, as is the case with the majority of the nurses at the hospital, had slightly fissured nipples. In a few days the fissures widened, and assumed an unhealthy aspect; at the present date they are converted into actual ulcerations, and which are not amenable to any treatment. There is commencing erythema of the posterior pillars of the palatine arch, obstinate headache, extreme lassitude, and an engorged condition of the anterior cervical glands; and this nurse, who was previously strong and rosy, has become pale and debilitated. Are not these the manifestations of commencing syphilitic infection?† The child which she previously nursed (Lubin Louis Perrinet, born September 1st, 1859, and admitted into the hospital January 12th [1860]), has at present ulcerations upon the lips, gums, and tongue; the frænum of the upper lip has been divided by the ulcerative process, and the child, previously well and fair-looking, is now (April 5th) affected with a cutaneous syphilitic eruption, and with mucous tubercles around the anus.

*Present condition of the nurse Antoinette Eloi.*—The fissures and

\* This child died on the 10th of March. On necroscopic inspection, 12 hours after death, the integuments were pale and flabby; a few spots, nearly colorless, could still be seen in the situations of the syphilitic papules, and especially just below the umbilicus. The nasal mucous membrane was found ulcerated; it was very pale. The mucous membrane of the palate had disappeared in several places.

*Brain*—The membranes—particularly the arachnoid—were very much softened. The arachnoid was lined with a substance resembling false membrane, and of gelatiniform consistence; the substance of the brain was not so firm as is usual.

The *lungs* were healthy; the costal pleura was covered with the gelatiniform product mentioned above.

The *liver* was very much developed, and of a clear yellow color; a few whitish spots were visible on its convex surface.

The *kidneys*, very fully developed, showed no apparent lesion. The peritoneum and intestines presented nothing remarkable.

† April 3.—Extensive ulcerations have taken the place of the erythematous patches in the throat, and have also encroached upon the palatine arch; there is likewise syphilitic roseola, and more decided engorgement of the anterior and posterior cervical glands.

ulcerations of the breasts are entirely cicatrized; the headache, hitherto constant and very severe, has diminished. Fifteen days after the ulcerations appeared about the breasts, she had general roseola, followed by mucous tubercles in the posterior fauces, and in the genito-crural region. There were also incrustations upon the scalp.

At the present date, the roseola has disappeared and given place to lenticular, copper-colored papules; the mucous tubercles of the mouth are softened and ulcerated, especially at the posterior part of the pharynx and upon the tonsils; the sub-maxillary, and the anterior and posterior cervical glands are engorged; there is very marked emaciation, and commencing alopecia. Antoinette Eloi is not allowed to nurse any children, and is undergoing an antisiphilitic treatment, of which mercurial preparations constitute the foundation.

What must we conclude from the above facts, if it be not, with M. Diday, 1st, that congenital syphilis is transmissible in the highest degree; 2d, that its evolution is often slow; 3d, that the lesions which result, frequently assume a *very rapid* course; 4th, that the lesions of congenital syphilis, although they present the form and the mode of development of the secondary accidents of ordinary syphilis, are contagious, like the primitive accidents of the latter disease.

In the case we have related, as in the majority of the numerous instances which have fallen under our notice at the Children's Hospital, the primary lesions appear first upon the breasts of the nurses, and in the mouths of the children. The presence of stomatitis is unfortunately often an obstacle preventing our accurately defining the time when the accidents appear in the child; and the fissures caused by the state of the child's mouth furnish an easy entrance for the contagion. The contagious virus deposited upon the breasts of Antoinette by the child Charles-Firman, was, in this case, the means of infection of the other children, and subsequently of the second nurse.

The facts are very interesting, and I believe that they were accurately observed; and also that I can draw very positive conclusions from them as to the contagious nature of congenital syphilis, and its mode of transmission.

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#### DENGUE, OR BREAK-BONE FEVER.

[THE following account, written by a very intelligent practitioner in Cayuga Co., N. Y., has already appeared in print in one of the daily papers of that County. A copy of the paper containing it was forwarded by the writer, accompanied by an interesting letter, to Prof. O. W. Holmes, of this city, and the account is inserted here as a matter of general interest to the profession.—Eds.]



This singular disease has made its appearance in this place and vicinity, and has been somewhat prevalent for the last two months. Its proper *habitat* and home is far south of this, and, so far as I know, this is its first appearance in this section of the country.

The etymology of the barbarous term *dengue* is obscure. And the first account we have of the disease itself—unless it is identical, as some have supposed, with the “break-bone fever,” described by Dr. Rush, which appeared in Philadelphia in 1780, and which is quite problematical—was brought from Rangoon, in the East Indies, in May, 1824, and it appeared in Calcutta in June. It reached the Island of St. Thomas, in the West Indies, in September, 1827, and soon extended to the rest of the Islands, and the next year to the Southern States, reaching New Orleans in the spring, and Charleston and Savannah in the summer. A few cases were observed in Philadelphia and New York, at which latter place it found for a time its northern limit. Though no longer appearing as a wide-spread epidemic, it is now quite a common disease in most of the Southern States, particularly in South Carolina, Georgia, and Alabama, where, in the winter of 1850, the writer of this brief notice found it prevailing quite extensively; and lately he has been told that it is now becoming quite common in some parts of Virginia. It is probably marching northward, and very likely may, ere long, become domesticated among us, and become one of our standard diseases.

It usually commenced with stiffness and swelling in some of the small joints, or the muscles of a limb, with aching of the back and joints, restlessness, heat of skin, headache and thirst. To these succeeded fever, and intense pain in the back, knees, ankles, and, in turn, most of the joints, although the pulse was not much accelerated, and the tongue only slightly coated with a yellowish fur. After a day or two, the skin usually lost its dryness and heat, and became relaxed with abundant perspiration, when the local pain partially subsided. In this stage, in a few cases, there appeared a slight partial miliary eruption; in most this symptom was totally wanting, but in nearly all there appeared on the limbs spots of florid redness of variable size, which, in the aged and feeble, soon assumed a purple hue. Between the second and fourth days there was a deceitful truce, and many believed themselves to have passed through the worst stages, and some even attempted to resume their ordinary occupations. Soon, however, the severe symptoms returned with augmented violence, the local pain became intolerably excruciating, seldom continuing, however, but a few hours in one place, but shifting from limb to limb, with more or less swelling of the extremities, limbs, and sometimes the face, with agonizing pain on being moved, great depression of spirits and mental prostration. The pain—which was always worse in the morning and forenoon, and wore off as the day advanced, was peculiar in its character, being apparently seated in the bones,

which the sufferer described as though it seemed it were breaking or splitting into fragments. After a few days the tongue becomes clean, and the pulse natural, but the pain very slowly subsides, the limbs remaining for a considerable time sore, swelled, stiff and clumsy. Convalescence is exceedingly slow and tedious.

Thus it will be seen from this brief and imperfect, but I believe perfectly faithful description, that this malady, though unquestionably *sui generis*, bears some resemblance to both erysipelas and inflammatory rheumatism, and in many cases, by those unacquainted with dengue, is mistaken for them. When the swelling is considerable, it is often called erysipelas; when the intense pain, which is often arthritic and neuralgic in its character, is the predominating symptom, it is styled rheumatism. But it is more painful and more shifting than rheumatism scarcely ever is, though that complaint is certainly distinguished for these characteristics, but in a lesser degree, and it may be known from erysipelas by its attacking all the limbs, and most of the joints, in rapid succession, which fleeting and fugitive character true erysipelas *never* assumes; and it furthermore differs from both, in the occasionally seen miliary eruption, and almost constantly accompanying florid spots, and by occurring but once to the same individual.

It attacks both sexes and all ages indiscriminately. At the South it is considered contagious, but I have seen nothing in the cases which I have witnessed, to confirm that belief. Some persons have it very lightly—swollen limbs, or face, and a few migratory and transient pains, constitute the whole phenomena; others were confined to their beds from two to four weeks. From one to two weeks may constitute the general average.

The prognosis is exceedingly favorable; probably there is not one death in a thousand cases. But the untold bone-breaking agony of the severe cases, and the long, dejected, miserable convalescence, inspire in the minds of those who have had it, more dread and horror, than many far graver and more dangerous diseases. At the South, I have heard those who have had both this and the yellow fever, positively declare that, of the two, they would prefer having the latter.

As to the treatment, dengue is so slightly dangerous, and being self-limited besides, all active interference should be dispensed with. Although it cannot be cut short entirely, still, very much can be done to alleviate the sufferings, and to hasten recovery. Anodynes should be given freely to subdue the intense pain, diaphoretics to promote perspiration, and hot water stupes, or mustard cataplasms, be applied to the seat of the pain, and followed up, as it flits to other quarters.

The protracted convalescence should be hastened by generous food, to which quinine or London porter may with propriety be added.

Those who desire further information on this singular disease,

may consult Dickson's Elements of Medicine, page 731, and Copland's Dictionary, Vol. III., page 721. These instructive and ably written monographs will well repay perusal.

Moravia, N. Y., May 12, 1860.

C. POWERS, M.D.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, MAY 31, 1860.

AMERICAN MEDICAL ASSOCIATION.—The Thirteenth Annual Meeting of the National Medical Association will commence its session, as has already been announced, in New Haven, on Tuesday of next week. This is, we believe, its second meeting in New England, since its formation, the other having taken place in Boston in 1849. This circumstance will probably secure an unusually large attendance from the New England States; and as the various railroad corporations in different parts of the country have made such arrangements as to render the expenses of the journey to and fro quite within the means of all, it is hoped that the profession generally will be fully represented.

We are not especially apprised of what is likely to come before the Association, but doubt not, out of the abundance of material at hand, something will be found the consideration of which will be both interesting and profitable. We have always regarded, as not the least important result of this yearly assembling together of physicians from all parts of the country, that of cherishing a mutual good will and fellowship among the members of the profession. This, of itself, is perhaps one of the most certain means of bringing about that hearty and united action, essential to the fulfilment of the higher objects of the Association, and without which it would fail to answer the great end for which it was established. Little as has yet been accomplished, we are confident that it cannot fail ultimately to exert an important influence in extending the field of medical research, in elevating the standard of medical education, and in diffusing a spirit of scientific inquiry, alone created and fostered by an association broad and national in character as well as in name. Composed, as this body is, of men, many of whom are eminent in the various departments of medical knowledge, and fresh from their labors in a field of almost unlimited extent and fertility, it also combines peculiar facilities for the collection of much important material, to serve as a basis for future generalization, thus enabling the profession in America to do its share in advancing the great interests of humanity in a manner worthy of itself and of the country it represents.

We hope to have the pleasure of recording, at the close of the present session, that nothing has occurred to interrupt the harmony of the proceedings, and that a positive advance has been made towards placing the Association on a sure and permanent basis.

ABSENCE OF THE URINARY BLADDER; ENLARGEMENT OF THE PELVIS OF ONE KIDNEY.—M. Schmidt states, *Jour. de Méd. de Bruxelles*, that a woman, aged 30, died at the Central Hospital of the Great Duchy of Luxemburg, who presented, on a *post-mortem* examination, a complete absence of the bladder. The right kidney was very large, and its pelvis so increased in size that it could contain four or five ounces of fluid. It had evidently performed the office of a bladder. It was terminated by a very long ureter, which opened at the meatus. The left kidney was quite atrophied, and seemed to be affected with tubercular degeneration. The woman had stated that she had suffered from incontinence of urine since her twelfth year—a circumstance which can hardly be credited when the congenital defect is considered.—*Medical News*.

DINNER TO PROF. GEO. B. WOOD, OF PHILADELPHIA.—Dr. Wood, who has recently resigned his professorship in the Medical School of the University

of Pennsylvania, and is on the eve of sailing for Europe, has been honored by a public dinner in Philadelphia, a full account of which is published in the last No. of the *Medical and Surgical Reporter* of that city. We have only room to copy the following brief extract from the remarks introductory to that account.

"When it became known that Dr. Wood expected to go abroad this spring, to be gone two or three years, there was a general conviction that the profession of this city owed it to themselves and to the profession of the country, to show him some mark of respect. In doing this, they yielded to a prevalent custom, and proffered him a dinner, which came off at the Academy of Music on the 16th instant. The occasion was one of great interest. A sumptuous dinner was provided by the Committee of Arrangements, of which Dr. La Roche was chairman, and about one hundred of the profession of this city partook of it, and united in the agreeable exercises which followed."

**PNEUMONIA IN LONDON AND DUBLIN.**—The *Dublin Medical Press* says, that the deaths from pneumonia in London number from one hundred and thirty to a hundred and fifty weekly; but that in Dublin a death from that disease is of rare occurrence.

**RETZIUS**, the eminent anatomist, died in Stockholm, on the 18th of last month, in the 64th year of his age.—The systematic training of nurses, under the auspices of Florence Nightingale, is to be commenced in the St. Thomas's Hospital, London.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 26th, 1860.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	50	40	90
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	34.4	31.9	66.3
Average corrected to increased population, . . . . .	..	..	75.6
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
16	1	3	12	3	8

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.954	Highest point of Thermometer, . . . . .	77°
Highest point of Barometer, . . . . .	30.162	Lowest point of Thermometer, . . . . .	42°
Lowest point of Barometer, . . . . .	29.420	General direction of Wind, . . . . .	N. E.
Mean Temperature, . . . . .	54°.5	Whole amt of Rain in the week . . . . .	0.72 in.

**BOOKS AND PAMPHLETS RECEIVED.**—*Institutes of Medicine.* By Martyn Paine, M.D. Fifth Edition. (From Brown, Taggard and Chase.)—*Medical Literature in California.* By J. D. B. Stillman, M.D., of Sacramento.—*A few Thoughts on the Use and Abuse of the Uterine Speculum, with some Remarks on Uterine Polypus.* By W. H. Gantt, M.D., Union Hill, Texas.—*Transactions of the Medical Society of the State of New York for the year 1860.* (From the Secretary.)

**MARRIED.**—In this city, on the 17th inst., Wm. Edward Coale, M.D., to Miss Elizabeth J., daughter of the late Hon. Joseph Bell.—23d inst., Peter D. Walsh, M.D., to Miss Eliza J. Conley, both of this city.—At Lowell, 21st inst., Thomas G. Durkee, M.D., of Stoneham, to Miss Angeline R. Woodward, of L.—At Camden, Me., 21st inst., W. H. Hall, M.D., of Brooklyn, N.Y., to Miss Susan T. Hall, of C.

**DIED.**—At Lexington, Mass., 26th inst., Dr. Stillman Spaulding, 72.—In Brooklyn, N.Y., May 23d, Ezekiel Ostrander, M.D., 82.

*Deaths in Boston for the week ending Saturday noon, May 26th, 90.* Males, 50—Females, 40—Accident, 1—biliary calculi, 1—disease of the bowels, 1—inflammation of the bowels, 1—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 1—cancer, 3—consumption, 16—convulsions, 1—croup, 1—carditis, 1—diarrhœa, 1—infantile diseases, 6—puerperal disease, 2—dropsy, 1—dropsy in the head, 4—drowned, 3—dysentery, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 2—gravel, 1—hemorrhage, 1—intemperance (delirium tremens), 1—congestion of the lungs, 2—disease of the lungs, 2—inflammation of the lungs, 12—marasmus, 1—measles, 3—pleurisy, 1—rheumatism, 1—smallpox, 8—teething, 1—tumor, 1—unknown, 2.

Under 5 years, 35—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 18—above 60 years, 8. Born in the United States, 61—Ireland, 18—other places, 11.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, JUNE 7, 1860.

No. 19.

RECORD OF OBSTETRICAL CASES.

[Communicated for the Boston Medical and Surgical Journal.]

THIS report of 734 obstetrical cases was made out by me for, and was read to, the Middlesex East District Society, at the meeting held on the evening of the 9th inst. They are the records of seven different members of the Society, during the years 1858 and 1859, and may be read as a continuation of similar reports in your JOURNAL—one of 586 cases in the number for May 7th, 1857, and the other of 415 cases in the number for April 22d, 1858. Thus, altogether, we have a record of 1,735 cases.

There were 734 births, and 746 children born; 12 twin births, being one in  $61\frac{1}{2}$  cases; 414 males, 332 females.

Average duration of pains among

391 United States women,	14 h. 15 m.
296 Irish	14 " 15 "
14 English	13 " 30 "
10 Nova Scotia	13 " 00 "
4 German	16 " 15 "
6 Canadian	18 " 15 "
5 Scotch	12 " 00 "
4 N. Brunswick	10 " 00 "
1 Australian	2 " 00 "
1 Switzerland	5 " 00 "
2 not recorded.	

Longest time of these cases was one week; 2 of 90 hours. Shortest, 15 minutes; there were many of 30 minutes.

209 were 1st births.	8 were 8th births.
181 " 2d "	7 " 9th "
128 " 3d "	3 " 10th "
88 " 4th "	3 " 11th "
50 " 5th "	1 " 12th "
35 " 6th "	2 " 14th "
18 " 7th "	1 not recorded.

## Number of children born in

September,	46	December,	59	April,	66
May,	47	June,	63	July,	70
February,	50	March,	65	January,	76
November,	57	October,	65	August,	82

In 655 cases, the average time of the breaking of the waters previous to birth was 4 h. 40 m.

The proportion of miscarriages that had befallen 391 American (U. S.) women, was 1 in 3, within a minute fraction; 296 Irish, 1 in  $4\frac{1}{3}$ ; one American had had 10 miscarriages and 5 children; one Irish, 7 and 4.

In 718 single cases there were 39 other than normal presentations, 1 in  $18\frac{2}{9}$ ; viz.: breech, 1 in  $71\frac{4}{5}$ ; footling, 1 in  $143\frac{2}{3}$ ; face to pubes, 1 in  $51\frac{2}{7}$ ; forehead, 2 cases; occiput posterior, 5 cases; cord and arm, 2 cases, one child being stillborn at 5 months, the other also stillborn, but delivered by the feet, after replacement of the arm and turning; shoulder, 1 case—"had been under the care of a midwife, turning and delivery, stillborn."

Average time in attendance,  $3\frac{1}{2}$  hours.

*Twin Cases.*

First. Irish. Primipara; age, 22 years; sanguine temperament. The waters broke at 10.30, P.M., June 6th; first child born at 6.40, A.M., June 7th; second at 7, A.M.; both presentations normal; second child dead for some hours; females; time in attendance, 2 hours.

Second. Irish. Age, 38 years; had one miscarriage; bilious temperament. Third child. Waters broke at 5, A.M., Jan. 19th. First child born at 9.30, A.M.; second, delivered by forceps at 11.30, P.M.; stillborn; both presentations normal; males; time in attendance, 26 hours.

Third. U. S. Primipara; age, 26 years. Waters broke at 6, A.M., Sept. 30th. First child born at 12, M.; the other followed; presentation normal; males; 7 months; breathed but a short time; time in attendance, 7 hours.

Fourth. English. Age, 37 years. Third childbirth. Born at 7, A.M., July 15th. Presentation normal; time in attendance, 1 hour.

Fifth. U. S. Primipara. Age, 23 years. Sanguine temperament. First child born Oct. 20, at 4.30, A.M.; second at 5.15, A.M. Presentation of first, feet; of second, normal; females; time in attendance, 3 hours.

Sixth. U. S. Primipara. Age, 32 years. Nervo-bilious temperament. Waters broke at 5, A.M., April 4th. First child born at 8, A.M.; second, at 8.30; both presentations normal; males; time in attendance,  $4\frac{1}{2}$  hours.

Seventh. Age, 29 years. Phlegmatic temperament. Fourth labor. Waters broke while asleep. First child born at 11.45,

P.M., August 11th; second at 12.15 of the 12th. Presentation of first, cord and foot; of the second, cord and head; male and female; time in attendance, 1 hour.

Eighth. Age, 26 years. Phlegmatic temperament. Had had 1 miscarriage. Third labor. Waters broke at 6.45, A.M., Oct. 16th; children born at 7 and 7.30, A.M. Presentation of first, normal; of second, occipito-posterior; male and female; time in attendance, 1½ hours.

Ninth. Irish. Age, 25 years. Bilious temperament. Third labor. Waters broke July 1st, at 11, P.M. First child presented a shoulder, the head being towards left groin, pains violent; delivered by turning, at 12.15, A.M., July 2d; second presentation, normal; female and male; time in attendance, 4 hours.

Tenth. Irish. Primipara. Age, 22 years. Aborted with twins at 10 weeks; much flooding; recovered.

Eleventh. Age, 31 years. Sanguine temperament. Third labor. Both children born April 12th, at 11.45, P.M. Presentation normal; males; time in attendance, 1½ hours.

Twelfth. Age, 29 years. Nervous temperament. Third labor. Waters broke at birth, May 21st, 11.30, P.M. Presentations normal; females; time in attendance, 15 minutes.

#### *Brief Remarks on Cases.*

1. "Long-continued fainting, without flooding of extra amount; brandy, spts. Ammonix arom.".

2. "Frequent profuse flooding during three months previous to delivery; a 7 months child, which lived 2 hours."

3. "Primipara. In charge of a female practitioner, who had given lobelia inflata, which produced frequent vomiting and retching. A full, hard pulse, and a bloated countenance. Convulsions. The placenta not coming away, I carefully and easily removed it; took two pints of blood from arm, and administered ether. She was apparently easy, and free from convulsions for an hour, at the end of which time she was again attacked, and died."

4. "Face presentation; I at once ruptured membranes, turned and delivered."

5. "Puerperal convulsions; took blood from the arm. Patient did well."

6. "Puerperal fever, treated with the tincture of veratrum viride, and calomel, opium, antimony, and leeches to os uteri, with marked benefit; dysuria with catheterism; tincture of veratrum viride was freely used externally for phlegmasia dolens; metritis; sick 8 weeks, but fully recovered."

7. "Consultation case. Found head in superior strait; applied long forceps. Both attendants tried faithfully in vain; pelvis contracted at the promontory of the sacrum; performed embryotomy, and with much difficulty removed the child in an hour and a half. The mother died 7 days after, of peritonitis."

8. "Puerperal fever; treated with tincture of veratrum viride, salines, and leeches to os uteri; recovered well."

9. "Severe uterine hæmorrhage; used ice in utero; the foot of bed was kept raised ten inches through the night. Anæmia continued for months."

10. "May 6th. Profuse uterine hæmorrhage; placenta prævia. On the day of her confinement, June 8th, she becoming weak, chloroform was given, and delivery accomplished by turning; through in five minutes; she being faint, the lower part of the bed was raised upon three bricks. Mother and child both did well."

11. "Imperforate rectum, three fourths of an inch within the anus; operated, and obtained a free discharge of meconium; the child died 4 days old, jaundiced."

12. "On the fifth day after delivery, mother and child died of scarlatina."

13. "Convulsion immediately after delivery; chloroform; recovery."

14. "Face presentation; delivery without interference."

For the Middlesex East District Society,

Winchester, May, 1860.

WILLIAM INGALLS.

#### TUMOR IN THE POSTERIOR CHAMBER OF THE EYE.

By J. H. DIX, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

FEBRUARY 28th, 1860.—Clara Jane —, aged 10, daughter of Mr. T., of North Weymouth, Mass., three years ago was wounded with a stone, which cut through the cornea and sclerotic a gash about a line and a half long, at the lower and outer side of the cornea. The iris protruded from the wound, making the pupil pyriform, but a firm cicatrix was ultimately formed, and the eye became round, and, until recently, had as good or very nearly as good vision as ever before. The two years past she has been steadily at school, and made some close application of her eyes every evening by artificial light.

Three weeks ago, while reading by lamplight, she felt a sudden and rather severe pain in this eye. For a few days previous, a slight redness had been observed in the neighborhood of the wound, which, on the morning after the occurrence of the sudden pain, was increased. For the three weeks past, there has been a constant uneasiness, an occasional pain in the eye, more or less redness about the cicatrix, tenderness of the globe to the touch, and a considerable loss of vision, as if she were looking through a thick veil.

The pupil being dilated as much as its pyriform shape admits, there is seen behind the iris, on the lower side of the pupil, a tumor of a dark-brown color, like the choroid, arching upward and



shading about one third of the whole opening of the pupil from the retina behind. The outline of the tumor is a single curved line, and its surface apparently smooth and rounded.

*Diagnosis.*—Extravasation of blood under the choroid coat, or the uvea, or both.

*Treatment.*—Absolute rest of the eye from close application, and avoidance of strong daylight and artificial light. Bathing around the orbit frequently with a tepid infusion of opium (gr. 10 to a teacupful of boiling water).

March 28th.—No pain, tenderness, nor redness of the globe. Vision improved. The tumor as before, but perhaps mounting not quite so high behind the iris. Ung. iodini daily to left temple.

May 26th.—Vision now as good as before the occurrence of the tumor, and since the cut with the stone—that is, very nearly as good as with the sound eye. The tumor is now very sensibly diminished, rising, probably, when the iris is not under the influence of stramonium, not above the margin of the pupil, while its surface is no longer smooth, but corrugated, its superior outline being very irregular and uneven. This result I conceive to be corroborative of the diagnosis.

At the second and third visits, the symptoms of inflammation or irritation having subsided, I examined the eye by the ophthalmoscope. Of the general complexion of the tumor, it gave a less satisfactory exhibition than ordinary daylight with a powerful lens, but it revealed one important fact, that the anterior portion only of the choroid in the immediate neighborhood of the ciliary system, was involved in it, and enabled me very early in the treatment to make a favorable prognosis as to the recovery of vision.

The loss of vision at first was probably due not wholly to the interposition of the tumor between the retina and a portion of the pupil, but also to pressure of the tumor upon the lower side of the crystalline lens, displacing it enough to disturb the refraction of light in its passage to the retina.

### THREE CASES OF FUNIS PRESENTATION TREATED SUCCESSFULLY BY THE POSTURE METHOD.

BY S. BRANDEIS, M.D., LOUISVILLE, KY.

CASE I.—Mrs. Katharina Rehm, aged 30, a native of Germany, and who has borne four children (one of which was stillborn in consequence of prolapse of the funis), was seized with her fifth labor on the first day of July, 1858, at 4 o'clock, A.M. At 5 o'clock the membranes ruptured, followed by a full gush of liquor amnii, which carried with it a long loop of the funis and the right hand. The midwife in attendance, having discovered the mischief, sent immediately for my assistance.

I reached the patient within ten minutes, and found the funis, feebly pulsating, outside of the genitals, the hand within, and the head balloting high above the entrance of the pelvis. Remembering a plan suggested by Dr. Thomas, of New York, I forthwith placed the parturient on her knees and elbows, supporting the body with pillows in such a way that the pelvis was a good deal higher than the chest.

With slow and careful manipulations, I succeeded in placing both funis and arm far beyond the head, while I kept my hand within the cavity of the womb, in order to prevent a further prolapse. Strong labor pains set in, and, soon after, the head engaged so firmly in the superior entrance of the pelvis that all apprehension of a procidentia of the funis vanished. The patient was now placed on her back, labor proceeded rapidly, and three quarters of an hour later a living child (a boy) was born.

The patient did very well afterwards. The placenta was spontaneously expelled, there was very little after-pain, and recovery took place rapidly. The child is now eighteen months old, vigorous and healthy.

CASE II.—Mrs. Katherine Rapp, aged 36, a native of Germany, a stout and healthy woman, and the mother of four children, was taken with labor pains at 8 o'clock, P.M., October 12th, 1859. Soon after the arrival of the midwife, the membranes ruptured, and a loop of the funis and hand presented. I was summoned to the case at 11 o'clock, P.M. On examination, I found the midwife's diagnosis correct; the hand was the left one; the loop of the funis, still pulsating, was about three inches long; whilst the head was high above the entrance of the pelvis. The method described in Case I. was immediately carried into operation. The reposition of the parts prolapsed was accomplished in about ten minutes. Labor pains were rather slow for about three quarters of an hour, and the patient, having been very much fatigued by her uncomfortable position, was permitted to lie on the left side with a high pillow under the hips. The pulsation of the child's heart, which had been very feeble, now recovered its full strength, labor-pains re-appeared, the head engaged firmly in the pelvis, no further prolapsus occurred, and, at half-past twelve, a loud-crying child (a boy, eleven pounds in weight) made its appearance. Child-bed proceeded without the least disturbance. The child is now four months old.

CASE III.—Mrs. Elizabeth Bohn, aged 36, native of Germany, of vigorous frame, but somewhat reduced by a bronchial catarrh, which persisted during the later months of gestation, sent for a midwife at 11, P.M., February 3d, 1860. The pains were so slow and feeble that patient and midwife slept several hours during the night. At 5 o'clock, A.M., contractions of the womb re-appearing more forcibly, the membrane ruptured; after which the midwife

discovered the funis projecting through the os uteri, but could not find any foetal part presenting. My assistance was called for at 7 o'clock, A.M., February 4th, 1860.

On examination, I found the funis in from four to five small loops projecting through the os uteri, which was only partially dilated; the head being high above the pelvis, I could discover only by introducing my full hand.

After placing my patient in the position already described, efforts were made to replace the funis, which was more difficult in this case than in the two former, as several loops were projecting, and one would drop down while another was carried up; but nevertheless the aim was accomplished in a very short time, and the operating hand kept within the uterus, in order to prevent another prolapsus. In the meantime, the uterine contractions propelled the head into the pelvis. The patient was now placed once more on her back (to her great comfort), and auscultation soon convinced me of the child's life.

Labor proceeded rapidly, and at quarter past 8, A.M., one hour after my arrival, a crying child proclaimed to me once more the success of the operation.

The patient had some after-pains, which yielded to slight medication. She is now doing well.

A few remarks on the merits of the operation employed in the cases just reported, will be permitted.

The presentation, or rather the prolapsus of the funis, is by all authorities in the art of accouchement considered as a complication most disastrous to the life of the fœtus, and the great variety of contrivances invented for the occurrence is the most eloquent testimony for the difficulty of its removal.

The space granted to this paper does not permit the reporter, nor is it his aim, to go into a detail of the various modes of treatment; but it may be remarked, that not only the life of the fœtus, but the life as well as the health of the mother, is often endangered or lost through the severe operations—forceps, version and craniotomy—often resorted to, after repeated efforts have failed to replace the funis. The following table, collected from the highest authorities, shows the numerical proportion of this occurrence:

Collins,	16,152 cases of labor.	97 funis presentation.	1 out of 165
Churchill,	90,983 “	322 “	1 “ 282
Michaelis,	2,400 “	27 “	1 “ 88
Boivin,	20,357 “	38 “	1 “ 535
LaChapelle,	15,652 “	41 “	1 “ 411
Hardy and McClintock, }	6,702 “	37 “	1 “ 181
Klein,	5,490 “	55 “	1 “ 100
Barstch,	4,425 “	16 “	1 “ 276
Arneth,	6,608 “	33 “	1 “ 290
Skanzoni,	8,415 “	29 “	1 “ 200

Out of 177,184 accouchements, which is the total amount of the

figures just referred to, prolapsus of the funis occurred 695 times, giving a proportion of one 1:264, showing that this anomaly is one of the most frequent disturbances of labor.

Another table will show the relative mortality of children born under these circumstances:

	PROLAPSUS OF FUNIS.	CHILDREN STILLBORN.
Mauriceau,	39	15
De La Motte,	14	5
Clarke,	66	49
Collins,	97	24
Churchill,	322	220
Hardy and McClintock,	37	25
La Chapelle,	41	8
Michaelis,	27	20
Boivin,	38	18
Arneth,	33	11
Skanzoni,	29	13
	743	408

Thus, 743 cases of prolapsus funis gave 408 stillborn children, a proportion of 1:1.82, which shows clearly enough that accoucheurs have not been very successful in treating this kind of labor.

The rationale of the posture method being obvious to every skilful practitioner, we shall, in conclusion, try to give the indications for it.

First. The operation is only admissible as long as circulation exists in the funis; even if the circulation is feeble, it may soon be restored after the impediment is removed.

Second. The os uteri must be sufficiently dilated or dilatable.

Third. The liquor amnii must be partly retained; otherwise, if it should all have escaped, and the uterus be firmly contracted over the child's body, every effort for the reduction of the prolapsed funis would be in vain.—*Louisville Medical Journal*.

#### A CASE OF ARGYRIA, WITH DEPOSIT OF SILVER IN THE INTESTINES, LIVER, KIDNEYS, AND SPLEEN.

BY DR. C. FROMMANN.

THE subject of this paper, W. Jordan, aged 60, was attacked in March, 1856, with epilepsy, the fits occurring three to four times daily during the first month, when they lasted an hour at a time; they subsequently became less frequent, and at the end of the year they occurred once a fortnight, and only lasted about a quarter of an hour. Almost from the commencement of the disease, nitrate of silver was exhibited, and for nine months he took a daily pill containing six grains, so that altogether he swallowed about  $3\frac{1}{2}$  ounces. Towards the end of July, the skin began to be discolored, gastric symptoms supervened, but still the remedy was persevered with. In the beginning of 1857, there was hæ-

matemesis and other undoubted symptoms of gastric ulceration, and scarce any food could be borne. He recovered so far as to undertake a voyage to England, but the fatigue proved too much for him, and on his arrival he was compelled to seek aid at the German Hospital. On his discharge he was able to take food well, but his circumstances being very bad, he had a relapse, and was again admitted into the German Hospital on the 6th November, 1858, in a wretched condition, severe cough and hæmoptysis having supervened. The whole surface exhibited a steel-grey color, which was particularly marked in the face. There was, in addition to the gastritis, advanced tuberculosis, bronchitis, and pneumonia. The patient died two days after admission. The following is an abridged account of the autopsy:—The parts in the face which had exhibited a great intensity of discoloration, owing to their containing more blood, now presented a tint uniform with the rest. In the brain, the choroid plexuses presented an uniform greyish-blue tint. The state of the lungs corresponded with what had been observed during life; the left ventricle of the heart was much hypertrophied. The stomach contained a large quantity of acid brown liquid, streaked with blood; the mucous membrane was covered with a considerable layer of dirty red, viscid mucus, inclosing streaks of black coagulated blood. The vessels were much injected, and there were numerous small extravasations. At the upper part of the posterior wall, half way between the pylorus and cardiac orifice, was a large ulcer, seven centimetres by five ( $2.75 \times 1.96$  inches), at the base of which there was an orifice of the size of a crown-piece, which was blocked up by the pancreas, to which adhesions had formed. The pylorus formed an annular stricture, only large enough to permit the passage of a common lead pencil. The mucous membrane of the duodenum and jejunum was dotted over with many small black granules, most closely aggregated along the folds. In the ileum these spots became more and more scanty; examined by the microscope, the villi in these black spots presented, especially in their globular end, groups of black aggregated particles, varying much in form and size, and without a crystalline character; cyanide of potassium rapidly dissolved these deposits, here as well as in the other organs in which they were found. The spleen was small; its veins had an ashen hue, which was due to a fine granular precipitate upon their coats. The liver was small, congested, and fatty; the small branches of the vena portæ and of the hepatic veins presented the same precipitate of silver throughout, but the capillaries were free from it. Fine sections of the hepatic tissue showed numerous black dots, each of which occupied the centre of an acinus, corresponding to the point of exit of a central vein, and the color was produced by a black margin surrounding the calibre of the artery. The dark color of the branches of the vena portæ was also very characteristic throughout. The largest argentean deposit was in

the kidneys, where the bundles of vessels, in the Malpighian corpuscles and the intertubular capillaries, seemed to be its primary seat. The pyramids all exhibited a dark grey color, which was deepest and all but black near the papillæ. The tubules in these parts were entirely invested with a dense precipitate; so that on a transverse section each tubule appeared surrounded by a black ring. Parts of the skin taken from the temporal, axillary and digital regions were examined. Transverse sections showed a pale, purplish streak immediately underneath the rete Malpighii, following the undulations of the cutis. At the roots of the hairs it accompanied the external sheath towards the bulb, but nowhere except in the sudoriparous glands was a granular deposit to be found; in them it presented an appearance similar to that seen in the renal tubules. The glandular epithelium uniformly presented fatty degeneration.

We may mention that concentrated sulphuric acid, as well as cyanide of potassium, dissolved the argentean deposit; though the latter did so with the greatest rapidity. Portions of the liver and kidneys analysed by Dr. Versmann afforded the following result: 217 grains of dried liver yielded 0.009 grammes of chloride of silver, or 0.0068 grammes of metallic silver, or 0.047 per cent. of metallic silver; 133 grains of dried kidney yielded 0.007 grammes of chloride of silver, or 0.0053 grammes of silver, or 0.061 per cent. of the latter.—*Archiv. für Patholog. Anat.*

### Bibliographical Notices.

*A Treatise on Medical Electricity, Theoretical and Practical, and its use in the Treatment of Paralysis, Neuralgia, and other Diseases.* By J. ALTHAUS, M.D. Philadelphia: 1860.

THE first application of electricity to medical purposes was made over a century ago, and, about 1780, it had a wide celebrity, from which, owing to the imperfect apparatus then known and the non-fulfilment of the marvellous results expected from it, it fell into utter neglect; which was not so undeserved as some people have thought. Its use could not become general before the effects it produces in the living body had been investigated. Its application was mere experimentation; unlooked-for results followed the empirical use of it; while some physicians failed to give relief in paralysis, others found it efficacious in impetigo, and others in chronic ophthalmia and chilblains.

While ignorance of the subject prevented conscientious physicians from using this agent, there has been, from the time prior to the introduction of the Perkins tractors to the employment of the electro-chemical baths, an uninterrupted succession of more or less enterprising individuals who have lived on the public as electric therapeuticians, and perhaps the greatest harm these people have done has been the discredit they have thrown on their own speciality.

The different medical journals of the last sixty years contain a num-

ber of more or less reliable accounts of diseases cured by this agent ; these were forgotten as soon as published, showing how great professional scepticism and indifference were upon the subject, and it cannot be denied that these feelings, in a lesser degree, are still held by the majority of medical men. It is therefore with pleasure that we see the re-print of Dr. Althaus's work, the object of which is to show to the profession what may reasonably be expected from a judicious use of electricity in medicine.

The author is not an enthusiastic panegyrist, contending "that it is a therapeutical agent superior to all hitherto discovered." He knows that "it sometimes happens that in cases which to all appearances are suited for electric treatment, and in which the agent has been judiciously employed, it nevertheless produces little or no benefit ; in fact, it is as little infallible as any other remedy we possess." He theorizes little, and is very cautious in using vague terms, as "increasing vital force," or "diminishing organic action." The perusal of his work does not leave us with the doubt we feel on the reliability of a writer who deals in expressions like "electricity working in the direction of health," "connecting and harmonizing functions," "controlling morbid tendencies," &c. He does not pretend to go farther than our present knowledge of the physiological effects of electricity warrant. He has therefore been most anxious to render the physiological part of his work as complete as possible. Half of the book is devoted to this subject, and the author shows himself well versed in the foreign literature concerning it.

The first chapter is on Forms of Electricity ; the second on its physiological effects, under the received name of Electro-physiology ; the third on the Medical Apparatus ; the fifth on Electro-therapeutics. The fourth chapter, on Electricity as a means of diagnosis, belongs properly to the fifth, as it is available only in distinguishing, by the greater or less contractility of muscular tissue, between certain forms of paralysis.

Our space does not allow us to give as complete an analysis of this work as we could desire ; we purpose to call attention chiefly to the fifth chapter, that on electro-therapeutics. But before alluding to the practical part, we must briefly mention some of the laws which govern the application of electricity, and the ignorance of which has contributed to produce such different results in apparently identical cases.

It is of paramount importance to keep in mind the difference between the two forms of electricity furnished by our present apparatus ; that of the galvanic battery, or continuous current, and that of the magneto-electric machine, the interrupted or induced current. In 1831 Faraday discovered that, when two wires are side by side, but not touching each other, if the current of a galvanic battery pass through one of them, it produces in the second wire a second electric current. This is called the current by induction, and it takes place only when the circuit of the battery is closed or opened. It does not last, nor does it return as long as the current of the battery passes uninterruptedly through the first wire. The same effect is produced by a magnet in proximity to a wire ; in withdrawing or replacing either the magnet or the wire, an induced current is produced in the wire. It is on this principle that all magneto-electric apparatus are constructed.

The induced current may be considered a continuous one rapidly

opened and closed. The effects of the two are, however, not the same, but we may, by rapidly breaking and making the circuit of a battery, imitate an induced current, and by producing an excessively rapid succession of induced currents we can approximate some of the effects of the continuous one. The principal difference lies in the infinitely greater power possessed by the continuous current of causing chemical decomposition.

A current is said to be "direct" when it follows a nerve *towards* its ramifications, and "inverse" when it moves towards the nervous centres.

The most important of the well-established effects of the two electric currents, on which their application in medicine depends, are the following.

Though electricity has a direct influence on muscular tissue, contractions produced in the living body are principally created by its action on the motor nerves. Hence the necessity of choosing the so-called motor points to place the electrodes.

Electricity, by exciting muscular contraction, increases interstitial chemical changes; producing, as a result, greater circulation and heat. Hence its influence in muscular atrophy. If a nerve be in its normal condition, a contraction of the muscles to which it is distributed is produced only on establishing a current through it.

Muscular contraction is greater if the current be direct, than if it be inverse. The reverse exists as to sensibility.

If a direct continuous current (or a rapidly interrupted one) be sent through a nerve, its *sensibility* is diminished. The result is more striking if there existed before a morbid increase of sensibility, as in neuralgia.

The excitability (i. e., the power of exciting contraction) of a nerve is, within certain limits, diminished by a direct current, and increased by an inverse one.

To form a just estimate of the value of electricity as a remedial agent, we must recal to mind its different effects on the living body. They are:—

1. Modification of chemical action.
2. Irritation.
3. Excitement of the proper (Hallerian) sensibility of muscular tissue. This, however, cannot practically be separated from the
4. Excitement of nervous influence and sensibility.

Under the first head are included electro-puncture, and cauterization by wire rendered incandescent by the continuous current.—(Page 331.) This belongs properly to surgery, and we shall only mention it incidentally. The power of modifying chemical action and producing irritation belongs to many heterogeneous substances, and it remains still to be proved that electricity has any advantage over the means commonly used.

It is said that aneurisms have been cured by it. The continuous current produces, it is true, in an aneurismal sac, fibrinous coagulation, but Dr. Broca has shown (page 333) that as the clots contain many blood cells they are not firm; that gangrene may follow the inflammation of the punctures made by the needles; and besides, many aneurisms and varices are readily cured by pressure or other means, so that, except as a last resort, electricity is not to be recommended. The passage of the induced current has created alarming symptoms



of inflammation, and if the aneurism was healed it was owing to the dangerous inflammatory action which it created.

Dr. Golding Bird (page 211) has used a single galvanic pair to produce a slow and painless moxa, which in some cases might be useful. The epidermis being removed by a blister, two pieces of zinc and silver foil, joined by a copper wire, are placed upon the cutis. The salt of the serum is decomposed. Chloride of zinc forms at the zinc plate and produces, in forty-eight hours, an eschar, which separates in four or five days; the sore, if poulticed, discharges freely. As for the disintegration of urinary calculi, and dissolution of cataract (page 343), the less said of them the better.

When a series of electric sparks pass from or to the skin, a local irritation is created. Whether this be a variety of lichen or not, it does not seem to possess any therapeutical advantage over the erythema of a mustard poultice, or the eczema of croton oil, and those cases of scrofulous swellings, goitre, and ulcers of various kinds which were cured by it, would probably have got well under more convenient applications. It is owing to localized irritation that Mr. Holl's well-known cure of ununited fracture occurred. Mr. Holl (page 192) introduced a needle from each side of the limb into the interspace between the bones, and passed a continuous current through. The operation was repeated every day for a fortnight, and a cure ultimately resulted. The fracture had been very movable, and had existed for over a year.

All these effects may be produced by other means than the battery and magneto-electric apparatus, but we have no other means of influencing the muscles and nerves in the same manner as by electricity. The greatest part of the fifth chapter of Dr. Althaus's work is devoted to paralysis, and he deserves the credit of having treated this subject faithfully.

What follows contains his views; often expressed in his own words.

In traumatic paralysis (p. 261), or that produced by disorganization of the nervous centres, electricity has no influence to further the reunion of the divided nerve or to check the disease.

In paralysis caused by extraneous growths in or near the brain or spinal marrow, it is useless to say that it does no good.

After an apoplectic stroke (p. 259), in a certain number of cases reparation is accompanied by a gradual amelioration of the paralytic symptoms. There is then, in most cases, no need of electric stimulation. In other instances, the cyst which forms around the apoplectic clot creates a constant irritation in the brain, shown by rigidity of the muscles (especially the biceps and hamstring muscles). This rigidity must not be confounded with that produced by atrophy. Electricity in these cases can be of no use, and injudiciously employed may produce fresh cerebral effusion. Finally, the cicatrix may have been formed, and there may be no rigidity of the muscles, but the paralysis still continues in a more or less degree, owing, probably, to incipient atrophy of the muscle, or unknown disturbance in the nerves. In these cases, the electric current may be employed with a fair chance of success, and should be localized in the paralyzed motor nerves and muscles.

Those cases (p. 261) in which neither the nervous centres nor the motor nerves have been palpably injured, are often wonderfully amenable to electricity. These include:—

Hysterical paralysis (p. 291), often getting well in a short time without treatment, or resisting for years a variety of energetic therapeutical experiments. The electric current locally applied, or faradisation\* of the skin, has, in many cases, yielded remarkable results, although they are by no means infallible.

Rheumatic paralysis (p. 292), occurring often in anglers or lumbermen, affecting, by preference, the lower extremities, and simulating spinal disease. There is no affection in which the benefits of electricity are more striking. Dr. Althaus mentions ten cases successfully treated.

In lead-palsy, even when the bulk of the muscles is considerably reduced, the most reliable treatment is the use of the electric current.

Incomplete paralysis of the lower extremities, connected with disease of the urinary system (p. 294), when not disappearing after the impediment to the discharge of urine is removed, is most essentially benefited by faradisation.

Wasting palsy, when general, is intractable under any treatment. When partial, it is benefited by no other than the electric treatment, although certain cases end fatally in spite of it.

Of local palsies (p. 284), those of which anything certain can be said, are:—Palsy of the muscles of the eye. Although some cases have been reported successfully treated, with our present knowledge and means it is a difficult and dangerous operation.

When the facial nerve is paralyzed, after exposure to cold, it generally gets well of itself. In cases of long standing, electrification of the separate muscles of the face may be useful in exciting muscular irritability. When this affection is symptomatic of other disease, electricity is worthless.

In nervous aphonia (p. 284) the use of this agent is very valuable. Of fifteen cases treated by Dr. Althaus, eleven, of comparative short duration, recovered, while four, of longer standing, remained unimproved. It is true that not unfrequently the voice comes back suddenly of itself.

We can only allude to the use of the current in atony of the bowels and paralysis of the bladder, for sufficient data do not as yet exist to warrant a conclusion on the subject. The same may be said of invagination of the intestines, which, theoretically, might be amenable to electricity.

It is generally admitted that spasmodic affections are much less influenced by this agent than paralysis. Nothing is sufficiently known to warrant the use of it in any one case.

Its use in nervous diseases is much more limited than might at first be supposed. In loss of taste and smell, its effects are unknown. In amaurosis its use, besides being dangerous, is of very doubtful benefit. In nervous deafness, its usefulness is very uncertain. Dr. Althaus seems to think better of it than other practitioners.† In hysterical anæsthesia of skin it has succeeded in effecting a cure, other means having failed. Some cases of scrofulous photophobia in chil-

\* To connect the name of Faraday with the electro-magnetic machine, Duchenne proposed the word "faradization" for the use of the induced current in medicine. The term has not been generally adopted, except in England.

† A. Bécquerel, *Traité des App. de l'Elect., &c.* Paris, 1857. Page 238. *En résumé, je me crois parfaitement autorisé à dire que les courants électro-magnétiques n'ont pas d'efficacité réelle dans le traitement de la surdité nerveuse, lorsque celle-ci est essentielle et non symptomatique.*

dren are certainly relieved by a weak current. It has to be repeated more than once, however.

Ever since the first appearance of electricity as a remedial agent, it has been used against neuralgia, and every writer on the subject has reported cases successfully treated. We regret that Dr. Althaus does not enter into more details on this subject—he gives but two cases (pages 318, 320), one of tic douloureux, the other of sciatica. It results from the general experience of those physicians who have employed electricity, that most neuralgias, not symptomatic of other disease, are readily amenable to it, and generally in a shorter time than by other remedies; on the other hand, some cases show that the use of it has aggravated the evil instead of diminishing it; this may possibly have been owing to the wrong direction of the current, it being known that a direct current diminishes the sensibility of the nerve, while an inverse one augments it.

We miss also, in the work before us, any allusion to the use of this agent in lead colic and asthma, in both of which experience has shown that something may be expected from it.

The book of Dr. Althaus cannot be called an original work; it is a compilation made by a person thoroughly acquainted with the subject, and, on this very account, will it be much more liable to call professional attention to the subject. On the whole, it is the best book of the kind we are acquainted with, and we hope that it may serve to banish some of the professional doubts as to the usefulness of electricity as a remedial agent.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 7, 1860.

THE Annual Meeting of the Massachusetts Medical Society was held in the hall of the Lowell Institute, Boston, on Wednesday, May 30th, 1860, at 10, A.M. The President, Dr. John Homans, in the chair.

After the usual business, Dr. C. C. Holmes, of Milton, offered the following resolution, which was unanimously adopted:—*Resolved*, That a committee of five be appointed to propose what action, if any, is proper, on the part of this Society, respecting the disease now prevailing among the cattle of this Commonwealth, and that the committee be instructed to report at the earliest moment practicable. The Chair nominated Drs. H. I. Bowditch, J. Sargent of Worcester, J. G. Metcalf of Mendon, S. Whitney of Framingham, and C. C. Holmes of Milton.

Three communications were then presented:—one upon Neuroma, by Dr. Alfred Hitchcock, of Fitchburg; another upon the Zymoses of 1859, by Dr. Ephraim Cutter, of Woburn; and a third upon the subject of Vaccination under the direction of the Middlesex East District Medical Society, by Dr. A. Chapin, of Winchester.

In reference to a memorial presented to the Councillors at the stated meeting in February, 1860, the following resolution was unanimously adopted:—*Resolved*, That the Society assume the payment of the ex-

penses of the several suits brought by Ira Barrows against Drs. B. Carpenter, L. V. Bell and D. H. Storer, and hold the memorialists harmless from all pecuniary liabilities growing out of them.

The committee appointed to consider the subject of the disease now prevailing among cattle, reported the following preamble and resolution, which were unanimously adopted: Whereas a disease, the nature of which is not well understood, and the treatment of which has been to a remarkable degree unsuccessful, is now prevailing among cattle in this Commonwealth, and whereas the Legislature is this day convened to consider this specific object, therefore, *Resolved*, That a committee of nine from the Mass. Med. Society be appointed by the Chair to urge upon the Legislature the establishment of a scientific commission to investigate said disease. The Chair appointed Drs. J. Bigelow, Geo. Hayward, H. I. Bowditch, and J. B. S. Jackson, of Boston; O. Martin, of Worcester; J. C. Bartlett, of Chelmsford; J. Gardner, of Pawtucket; C. P. Fiske, of Sturbridge; and J. G. Metcalf, of Mendon.

The Chair nominated the following Committee on Scientific Communications for the ensuing year:—Drs. John G. Metcalf of Mendon, H. I. Bowditch of Boston, and George Choate of Salem, and they were appointed.

The appointed hour having arrived, Dr. O. W. Holmes delivered the Annual Address. This was upon a subject which has always especially occupied the most active minds of the profession in this city—the use and abuse of drugs. As it is soon to be published, we will not now attempt an analysis of it.

After a vote of thanks to Dr. Holmes for his eloquent and interesting discourse, the Society assembled in Faneuil Hall, where the usual dinner was served. A prayer was offered by the chaplain, Rev. Rufus Ellis.

On the removal of the cloth, the members were welcomed by the Anniversary Chairman, Dr. D. H. Storer, as follows:—

Welcome, Fellows of the Massachusetts Medical Society. Welcome to this annual festival. Let us forget, for the passing hour, our professional responsibilities, and devote it to social intercourse. Let our meeting be, what a meeting of old and tried friends should be, replete with gratitude and hope; *gratitude*, that our beloved Institution should have existed for so long a period, constantly increasing in strength and usefulness; *hope*, that its future career may be more brilliant than its past.

With the history of our Society you must all be familiar—with its early struggles, its gradual growth, its final success. At no previous period have its members been more numerous; never has there existed a more honorable intercourse between them than at the present time. Since our last annual meeting, no pestilence has swept through our ranks; but few are the links which are missed from the chain.

We see the same cheerful countenances—we feel the same cordial grasp, which have heretofore greeted us—and, thank Heaven, he is still spared to us, an exemplar, and councillor and friend, whom we all honor, whom we all love! Joyous, indeed, then, must be our Thanksgiving day! most hearty must be our mutual congratulations!

I would implore, *Our Society's continued prosperity*—to attain which no one will feel a greater desire—no one can make a greater effort, than our most faithful, excellent President.

After a few appropriate words from Dr. Homans, the Chairman offered the following :—

*The Orator of the Day*—never disappointing, in any intellectual effort, the most sanguine expectations—our community's pride, his friends' idol.

Dr. Holmes responded in his usual happy manner.

The Chairman then said, in the discharge of our every-day professional duties we are constantly needing the services of, we are constantly receiving invaluable aid from our brethren of the other learned professions. A distinguished representative of each of these professions is with us to-day. They are each too well known to require any formal introduction. I will therefore merely recall to your minds and your hearts

*The liberal, faithful, Christian gentlemen* who aid us so much in our efforts to relieve suffering humanity—and who, when our efforts are unavailing, strive, by virtue of their office, to prepare the weary spirit for its final home.

This called out the Rev. Mr. Ellis, who alluded to the annual address in a complimentary manner, but remarked that as he listened the thought occurred to him that the words of the speaker might produce upon some physicians an effect similar to that produced upon clergymen by the advancement of very liberal religious views. He did not believe, however, that the doctor was in any real danger from his brother physicians, but would recommend the appointment of a committee whose duty it should be to protect him from the apothecaries. He fully recognized the relation existing between physicians and clergymen, and very aptly remarked that the encouragement of quackery by some of his clerical brethren could only be compared to the action of the deadheads upon a railway train, who showed their appreciation of favors by recommending a rival line.

The following sentiment was then offered :—

*The Sciences of Medicine and Law*—often indispensable together, to established rights which have been alienated, to remove unjust suspicions, to confirm an injured one's innocence or a depraved one's infamy, to determine at what time and by what means a life has been destroyed—to elucidate, in a word, what is involved in mystery.

It would have afforded us much pleasure, gentlemen, to have introduced to you upon this occasion, the eminent legal adviser, who, during the entire last decade of your history, has held himself ready at all times to protect your interests and defend your honor; but paramount duties have controlled him, and he remains at his post in the Capitol of our Republic, one of the ablest advocates of the rights of man—I refer to that accomplished lawyer and honest man, Thomas D. Elliott, of New Bedford. We are honored to-day by the presence of Chief Justice Shaw, of whom it has been well said by a distinguished member of the bar, "the high station which he occupies has been filled by him as none other has filled it, as none other in our day can."

This was responded to by Chief Justice Shaw, who acknowledged in a most feeling manner his cordial reception, and paid a warm tribute to the medical men whose testimony is so often essential in courts of justice.

The following was responded to by Dr. Fiske, of Fiskdale.

*The sagacious, judicious, upright country practitioner*—the most wel-

come guest in every family within his circuit ; the most valuable, the most valued member of the community in which he lives.

He spoke as representing country practitioners, and showed, in his own person, that they are in every way able to speak for themselves.

The following called out Dr. Jacob Bigelow.

*The rational physician*—who knows that all real science is based upon the unvarying laws of Nature—that if Truth is sought for, her dictates alone must be followed.

We regret very much that we cannot give the remarks of those gentlemen who responded to the following sentiments from the Chairman.

*The genial, sympathizing, warm-hearted Doctor*—whose very presence in the sick chamber is sunshine, and whose kind and faithful attentions are the most effectual balm.

Responded to by Dr. Reynolds.

Great as has been the light shed upon the subject of medical jurisprudence during the last quarter of a century, the student proudly claims for America, its most vivifying Ray.

Dr. Ray being absent, answered through Dr. U. Parsons, of Providence, R. I.

We see before us to-day, one who has been in labor for more than fifty years ; protracted, tedious, however may have been his travail, he exhibits no symptoms of *nervous exhaustion*, he presents no appearance of *puerperal mania*, but displays the same vivacity and other peculiarities, which characterized him when we listened to his instructions thirty-five years ago. We rejoice to see him here, to know that he still labors, well.

Dr. Channing replied.

Our brethren throughout the length and breadth of the land, who are devoting their lives to the amelioration of the condition of the insane. Holy is their mission. Most nobly is it being performed. Let us, as one man, God speed them in their work.

This was responded to by Dr. Walker, of South Boston.

*Professional integrity*—never more strikingly illustrated than by his career, which prompted one of our keenest members, when advising a young man just entering upon the duties of life, to concentrate all he considered necessary to say, in the single word *be Ware*.

Dr. Ware being absent, this was replied to by Dr. Gardner, of Pawtucket.

We have just learned that a gentleman is with us, sent as a delegate to our meeting by the Connecticut Medical Society. In your name, I would offer him a cordial welcome.

To which happy sentiment Dr. Noyes responded.

DR. HOLMES'S ADDRESS.—As the Address delivered by Dr. Holmes last week has been variously and erroneously reported in some of the public papers, the attention of our readers is directed to the following note on the subject from Dr. H. :—

MESSRS. EDITORS,—I beg leave to say that I prepared an abstract of my Address before the Mass. Medical Society for the Boston [daily] Journal, and disclaim all responsibility for opinions attributed to me in any other report of the Address.

Yours, very truly,

June 4th, 1860.

O. W. HOLMES.

VACCINATION WITH DISSOLVED SCABS. *Messrs. Editors*,—The report of the "Westford Vaccination Cases" brings to mind some cases that occurred in New Hampshire last fall and winter. Several persons were vaccinated with scabs, dissolved in water, and as a result were made quite sick for a long time, having unhealthy sores, with some kind of an eruption upon the arm, extending in some instances over the whole body, and remaining, in one form or another, for weeks, and in some cases several months. In some instances the patients were quite sick for a few days, and then recovered; but in none of the arms that the writer examined (of which there are quite a number), was there any indication of there having been true vaccine disease, as judged by the usual marks. Whether *all* that were vaccinated were thus affected, or how many there were, I could not tell. Nor am I prepared, at present, to give the details regarding those cases I saw, for I did not see them till after recovery, and only cite them because of their similarity to the Westford cases, both as regards the kind (or form) of the virus used and its effects.

—  
OBSERVER.

THIRTEENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The delegates to the American Medical Association assembled in the College Chapel, New Haven, at 11 o'clock on Tuesday, June 5th.

Upon the platform were the President, Dr. Henry Miller of Kentucky; Vice Presidents, Drs. H. F. Askew of Delaware, and L. A. Smith of New Jersey; and the two Secretaries, Drs. S. M. Bemiss of Kentucky, and S. G. Hubbard of Connecticut.

At ten minutes past 11, the meeting was called to order, and after prayer by the Rev. Dr. Fisher of New Haven, the Report of the Committee of Reception was made by the venerable Dr. Knight of New Haven. In alluding to the presence of an unusually large number of the older members of the profession, Dr. K. took occasion briefly to survey the period during which he and they had been co-laborers, this comprising the last fifty years, referring more especially to the great advance that had been made in medical science since the commencement of the present century. He alluded to the discovery of vaccination, the greater certainty of diagnosis, the simplification of medical treatment, the discovery of the anæsthetic powers of ether, and the use of the microscope. Dr. Knight's remarks were quite eloquent, and were warmly applauded.

The Report of the Committee of Arrangements was made by the Chairman, Dr. Charles Hooker of New Haven, from which it appeared that nothing had been left undone by the Faculty of the College and the citizens of New Haven to render the occasion most agreeable to their guests. The Trumbull Gallery of paintings, the Mineralogical Cabinet, and the College Library are thrown open, and every facility is afforded for seeing and visiting all objects of interest in the city and its vicinity. Receptions are to be given on Tuesday and Wednesday evenings by Drs. Ives, Knight, Hooker, Silliman and others, and on Thursday is a grand reception at the State House.

After the presentation of this report, the roll was called by the Secretary, and two hundred and sixty delegates answered to their names. The different States were represented as follows:—Maine, 10; New Hampshire, 11; Vermont, 7; Massachusetts, 50; New York, 49; Connecticut, 41; Rhode Island, 8; Pennsylvania, 28; New Jersey, 8; Delaware, 4; Virginia, 3; North Carolina, 1; South Carolina, 1; Georgia, 6; Mississippi, 1; Louisiana, 2; Iowa, 5; Ohio, 3; Kentucky, 4; Tennessee, 5; Missouri, 4; Wisconsin, 2; Michigan, 4; Indiana, 2; Illinois, 6; Minnesota, 1; District of Columbia, 1.

On motion of Dr. Atlee, it was voted that the surgeons of the Army and Navy be invited to take seats in the Convention.

The report of the committee appointed to draft a code of parliamentary rules, was now presented by Dr. Blatchford, Dr. Lindsley, of Washington, being absent.

After a brief but somewhat excited debate, this was laid upon the table. After a recess, during which the different State delegations were requested to nominate one of their number to serve on a committee of nominations, it was voted to invite the members of the Legislature to be present in the afternoon, to listen to the address by the President of the Association. The Association then adjourned.

At 3 o'clock, the Chapel was filled to hear the address. About three hundred delegates were present. The committee on nominations, after the address, nominated the following as the officers for the ensuing year: Dr. Eli Ives of Connecticut, *President*; Dr. Wilson Jewell of Pennsylvania, Dr. A. B. Palmer of Michigan, Dr. Joseph P. Logan of Georgia, Dr. John B. McDowall of Missouri, *Vice Presidents*; Dr. Caspar Wister, of Pennsylvania, *Treasurer*.

Present from Boston, Drs. Hayward, Homans, Gould, Storer, Bowditch, Shattuck, Borland, Lyman, Upham, Blake, Page, Oliver, Gay, Townsend, B. Joy Jeffries, and others.

The above comprises all the proceedings which we were able to obtain up to the time of going to press.

**DEATHS FROM "UNKNOWN" DISEASES.**—By a recent amendment of the Registration Law of Massachusetts, Town Clerks and City Registrars are to receive certificates of the causes of deaths from attending physicians only. As delays will doubtless sometimes take place in furnishing these certificates, and perhaps, occasionally, none be furnished, the causes of death in such instances must necessarily at first be classed among the "unknown"—thereby somewhat increasing the numbers under that head in our City Registrar's weekly reports, and consequently in the reports published in this JOURNAL.

THE Legislature of Massachusetts, convened on account of the alarming prevalence of the cattle disease in this State, is still in session.

**VITAL STATISTICS OF BOSTON.**  
FOR THE WEEK ENDING SATURDAY, JUNE 2d, 1860.

DEATHS.			
	Males.	Females	Total
Deaths during the week, . . . . .	47	46	93
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	37.5	34.2	71.7
Average corrected to increased population, . . . . .	..	..	81.8
Deaths of persons above 90, . . . . .	..	..	..

Mortality from Prevailing Diseases.					
Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
12	3	5	10	6	2

**METEOROLOGY.**

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.935	Highest point of Thermometer, . . . . .	76°
Highest point of Barometer, . . . . .	30 132	Lowest point of Thermometer, . . . . .	39°
Lowest point of Barometer, . . . . .	29 714	General direction of Wind, . . . . .	N. E.
Mean Temperature, . . . . .	57.3°	Whole am't of Rain in the week . . . . .	2.641 in.

**BOOKS AND PAMPHLETS RECEIVED.**—Medical Uses of Electricity. By Alfred C. Garratt, M.D. (From the Author.)—Outlines of a plan for a City Hospital. By Henry G. Clark, M.D., Boston. (From the Author.)—Report of the Dean of the Medical College of the State of South Carolina.—Report of the Trustees of the Perkins Institution and Massachusetts Asylum for the Blind.

**DIED.**—At New York, 30th ult., Dr. Charles Pfaff, 29 years 7 months.—At Baltimore, 3d inst., Joseph Roby, M.D., formerly of Boston, 51.

**Deaths in Boston** for the week ending Saturday noon, June 2d, 93. Males, 47—Females, 46.—Apoplexy, 1—abscess (on the hip), 1—inflammation of the bowels, 1—congestion of the brain, 3—consumption, 12—convulsions, 3—croup, 3—diphtheria, 1—dysentery, 1—dropsy, 4—dropsy in the head, 3—drowned, 1—debility, 1—infantile diseases, 4—puerperal disease, 3—exhaustion, 1—scarlet fever, 5—disease of the heart, 3—inflammation of the lungs, 10—marasmus, 1—measles, 6—old age, 1—palsy, 1—pleurisy, 3—premature birth, 2—rheumatism, 1—scrofula, 3—smallpox, 2—sore throat, 1—syphilis, 1—tympantites, 1—unknown, 7—whooping cough, 1.

Under 5 years, 43—between 5 and 20 years, 10—between 20 and 40 years, 18—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 66—Ireland, 23—other places, 4.



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HOW FAR IS HÆMORRHAGE FROM THE EAR TO BE CONSIDERED  
AN INDICATION OF FRACTURE OF THE BASE OF THE SKULL?

[Read before the Suffolk District Medical Society, May, 1860, and communicated for the Boston Medical and Surgical Journal.]

By D. D. SLADE, M.D., BOSTON.

AN accident which has recently happened in my own family, has induced me to investigate how far bleeding from the ear could be relied upon as a diagnostic sign of fracture at the base of the skull, and I thought that the subject would be of sufficient interest to present to the notice of this Society.

The case upon which this paper is based, is as follows:

E. K., æt. 45. Widow. Domestic. On the morning of May 1st, from some unknown cause, the patient fell headlong down a flight of stairs, a distance of about twelve feet. Being in the house, I was immediately summoned, and found her lying upon the floor, insensible. Countenance pale; pulse small, feeble; extremities cold; pupils insensible to light; breathing at times stertorous, with all the general symptoms, in fact, of collapse. On examination, blood was discovered flowing from the left ear; and over the middle of the left parietal region, was a tense, circumscribed tumor of the scalp, of the size of a hen's egg. No other external injuries could be discovered. Upon the floor, where the patient had struck, were about three ounces of blood, which had come from the left ear. As soon as the patient could be placed upon a bed, the usual treatment was pursued; cold applications to the head, rubbing, and hot applications to feet, stimulants, &c. This method of treatment having been pursued for the space of six hours, and no particular change in her condition having taken place, the patient was sent to the Massachusetts General Hospital. From the Hospital records of the case, I take the following abstracts.

May 1st.—On entrance, the patient was still insensible. Pulse 102. No vomiting. (This symptom was absent from the first.)

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Hæmorrhage from the ear still continues, to a moderate degree. The motion of hands to head, when the tumor of the scalp is pressed upon, indicates some return to consciousness. In the latter part of the day, slept more or less soundly for three hours, becoming conscious at about 6, P.M.

May 2d.—Patient was restless last night. Face flushed. Complains of pain in head generally. Tosses about continually. No more hæmorrhage from the ear, but a considerable quantity of blood has escaped from the tumor of the scalp. The compound calomel pill was prescribed, which operated freely.

3d.—No sleep. Extremely restless. Takes very little nourishment. Pulse 72. Equal parts of chloric ether and water were applied to the head. In the afternoon, great restlessness; complained of pain in the head. Half a drachm of fluid extract of hops was given twice, which induced sleep during the evening and early part of night; afterwards restless until morning. Pulse 72.

4th.—More quiet. Still pain in head. Relishes gruel.

5th.—Passed a good night. Still complains of pain in the head. Pulse 72. Tongue furred. Six leeches were applied to head.

6th.—Much better. Pain in head relieved. Takes nourishment. Continued to improve, until she was discharged, on the 12th, well. I have seen the patient two or three times since she left the Hospital. She seems to have recovered entirely.

In the history of the above case, we have the symptoms of severe shock to the nervous system, if nothing more. The insensibility continued almost complete for the space of 9 hours; the pupils were insensible to light, and there were the general symptoms of collapse. Moreover, there was bleeding from the ear, to a considerable amount, and continuous too, for the space of twenty-four hours. The patient recovered well.

Now, I think that the impression entertained by the profession generally, especially by those who have not had their attention drawn particularly to the point, is, that bleeding from the ear, even to a moderate degree, is a symptom of serious import. I confess, such was the idea that I myself entertained, and it is the impression which we get from medical text-books generally. And yet, on closer examination, it will be found, that although, in severe injuries of the head, bleeding from one or both ears has long been considered one of the most valuable diagnostic signs of fractured base, it is very far from being an infallible sign of so serious a lesion.

For example, we may have bleeding to a considerable amount, when the membranes lining the cavities of the ear are alone injured. But it will be limited both in amount and duration, as the vessels belonging to these membranes are small and few in number. Again, we may have hæmorrhage coming from the tympanum, with a rupture of the membrana tympani without fracture of the base. Therefore, where the hæmorrhage is not large in amount, where it

is not continuous, and where the other symptoms are not of a serious character, we are not warranted in giving an opinion as to a fracture of the base of the cranium. On the other hand, when the hæmorrhage is profuse, and continuous, which last is an important point to be borne in mind, we may feel quite confident that a serious lesion of this nature has occurred. *Post-mortem* experience teaches that the most frequent line of fracture, at the base, is in a transverse direction, through the petrous portion of the temporal bone, laying open the external auditory canal, the cavity of the tympanum, or the Eustachian tube. Thus the blood escaping from the ear, may be from the cancelli of the bone; from the rupture of the stylo-mastoid branch of the posterior auricular artery, or from the internal auditory branch of the basilar, from the external carotid, and lastly, from the lateral or petrosal sinuses. Mr. Hilton remarks, in his lectures on this subject, that he believes the venous blood is derived chiefly from the latter of these sinuses, and the arterial from one of the arteries within the canal of Fallopius, as well as from the sources which we have enumerated.

Erichsen\* says, in relation to fracture of the base of the cranium: "The occurrence of bleeding from the ears, after an injury of the head, cannot by itself be considered a sign of much importance, as it may arise from any violence by which the tympanum is ruptured, without the skull being necessarily fractured. If, however, the hæmorrhage be considerable, and continuous, and more especially if it be associated with other symptoms indicative of serious mischief within the head, and if it have been occasioned by a degree of violence sufficient to fracture the skull, we may look upon its supervention as a strong presumption that the petrous portion of the temporal bone has been fractured, and perhaps one of the venous sinuses in its neighborhood torn."

Dr. South, in his edition of Chelius,† says:—"Bleeding from the ears, in injury of the head, is not of unfrequent occurrence, and although generally accompanying fracture through the base of the skull, is not always present; and when it occurs, it is not to be considered as a decided mark of that fracture; at least, a patient may recover with few or without any symptoms of injury to the head when it takes place even to the extent of a pint of blood—an instance of which I have had under my care within the last three or four years. It is, however, a symptom not to be thought little of, as it is so frequently accompanied by serious mischief."

In a course of lectures delivered by Mr. Prescott Hewett,‡ at the Royal College of Surgeons, London, on fractures of the skull, he makes the following observations on this point:—"In thirty-two carefully dissected cases of fracture of the middle fossa, implicating the petrous bone, the tympanum was thus laid open, and its

\* Science and Art of Surgery. By J. Erichsen.

† System of Surgery. By J. M. Chelius. Edited by J. F. South.

‡ Lectures on the Anatomy of the Head. Medical Times and Gazette, 1858.

membrane was ruptured, in fifteen, or very nearly one half. The flow of blood in most of these cases was profuse and continuous, and in all the diagnosis of the injury was clear. Fractures of the temporal bone, however, frequently occur in which there is no sign that can lead to the supposition of such an injury. In such cases, either the line of fracture does not extend into the tympanum, or, if it does, the membrane is not ruptured, and the blood cannot consequently get into the external meatus. Thus in 12 of the 17 remaining cases, the tympanum was not involved in the fracture; and in the other 5 cases, the tympanum was fractured, but the membrana tympani was not ruptured."

Mr. Hilton,\* in his course of lectures on fracture of the base of the skull, says:—"As regards any considerable hæmorrhage from the ear, not the effect of a direct injury to the ear itself, but the result of a blow upon a remote part of the skull, I have never known it occur without finding, if the patient died, a fracture or crack through the temporal bone; and, I may add, the instances in illustration have been numerous. A few years ago, a case of the kind occurred at this hospital. The patient had received a heavy blow upon the head, followed by considerable hæmorrhage from the ear, and died of inflammation of the membranes of the brain. No fracture was detected. The inspection was finished, and it was supposed to be an instance of hæmorrhage from the ear from a blow, without fracture of bone, the blood being derived from the membrana tympani. I was not satisfied, and had the temporal bone stripped of its dura mater, when a fracture was discernible across its petrous portion, extending into the middle fossa of the cranial base. I have already told you that I dissent from the opinion of those who believe that when a person has had a blow upon his head, followed immediately by bleeding from the ear, the injury may be confined to the membrana tympani, without fracture of bone, and that its only source may be the arteries supplying that membrane."

In the *Archiv. Gen. de Medecine*,† M. le Dr. Aran remarks:—"Whatever may be the source of the blood from the ear in fracture of the base, the most distinctive characteristic consists in its duration and continued flow. When the hæmorrhage is from the soft parts, it is rare that the flow is copious, or that it does not become speedily and spontaneously arrested."

Many more surgical authorities might be cited, but sufficient have been produced to show that bleeding from the ears, to be of value as a diagnostic sign, must, as a general rule, be copious, and more especially be continuous. I say as a general rule, for it must be remembered that fracture of the base may occur, and yet the bleeding be very slight from the ear—the greater portion of the blood poured into the cavity of the tympanum finding its way

\* *Lancet*, 1859.

† *Archiv. Gen. de Med.*, 4th series, tome vi.

out through the Eustachian tube, and discharging itself by the nose and mouth. M. Petit gives the following example: "A man fell on the back of his head; he was picked up perfectly insensible, and in this state he remained until the day of his death. On the second day after the accident, a large quantity of blood was observed oozing from both his ears, and a small quantity of blood also came from his mouth. At the examination of the head, an extensive fracture was found separating the squamous from the petrous portions of the temporal bones, and the cavity of the tympanum, on both sides, was filled with blood. Some of the blood had escaped from the ears through a rupture of the membranes of the tympanum, and some had also passed through the Eustachian tube, and this found its way into the mouth."

In the preceding remarks, I have confined myself entirely to bleeding from the ear as a diagnostic sign. I have not taken into consideration the escape of serous fluid from the same organ, nor have I spoken of other symptoms which generally accompany so serious an injury as fracture of the base of the cranium.

FOETID PERSPIRATION OF THE FEET.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In No. 102 *L'Union Médicale*, a Mr. Gaffard proposes the following remedy for "fœtid sweating of the feet." Red oxide of lead, 1 part to 29 parts of the liquor of the subacetate of lead; the first to be bruised in a porcelain mortar, and the liquor gradually added. A few drops to be applied once a week, or oftener, in Summer.

This was quoted in the January number of the "*Medical News and Library*" without editorial comment. Possibly, therefore, there may be those who believe in the popular idea that the perspiration excreted on the feet is not inodorous. Professor Hebra, of Vienna, in his lectures on the anatomy and physiology of the skin, has spoken of this notion which is current in Germany. In connection with M. Gaffard's proposed remedy for an evil which certainly does not exist, it may be of interest to quote Prof. H.'s remarks, which I translate from the notes of his lectures published in the "*Allgemeine Wiener Medizinische Zeitung*," for 1857.

Respectfully yours, B. JOY JEFFRIES, M.D.

15 Chestnut St., May 2d, 1860.

Speaking of the secretion of the perspiration, he says:—

"There is no doubt that the sweat glands play an important part in the animal economy. Unfortunately, their physiological, and, still more, their pathological relations are but slightly understood. In general, we know that the secretion of sweat is very copious after hard work or continued bodily exertion, especially in the heat; and further, that it is under the influence of the nervous system.

“The sweat is colorless, salt to the taste, has a weak acid reaction, and a peculiar smell. It can scarcely be denied that every individual disseminates a peculiar specific odor. This is proved by dogs following their master’s track, and finding him by the help of their greatly-developed organ of smell. *Our* organ of smell does not possess the necessary development to enable us to determine such differences. But there are individuals whose peculiar penetrating odor can be easily recognized by every one. It is a great mistake to attribute such a disagreeable smell to the *sweat alone*. We must rather ascribe it to the secretion of the sebaceous glands. We may be convinced of this by simply examining an individual, the excretions of whose skin have a bad odor. On the palm of the hand, where there are only *sweat* glands, we shall not find any unpleasant smell; it will, on the contrary, be strong on those parts of the body where the sebaceous glands are numerous—as the back, and more particularly in the arm-pits. It is moreover certain that the smell does not come immediately from the *fresh* secretion, but that it exists after this has decomposed. The fresh secretion has either none, or else a slight odor of rancid fat. But if the sweat remains some time in contact with the skin, it undergoes a chemical change, and then the disagreeable smell will be perceived. We will enter more particularly into this subject when we speak of the ‘fætid foot sweat,’ which long ago was considered to be a *materia peccans* whose elimination from the body was desirable, and with whose healthy excretion no therapeutical interference was allowable.”

\* \* \* \* \*

“We come now to speak of a subject upon which similar erroneous views still exist. It is the so-called ‘fætid foot-sweat’ (bromidrosis). We have already said that the sweat, when secreted, has no bad odor. Hence it comes that persons troubled with this ‘fætid foot-sweat’ have no disagreeable odor on the palms of their hands, no matter if the perspiration trickles from them. And when the feet are carefully and properly cleansed (together with the toes and nails), they lose the highly-penetrating smell when they again begin to perspire. This so-called bromidrosis localis is found most frequently in young people, who neglect proper cleanliness, and who possess no superfluity of covering for the feet, so that this is seldom changed. Hence, by the decomposition of the collected sweat, free fat acids are formed that have a disagreeable odor. These are absorbed by the pores of the leather, and one can easily convince himself, through his sense of smell, that the boots are the seat of the odor. Persons wearing a light covering for the feet and often changing it, will have little trouble from ‘fætid foot-sweat.’ Hence this seldom occurs in the female sex, although the perspiration is more copious in women.

“As, from what has been said, it is evident that we have to deal

rather with 'stinking boots' than 'fœtid foot-sweat,' the absurd ideas which are in circulation as to the evil effects of suppressing, or too quickly checking the sweating of the feet, must be entirely given up. On other parts of the body also, where the secretion has an opportunity to remain some time in contact with the surface of the skin, *e. g.* in the arm-pits, on the scrotum, perinæum, &c., a similar decomposition of the sweat takes place, and a very disagreeable odor is created. The treatment of this 'fœtid sweating of the feet,' is therefore reduced to ordering greater attention to the cleanliness of the skin, and a more frequent changing of the covering of the feet."

### SINGULAR CASE OF LOSS OF THE HAIR.

[Communicated for the Boston Medical and Surgical Journal.]

— COREY, a boy aged about 10 years, presented himself in my office. Struck with his singular appearance, I requested him to remove his hat, which he did with some reluctance. Not a hair was to be seen—neither had he eyebrows or eyelashes; and upon a critical inspection, not a vestige of down or even the rudiment of a hair could be detected upon any part of the body. The lad seemed unusually intelligent for one of his years. He stated that he had enjoyed sound health, having had scarcely a sick day in his life; that when an infant, he had hair like other children; but when 4 or 5 years of age, and while in perfect health, it began to fall off, and in a few weeks left him completely hairless. He also stated that though he exercised much, he never perspired. He said, jocosely, that his mother thought "there were no pores in his skin for the sweat to come out;" and indeed his appearance seemed to justify the old lady's novel conclusion. The scalp and some parts of the body exhibited the glossy, polished aspect presented by the heads of old men who have been bald many years. Nothing like capillary follicles was observable upon any part of the surface; yet the skin was otherwise normal and healthy.

Cortlandville, N. Y., May 14th, 1860.

H. O. JEWETT.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

MARCH 26th.—*Dilatation of Bronchia.* Dr. PUTNAM reported the case.

The patient was a man of spare habit, 70 years old. He had had cough, with muco-purulent expectoration, for fifteen years. Once during this time he kept his bed for a week under an attack of acute bronchitis, but with this exception he was never confined to the house.

His appetite was good, and his strength tolerable, though he did not attend to active business. During the last year, the sputa were more copious and purulent. He complained of constant, but not acute, pain in the left side. A few weeks before death the respiration was labored, and accompanied with a croupy sound; he said he felt as if something were in his throat.

On auscultation, the respiration was coarse at the upper part of both backs; in the lower two thirds, vesicular. Everywhere coarse mucous râles.

Dr. ELLIS showed the lungs, each upper lobe of which contained several cavities, the largest perhaps an inch in diameter, but many were so irregular and elongated that it was impossible to estimate their size. They were filled with pus, and had smooth lining membranes, of a gray or dark blue color. In one of the larger were two slender bridles.

A number of the bronchi were much dilated, and their mucous membrane was raised in delicate ridges or folds. Among the latter was a well-marked bridle, resembling the folds in every respect, with the exception that it was attached by its two extremities only.

None of the large bronchi opened into the cavities, but into these were traced a number of the smaller air-passages, not more than a line in diameter.

The dilatation appeared therefore to involve the small bronchial tubes. No tubercular, nor other disease of the lung.

On the right vocal cord was a deep, narrow depression, with smooth edges, somewhat resembling an ulcer. In the mucous membrane of the anterior wall of the trachea, about midway between the larynx and bifurcation, was a small ulcer, about a line in diameter.

Other organs normal.

MARCH 26th.—*Alarming Symptoms caused by the Displacement of Artificial Teeth during Etherization.* Dr. WARREN reported the following case. He lately had occasion to etherize a lady, 35 years old, in order to examine a painful tumor of the leg. She came quietly under the effects of the ether, but did not rouse afterwards. The pulse was good, and there were no symptoms of dyspnoea. She gradually became purple in the face, was quite insensible, and seemed to be passing into a dying state. Introducing his fingers into the mouth, in order to draw the tongue forward, Dr. W. found a complete set of upper teeth, attached to a gold plate, deep in the fauces. This was removed, the fauces irritated, the patient rubbed, &c., and at last vomiting was brought on, and she revived. She soon became violently delirious, uttering shrill cries, and beating herself, for an hour and a half. For the next two hours she was in a croupy state, from the violence of her efforts, but in the course of the evening she gradually recovered, though she remained hoarse for two days. Dr. W. observed that the accident was one likely to occur under such circumstances, and showed the expediency of removing artificial teeth before proceeding to etherize a patient.

Dr. PARKS alluded to a case which he had already reported to the Society, in which a patient experienced severe symptoms of suffocation, caused by unconsciously swallowing a set of false teeth, during sleep, which had lodged behind the glottis. The symptoms were immediately relieved by the removal of the foreign body.

MARCH 26th.—*Fœtus carried twenty-two months beyond Term.* Dr.



STORER exhibited a foetus, which he had received from Dr. JAMES M. BZZELL, of Springfield, and read a letter from Dr. B., giving an account of the case.

The mother, aged 42 years, had had five children by her first husband. A year after his death, in 1850, she was married a second time. After her second marriage she had several miscarriages, and in the month of November, 1857, she became convinced that she was again pregnant, from the quickening, and other usual signs of pregnancy which she then experienced. By great care on her part she went the full period of pregnancy before any symptoms of labor appeared. At the time she expected to be confined, her breasts filled with milk, and her nurse was obliged to draw them for several days. In the month of April, 1858, she was supposed to be in labor, and sent for her family physician to attend her. He had been skeptical in regard to the fact of her pregnancy, but on his arrival, supposed he had formed an incorrect diagnosis. The pains, however, were not constant or of much force, and soon subsided entirely, never to return as true labor-pains, although she had at intervals, for two months afterwards, occasional attacks of pain in the sides, which finally ceased. She had menstruated some two or three times during the nine months of gestation, as had been the case with her once or twice before, during pregnancy, and afterwards the catamenia appeared at irregular intervals up to the time of her death, though the quantity was small. She enjoyed, to all appearance, good health up to October last, was fleshy, and capable of performing considerable labor. After the time of expected confinement, the size of the abdomen gradually lessened for about six months, when the *tumor*, as it was now supposed to be, was as large as a full-grown foetus.

In October last, she fell down a flight of steps, by which she received a severe shock. She afterwards complained greatly of pain in the back and bowels. Dr. Buzzell first saw her at this time. She had much fever, and great pain and tenderness of the abdomen, which made it impossible to make a satisfactory examination for two or three weeks. There was a severe cough, which aggravated her pain. Nausea and vomiting occurred every two or three weeks. As soon as a favorable opportunity occurred, Dr. B. made an examination per vaginam, and found the os uteri entirely closed, and the cervix obliterated; the uterus forming a solid tumor, fixed and immovable by any pressure of the hand or finger. Four weeks after the accident a diarrhoea occurred, of a large quantity of offensive matter, which was not seen by Dr. Buzzell. The paroxysms of nausea and vomiting increased in frequency and intensity until her death, which took place on the 14th of February.

At the *autopsy* a very extensive adhesion was found between the fundus of the uterus and the small intestines, and also between its side and the sigmoid flexure of the colon. The Fallopian tubes and ovaries were found in their natural relations to the uterus. The uterus contained a foetus in the natural position for delivery, but no trace of a placenta could be found. There was about a pint of thick, yellow fluid in the uterine cavity. An opening in the left side of the uterus communicated with the interior of the colon, and the left hand and fore-arm of the foetus were passed into the bowel, as far as the elbow. Feculent matter had passed into the cavity of the womb.

The os uteri was entirely closed, and no trace could be found of it upon the inside.

APRIL 9th.—*Tracheotomy in Croup.* Dr. CABOT said he had been called in consultation to see a child five years old, a patient of Dr. HORT, who had been ill four days with croup, and who was on the verge of suffocation. There was false membrane on both tonsils, the face was livid, and the patient struggling for breath. He opened the trachea, which contained false membrane, though apparently none below the point of opening. The child expelled some masses of lymph, and was much relieved. It had a quiet night. At the end of the next day there was a return of dyspnœa, which was relieved by the expectoration of false membrane. The distress again returned, and was again somewhat relieved, but the child grew worse, and died on the third morning after the operation. No lymph was then to be seen in the trachea, though a fragment had been expelled shortly before death.

Dr. H. J. BIGELOW had lately seen, in consultation, a middle-aged woman, who had had increasing dyspnœa for five days. Her face was purple. He opened the trachea, and the woman recovered. It was just the case he should expect to do well, but he thought the successful issue in an adult offered no encouragement for the operation in young children.

Dr. GEORGE HAYWARD, Jr., reported a case of croup in an infant 14 months old, in which Dr. Cabot performed the operation of tracheotomy. The child recovered.\*

Dr. GAY remarked that he did not think the age of the patient should be of much account in deciding as to the propriety of operating, provided there were not grave contra-indications that would ultimately influence all capital operations. Of course, it is hardly necessary to repeat what has always been allowed by all, and still continues to be allowed, that the younger the patient (that is, below three years) the greater are the difficulties and dangers in the way of a successful issue of an operation. Many things concur to produce this result. Still life has been saved by the operation below this period of three years, and under circumstances that by no means justify or warrant its abandonment or wholesale prohibition in similar cases. He would operate at any age. A case had been successful at the age of six weeks. He had noticed a peculiarity in his cases lately—an absence of cough when the trachea was opened and afterwards; this was particularly observed in three fatal cases. Flapping of false membrane was seen in the trachea, but no irritation, not even the injection of a solution of nitrate of silver, caused the patient to cough. In one case there was neither pulse nor breathing for five minutes after the operation, the patient being nearly dead before it. The re-action was violent, the child had convulsive twitchings, and died in forty-eight hours. Yesterday morning he operated on another child, a year old, who was purple and almost asphyxiated at the time. There was no cough, either before or after the operation. Twenty minutes after the wind-pipe was opened, the pulse fell from 160 to 110, and the breathing became quiet. In the afternoon, it had fever, with rapid pulse and respiration, and it died at 10, P.M. At the autopsy, false membrane

\* This case was published in the JOURNAL for May 3d.

lymph was found throughout the larynx and trachea, but none below the bifurcation. There was recent pneumonia in the left lung. In all these cases, the parents voluntarily made the remark, that it was almost impossible to realize the immense relief to them in seeing the child free from the intense agony and distress; and, that seeing and knowing this, they should feel it their duty to urge an operation to any parent, even if the patient should afterwards die.

Dr. CABOT had not noticed absence of cough when the trachea was opened, though he had observed an insensibility to irritation, even to a solution of the nitrate of silver, which came on afterwards.

Dr. H. J. BIGELOW thought that statistics should have more weight in deciding the value of the operation than the feelings expressed by parents, who would naturally incline to justify any supposed therapeutic measures undertaken with their acquiescence. He cited the case of a child who died packed in wet sheets, and whose parents were gratified that no means had been left untried to save its life. He believed that the statistics of a large number of cases would show the mortality of croup in young children still to be what it had been heretofore.

Dr. GAY asked whether Dr. Bigelow would have operated in Dr. Hayward's case?

Dr. B. could not say, not having seen the case; but remarked that no lymph was observed in the fauces in that instance, which made it look less like common croup, and therefore more favorable for operation. With regard to the flocculent masses afterwards ejected by the wound, it is often difficult to distinguish between lymph and other coagulated secretions, after nitrate of silver has been applied to the trachea. It is not unlikely that the late epidemic, less fatal than croup, and described as *diphtheria*, has modified, temporarily, the type of some cases of croup. If parents and friends desired the operation, he should certainly do it, because it is entirely admissible. But the present question is rather what course the surgeon would advise the friends to adopt, or *what is the actual value of tracheotomy in membranous croup*. In answer, he referred to his belief, based upon reported cases, and repeatedly expressed to this Society, that in very young children it rarely avails, while in older ones it may be of considerable value; that after the age of three years the chance of life is, perhaps, increased by it; that after that period, the ratio of recovery with operation probably increases with the increase of age; but that in *very young* children, recovery after operation is rare; probably not greater than without it. This last point is one upon which many of the cases of recovery reported to this Society have no bearing, because they relate to the question of operation in children of advanced age, and of adults, in regard to whom the propriety of operation was comparatively attested before by the alleged number of cases of recovery from simple tracheotomy at a more mature age, and without subsequent topical applications. A part of the cases lately reported in this community by Dr. Gay, Dr. Cabot, and others, are indeed a valuable basis of local evidence at this time, for and against the question "How far does tracheotomy promote recovery in the croup of very young children?" upon which it is earnestly to be hoped that decisive affirmative evidence may occur, although it is very unsatisfactory at present.

Dr. BETHUNE asked what was the objection to the operation.

Dr. BIGELOW said it revived the child, to give it some days of protracted suffering, and thought that most of the children operated on practically die twice. Obstruction of the tube is necessarily frequent, and he had not observed that a child with a tube in its trachea was in that state of beatitude represented by the advocates of the operation.

Dr. HAYWARD observed that the operation was now done earlier than formerly.

Dr. BIGELOW was aware that such recommendation had been given, but did not think that modern practice differed materially in that respect from what was customary formerly. The operation was done now, as then, as a last resort, in the large majority of cases, and such would naturally be the tendency.

He did not think that the period of the operation, nor its method, nor any recent modification of subsequent treatment, had produced a change in its apparent statistics so much as a probable temporary modification in the type of the disease; and the confounding of older cases with those of young children.

Dr. GAY said the mere operation is allowed by all to be the same now as it was formerly. The difference consists in the after-care of the patient, particularly the constant watching, and the prompt performance, *pro re nata*, of many relieving measures that have been previously recommended in published cases.

As has been remarked by him before to the Society, no one would deny that the operation of tracheotomy for membranous croup was formerly done many times, and in precisely the same way as at present, and at the same periods of life, and that nearly all the operations were unsuccessful in saving life. No reported successful case in this vicinity has been found, previous to the year 1857. Since then, there have been published many recoveries after the operation of tracheotomy for genuine membranous croup of great severity, in patients of different ages, of two years and upward, and where true membrane (and as yet he had not seen any produced by an agent other than the specific disease), in tubes and patches, has been expelled from the tracheal tube and exhibited to the Society. What the difference in the result has been owing to, may be left to the opinion of the reader of the various published cases.

APRIL 9th.—*Pulmonary Apoplexy.* Dr. GAY reported the case, which was that of a female, between 60 and 70 years of age, who had had difficulty of breathing, and inability to lie, except on the left side, for years. Lately she had had an increase of dyspnoea, and a slight cough, but with no special physical signs. The action of the heart was fluttering and irregular, and there was dulness on percussion over rather a larger extent than natural in the cardiac region. The urine was scanty and muddy, and sometimes voided with pain. She seemed to improve, and a week before her death she sat up, and walked about her chamber. The day before her death she spat up an enormous quantity of blood of a tarry consistence, amounting, by report, to three chamber-vesselsful. At the *post-mortem* examination, two quarts of bloody liquid were found in the right chest. The middle lobe of the right lung was black, and perfectly soft, like grape jelly, and presented an opening communicating with the chest. The right ventricle of the heart was greatly dilated, the left was hypertrophied,

the cavity being smaller than natural. The valves were healthy, with the exception of slight vegetations. The interior of the aorta, near the heart, was of a scarlet color. The kidneys were granular.

Dr. JACKSON remarked that he had seen many cases of extensive pulmonary apoplexy, but never one in which there was laceration or rupture of the pleura, except in cases of aneurism. In a child with congenital malformation of the œsophagus, which opened into the trachea, the whole of one lung was like a mass of jelly, and perfectly black, but there was no laceration.

APRIL 9th.—*Occlusion of the Os Uteri, impeding Labor, caused by application of Caustics.* Dr. STORER said he had seen, in consultation, a woman who had been in labor several days, and in whom no os uteri could be found. He learnt that the patient had formerly been treated for ulceration of that part, by the repeated application of caustics. Dr. S. made an incision, three inches in length, into the presenting part of the womb, and an hour afterwards, there having been no pains, he opened the head, and delivered the child. The woman recovered, and afterwards menstruated.

Dr. PARKS said he once had under his care a lady who had been treated in Liverpool, for ulceration of the os uteri, by the application of caustic potash. The canal was apparently obliterated, and the cervix eaten off. She afterwards came under the care of Dr. J. H. Bennet, who made an artificial opening, with an instrument he devised for the purpose, which was kept open by means of elastic bougies, introduced from time to time.

Dr. PUTNAM had been applied to in a case in which caustic potash had been applied to the os uteri during pregnancy, with the effect of diminishing the calibre of the canal. He advised the use of tents until delivery.

APRIL 23d.—*Occlusion of the Vagina and Absence of Uterus.*—Dr. WARREN said that two years since he had reported to this Society the case of a young woman who had been married two years, and who had difficulty during sexual congress. She was well developed, had pains in the loins every month, but had never menstruated. On examination, only a slight depression was found in the situation of the opening of the vagina. The urethra was displaced below its normal position, and dilated. Neither uterus nor ovaries could be detected by an examination *per rectum*. Another patient, 22 years old, unmarried, who had never menstruated, had lately applied to him. She had been examined by a female practitioner, who told her there was no vagina, which proved to be the case. By the rectum there was felt in the median line a small substance of the size of a bean, and a larger body on each side. At the age of 15, this patient had pain in the limbs, supposed to be premonitory of the catamenia; but there never had been any farther menstrual demonstration. So far as could be ascertained, the sexual feeling was present, and the woman was perfectly developed. In both these cases the ovaries must have existed, to give rise to the external development; in the second patient there was also the rudiment of a uterus.

MAY 28th.—*Bean lodged in the Bronchia, causing death.*—Dr. ELLIS showed a portion of lung, containing a bean lodged in the right primary bronchus, whose walls were softened and deeply eroded at the spot, but without redness or the usual signs of inflammation. The foreign body was partially imbedded in the substance of the bronchus.

A limited portion of the lung was solidified and partially hepaticized. The other organs were healthy.

The patient was a young child, who had been under the care of Dr. Mann, of South Boston. Eight days before her death, she was found with beans in her hands. Soon after, she was attacked, very suddenly, with urgent dyspnoea—stretching herself out, and gasping for breath; but in half an hour was entirely relieved. That evening she went to bed as well as usual, but towards midnight became “distressed.” In the morning there was some dyspnoea, but it was impossible to examine the chest. Three days after the first symptoms were noticed, she seemed better; but on the following day, it was thought that she could hardly live many hours. Still, as there were symptoms of pneumonia, it was thought best not to perform the operation of tracheotomy, the evidence that a bean had been swallowed not being positive. She was seen in consultation by Drs. Dupee and Cabot.

In the evening, the child became more comfortable, and the symptoms of inflammation afterwards subsided. She died at last, however, very suddenly, while sitting up, and apparently convalescent.

Dr. E. remarked that, although there was some pneumonia, the cause of death was not shown by the post-mortem examination. If the bean flew up to the rima glottidis and stopped the breath, it afterwards fell back to its place.

Dr. H. J. BIGELOW said it was a remark of practical importance in such cases, that when the foreign substance is hard, it is comparatively safe to leave it, and to delay the operation; but if it be a body which can swell, the operation should be performed without delay. He mentioned the following case:

He was called to see a young child supposed to have just swallowed a *pin*. It was sitting up in arms, and occasionally coughing. He left it, for a short time, after trying some of the usual expedients for its extraction, but was recalled before he had reached his house, and found the child dead—about fifteen minutes from the time he had left it, and an hour from the original occurrence. Inflation and tracheotomy were unavailing, but long forceps extracted from the left bronchus a *bean*, and not a pin. This was swelled so as to be incapable of passing the rima glottidis, which it had doubtless entered when dry and contracted, becoming then softened and enlarged. Death was probably due to its getting fixed at the rima, where it produced suffocation, and then fell back to the bronchus as the spasm relaxed.

Dr. WARREN remarked on the great facility with which beans get into the trachea. They form about one-fifth part of all the foreign substances which get into the air-passages, according to Dr. Gross.

MAY 28th.—*Malignant Disease of the Eye in an Infant.* Dr. ELLIS showed an eye, removed from a child 23 months old, by Dr. WARREN. Outside of the sclerotic, and nearly surrounding the eye, was a soft, whitish, encephaloid growth, filled with a milky fluid. The globe was also occupied by a morbid growth, a small portion of which resembled that described above, but the greater part was yellow and granular. Examined with the microscope, the external portion was found to be composed of corpuscles of various sizes, but for the most part small, without distinct nuclei or any other element which characterizes the ordinary cell. The small portion within the globe, which showed no sign of degeneration, was composed of granular cells smaller than the corpuscles above described. The yellow granular

portion, as its appearance indicated, contained minute globules and granules, with scales of cholesterine, all of which showed that degeneration had taken place.

Dr. WARREN said that the eye was observed to have a glassy look soon after birth, and it was supposed that the sight was deficient, if not entirely absent. About three months ago, the organ began to protrude, and a tumor appeared at the external angle of the orbit. The eye soon became almost pushed out of the socket. There was much pain, vomiting, &c., and the disease was probably malignant. He hesitated about operating, but at a consultation it was decided to remove the eye and the tumor. This was done, and the orbit was scooped out. Immediate relief followed, and the child rapidly recovered. It has since been heard from, and continues well.

MAY 28th.—*Inversion of the Uterus.* Dr. W. C. B. FIFIELD, of Weymouth, reported the following case. On the 25th inst., his father, Dr. N. FIFIELD, was called to a woman who was said to be dying. He found the woman in a state of collapse, and the bed was filled with blood. On examination, the uterus was found to be completely inverted, the placenta being adherent to its walls. He removed the placenta, and, after considerable difficulty, succeeded in returning the uterus. Stimulants were administered, and the patient, who had no pulse, and hardly breathed, rallied somewhat. She then complained of great pain in the thighs, and, on examination, Dr. F. found that a piece of rope had been tied tightly around each limb. The patient afterwards became restless, and died in a few hours. It appeared that the woman had been attended by a female who called herself a midwife, and who stated that she had been sent for when the pains began. She made no examination, and suddenly a violent pain came on, the child was expelled, and the womb protruded. She tied the cords around the thighs to arrest the hæmorrhage.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, JUNE 14, 1860.

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MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The pleasant town of New Haven was last week the scene of more than usual bustle and excitement on the occasion of the meeting of the American Medical Association. This body met on Tuesday morning, in the College Chapel, which had been generously placed at its disposal by the Faculty of Yale College, and closed its session on Thursday evening. During this period not far from 700 delegates enrolled their names. As was anticipated, the Northern States were most fully represented, the largest delegations being from Massachusetts, Connecticut, N. York and Pennsylvania. Delegates were present, however, from nearly every State in the Union, even from the golden regions of distant California.

We have already said that one of the most important results of these yearly assemblings must be to cherish a mutual good feeling among the members of the profession, and we are glad to be able to state, that at no previous meeting has there been a more united and harmo-

nious spirit, a circumstance both gratifying and significant; for without a certain degree of unanimity, little can be expected from an association constituted as this is; and with it, comprising as it does, among its members, the more prominent men of the profession throughout the country, it cannot fail ultimately to exert a most useful and wide-spread influence.

Besides the reports from the various special Committees, which were for the most part referred to the Committee on Publication, and will appear in the Transactions, the most important subject before the Association was that of Medical Education. The necessity of a more thorough and uniform system of medical teaching in our schools was ably presented at considerable length, by the President, Dr. Miller, of Kentucky, in his address. The subject was also brought before the Association by Dr. Reese, the Chairman of the Committee on Medical Education, in an elaborate and well written paper, which occupied an hour and a half in the reading. Appended to this report were a series of resolutions, recommended for the adoption of the Association, which were not acted upon.

Several resolutions, however, were presented for consideration, by a Committee appointed last year to confer with a similar Committee of the Teachers' Convention, and were adopted. The purport of these resolutions was to the effect, 1st, that the Association recommend that every candidate for the degree of Doctor in Medicine shall present certificates of having studied medicine for three full years under the direction of a regular practitioner of medicine, recognized as such by the American Medical Association, who shall certify to the same under his own hand; and of two full courses of Medical Lectures, in a Medical School, recognized as regularly organized by the Association, these two courses not to be attended in the same year.

2d, that the Colleges keep a register of their students, in which shall be entered their name, age, period of commencing medical studies, and diploma, if such have been received, with the name of the college conferring it, and the name of the preceptor.

3d, that the Professors of Colleges be requested to recommend to the Trustees or Regents of such institutions to allow the presence of two or three delegates from the Medical Society of the State in which the College is established, at all examinations for the degree of Doctor of Medicine, and to have a voice in the decision as to the fitness of the candidates for such degree.

4th, that Colleges be recommended to require certificates of preliminary education in conformity with the standards set forth by the Medical Society of the State where the College is located, or by the American Medical Association.

5th, that every candidate for the degree of Doctor in Medicine be required to have attended Hospital Clinical Instruction regularly for a period of not less than 4 months.

6th, that the propriety is recognized of the endowment of Medical Colleges and of their Professorships.

7th, that Medical Colleges are regarded as regularly organized that have been represented in this Association, and have complied with the standard set forth by it.

The above is, in brief, what was contained in the resolutions adopted, and it will be seen from their tone that the Association is beginning to move in the right direction towards ensuring a more thorough



medical education, by placing our medical schools on a more permanent and substantial basis; and by recommending such a course of instruction, and such strictness of examination for the Doctor's Degree, as shall more certainly aid in the attainment of this object.

We regret that we have not space to enlarge further upon the proceedings of the Association. It may not be out of place, however, to mention that on the third day of the session a message was received from the Judiciary Committee of the Connecticut Legislature, asking for the appointment of a committee to draft a bill for their consideration, with reference to the prevention of criminal abortion. This subject was dwelt upon at some length by the President, in his closing address, and legislative action generally urged. The promptness of the response to the suggestion, and the deferential manner in which it was made, are not unworthy of mention as most creditable to the legislative committee.

We cannot close without alluding to the admirable and business-like manner in which the deliberations of the Association were conducted. This was mainly due to the promptness and efficiency of the presiding officer, Dr. Jewell, of Pennsylvania, the first Vice President. To Dr. Askew, of New Jersey, who acted as Chairman of the Committee of the Whole, the Association is also much indebted.

On the whole, it must be admitted that the thirteenth annual session of the American Medical Association has not passed without good and permanent results, and we congratulate the profession generally in having been so fully and faithfully represented.

It will be seen, by a reference to the report, that the thanks of the Association were voted to the medical fraternity, and citizens of New Haven, as well as to the Faculty of Yale College. It is quite certain that the hospitalities of New Haven were never more bounteously bestowed, and it is equally certain that the courtesies of the inhabitants were duly appreciated by those who were thus honored.

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In the JOURNAL of last week, the proceedings, in part, of the first day of the meeting of the Association were given. The following is a brief summary of the remainder, for that and the two subsequent days.

The President, Dr. Ives, on taking the chair, made a very short address, of which the following is nearly a verbatim report:

"All he had, all he was, he owed to his profession. He loved it. He had two sons in the profession, also a grandson; and he, like a very distinguished physician of the present century, could say he would visit the sick as long as he could go, and, when he was unable, he would be carried to the bedside."

He was followed by the First Vice President, Dr. Wilson Jewell.

A Committee on Voluntary Communications was then appointed, viz.: Drs. E. D. Force of Kentucky, T. W. Blatchford of New York, N. S. Davis of Illinois, R. LaRoche of Pennsylvania, Rochester of New York.

At his own request, Dr. LaRoche was excused from serving on this committee.

Dr. Ruschenberger, of Pennsylvania, was appointed in his stead.

The report of the Treasurer was then called for, read and adopted, and referred to the Committee on Publication.

The Committee on Publication then reported. Report accepted.

SECOND DAY.—WEDNESDAY. The Convention was called to order by the 1st Vice President, Dr. Wilson Jewell, of Penn.

The President announced that the subscription list for the publications of the Sydenham Society was on the Secretary's table.

An opportunity was now given for delegates to name physicians from States not represented, and from the Army and Navy, as members by invitation.

Dr. Gardiner moved that the rules of order be suspended for Dr. Logan, of Georgia, to tender his resignation as Vice President. Resignation accepted.

Committee on Education reported—Dr. Reese, Chairman. He particularly dwelt on the necessities in preliminary education—Practical Anatomy, Pathology and Clinical Medicine. He ably supported his arguments in favor of lengthened terms of study, with a less number of lectures per day—four being the maximum.

Dr. Brodie moved that the Report and Resolutions connected with it be received and referred to the Committee on Publication. Received.

On motion, the report was received. The Association then resolved itself into a Committee of the Whole, and proceeded to the discussion of the resolutions. Dr. McDowell made a witty and sarcastic speech concerning the first resolution, creating considerable merriment among the members and in the galleries, and eliciting frequent applause.

A motion was then made that the Committee rise, which was carried.

The Com. on Nominations reported that the Convention will meet at Chicago on the 1st Tuesday in June, 1861. Amendment offered that it be changed to the 1st Tuesday in May.

Dr. Davis, of Ill., spoke for the Illinois delegation, urging June as the proper month—furthermore, he welcomed the Convention to the hospitalities of the citizens of Chicago.

Motion was made to change the time to the 2d Tuesday of June; unconstitutional.

The whole list of officers was not reported yesterday. The Committee on nominations here concluded their report, as follows:

In place of 3d Vice President, Dr. Logan, of Georgia, resigned, Dr. R. D. Arnold, of Georgia.

*Secretaries*—S. G. Hubbard, Ct.; H. A. Johnson, Illinois.

*Committee of Arrangements*—N. S. Davis, G. W. Freer, De Laskie Miller, E. Andrews, H. W. Jones, Thomas Bevan, J. Bloodgood, all of Illinois.

*Prize Essays*—Daniel Brainard, Ill.; D. L. McGugin, Iowa; M. L. Seaton, Mo.; John Evans, Ill.; A. S. McArthur, Ill.

*Committee on Publication*—S. G. Smith, Penn.; Caspar Wister, Penn.; S. G. Hubbard, Conn.; R. I. Breckenridge, Ky.; Ed. Harts-horn, Penn.; H. F. Askew, Del.

Report of Com. on Prize Essays, was called for—Prof. Worthington Hooker, of Conn., Chairman. Three Essays had been handed in—two of which had considerable merit, and showed much research. The Committee had concluded not to award any prizes this year. Report accepted.

Moved, a suspension of the rules, to give Dr. Wilbur, of N. Y., an opportunity to report the protest of Dr. Ignatius Langer, of Iowa,

against the action of the Committee of Arrangements in not accepting his credentials as a delegate. The President stated he held in his hand a letter stating that Dr. Langer had been expelled from the Scott County Medical Society of Iowa, and therefore the rules of the Society would not permit his acceptance as a delegate here.

Motion to suspend lost, almost unanimously.

Reports of Special Committees were then called for, and disposed of as follows :

Morbus Coxarius and Surgical Pathology of Articular Inflammation—Lewis A. Sayre, N. Y. ; referred to the section on Surgery.

Surgical Treatment of Strictures of the Urethra—James Bryan, Penn., reported progress and asked for longer time ; referred to its proper section.

Drainage and Sewerage of large cities, their influence on Public Health—A. J. Semmes, Cornelius Boyle, G. M. Dove, D. C. ; reported progress and asked for longer time.

Puerperal Tetanus : its Statistics, Pathology and Treatment—D. L. McGugin, Iowa ; report the same as above.

Hospital Epidemics—R. K. Smith, Penn. ; laid over.

Puerperal Fever—S. N. Green, Indiana ; do

Anæmia and Chlorosis—H. P. Ayers, Indiana ; reported progress and asked to continue the Com. to report next year.

Veratrum Viride—J. B. McCaw, Virginia ; laid over.

Alcohol ; Its Therapeutical Effects—J. W. Dunbar, Md. ; asked for a change in its title, making it read, " Alcohol in its relations to man "—granted. Report next year.

Meteorology—J. G. Westmoreland, Georgia ; laid over.

Milk Sickness—Robert Thompson, Ohio ; partial report made—accepted and referred to section of Practical Medicine.

Manifestations of Disease of Nervous Centres—C. B. Chapman, Wisconsin ; laid over.

Microscopic Observations on Cancer Cells—George N. Norris, Ala. Chairman asked to resign ; Com. discharged.

Philosophy of Practical Medicine—James Graham, Ohio ; laid over.

On some of the Peculiarities of the North Pacific and their Relations to Climate—William H. Doughty, Georgia ; absent.

On the Microscope—John C. Dalton, Jr., N. Y., David Hutchinson, Ind., A. Y. Stout, Cal., Calvin Ellis, Mass., Christopher Johnston, Md. ; report next year.

Dr. Dalton, Chairman of this Committee, tendered his resignation by letter ; accepted, and the Committee discharged.

Diseases and Mortality of Boarding Schools—C. P. Mattingly, Ky., Dixie Crosby, N. H.—reported progress ; referred to its proper section.

On various Surgical Operations for Relief of Defective Vision—M. A. Pallen, Mo., T. J. Cogley, Ind., W. Hunt, Penn. ; laid over.

On the Blood Corpuscle—W. Sager, Michigan ; referred to proper section, with additional time.

American Medical Necrology—C. C. Cox, Md. Report was ordered to be read before the Convention, Thursday ; amended to have Dr. Cox retained as Chairman and report next year.

Effects of the Virus of the Rattlesnake, when introduced into the System of Mammalia—A. S. Payne, Va. ; reported progress and was discharged.

Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases—W. H. McKee, N. C., C. F. Heywood, N. Y. ; laid over.

Subcutaneous Injections as Remedials—I. Langer, Iowa ; not allowed to report, not being an accepted delegate.

Quarantine—D. D. Clark, Pa., E. M. Snow, R. I., W. Jewell, Pa., E. D. Fenner, La., I. W. Houck, Md. ; asked to be continued. Agreed to.

Medical Ethics—B. F. Schenck, Pa., Chairman. Resigned, and asked that Dr. Paul F. Eve of Tenn., be substituted ; agreed to. Report next year.

Tracheotomy in Membranous Croup—A. V. Dougherty, N. J. Partial report ; this was accepted, and referred to the Surgical Section. Further time allowed to make out the report.

Effect of Perineal Operations for Urinary Calculi upon Procreation in the male ; J. S. White, Tenn. Letter from Dr. White read ; laid over.

Mercurial Fumigation in Syphilis—D. W. Yandell, Ky. ; laid over.

Cause and Increase of Crime—W. C. Snead, Ky. ; asked to be continued. Agreed to.

Education of Imbecile and Idiotic children—H. P. Ayers, Indiana. Report offered ; referred to the proper Section.

Report of Committee on Medical Literature, referred to Committee on Publication ; accepted without reading.

Pons Varolii—Partial report. The Committee wished to be continued ; agreed to. Referred to the Section on Anatomy.

AFTERNOON SESSION.—The Convention was called to order by the Chairman at 3 o'clock.

According to the resolution carried the day previous, the Convention adjourned to the various Sections, as follows :

Anatomy and Physiology—President Woolsey's Lecture Room.

Chemistry and Materia Medica—Chemical Laboratory.

Practical Medicine and Obstetrics—Geological Cabinet.

Surgery—Geological Cabinet.

Meteorology—Chemical Laboratory.

THIRD DAY.—THURSDAY. The Convention was called to order at 9 o'clock—the President, Eli Ives, M.D., of Conn., in the chair.

A list of recent registrations was read. There are now registered between 550 and 600 delegates.

Dr. Charles Hooker spoke of the number registered, and that, for some reason unknown, many delegates did not register themselves at all, as well as many permanent members—and that many registered themselves without signing the Constitution.

Dr. Shattuck moved a suspension of the rules for the purpose of introducing two resolutions ; carried.

Dr. Bowditch reported the following resolutions on the Hunter memorial to be erected in Westminster Abbey ; accepted.

*Resolved*, That it be recommended to the different States to collect subscriptions of not more than one dollar each from every regularly-educated physician. All moneys so collected to be forwarded by the Chairman of the Committee here, by appointment, to the Treasurer of the Hunter memorial in London.

*Resolved*, That Drs. Henry I. Bowditch of Mass., Amos Nourse of Maine, G. B. Twitchell of N. H., C. Clark of Vermont, G. L. Collins

of R. I., Chas. Hooker of Conn., and many others be a committee to collect subscriptions.

Resolutions adopted as a whole.

Moved that a copy of these resolutions be sent to all regular Medical Colleges in the country; carried.

Report of the committee appointed to confer with the American Medical Teachers' Convention. The resolutions were discussed at some length by Drs. Flint of N. Y., Shattuck of Mass., McDowell of Mo., Atlee of Penn., Brodie of Mich., Palmer of Mich., and Morse of Maine.

The whole report was adopted and referred to Com. of Publication. Committee on nominations reported—

Committee on Medical Literature:

Frank H. Hamilton, New York; Edward Warren, Md.; Charles A. Lee, New York; W. C. Ely, R. I.; E. H. Clarke, Mass.

Committee on Medical Education—

L. S. Sayres, Va.; C. C. Cox, Md.; I. C. Bradbury, Me.; L. H. Steiner, Md.; M. A. Pallen, Missouri.

Surgical treatment of Stricture of the Urethra—James Bryan, Pa.

Drainage and Sewerage of large cities—A. I. Semmes, La.; C. Boyle, Ga.; W. C. Dove, District of Columbia.

Puerperal Tetanus; statistics, pathology and treatment—D. L. McGugin, Iowa.

Anæmia and Chlorosis—H. P. Ayer, Ind.

Alcohol and its relations to Man—I. W. Dunbar, Md.

Milk Sickness—Robert Thompson, Ohio; S. M. Bemiss, Ky.

On the effect of Perineal operations for Urinary Calculi upon Procreation in the Male—I. S. White, Tenn.; J. B. McCaw, Va.; R. C. Foster, Tenn.

Mercurial Fumigations in Syphilis—I. W. Yandell, Ky.

Cause and Increase of Crime—W. C. Snead.

Resolution made and accepted that a seal of this Society be given to every Medical College in good standing, and withdraw it upon evidence.

AFTERNOON SESSION.—The Association was called to order by the First Vice President.

The President requested the Committee on the Hunter Memorial to retire for private business.

Report of Committee on Medical Topography and Epidemic Diseases referred to the Committee on Publication.

Committee on Hospital Epidemics discharged.

Committee on Puerperal Fevers discharged.

Committee on Veratrum Viride discharged.

Committee on Improvements in Surgery referred to the Section on Surgery.

Committee on Inebriate Asylums referred to Committee on Publication.

The President called for a report of each of the Sections.

1st. Anatomy and Physiology: referred to Committee on Publication.

2d. Practical Medicine and Obstetrics; no report.

3d. Section on Surgery; report adopted.

4th. Meteorology; report adopted and referred to the Committee on Publication.

Resolutions from the Essex County Medical Society of New Jersey, were offered and adopted.

Moved that a Special Committee be appointed to confer with the different legislatures on this subject.

Motion made and carried that Dr. Cox be continued on the Committee on Necrology.

Report of the Committee on Tracheotomy was read; adopted. Referred back to Committee to continue and report next year.

A communication from the Judiciary Committee of the Connecticut Legislature was read, asking that a committee be appointed to report a bill upon the subject of Criminal Abortion, for action at the next session: carried.

The Chair will appoint a Committee in due time.

Moved that the American Medical Teachers' Convention be perpetuated in connection with the American Medical Convention, and delegates appointed to meet from each Medical School, the day before the American Medical Convention, at the same place.

Amended to "meet regularly," instead of being perpetuated; carried.

Moved that the Committee of last year on this subject be continued.

Moved by Dr. Atlee that the Hunterian Committee be empowered to fill all vacancies in it; carried.

Communication from Elmira, N. Y., read. Referred to Surgical Section.

Moved and carried, that a vote of thanks be offered to Dr. Bemiss for his efficient services as Secretary. Amended by substituting "Retiring Officers."

Resolution offered of thanks from this Association to the Faculty of Yale College, and to the citizens of New Haven, for their elegant hospitalities and kindness during its stay here; carried unanimously.

Dr. Hooker spoke to the Convention in regard to commutation tickets.

Moved that the Convention go into Committee of the Whole; carried. Dr. Askew in the Chair.

A discussion was called up in regard to the Resolutions of Committee on Education, Dr. Reese, Chairman.

Dr. Gardiner moved the Committee rise, report progress, and refer the resolutions entire to the Committee on Publication.

Dr. Hamilton of Brooklyn offered a resolution for a bill for the establishment of a College of Physicians and Surgeons of American Medical Association. Discussed by Drs. Hamilton, Gardiner and others. Resolution withdrawn.

Dr. Dixi Crosby addressed the Convention as to its general action.

Motion made that the Convention adjourn *sine die*. Carried.

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NATIONAL QUARANTINE AND SANITARY CONVENTION.—The following gentlemen have been appointed Delegates to the National Quarantine and Sanitary Convention, which will be held in Boston on Thursday, June 14, 1860.

*Boston Medical Association.*—Drs. John B. Brown, John Homans, G. Hayward, Jr., E. W. Blake, S. Durkee, J. C. Dalton, B. Brown and H. K. Oliver.

*Boston Dispensary.*—Drs. George H. Lyman, John B. Alley and Charles D. Homans.

*Boston Soc. for Med. Improvement.*—Drs. Edward Reynolds, C. G. Putnam, S. Cabot, W. W. Morland, Francis Minot, H. W. Williams and J. B. Upham.

*Mass. Medical Society.*—Drs. John Ware, E. Palmer, Jr., P. M. Crane, J. S. H. Fogg, Z. B. Adams, of Boston; Morrill Wyman, of Cambridge; William Ingalls, of Winchester.

*Mass. General Hospital.*—Drs. Townsend, Gould, Shattuck and C. E. Ware.

ON THE HEALTH OF WORKERS IN MANUFACTORIES OF PAPER COLORED WITH SCHWEINFURT GREEN (ARSENITE AND ACETATE OF COPPER).—Dr. Prosper de Pietra Santa, in a paper read before the Imperial Academy of Medicine at Paris, concludes:—

1. That there is a distinct disease to which these workmen are subject.

2. It is characterized by the appearance of vesicles, pustules, “*plaques muqueuses*,” and ulcerations on the parts exposed to the action of the coloring material (fingers and toes, genital organs, and more particularly the scrotum).

3. These local changes are unattended by any general disturbance of the system.

4. They are not dangerous, and may be averted by hygienic precautions, such as frequent ablution, baths, the use of gloves, etc. The specific treatment consists of lotions of salt water to the affected parts, which are immediately exposed to the fumes of calomel.

5. The frequency of the disease is in proportion to the want of cleanliness, and to the negligence of the workmen.

6. The manufacture can be carried on without inconvenience, but the daily use of the prophylactic measures recommended by scientific observers should be carefully maintained.—*L'Union Medicale*, 16th Sept., 1858.

TURNING.—M. Van Eden advises that in performing the operation of turning the child in the womb, the woman should be placed on her hands and knees, or, as he calls it, *en vache*, and for two reasons: the movement of the hand is not impeded by the arch of the pubes, and the feet of the child are more readily grasped.—*Med. Times and Gaz.*

MEDICAL SERVICE, UNITED STATES NAVY.—The Naval Medical Board, which convened at the Naval Asylum, Philadelphia, March 1, to examine assistant surgeons for promotion, and candidates for admission into the medical corps of the Navy, adjourned *sine die* May 5th. Assistant surgeons: Daniel B. Conrad, James Laws; Francis L. Galt, John S. Kitchen, Albert L. Gihon, John Vansant, Edward R. Denby, and Wm. M. Page were found qualified for promotion. Among the many competitors for admission into the medical corps, the following were selected and classed to be appointed assistant surgeons in the Navy as vacancies occur in the course of the year:—No. 1. James E. Lindsay, of N. C. 2. Henry F. McSherry, of Va. 3. John J. Gibson, of Ill. 4. Osborn S. Inglehart, of Md. 5. Samuel J. Jones, of Pa. 6. Robert R. Gibbes, of S. C. 7. Joseph W. Shively, of Ohio.

A similar competition or *concours* takes place yearly, at about the close of the lecture season. Admission to it may be obtained by applying to the Secretary of the Navy, who will no doubt furnish any needful information on the qualifications necessary to be admitted a candidate.—*Medical News and Library*.

NEW PROTESTANT EPISCOPAL HOSPITAL.—The corner-stone of this Hospital, situated at the corner of Lehigh Avenue and Front Street, Philadelphia, was laid on Thursday afternoon, May 24th, in presence of a large assemblage. Addresses were delivered by the Rt. Rev. Bishop Potter, Dr. Caspar Morris, and Dr. Muhlenberg.—*Ibid*.

SOAP-BARK OF SOUTH AMERICA.—Some months since, a peculiar bark was introduced into European commerce, and recommended for employment in the process of washing and cleansing delicate textures, such as colored woollens and silks. Professor Bleekrode, of Delft, has published the results of a careful chemical examination of this remarkable and interesting substance. Its emulsive powers are very great, and the cold prepared extract well deserves the name of Vegetable Soap: it is employed for washing.—*London Lancet*.

DR. WILLIAM PEPPER has been elected Professor of the Theory and Practice of Medicine in the University of Pennsylvania, in place of Dr. George B. Wood, resigned.—Dr. Wm. Mayburry, one of the attending physicians to the Philadelphia Hospital, has recently resigned.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 9th, 1860.

##### DEATHS.

	Males.	Females	Total
Deaths during the week, . . . . .	38	46	84
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	32.9	32.3	65.2
Average corrected to increased population, . . . . .	..	..	74.4
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevaling Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
10	2	8	6	2	7

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.601	Highest point of Thermometer, . . . . .	78°
Highest point of Barometer, . . . . .	29.836	Lowest point of Thermometer, . . . . .	49°
Lowest point of Barometer, . . . . .	29.456	General direction of Wind, . . . . .	N. E.
Mean Temperature, . . . . .	63°	Whole am't of Rain in the week . . . . .	2.033 in.

PAMPHLETS RECEIVED.—Anniversary Oration delivered before the South Carolina Medical Association. By J. Dickson Bruns, A.M., M.D.—Malum Egyptiacum, Cold Plague, Diphtheria, or Black Tongue. By Samuel Cartwright, M.D., New Orleans.

MARRIED.—In Boston, 5th inst., Dr. Orin Warren, of West Newbury, to Miss Eliza A. Sawyer, of Boston.—In Boston, 5th inst., Dr. Thomas H. Gage, of Worcester, to Miss Anna M. Lane, of Boston.—In Waltham, 6th inst., Alfred Hosmer, M.D., to Miss Helen A. Stickney, both of Watertown.

Deaths in Boston for the week ending Saturday noon, June 9th, 84. Males, 38—Females, 46.—Accident, 1—apoplexy, 1—asthma, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—softening of the brain, 1—consumption, 10—convulsions, 2—cholera infantum, 1—croup, 3—cyanosis, 1—dysentery, 2—diarrhoea, 1—dropsy in the head, 1—drowned, 2—debility, 2—delirium tremens, 2—puerperal disease, 2—epilepsy, 1—erysipelas, 1—scarlet fever, 8—disease of the heart, 1—intemperance, 2—disease of the kidneys, 2—congestion of the lungs, 1—disease of the lungs, 3—inflammation of the lungs, 6—measles, 2—meningitis, 1—old age, 2—palsy, 1—pleurisy, 1—pericarditis, 1—premature birth, 2—imperforate rectum, 1—smallpox, 7—unknown, 5.

Under 5 years, 41—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 9—above 60 years, 11. Born in the United States, 60—Ireland, 20—other places, 4.



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RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE.

[Translated for the Bos. Med. and Surg. Journal, by WM. READ, M.D.—Continued from p. 187.]

IN the naked reptiles, the oviducts are attached directly to the dorsal parietes, and are immovable and separated like the ovaries by the liver. I have never been able, up to the present time, to discover muscular fibres in the envelope, or in the stroma of the ovaries of batrachians, but at the moment of oviposition these organs, enormously developed, distend the abdominal parietes, which react, compress them and rupture the slender membrane of the envelope; the ova which fall into the peritoneal cavity are pushed by the same mechanism towards the orifice of egress which the oviducts present them, and there become engaged in a row, one after another; but, here even, the mechanism does not act regularly, except so long as the mass of ova presents sufficiently for seizure by the compression of the parietes. The last ovules often elude this action, and some days after the ovulation there is very frequently found in the peritoneal cavity of frogs, in the midst of the intestinal convolutions, ova, isolated or joined together in groups, which have not encountered the orifice of the oviduct, and have already begun to dry up, shrivel and become atrophied.

*Reptiles with Scales.*—Matters are much more favorably disposed in reptiles with scales. In the green lizard (*lacerta viridis*) the ovary, when the ova are little or not at all developed, is, in reality, very far from the orifice of the oviduct, but at the moment of oviposition, everything is just the opposite; the two ovaries, which have considerably enlarged their size, in a great measure fill the abdominal cavity, and their superior portion, at least, is as high as the fimbriated extremity of the oviduct and in immediate contact with it, below the hepatic gland. The digestive tube, almost straight, separates the abdominal cavity into two compartments, each of which is occupied by an ovary and an oviduct.

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The ovary is fixed by an ovarian ligament, which attaches itself to the lateral portions of the spine. This ovarian ligament is a muscular membrane, the fibres of which, interlaced in a network, in the middle portion of the membrane, are most numerous and most condensed towards the edges, just at the situation of the body of the ovary. These fibres envelope the ovarian vesicles quite near together where the peduncle is, they are very much separated from each other at the surface of the vesicle when that has acquired its perfect development.

The oviduct is enclosed in a muscular membrane, while a conjunctive peritoneal layer connects with the middle portion of the ovarian ligament. This muscular membrane is almost three times as large as the oviduct, which occupies the middle portion only. This mucous tube forms numerous plaits, close together and inefaceable, owing to an arrangement of its muscular fibres, analogous to that which causes the corrugations of the large intestine of the mammalia. Above, the muscular membrane fixes itself to the lateral region of the sides and the abdominal parietes, at the height of the inferior extremity of the lung. At the bottom it loses itself on the parietes of the cloaca and among the edges of the pelvic orifice of the abdominal cavity. Just at the orifice of the fimbriated extremity, which shows itself under the form of a vertical slit, and corresponds to the free border of the membrane, the superior and posterior fibres which attach themselves to the sides can draw the edges of this orifice in an upward direction. The superior and anterior fibres, on the contrary, draw the fimbriated extremity downwards, and, the two together, can dilate the orifice at the instant when the contraction of the abdominal walls, pressing on the bulky mass of the ovaries, compels the ova to engage themselves in the passage which is open for them.

*Birds.*—In the genera of birds, whose organization presents so much analogy to that of the scaly reptiles (*Ornithoides*, Blainville), the arrangement is disposed after the same type. In the common fowl, the ovary is suspended at the superior extremity of the abdominal cavity, on the left side of the spine, by a thick, muscular ovarian ligament, the fibres of which can be readily discerned by the naked eye; just at the ovarian cluster these muscular fibres disconnect themselves and envelope the capsules. Much more developed than in the scaly reptiles, they present the same general arrangement.

The muscular membrane (*mésometrium*) which confines the circumvolutions of the oviduct, attaches itself behind to the concavity of the sacrum and the posterior abdominal walls, and in front to the kidney. The opposite edge is free, and presents the orifice of the fimbriated extremity a little below the middle portion. The muscular fibres, condensed towards the free border of the membrane, spread themselves out in a fan-like shape, in its sub-

stance, and appear to constitute two systems which interlace above the orifice of the oviduct.

Of the superior fibres, some, forming a kind of round cone, insert themselves in the side next the last; the others spread themselves out in a membrane and are attached to the superior part of the sacrum, in front of the kidney. From thence, they descend towards the superior portion of the oviduct and the fimbriated extremity, which they embrace like a button-hole; after this a portion of them continue, and interlace with the inferior and anterior fibres which detach themselves from the walls of the cloaca, the coccyx and the inferior portion of the sacrum. It is easy to understand, by a mere inspection of the figure which exhibits this arrangement, how these superior fibres which are the most developed, by their contraction draw the orifice of the oviduct into contact with the ovary, and how the two kinds of fibres, when in a state of contraction, tend to bring together their fixed points, carrying with them the corresponding edges of the fimbriated extremity, and in consequence dilating this orifice.

In the pigeon, the arrangement of the parts is exactly the same, except that the muscular membranes, extremely thin and transparent, appear to the naked eye like fine peritoneal webs. It is the same, for a still stronger reason, in birds of very small size; but a microscopical examination (200 or 300 diameters) permits us to make out everywhere muscular fibres arranged on the same plan.

It is very important to comprehend clearly the *ensemble* of this arrangement of the muscular apparatus of the ovary and oviduct in birds and reptiles with scales. It is there that the ovary, independent of the oviduct, and the oviduct developed on one side only, or isolated from its congener, up to its termination, shows us, under the most simple and elementary form, the type of the tubo-ovarian apparatus peculiar to the vertebrata. In the mammiferae, this type becomes complicated by the direct connections of the ovary with the oviduct, and by the fusion of the two oviducts, at least externally, in a portion, more or less considerable, of their length. We find there a new confirmation of this great law, that, in every species belonging to the same natural series, when we take into consideration the ensemble of the organism or the different apparatus which constitute it, we find the same type constantly, modified only by a greater or less development, and by the absence or fusing together of certain portions. Moreover, among so many varieties of form, so many complications apparently inextricable, of the tubo-ovarian muscular apparatus, we invariably find, as a fundamental element, the two systems of fibres, stretched from the posterior to the anterior wall of the trunk, at the top and bottom, which constitute the muscular membrane, so simple, of the oviduct in birds. To guide us through this labyrinth of complications, more apparent than real, it is sufficient to remark: 1st, that the muscular apparatus of the ovary, primitively isolated, con-

finds itself with the oviduct; 2d, that the oviducts themselves, at first separated from each other by the digestive tube and the urinary reservoir, gradually approach each other in the median line, join together, and end by being confounded with each other at their inferior portion, and that the tube, which, in consequence of a constant increase of length, extends beyond the situation of the ovary, describes a terminal circumvolution which once more brings the fimbriated extremity into the vicinity of that gland. These changes modify the position of the different parts of the muscular apparatus, which otherwise would not preserve their connections and their primitive functions.

[To be continued.]

### SPONTANEOUS AMPUTATION OF THE ARM.

[Communicated for the Boston Medical and Surgical Journal.]

In the middle of April, 1859, a Digger Indian got into a drunken fracas with his fellows at a *sandango*, in Penn Valley, eight miles west of this place, in the course of which he was shot through the arm, midway between the elbow and shoulder-joint, the ball severing the brachial artery. He was taken to his miserable abode among the brush, and there attended by his faithful squaw. The arm at last mortified, to within three inches of the head of the humerus, and after a while became dry and withered. At the point of connection between the lifeless and vital portions of the member, there was a copious secretion of pus. At last, an old Indian came along, and, seeing his condition, prevailed upon him to permit the dead mass to be cut off. So, procuring a dull handsaw from a neighboring ranch, he severed the humerus, leaving it protruding three inches beyond the soft parts.

The patient was soon upon his feet, and walking about this town, apparently proud of his repulsive pretext for begging. Here I had frequent opportunities for observing his condition. Healthy pus was freely discharged from around the bone, the medullary cavity of which, with superstitious care, was kept plugged with cotton wool.

About the first of March, the dead bone was thrown off, including about one inch and a half of the portion within the soft parts. The sore at this time is entirely healed, and the stump is as comely as possible.

CHARLES D. CLEVELAND.

*Grass Valley, Cal., April 18th, 1860.*

NINE cases of vesico-vaginal fistula have been operated on in the Glasgow Infirmary during the last year, by Bozeman's method; and three others in private practice there. Of the twelve cases recorded, ten were completely cured by one operation, and two were unsuccessful.

## Bibliographical Notices.

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*Electro-Physiology and Electro-Therapeutics; showing the best methods for the medical uses of Electricity.* By ALFRED C. GARRATT, M.D., Fellow of the Massachusetts Medical Society. "Study and search out the secrets of Nature."—*Harvey*. Boston: Ticknor & Fields. 1860. Pp. 708, large octavo.

THIS volume, dedicated to our friend John Homans, M.D., President of the Massachusetts Medical Society, is a very full and elaborate contribution to the medicinal powers and uses of electricity. Dr. Garratt has sought, in the best authorities at home and abroad, and in their original sources, the whole literary history of his important subject, and has presented it after a manner which deserves, and we believe will receive, the careful study of the profession. It is in works like this, which come directly out of the deep interest of the authors in their subjects, and from abundant experience concerning them, that a profession gains useful and important light, which enables it to put them to the full test of practical uses.

"The *progress* of medical science," says Dr. Garratt, "during the past half century, has brought us into new and closer relations with almost all other departments of *physical science*; but with none, however, in so intimate and indissoluble a manner as with this of electricity. 'Hence it has come to pass,' says De la Rive, 'that the study of electricity, as it relates particularly to medical knowledge and *practice*, has become an absolutely indispensable study for every one who practises, teaches, or in any way cultivates science, and wishes to be *booked up* to the age and day.'"

Our profession cheerfully welcomes all works which have for their object to aid in its true progress. What more deserves public thanks, and professional acknowledgment and patronage, than sincere and successful study of that which deeply affects its best progress and surest success? What more noble pursuit than that science and art which have for their object physical and intellectual health? What says Johnson, the English moralist, by emphasis, in his life of Dr. Garth, concerning medicine?

"Whether what Temple says be true, that physicians have had more learning than the other faculties, I will not stop to inquire; but I believe every man has found in physicians great liberality and dignity of sentiment, very prompt effusions of beneficence, and willingness to exert a lucrative art where there was no hope of lucre."\*

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\* The history of Dr. Garth's Poem, the "Dispensary," is worth notice. It illustrates what Johnson says of the character of the physician. "Agreeably to this character" (of physicians, as above quoted from Johnson). "the College of Physicians in July, 1687, published an edict, requiring all the fellows, candidates and licentiates, to give gratuitous advice to the neighboring poor." The edict was sent to the aldermen, who fully assented to it. The apothecaries rose in open arms against it, increased their prices of medicine, &c., so that, in 1688, the College voted "that the laboratory of the college should be accommodated to the preparation of medicines, and another room prepared for their reception; and that the contributors to the expense should manage the charity." The apothecaries went to work again, when a subscription was raised to supply medicines for the poor.

"About the time of the subscription begins the action of the 'Dispensary' (Garth's Poem). The poem, as its subject was present and popular, co-operated with the passions and prejudices then prevalent, and with such auxiliaries to its intrinsic merit, was universally applauded. It was on the side of charity against the intrigues of interest, and of regular learning against licentious usurpation of medical authority, and was therefore naturally favored by those who read and can judge of poetry."

And what says that earlier moralist, Cicero, of physicians? "In nothing does man so nearly approach to the immortal gods as in giving health to mortals."

What obligations are the public not under to him and to those who in wise and patient study, widen the borders of our beloved profession, and how grateful are not its true professors for such generous and valuable labors? What more honorable monument can be raised to human achievement than that which commemorates such accomplishments?

We do not propose at this time an elaborate examination of Dr. Garratt's work, but will give to our readers a brief sketch of the contents:—Chap. I. treats of Natural Electricity, its character, sources, nature, manifestations, thermo-cube, static electricity, atmospheric electricity, effects on the human organization, as it regards births and deaths, &c. Chap. II.—Early history of the medical uses of Electricity. Chap. III.—Instruments. Chap. IV.—Electro-Physiology. Chap. V.—Methods for the medical employment of Electricity. Chap. VI.—Hyperæsthesia. Chap. VII.—Anæsthesia. Chap. VIII.—Spastic Diseases. Chap. IX.—Midwifery, Abdominal Viscera, Secretions. Chap. X.—Electricity in Surgery.

The volume is illustrated abundantly by descriptions and drawings of instruments, both original and selected—by anatomical sketches, and by cases in which electricity has been employed, together with the limitations of its uses.

What has particularly struck and pleased us in our examination of Dr. G.'s work, is the patient minuteness which everywhere marks his treatment of his subject. Nothing seems to have been overlooked. Thus, in his chapter on surgery, he gives us an article on electricity in dentistry, which shows how successfully it has been used as an anæsthetic—making tooth-drawing a painless operation. And again, in the treatment of poisons by electricity, the same patience of detail appears. *Wall-paper poison* has here a distinct place. The poisonous effects of green wall-paper which is colored by arsenic, is particularly noticed; and so deleterious has this kind of paper been found abroad, that "already in Germany, and I am informed," says Dr. G., "in France also, recent laws have been enacted prohibiting the hanging of arsenic and other poisonous wall-papers; and this, perhaps, may account for the cheapness of those beautiful but baneful French papers, of flock green and velvet green with gold, that have of late flooded the American market."—P. 696. A very interesting paper lately read before the Suffolk District Medical Society, by our friend Dr. John Jeffries, shows how "sudden and unaccountable attacks of dyspepsia, and other gastric derangements," proceed from these poison wall-papers.

We close with the last paragraph of this very valuable work:—

"Medical students: our investigations in this intensely interesting field of medical lore, must now draw to a close. Let us now congratulate ourselves and thank God for this day and opportunity of seeing *understandingly* so much of this *new phase* of our noble art. I said to you in the Preface, that we were rich in the material for a systematic work of this kind, and now say again, that we feel still burdened with the untold matter that so interests ourselves, and which we desire you to know. But the original bounds of this work are already far exceeded; I therefore only will remind you, with a parting emphasis,

of the beautiful aphorism of Dr. Althaus (who, by the way, has written well on this subject), that 'it is not electricity that cures diseases, but the *physician*, who may cure disease *by means* of electricity.' In a word, it is the *method* and *skill* directing this agent, that gives the success."

W. C.

*Contributions to Operative Surgery and Surgical Pathology.* By J. B. CARNOCHAN, Professor of Surgery in the New York Medical College, Surgeon-in-Chief to the State Emigrants' Hospital, Ophthalmic Surgeon to the same Institution, &c. With Illustrations drawn from Nature. Philadelphia: Lindsay & Blakiston. 1860. Part III. Pp. 81-127, inclusive.

THIS third fasciculus of Professor Carnochan's work is devoted to the examination and illustration of topics of great practical importance. The larger part of the number is taken up with considerations, facts, and cases bearing upon the interesting subject of Congenital Dislocations of the Head of the Femur. The only other subject presented is the operation for "the restoration of the entire upper lip, with cases."

Upon the first class of cases, Professor Carnochan treats in the following order:—

1. "On Congenital Dislocations of the Head of the Femur (with Plates)."
2. "Anatomical Observations on Congenital Dislocations of the Head of the Femur (with Plate)."
3. "On the Diagnosis of Congenital Dislocations of the Head of the Femur (with Plate)."

Upon each of these divisions, some very valuable remarks are given. The first is well explained, and at some length, by the account of a case seen by the author while temporarily in London, and which was reported in the *London Lancet*, 1844, No. 27, Vol. I. The entire paper is worth reading, and the case is exceedingly well reported. Since the publication of the present paper, Dr. Carnochan informs us that he has seen "at least twenty more cases of this dislocation," in the cities of Paris, London, and New York, respectively. He is inclined to regard it as a not very unfrequent accident, and also coincides with Dupuytren in pronouncing it more common in the female sex.

The anatomical portion of these papers consists of an ingenious argument, or rather demonstration, derived from the condition of the parts concerned in this dislocation as they appear in the fœtal skeleton.

The third and last portion is a clear summary of the differential diagnostic points presented for the surgeon's consideration, between *morbus coxarius* and congenital dislocation of the heads of the thigh-bones.

The concluding pages of this fasciculus are devoted to an exposition of the author's procedure in two cases where restoration of the upper lip was required. In the first instance, ulceration of a cachectic nature rendered the operation necessary, and from the character of the patient's constitution an untoward result was to be feared; in the second, true scirrhus disease had attacked the lip. Both cases terminated very favorably, and the operator is to be congratulated on his success. The description of the operations is excellent; the account is all the more interesting, because, as the operator truly says, "the resources of operative surgery are more commonly demanded to reme-

dy the ravages of disease upon the lower lip, than upon the upper. There are but few recorded instances of restoration of the entire upper lip, after destruction of its tissues; and, for want of established results, the rules, so far, are indefinite in regard to the best mode of operating in such cases." Dr. Carnochan believes the two cases in which he operated, as above mentioned, to be the only instances, thus far, in this country. We recommend the perusal of the descriptive text to our readers.

The external appearance of this number of Dr. Carnochan's "Contributions" consorts with that of the previous issues; and the illustrations are well executed—giving, doubtless, the most painfully accurate delineations of the morbid appearances and restorative results. If the amended face of the male subject of the cheiloplastic operation is not entirely Adonis-like, it is a decided improvement upon the diseased original: and in the female, the improvement is exceedingly conclusive and satisfactory—in truth, quite a triumph of plastic surgery.

In regard to accuracy of proof-reading, we regret to notice that something of the same carelessness characterizes the present issue as we remarked in former numbers; and we can only reiterate our opinion then expressed, viz., that it is a pity, where the publication, as a whole, is marked by so much elegance of preparation, and is so *recherchée* in style, there should be any typographical errors allowed to disfigure the handsome pages, especially when the latter are so few in number. In a work of this sort, these matters ought not to be considered of trifling moment; as the appearance of the volume, when completed and bound, will certainly be materially affected by them. It is, therefore, in none but the kindest spirit that we indicate the following errors: Page 83, fourth line from the bottom, "parieties" for *parietes*; "illium" for *ilium*, page 90, third line from foot of page; "of" for *or*, page 100, seventh line from the foot; "Seres" for *Seres*, page 108, fifth line from the top; "Rachidean" for *Rachidian*, page 108, eleventh line from the top; "Montpelier" for *Montpellier*, page 108, foot-note; "as" for *at*, thirteenth line from the top of page 111; "scirrhus" for *scirrhous*, twice, page 126, second line from top and seventh line from bottom, and the same in the descriptive text of Plate VIII; "a" for *an*, Plate VIII., before the word Ambrotype. We did not hunt up the above with any "*malice prepense*," they merely obtruded themselves upon our vision while reading the text—which certainly would be improved by their absence. We look forward with pleasant expectation to the continuance and completion of this very valuable work.

### Medical Teachers' Association.

THE Convention of Medical Teachers, according to adjournment at Louisville, Ky., met at New Haven, June 4th, 1860, at 10 o'clock, A.M., in the lecture room of Yale College, Dr. Dixie Crosby, President, in the chair, and, on motion, adjourned to meet again at 3½ o'clock, P.M.

AFTERNOON SESSION.—The Convention met according to adjournment, and was called to order by the President. The Secretary being



absent, on motion of Prof. Palmer, of Mich., Prof. H. A. Johnson was elected Secretary.

The minutes of the Convention at Louisville were read, and, on motion, a list of the delegates was prepared, from which it appeared that the following institutions were represented: The Long Island Hospital, by Prof. Austin Flint; Medical Department of Dartmouth College, by Profs. Dixie Crosby and O. P. Hubbard; Medical Department of the University of Louisville, Ky., by Prof. R. I. Breckenridge; Savannah Medical College, Georgia, by Prof. R. O. Arnold; Medical Department of Yale College, Conn., by Profs. Jonathan Knight and Benj. Silliman, Jr.; Medical Department of the University of Michigan, by Prof. A. B. Palmer; Medical Department of Harvard College, Mass., by Profs. Storer and G. C. Shattuck; Berkshire Medical College, Mass., by Prof. Wm. H. Thayer; Medical College of Virginia, by Prof. I. B. McCaw; Atlanta Medical College, Georgia, by Prof. James P. Logan; Missouri Medical College, by Prof. Joseph N. McDowell; Medical Department of Lind University, Ind., by Profs. N. S. Davis and H. A. Johnson; Medical College of South Carolina, by Prof. Henry R. Frost; Iowa University, by Profs. D. L. McGugin and Daniel Meeker; Geneva Medical College, by Prof. Frederick Hyde; Albany Medical College, by Prof. Alden March.

The committee appointed at the previous convention to confer with a similar committee of the American Medical Association, reported through their chairman, Prof. Shattuck, a preamble giving an account of their doings, and proposing a series of resolutions, as follows:—

1st. *Resolved*, That the Medical Colleges represented in this Convention, are willing to adopt the rule, if it be recommended by the American Medical Association, that every candidate for the Degree of Doctor in Medicine must present certificates of having assiduously studied medicine during the period of three full years under the direction of a regular practitioner of medicine, recognized as such by the American Medical Association, who shall certify to the same under his own hand, and of attendance on two *full* courses of medical lectures in a medical school recognized as regularly organized by the American Medical Association, with an interval of at least three months between the termination of the first course and the commencement of the last.

2d. *Resolved*, That the medical colleges represented in this Convention, are willing to keep a register of their students, in which shall be entered the name, the age, the period of commencing medical studies, and diploma already received, with the name of the college conferring it, and the name of the preceptor.

3d. *Resolved*, That the medical colleges represented in this Convention, allowing that the proposed plan of admitting delegates from State Societies to attend the examination of the candidates for the degree of Doctor in Medicine, to have been successfully carried out in several places, do not think that it can with advantage be universally adopted; but at the same time they are ready to ascertain and discuss any other measure by which the admission of unsuitable and unworthy members within the ranks of the profession can be prevented.

4th. *Resolved*, That this Convention earnestly recommend the American Medical Association to adopt such measures as will secure the efficient practical enforcement of the standard of preliminary education adopted at its first organization in May, 1847, or of a standard put

forth by the medical society of the State in which a college is located, and that medical colleges will thankfully receive and record the certificates alluded to in said standard, and one of moral character, whenever the profession generally, and the preceptors, will see that students are properly supplied with them.

5th. *Resolved*, That Hospital Clinical Instruction constitutes a necessary part of medical education, and that every candidate for the degree of Doctor in Medicine shall be required to have attended such instruction regularly for a period of not less than four months.

6th. *Resolved*, That the members of this Convention are ready to co-operate in any efforts by which the attention of the community and of legislatures shall be called to the importance of the endowment of medical colleges and professorships.

7th. *Resolved*, That the attention of the American Medical Association be called to the proofs, in a letter from a German Medical Professor, of the degree of Doctor in Medicine being conferred in Germany on unsuitable persons, to be used in this country.

On motion of Prof. Davis, the report was received, and the resolutions taken up seriatim.

Prof. Flint moved to amend the first resolution by omitting the words "with at least an interval of three months between the termination of the first and the commencement of the last."

The amendment was discussed somewhat at length by Profs. Flint, McDowell, Davis, Palmer, Shattuck, Arnold, Frost and Logan, after which it was rejected.

On motion of Prof. McDowell, the first resolution was laid on the table, to be taken up at a future time.

On motion of Prof. Thayer, the second resolution was adopted.

The third resolution was discussed by Profs. McCaw, Breckenridge, Knight, Palmer, McDowell and Davis.

Prof. Logan offered the following as a substitute for the whole report:—

Whereas, it is apparent that the medical colleges of the United States are not disposed to adopt the measures indicated by the American Medical Association, for the establishment of an uniform system of medical education, as manifested by the failure upon the part of a large portion (and among the number some of the most prominent) to be represented at the Convention of Colleges, held last year in Louisville, and by a renewal of the same course of action towards the adjourned meeting of said Convention, and as no action on the part of the colleges represented would be likely to effect any change in the present system of medical education, and any attempt on the part of this limited representation to initiate any reform might be regarded as an offensive assumption of power, therefore,

*Resolved*, That this body declines to act for the medical colleges of the United States.

*Resolved*, That in the medical colleges alone resides the power of effecting any desirable change in the present system of medical education, and it is only from their united action that any good result can be expected.

*Resolved*, That a committee of — be appointed to report the action of this body to the American Medical Association.

The substitute was discussed by Profs. Logan, Shattuck, Crosby, McGugin, McDowell, Storer and Palmer, and was finally rejected.

At this stage of the proceedings, Prof. Logan, of Ga., retired from the Convention, stating that he did not feel at liberty to act with it as the representative of the Atlanta Medical College.

On motion, the Convention adjourned till Tuesday morning at 9 o'clock.

SECOND DAY'S PROCEEDINGS. *June 5.*—The Convention was called to order by the President, Dr. Crosby.

The following additional Institutions were represented:—University of Maryland, by Prof. Edward Warren; University of Buffalo, by Profs. Thomas F. Rochester and James P. White; St. Louis Medical College, by Prof. J. B. Johnson; Castleton Medical College, by Prof. E. K. Sanborn; Maine Medical College, by Prof. Nourse.

On motion of Prof. Shattuck, the third resolution was adopted.

On motion of Prof. McDowell, the fourth resolution was adopted.

On motion, the order of business was suspended, when Prof. Frost presented the following communication in regard to Medical Education in the South:—

“I should wish to be heard while I make a few remarks on the progress of Education at the South, and the advances we have made in fulfilling the requirements of the Association. The report in my hand, of the Dean of the Medical College of the State of South Carolina, of the graduates of that College and their requirements, presents a total of 114 graduates—all of whom had a preparatory education, such as the Association requires. Nearly all, with the exception of six, have had good literary opportunities; some graduates of colleges, others of academies of high repute, others instructed in the classics. Even those whose studies were confined to English, have had their minds strengthened by the study of mathematics.

“In making this statement, I would not be understood to say that they were well versed in the classics; but they have enjoyed the opportunity and profited in a greater or less degree by it. Neither would I be understood to say that our graduates are all doctors. The diploma conferred is only an evidence that they have undergone a course of study; that they have been instructed in the principles of the profession, and made acquainted with the means by which they are to arrange and systematize the various occurrences presented to them—in short, that the foundation has only been laid by which they are to pursue advantageously their researches, and act for themselves. To be able doctors and successful practitioners, requires years of study and observation, and there are many who, after all this application, have never been made doctors.

“The community in which a young graduate resides, soon becomes aware of this fact; it is only after a long apprenticeship, and years of toil and devotion to his business, that he acquires practice and confidence. Confidence is proverbially a plant of slow growth, and it is only after the individual has proved himself worthy, that it is freely bestowed. Still, however, every doctor has been a student, and as such, has to endure taunts and imputations as to his qualifications. I well remember, when a student in medicine, forty-seven years since, fashionable ladies commented upon the homely appearance and neglected dress of the students of Philadelphia, and tauntingly observed that there was little to be observed in the streets but dogs and Virginia doctors! Yet from these classes of whom these remarks were made,

there came forth a Wood, Mitchell, Meigs, McLellan, Hodge, Barton, Darrach, and not to forget my own section, Dickson, Holbrook, Ramsay, and many others. Yet these young men were as ungainly as many at the present day; but they contained the gem, as many of the present day, which required only to be polished. Education has been progressive, to my observation; our graduates show their desire to excel by seeking opportunities abroad for greater acquirements. In my day, our reading was desultory and without system. My preceptor pointed to his library and told me to select my reading. My anatomical studies were pursued with a scalpel and the Dublin Dissector. Our clinical instruction was nothing, virtually. Mark the difference at the present time. Your winter and summer courses; your crowded hospitals; your private instructions, and your model plates, &c. All these speak trumpet-tongued that the work of improvement is onward."

On motion of Prof. McDowell, it was directed to be appended to the transactions of this body, for the American Medical Association.

On motion, the fifth resolution was adopted.

On motion of Prof. McDowell, the sixth resolution was adopted.

On motion of Prof. Shattuck, the seventh resolution was adopted.

On motion of Prof. Arnold, the first resolution was taken from the table.

Prof. Shattuck offered for the first resolution a new one precisely the same as the first, with the exception of the last clause in regard to the interval of time between the first and last courses of lectures.

It was discussed by Profs. Shattuck, McDowell, Flint, Arnold, Breckenridge, Davis, Palmer, McCaw, Nourse and White.

Prof. White moved that the substitute and the original resolution be laid on the table. The motion was lost.

Prof. Breckenridge called for the vote on the substitute offered by Prof. Shattuck by colleges.

The substitute was lost by the following vote:—

*Ayes*—Long Island College Hospital, Medical Department of Dartmouth College, Medical Department of the University of Michigan, Berkshire Medical College, Iowa University, Castleton Medical College, University of Buffalo, Maine Medical College—8.

*Noes*—Medical Department of the University of Louisville, Savannah Medical College, Medical Department of Yale College, Harvard Medical College, Medical College of Virginia, Missouri Medical College, Medical Department of Lind University, Medical College of the State of South Carolina, Geneva Medical College, Albany Medical College, University of Maryland, St. Louis Medical College—12.

Profs. McGugin and Palmer, in voting for the substitute, explained that they did so because they were in favor of the propositions therein contained, and hoped that a distinct proposition, relating to the length of the *inter regnum* of courses similar to that contained in the original resolution, might be presented, that they might vote for it.

The motion on the original resolution was then taken by colleges, and adopted by the following vote:—

*Ayes*—Medical Department of Dartmouth College, Savannah Medical College, Harvard Medical College, Berkshire Medical College, Medical College of Virginia, Missouri Medical College, Medical Department of Lind University, Medical College of the State of South

Carolina, Iowa University, Geneva Medical College, Albany Medical College, University of Maryland, St. Louis Medical College, Castleton Medical College—14.

*Noes*—Long Island College Hospital, University of Buffalo, Maine Medical College—3.

On motion of Prof. Davis—

*Resolved*, That the Committee of which Dr. Shattuck is Chairman, be requested to report the doings of the Convention, with the resolutions adopted, to the American Medical Association.

On motion, the Convention adjourned to meet again at the call of the President.

## Quarantine and Sanitary Convention.

JUNE 14TH, 1860.—The Fourth Annual Session was held in the hall of the Mechanics' Association in Bedford St., Boston. The Convention was temporarily organized, at 10½, A.M., by the appointment of Dr. Griscom, of New York, as President, and Dr. H. G. Clark, of Boston, as Secretary.

Alderman Starr, of New York, moved that a committee of one delegate from each State represented in the Convention be appointed to recommend, for the approval of the Convention, a list of officers for its organization.

Dr. A. H. Stevens, of New York, advocated rotation in office. The motion was opposed by Gen. Wetmore, of New York, and withdrawn.

The original motion being passed, the following committee were appointed:—C. C. Savage of New York, J. M. Wightman of Mass., Dr. Ruschenberger of Penn., Dr. Snow of Rhode Island, Dr. Houck of Maryland, Dr. Arnold of Georgia, Dr. Guthrie of Tenn., Dr. Thompson of Ohio, Dr. McLaren, U. S. Army.

On motion of Dr. Gilman, of Maryland, it was voted, that the rules of the previous Convention be adopted.

Prof. R. D. Mussey, of Boston, recently of Cincinnati, was introduced by Dr. Stevens, of New York, and invited, by a vote of the Convention, to take a seat upon the platform.

Several reports, in print, from committees appointed, at the last meeting of the Convention, were then announced, and ordered to be distributed.

On motion of Dr. H. G. Clark, of Boston, voted, that those members of the Executive Committee who are not appointed delegates to this Convention, be invited to take seats and record their names as members of the Convention.

On motion of Dr. Jewell, of Philadelphia, voted, that those members of the committees appointed to report on certain subjects, at the last Convention, who are not elected delegates to this Convention, be invited to take seats as members.

Invitations were received to visit the collection of the Boston Society of Natural History, the Public Institutions in Boston Harbor, and to a banquet at the Revere House on Saturday afternoon, which were all accepted.

Remarks were made by Gen. Wetmore, of New York, upon the subject of a permanent organization.

The committee appointed to nominate officers, then reported the following:—

*President*, Dr. Jacob Bigelow, Boston. *Vice Presidents*, Hon. R. D. Arnold, Georgia; A. H. Stevens, M.D., New York; H. G. Clark, M.D., Boston; John F. Lamb, M.D., Penn.; Judson Gilman, M.D., Md.; Hon. Moses Bigelow, New Jersey; Hon. J. C. Knight, R. I.; Robert Thompson, M.D., Ohio; C. B. Guthrie, M.D., Tenn.; Thomas Stewardson, M.D., Penn.; Hon. Thomas Aspinwall, Boston; J. W. Houck, M.D., Baltimore.

*Secretaries*.—Calvin Ellis, M.D., Boston; J. B. Jones, M.D., Brooklyn, N. Y.; William Taylor, M.D., Penn.; Ald. David C. Dadd, Jr., New Jersey. The nominations were confirmed.

Dr. Griscom, of New York, after a few remarks, resigned the chair to Dr. Bigelow, who then addressed the Association.

A motion was made and carried, that a business committee of thirteen be appointed by the Chair, to report in the afternoon.

The report of the Committee for the Control of the Sale of Poisons and Dangerous Drugs was read by the Chairman.

This, with several other reports, after some discussion, was laid upon the table, to be acted on at a future meeting.

Dr. Stevens, of New York, spoke upon the importance of ventilating cellars, as cases of fatal illness have occurred which could be ascribed directly to the presence of decomposing vegetable matter.

Drs. Thompson, of Ohio, and Childs, of Mass., made some remarks upon the same subject. The Convention then adjourned till 4¼, P.M.

**AFTERNOON SESSION.**—The Convention was called to order by the President, Dr. Bigelow, at 4¼, P.M. After the reading of the Records of the morning session, an invitation to visit the State Prison was received from the Warden, and accepted.

The names of the Business Committee of thirteen were then announced by the President:—Dr. John Griscom of N. Y., Dr. John Moriarty of Mass., Dr. Wilson Jewell of Pa., Dr. Judson Gilman of Md., Dr. John Jeffries of Mass., Dr. Edward Mead of Ohio, Dr. E. M. Snow of R. I., Joseph M. Wightman of Mass., Dr. C. B. Guthrie, of Tenn., Dr. L. A. Sayre of N. Y., Dr. John F. Lamb of Pa., Dr. Lewis W. Oakley of N. J., Prosper M. Wetmore of N. Y.

It was then voted, on motion of Mayor Lincoln, that the several reports be taken from the table and referred to the business committee.

Dr. Bell, of Brooklyn, N. Y., stated that in calling for the reports there had been omitted one by Dr. Arnold, of Ga., upon "Vaccination as preventive of Variola, and the Value of Re-vaccination, with a view to the enactment of laws for the enforcement of general vaccination and re-vaccination."

Dr. Arnold, of Ga., stated that he was not aware, until that moment, that any such report was expected from him, but that he could, in a few words, express his firm conviction of the efficacy of vaccination.

Mr. Kimball then offered the following preamble and resolution:—

*Whereas*, In view of the panic existing in this and other States, in regard to the disease among cattle, known as "pleuro-pneumonia," and the uncertainty as to whether said disease is contagious or infectious, and also as to the best mode of treatment or of possible cure—therefore

*Resolved*, That a Committee be appointed to take the whole subject into consideration.

The questions as to the best form for the resolution and the kind of

Committee to whom they should be referred, were discussed by Drs. LaRoche, Hayward, Stevens, Mr. Wightman, Drs. Arnold and Jewell.

The resolution was then referred to the Business Committee.

The Business Committee having taken into consideration the subjects referred to them, presented the following resolves as their report:—

*Resolved*, That the Convention take into consideration the expediency of recommending the passage of a law in relation to poisons and dangerous drugs, as recommended in the appendix to the report submitted by Dr. Guthrie "on the control of the sale of poisons." Also,

*Resolved*, That the Convention take into consideration the report of the Committee on External Hygiene and the code of Marine Hygiene recommended therein.

These resolves were adopted.

The question of the expediency of recommending the passage of a law in relation to poison and dangerous drugs, as submitted by Dr. Guthrie, in the appendix of his report, was then discussed by Drs. Jewell, Griscom, Ordronaux, Guthrie and Sayre.

Dr. Sayre finally offered the following resolution:—

*Resolved*, That this Convention recommend to the various State Legislatures to pass such laws regulating the sale of poisonous drugs, as in their wisdom may prove effectual in arresting the destruction of human life by the indiscriminate sale of these dangerous articles.

This was adopted.

Dr. Sayre then moved that a copy of the resolution be sent by the Secretary of the Convention to the Governors of the different States, accompanied by a copy of the report.

Dr. Griscom moved an amendment of the appendix of the report.

This amendment was discussed by Drs. Jones, Guthrie, Jewell, Mr. Shannon, Dr. Guernsey, Mr. Wightman, Drs. Griscom, Hayward, and Mr. Kimball. At 7, P.M., it was voted to indefinitely postpone the whole subject.

The Convention then adjourned to meet at 10 o'clock, on Friday morning.

FRIDAY, 10 $\frac{1}{4}$ , A.M.—The meeting was called to order a few minutes after 10 o'clock. Dr. Arnold in the Chair.

After the reading of the records, the Convention took into consideration the report of the Committee on External Hygiene.

Dr. Jewell moved that the resolutions appended to the report be adopted, and that the report, with the resolutions, be published in the Transactions.

Dr. Harris, of New York, called the attention of the members to certain deficiencies on page 28.

Dr. Thompson, of Ohio, spoke of the necessity of laws to protect men against the dangerous disease known as the milk sickness, derived from diseased animals.

Gen. Wetmore spoke in favor of the report.

Drs. Griscom and La Roche moved the erasure of the last line on page 6, and the first three words on the following page. Accepted by the Committee.

Remarks upon the resolutions were then made by Gen. Mather, and Drs. Griscom and Anderson.

Dr. Ordronaux moved the amendment of the first resolution by substituting the vowel *a* for "this" in the last line, and adding "based

upon the principles hereinbefore set forth." Also, by substituting for *this*, in the last line, "such a."

The resolutions, as amended, were then passed.

Dr. Griscom, from the Business Committee, reported the following resolutions:—

1. *Resolved*, That the report of Dr. Guthrie, Chairman of the Committee on Poisons, &c., be published in the Transactions of this Convention, without the appendix.

2. *Resolved*, That this Convention deems it inexpedient to recommend any action by this Convention on the subject of the disease known as "pleuro-pneumonia," said to be prevalent among cattle.

3. *Resolved*, That the report on Civic Cleanliness be recommended to the Convention for adoption and publication in the Transactions, and that the Secretary be authorized to transmit a copy of the report, and a separate copy of the memorial appended thereto, to the authorities of every incorporated city in the United States.

4. *Resolved*, That the report of Dr. Snow on Registration be referred to the Convention for consideration, and recommended for adoption and publication in the Transactions of the Convention.

5. *Resolved*, That a committee be appointed to take into consideration the expediency of a permanent organization of this Convention, to be called the "American Sanitary Association," to report at the next meeting; and, if favorable thereto, to present a plan of organization.

These resolutions were passed separately.

Dr. Griscom stated, in connection with the third, that the Chairman of the Committee on Civic Cleanliness had arrived, and introduced Lieut. Viele, who spoke strongly upon the subject embraced in the report. He was sustained by Drs. Jewell, Bell, Guthrie, Ordranax and Curtis, and Alderman Otis Clapp, Messrs. Halliday, Bailey and Conduit.

In connection with the fifth resolution, Gen. Wetmore stated that he should not introduce the resolution he had previously announced, as the Business Committee had already attended to the subject.

On motion of Dr. Jewell, it was voted,

That the committee provided for by the resolution should consist of five members, to be appointed by the President.

Dr. Ordranax then offered the resolution announced yesterday.

*Resolved*, That a committee of five be appointed, to be called the Committee on *State Medicine*, whose duty it shall be to report to this Convention all such subjects of sanitary reform as are not yet provided for by the Standing Committees, and also what legislation is necessary for their permanent advancement.

The resolution was discussed by the mover, Dr. Griscom, and Gen. Wetmore, and on motion of the latter was referred to the Business Committee.

Dr. Griscom moved that report on Wet Docks be adopted.

This was debated by Drs. Stevens, Guthrie, Anderson and Griscom.

The following substitute, by Dr. Guthrie, was passed.

*Resolved*, That the report upon the Utility of Wet Docks, be referred to the Committee on External Hygiene, with powers.

Dr. Jewell proposed that the following resolution should be laid upon the table, to be taken up this evening.

*Whereas*, At the last meeting of the Convention, after a learned and dispassionate discussion, the long-agitated question of the non-transmission of yellow fever from one person to another, was definitely settled; in order to strengthen that decision, therefore

*Resolved*, That the action of the last Convention on the question of the non-



contagiousness of yellow fever, to be found on page 45 of its Transactions, be and is hereby re-affirmed.

On motion of Mr. Halliday, the Committees which had not reported, were called upon.

Gen. Mather regretted that the Committee on Dispensaries were not able to report, and on motion of Gen. Wetmore they were discharged.

Gen. Wetmore then moved that a new committee should be formed, of which Gen. Mather should be chairman. Adopted.

Dr. Harris, from the Committee on the Supply of Food, &c., reported progress, and stated that the report should be completed during the year. It was voted that the Committee should be continued.

No report was made by the Committee on Architecture.

Dr. Haswell stated, that, owing to various causes, it had been impossible to finish the report on Tenement Houses. It was then moved and voted that a new committee be appointed.

No report was offered by the Committee on the Causes and Control of Miasmata.

Mr. Charles H. Haswell, of New York, then offered the following resolution :

*Resolved*, That the Committee on Civic Cleanliness be instructed to report a system of sewage calculated to arrest the deposits therefrom from exposure to the air upon tidal surfaces, and that they be directed to adapt their recommendations to the different conditions of harbors and rivers having extensive or small tidal volumes.

During the transaction of the above business, it was voted, on motion of Dr. Curtis, that Dr. Francis B. Fitch, of New Hampshire, be requested to take a seat in the Convention as a representative of New Hampshire.

It was also voted, on motion of Mr. Wightman, that Norris H. Halstead, Esq., President of the New Jersey Agricultural Society, and Benj. Haines, Esq., of the Executive Committee of the State Agricultural Society, be invited to seats as members of this Convention.

The Convention adjourned at 1 o'clock, to meet at 8, P.M.

**EVENING SESSION.**—The Convention was called to order at 8½, P.M., Dr. Arnold in the chair. Several corrections of the records were made, and they were then adopted.

Mayor Lincoln asked leave to introduce a letter from G. B. Emerson, of Boston, upon the waste of Sewerage. The Convention having voted to receive it, it was read by the Secretary, and, on motion of Mr. Shannon, referred to the Committee on Civic Cleanliness.

Gen. Mather moved that the Committee on Dispensaries shall consist of five. Accepted.

Dr. E. Harris, of New York, offered, as a voluntary contribution, a paper upon "Heat as a Disinfectant," and, on vote, was invited to read his essay. The communication, on motion of Mr. Shannon, was then referred to the Business Committee.

Remarks upon the subject of the paper were made by the author, also by Dr. Arnold, Gen. Mather, Dr. Bell, Dr. Guthrie, and Dr. Brown of New York.

On motion of Dr. Harris, it was voted, that a committee of three be appointed by the Chair, to report to the next Sanitary Convention upon the utility and application of steam or dry heat for the purpose of disinfection.

Dr. Grant, of New Jersey, moved that an addition should be made to the report on Civic Cleanliness; but this the Chair ruled to be out of order, as the subject was embraced in the registration report, already acted upon.

Dr. Grant then moved a reconsideration. This the Convention refused, and sustained the Chair.

Dr. Griscom, from the Business Committee, reported the following resolution.

*Resolved*, That the resolution presented by Dr. J. Ordronaux, for the appointment of a Committee on State Medicine, be referred back to the Convention, with a recommendation that it be passed after omitting the word *all*.

This was discussed by Generals Mather and Wetmore, Dr. Griscom, Mr. Kimball, Drs. Ordronaux and Arnold—the latter having resigned the Chair for the purpose. Finally, on motion of Alderman Wightman, the subject was referred back to the Committee.

The Convention then adjourned, to meet at 10 o'clock, on Saturday morning.

SATURDAY, June 16th.—The Convention was called to order at 10, A.M., by Dr. Arnold, but Dr. Bigelow soon took the Chair.

Dr. Griscom, from the Business Committee, reported the following resolutions.

1. *Resolved*, That the Committee recommend that the paper presented by Dr. E. Harris, of New York, "On Heat as a Disinfectant," be published in the Transactions of the Convention.

2. *Resolved*, That the Committee recommend to the Convention the passage of the resolution offered by Dr. Ordronaux, modified as follows:—"Resolved, That a Committee of five be appointed, to be called the Committee of State Medicine, whose duty it shall be to report to the next Convention such subjects of sanitary importance, as in their judgment require investigation or legislation for their permanent improvement."

3. *Resolved*, That a Committee of three be appointed to report upon the subject of Vaccination, and the best method of obtaining its general application, especially in cities.

4. *Resolved*, That the Committee on the Nature and Causes of Malaria be discharged, and that the subject be referred to a new Committee, to report to the next Convention.

The report being accepted, it was voted that the resolutions be taken up in detail.

On motion of Dr. Griscom, the first resolution was accepted.

Remarks upon the second resolution were made by Dr. Harris and Gen. Mather, when Dr. Ordronaux moved that the resolution should be withdrawn. After some discussion by several members, it was decided by the Chair that this could not be allowed. The ayes and nays were finally taken upon the passage of the resolution, and resulted in its adoption. Ayes, 46; nays, 16.

During the discussion, it was voted, on motion of Mayor Knight, of Providence, that Dr. Timothy Newell, of Providence, be invited to take a seat as a member of the Convention. Dr. James Jackson and the Hon. Edward Everett, who had entered, were requested to take seats upon the platform.

The Business Committee reported the names of the members for the Committee on Dispensaries and the Committee on Permanent Organization, and they were confirmed. These will be found at the close of the proceedings.

Mr. Kimball moved a reconsideration of the vote by which the second resolution was passed.

On motion of Dr. Griscom, the matter was laid on the table, by a vote of 22 to 21.

On motion of Dr. Guthrie, it was voted that the committee be nominated in open convention. Gen. Mather and Dr. Jewell were nominated, but declined serving, and other names were substituted.

On motion of Dr. Bell, it was voted, that during the remainder of the session speakers should be limited to five minutes.

The following resolution was offered by Gen. Wetmore, and accepted.

*Resolved*, That the thanks of this Convention are due and hereby tendered to the City of Boston for the noble-spirited hospitality and graceful courtesy extended by them to the members of this Convention during its present session.

On motion of Dr. Jewell, the thanks of the Convention were voted to the President for the amiable manner in which he has presided over it.

On motion of Dr. Gilman, of Maryland, it was voted that the thanks of the Convention be presented to the Mechanics' Association for the use of their beautiful Hall.

On motion of Dr. Griscom, it was voted that the thanks of the Convention be presented to Dr. Calvin Ellis.

The preamble and resolutions announced by Dr. Jewell, yesterday, were then passed.

Mr. G. H. Snelling, of Boston, spoke of the importance of a longer interval at noon between the working hours of mechanics, and offered a resolution, but accepted a modification of it by Dr. Jewell, which was adopted.

*Resolved*, That a committee of three be appointed to consider and report upon the best plan for such a division of the hours of labor among all classes of the community, as shall be promotive of health.

Remarks upon the subject were made by Drs. Stevens, Griscom, Jewell, Savage of New York, Bell and Curtis.

The Convention was invited by Dr. Mead to meet in Cincinnati, by Dr. Jones in Brooklyn, and by Mayor Knight in Providence.

The following resolution, offered by Gen. Mather, was adopted:—

*Resolved*, That nothing contained in the resolution relative to the appointment of a Committee on State Medicine shall prevent this Convention from referring at any time, any matter embraced therein, to any committee or committees, nor prevent any individual from bringing proper matters before the Convention.

Mr. Elliot, of Boston, offered the following resolution, which was adopted:—

*Resolved*, That a committee of five be appointed to report a uniform plan for maps of the physical geography of cities for statistical and sanitary purposes, with a view of obtaining the construction of such maps by the several municipal governments.

Dr. Grant, of New York, offered the following resolution, which was adopted:—

*Resolved*, That this Convention, as one of the means of sanitary reform, urges upon the municipal authorities and boards of health of the several States to collect and carefully arrange complete statistics of births, marriages and deaths, and also of disease, meteorology, and epidemics, except in cases where this work is provided for.

It was voted, on motion of Dr. Bell, that two members, appointed by the Chair, should be added to the Committee on External Hygiene.

It was voted, on motion of Dr. Griscom, that the Committee on Civic Cleanliness be continued.

The following resolution, offered by Dr. Snow, of Providence, was adopted:—

*Resolved*, That the thanks of this Convention be presented to the Board of Directors of Public Institutions of the City of Boston, for the pleasant excursion, which has afforded us an opportunity to visit these institutions, and for their princely hospitality, which we have so much enjoyed.

On motion of Alderman Clapp, it was ordered:—

That the Business Committee be requested to consider the expediency of recommending a standard page, on which all reports, papers, or addresses to the Convention, shall be printed, in order that the same may be bound in volumes of a uniform size.

It was voted, on motion of Dr. Lyman, that Dr. J. B. Alley, of Boston, be added to the Committee on Dispensaries.

On motion of Dr. Bell, the thanks of the Convention were voted to Mayor Lincoln.

On motion of Dr. Jewell, it was voted that the next meeting be held in Cincinnati, on Wednesday of the last week in May. Mr. Shannon moved that a committee of ten be appointed to make arrangements. Dr. Jewell proposed, as an amendment, that Dr. Mead should be chairman. The motion, with the amendment, was adopted.

It was voted, on motion of Gen. Wetmore, that the appointments be made by the Chair.

Mr. Snelling then read portions of a paper, translated from the German, upon the effect of the climate of the United States on men. Dr. Griscom moved that the paper be referred to a special committee, of which Mr. Snelling should be chairman and Dr. Curtis a member, and that the President nominate another member. Accepted. The Chair nominated Josiah Quincy, Jr.

Members of the following Committees were then proposed:—On Tenement Houses. On Maps for Statistical and Sanitary Purposes. On the Hours of Labor. Two members for the Committee on Hygiene.

Dr. Sterling's amended copy of the report on Wet Docks, was referred to the Committee on Hygiene.

The names of the Committee of Arrangements for the ensuing year were announced and confirmed.

Mr. Shannon offered the following resolution, which was accepted.

*Resolved*, That the thanks of this Convention be and hereby are tendered to the several individuals, societies and institutions of the City of Boston, for their kind hospitalities to the members of this Convention, individually and collectively, during its present session.

Dr. Griscom moved that the Business Committee be discharged, and that a new committee be appointed, with Dr. Thompson, of Ohio, as chairman. It was finally voted to continue the same committee, with the substitution of Dr. Thompson as chairman.

Dr. Bell offered the following resolution, which was accepted:—

*Resolved*, That the Committee on External Hygiene have power and be directed to select a suitable person from each State not represented in this Convention, to aid in carrying out the objects of the second resolution of their report.

It was voted, on motion of Mr. Wightman, that Dr. H. G. Clark be added to the Committee on Tenement Houses.

Dr. Thompson thanked the Convention, in behalf of Ohio and Cincinnati, for the honor conferred upon them.

After a few words of farewell by Dr. Bigelow, the Convention adjourned.

*Committee on Dispensaries.*—F. E. Mather, New York; Dr. H. Sinclair Ash, Philadelphia; Dr. Solomon D. Townsend, Boston; Dr. Judson Kimball, Baltimore; C. C. Savage, Brooklyn; Dr. J. B. Alley, Boston.

*Committee on Permanent Organization.*—Dr. Wilson Jewell, Philadelphia; Prosper M. Wetmore, New York; J. M. Wightman, Boston; Dr. J. H. Griscom, New York; Dr. C. B. Guthrie, Memphis, Tenn.

*Committee on the Hours of Labor.*—George H. Snelling, Boston; S. B. Halliday, New York; J. C. Knight, Providence.

*Committee on Maps for Statistical and Sanitary Purposes.*—E. B. Elliot, Boston; Lieut. E. L. Viele, New York; Dr. R. D. Arnold, Savannah; Dr. Ruschenberger, Philadelphia; Dr. J. B. Jones, Brooklyn.

*Committee on External Hygiene.*—Dr. A. N. Bell, Brooklyn; Dr. Elisha Harris, New York; Dr. Wilson Jewell, Philadelphia; Dr. R. D. Arnold, Savannah; Dr. H. G. Clark, Boston.

*Committee on Civic Cleanliness.* (Continued.)—Egbert L. Viele, New York; Charles H. Haswell, New York; Henry Guernsey, M.D., New York; E. M. Snow, M.D., Rhode Island; Otis Clapp, Boston; Henry Irwin, Virginia.

*Committee on Mr. Snelling's paper upon the Effects of the Climate of the United States.*—Geo. H. Snelling, Boston; Dr. J. Curtis, Boston; Josiah Quincy, Jr., Boston.

*Committee on Tenement Houses.*—S. B. Halliday, New York; Dr. Josiah Curtis, Boston; Dr. W. B. Bibbins, New York; Dr. H. G. Clark, Boston.

*Committee of Arrangements for the Ensuing Year.*—Dr. Edward Mead, Cincinnati; Mayor Bishop, Cincinnati; Nicholas Longworth, Cincinnati; Dr. M. B. Wright, Cincinnati; R. B. Bowler, Cincinnati; J. M. Wightman, Boston; Wm. Taylor, Philadelphia; Dr. Judson Gilman, Baltimore; R. H. Shannon, New York; P. M. Wetmore, New York.

*Committee to aid in carrying out Resolution 2d of the Committee on External Hygiene.*—Gov. Emerson, Penn.; Dr. Gunn, N. Y.; Dr. Snow, R. I.; Dr. Moriarty, Mass.; Dr. J. A. Nichols, N. J.; Dr. C. B. Guthrie, Tenn.; Dr. Thompson, Ohio; Dr. Kemp, Md.

It is stated, in the Chicago Medical Examiner, that all the Professors of the Ohio Medical College have resigned their places, and that a new organization is to take place.—A medical school, it is said, will soon be organized in Leavenworth City, Kansas, under the name of the "Medical Department of Baker University."—Prof. S. M. Bemiss, of the University of Louisville, has been appointed Registrar of Births, Marriages and Deaths, by the Governor of Kentucky.—The medical men of the Japanese Embassy, while in Philadelphia, were present at the performance of the operation of lithotomy by Dr. S. D. Gross. The operation, they stated, was sometimes performed at Jeddo, and was done after the "Dutch fashion."

The Reports of the Proceedings of two Associations in which the whole medical profession are interested, have crowded out nearly all other matter from this number of the JOURNAL.

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 16th, 1860.

#### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	28	43	71
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	35.3	29.8	65.1
Average corrected to increased population, . . . . .	..	..	74.3
Deaths of persons above 90, . . . . .	..	..	..

#### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
13	6	4	2	3	4

#### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.841	Highest point of Thermometer, . . . . .	83°
Highest point of Barometer, . . . . .	30.032	Lowest point of Thermometer, . . . . .	48°
Lowest point of Barometer, . . . . .	29.400	General direction of Wind, . . . . .	Northerly.
Mean Temperature, . . . . .	66°.8	Whole am't of Rain in the week . . . . .	0.465 in.

PAMPHLETS RECEIVED.—Effects of Disease on the Teeth. By Abr. Robertson, D.D.S., M.D., Wheeling, Va.

MARRIED.—On the 1st ultimo, H. M. Alexander, M.D., of Burksville, Ky., to Miss Ellen B. Alexander, of Golden Curve, Cumberland County, Ky.

DIED.—At Salem, June 17th, Dr. William Willams, aged 62 years.

*Deaths in Boston* for the week ending Saturday noon, June 16th, 71. Males, 43—Females, 28.—Accident, 1—congestion of the brain, 1—disease of the brain, 4—softening of the brain, 1—consumption, 13—convulsions, 2—croup, 6—dropsy, 6—drowned, 2—infantile diseases, 2—erysipelas, 2—intermittent fever, 1—scarlet fever, 4—typhoid fever, 2—disease of the heart, 1—inflammation, 1—insanity, 1—intemperance, 1—disease of the liver, 2—congestion of the lungs, 1—inflammation of the lungs, 2—measles, 3—morification, 1—peritonitis, 1—premature birth, 3—smallpox, 4—syphilis, 1—unknown, 2.

Under 5 years, 30—between 5 and 20 years, 5—between 20 and 40 years, 15—between 40 and 60 years, 16—above 60 years, 5. Born in the United States, 63—Ireland, 10—other places, 8.

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CASES OF DIPHTHERIA OCCURRING IN BOSTON.

[Read before the Boston Society for Medical Observation, March 5th, 1860, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY K. OLIVER, MD.

ON the 19th of November, 1859, I was called to a child of — McCarthy, living at 119 Cambridge St. The family, consisting of husband, wife—both intelligent persons—and six children, the eldest aged 11 years and 5 months, and the youngest a child in arms, had occupied their present rooms for the previous eight years. These rooms were in the third story, and three in number; a large one in front, one as large as the front room at the rear, and one smaller between, all communicating with each other, and used, the front as a kitchen, sitting-room, &c., and the two others as sleeping rooms. The drains, privy, &c., were represented as in good condition. The entries and the rooms themselves were more cleanly kept than usual among the Irish. Four children, in two beds, slept in the rear room. The two youngest slept with their parents in the middle room. General health of parents and children very good. Have good food, and in sufficient quantity. Three years previously, all the children—five in number—had scarlet fever severely, under the care of Dr. Townsend. In one of them the disease was fatal. In all, the throat was a great source of complaint. At the same time, four children of other families in the house were ill of the same disease.

The four eldest have attended school regularly; the three youngest the primary school, and the eldest a higher school, and in a different locality. No case of disease of the throat is known to have been in the schools or in the vicinity of present residence.

To anticipate a little. Elizabeth, aged 11 years and 5 months; Anna, aged 8; George, aged 5, and Isabella, aged 3 years, had the disease in the order in which they are named. Of these, Anna, Elizabeth and George died in the order in which they are named, after being sick respectively 4 days, 3½ weeks, and 7 weeks. The

baby probably had the disease slightly. James, aged 10 years, did not show the slightest symptom, although he continued to sleep with his brother for some time after the latter was taken ill. It may be proper to premise here, also, that three children of a family residing on the same floor, and adjoining one of the rooms, escaped the disease. They were not, themselves, allowed communication with the McCarthy children, but the mother came in regularly to inquire after their health.

My attendance was sought for Anna, as before mentioned, on the 19th Nov. Elizabeth was considered convalescent. The history of the disease in the former was given as follows. She complained, on the 17th inst., of sore throat. The face was swollen. Not much fever. "In bed and out." Appetite small. Has taken only liquids, and with much difficulty. At the time of my visit, the child was up and dressed. The face and sides of throat red, hot and much swollen. Mouth, half open, showing the tongue somewhat swollen, and with a thick, dirty coat. Breath offensive. Breathing quickened, but not labored. Saliva running freely from mouth. The swelling of the parts rendered it impossible to get a view even of the soft palate.

Never having seen a case of diphtheria, I was naturally puzzled at the appearances before me. My first inquiry was, whether the child had been taking mercury, as she looked like a subject of severe salivation. No remedies of any kind had, however, been employed. I prescribed an emollient wash for the mouth, and ordered cold applications to be made to the throat. On the 20th, the symptoms were not alleviated, but the child seemed no worse. She was up, and walking about. On the 21st, she came up to the breakfast table between eight and nine o'clock, looked at the food, and then turned and lay down on the bed. A short time after, the mother's attention was drawn to her by an appearance of lividity, and, as she seemed to grow ill very fast, a physician was sent for, who arrived soon after the death of the patient, which occurred at 9 $\frac{3}{4}$  o'clock. The death was quiet; as was described, "a quiet sinking away."

At this sudden termination of the disease, my attention was directed to Elizabeth, who, although apparently well, still, judging from her speech, evidently had some trouble in the throat. She had already been sick two weeks, but without medical advice. The chief complaint had been the throat, with occasional pain in the right ear. Swallowed with difficulty, and chiefly liquids. Coughed considerably; expectoration stringy and difficult. At times manifested a disposition to lie on bed during the day. On examination of the throat, I found a white patch on the soft palate of right side, of about the size of the finger nail. On close and repeated examination, this appeared more like a slough than a false membrane. Its edge appeared to be partially detached, and there seemed to be loss of substance beneath. The parts around the patch

were of deep crimson color, which extended to tonsil and greater part of soft palate. A gargle of tannin was ordered, and, in my inability to attend the subsequent day on account of illness, Dr. C. G. Page took charge of the patient. Dr. P. touched the throat with a solution of nitrate of silver, gr. xv. to the ounce, and "a portion of the slough and shreds of a membranous character were thrown off." The slough was touched on four successive days with the solid nitrate, and chlorate of potash given internally, when, the throat being in good condition, and the child seeming well, Dr. Page discontinued his visits.

About a week subsequent, namely, on the 1st of December, I was summoned by the message that the child had become very ill. Upon my arrival at the house, I learned that she had kept the bed the day previous, somewhat dejected. There had been considerable thirst, and some vomiting. I found her in bed, uneasy, and asking for water continually. Countenance somewhat livid. Pulse very small and irregular, 188. Hands and feet cold. Throat well, except slight redness. No slough to be seen. Tongue covered with a thick, black coat. No cough. Breathing quick, but not labored. Ordered wine freely.

Dec. 2d, 11, A.M.—No sleep. Great uneasiness. Thirst the same. Has taken the wine freely and retained it. Vomited only once. Hands and cheeks cold; says she feels hot. Tongue black, with white curdy spots. Says "head swims." Has been wandering somewhat. No pulse. Died at 11½ o'clock.

An autopsy was allowed, and in my absence again, Dr. Page made it the day following, Dr. Minot being present. The chest and throat only were examined. In the left cavity of the pleura about two ounces of serum. Lungs rather red, but hardly to be called congested. Trachea red in patches; portions of mucous membrane at irregular intervals covered with a plastic exudation, in some places quite thick and strong, but in others soft and easily wiped off. Some congestion of pharynx. Epiglottis normal.

George, aged 4 years and 8 mos., was the one next attacked. The first symptom noticed was vomiting, which occurred on the 24th Nov., a little more than two weeks from the commencement of the disease in the child first attacked. Up to that time he had been as well as usual. Was able to take his breakfast and dinner on the 25th, but seemed feverish and coughed somewhat. The throat was also somewhat swollen. On the 26th, there was some fever, and the skin was red. No slough on membrane or tonsils. Solution of chlorate of potash was ordered.

27th.—A small spot on left tonsil, which was touched with solid nitrate. Feverish. Pulse 120. Skin red at times, like scarlatina. Wanders somewhat. Tongue with thick white coat, and papillæ red.

28th.—Slough larger; touched with the solid nitrate.

29th.—Slough seems to have extended back to posterior fauces.

30th.—Slept well last night, and seems better to-day. Occasional complaint of ear.

For two or three weeks subsequent to the last date, the child seemed pretty well, though rather weak, especially in the lower limbs, walking with considerable difficulty at times. The throat got well, and ceased to be a source of complaint. Stimulating liniments and friction along the spinal column were employed, and tinct. ferri muriat. given internally. But trifling benefit, however, was noticed in the lower limbs.

For a few days previous to his death, which occurred on the 10th January, he seemed sleepy, and kept his bed most of the time, occasionally, however, crawling out on to the floor. The lower extremities had become very much weaker, and the child could not stand upright. On the day of his death his father left him, apparently no worse, at 2½ o'clock, to ask some question of me at my office. He returned, in about an hour, to find his child dead. During his absence, the mother heard her name called; she turned, and, noticing a queer expression of the eyes, went to the bed, when the little one died, almost instantly, before her. There was no struggling for breath, or convulsion of any kind. The next day Dr. Jacob Bigelow saw the body, and received the history of the case and of those which had preceded it. His opinion will be found below.

Isabella, aged 3 years, was not attacked with any prominent symptom, but fell ill very gradually. About the 1st December was the time that attention was first drawn to her. The throat was the seat of complaint, though no lesion or exudation was visible. There were, also, some complaint of right ear, some difficulty of swallowing, and slight cough. The tongue was coated, and the papillæ red. Respiration quiet. Cold applications to throat, emollient gargles, and the tinctura ferri muriatis internally, were the remedies employed. Dejection of spirits and an inclination to lie down were reported occasionally, and great prostration was a prominent symptom throughout. Gradual improvement, however, took place, when the mother, being worn down with constant watching, consented to have the child removed to the Hospital, which it entered 18th January. At that Institution gradual improvement took place until the 5th February, when she was discharged, "well."

In the case of the child in arms, it was never certain that the disease was present at all, although there were some symptoms about the throat, leading the mother to make applications there, and some degree of debility, lasting a considerable time. It took wine and tonics.

Without designing to enlarge upon the subject of diphtheria, it will be interesting to inquire whether these cases throw any light upon the origin or nature of the disease. With regard to its origin, in this instance, as in so many others, the question must remain undecided. The locality, although tenanted by poor families,



was, in cleanliness, so far above very many others in the vicinity, that the whole blame cannot reasonably be laid to a malarious influence. Moreover, as before stated, no other person in the house, young or adult, was attacked with the disease. Add to this the fact that the victims were, up to the time of their illness, in the possession of robust health, and the source of the trouble is made still more obscure. Writers on the subject of diphtheria, moreover, express widely opposing opinions with regard to the influence of local causes. Dr. Edward Ballard (*Med. Times and Gazette*, July 23, 1859) gives statistics of the connection of diphtheritic sore throat with local causes of disease. The conclusion is, that, in more than half the houses which were examined, there was some defect or other in the sanitary arrangements, or in the surroundings of the patient. On the other hand, Dr. Geo. Bottomly, in the *British Medical Journal*, July, 1859, says that in the months of July and August, 1856, there were fifty cases, of the most malignant form, in the Orphan Asylum under his charge. This institution stood alone, in a most healthy situation. The rooms were lofty and spacious, and every attention paid to ventilation. He adds, "that does away with the supposition of its being confined to ill-drained, low and swampy situations." Dr. Thos. H. Smith (*British Medical Journal*, July, 1859) says, "It has not, in my experience, selected the most malarious spots, but when it has done so the cases have been most urgent."

Another mooted point is, whether diphtheria has any relation to scarlatina. All of these children had had this disease, three years previously, and a second attack is admitted to be very rare. Dr. Willan only met with a single instance in 2000 cases, and Bouchut says that he has never met with a well authenticated case at all. In one of the children there was, it is true, an eruption resembling scarlatina, but it was short lived and not too distinct. Dr. Bigelow inquired particularly in this regard, and was not at all disposed to connect the symptoms with the disease in question. His remarks were, that he had never before seen similar cases, but that they resembled, more than anything else, the malignant sore throat of scarlet fever.

Was the disease croup, or had it any relation to this affection? In no one instance was the breathing labored. The speech was clear, except in the first child, where the great swelling of the mouth rendered any enunciation impossible. Except in the latter instance, also, in which the immediate cause of death is doubtful—it may have been toxemic in nature, or it may have been œdema of the parts—there was no appearance of asphyxia. Death occurred quietly, though suddenly, and after the lesions in the throat had been resolved. The membrane found upon the mucous membrane of the tonsils, was not the tough membrane of croup; and that found lining the air-passages, at the *post-mortem* examination of the eldest child, was, in general, cheesy in character, and in neither

the larynx nor in the secondary ramifications of the bronchi, into which it extended, was it of a character liable, or in that quantity sufficient, to obstruct the passage of air. It will be noticed that in the second case mention is made of a slough, and not of a membrane. I have, however, since reading Bretonneau's remarks in this regard, who says that "the supposed sloughs are not portions of gangrenous mucous membrane, but exudations upon its surface," chosen to consider it rather a membrane than a slough. Mr. Hutchinson also, in the *Medical Times and Gazette*, says the same thing, and gives a case in point, in which he peeled the supposed gangrenous portion easily, and without causing bleeding, from a deeply red, shining, but otherwise unaffected tissue beneath.

The manifestly contagious nature of the disease under consideration is a no less strong reason for separating it from croup. In Dr. Bullard's cases, out of 47 families, there were only 15 in which the other members all remained healthy; and in no case where separation from the sick person had been effected early in the disease, has he noticed that it has spread to the separated individuals. Of course, it may be argued, on the other hand, that all the members of a family are equally exposed to the operation of local causes of disease. In the cases here recorded, however, three children living on the same floor were all exempt, being carefully kept from associating with the children attacked.

All writers, I think, agree in this, that diphtheria is a constitutional disease, having its lesion in the throat. The sudden fatal termination in these cases, when convalescence seemed well-established, is a reasonable proof of this. In relation to croup, however, there has not been, as yet, any reasonable ground for believing it anything more than a local disease. Moreover, some other symptoms, such as the partial paralysis, the soreness of the throat in swallowing, the fœtor of the breath, and the enlargement of the glands of the neck in diphtheria, tend still more to separate the two diseases. In conclusion, it may not be improper to say that during the whole course of the malady in this instance, the idea of croup never entered the mind of any of the gentlemen who attended or saw the cases.

#### CROUP—TRACHEOTOMY—RELIEF FOR A TIME—DEATH.

By DAVID P. SMITH, M.D., SPRINGFIELD, Ms.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Dec. 12, 1855, I saw Master C., aged 6 years, who was suffering from the symptoms of aggravated tonsillitis. He had had enlarged tonsils for two years, and the previous spring part of one had been removed, to give relief to the mechanical difficulty of breathing. Fearing complete suffocation if there was much tumefaction, I at once put him upon a vigorous course of

treatment, consisting of emetics of ipecac and zinc, tinct. bloodroot, a little calomel, and when the breathing was very labored turpeth mineral to free vomiting, and applications of nitrate of silver. Sleep was procured by opiates whenever he seemed exhausted. He went on very well until the sixth day, when he coughed up what, from the report of his parents, must have been false membrane. All this time he was up, with his clothes on, playing about the floor. On the eighth day from the commencement of the disease, his symptoms began to increase in intensity, and his cough to assume the peculiar croupy sound. Vomiting was produced several times, with turpeth mineral, but no improvement followed. This evening, Dr. — saw him in consultation. He continued growing worse until the next (Friday) evening, when he seemed near his end. Dr. — was now added to our consultation. Death seeming inevitable, we proposed tracheotomy, and, with the parents' consent, preparations were made to operate. Anticipating some trouble, for the child was short-necked and fat, Dr. — volunteered to go for more assistance. During his absence, the child rapidly choked up. Desiring the father to hold up the boy, just as he appeared to have breathed his last, I made the first incision. A slight effort at inspiration followed, then the head fell forward upon my left hand, the index finger of which was in the wound. Dr. — kindly and ably assisting me and throwing back the child's head, I hastily opened the trachea, and inserting a catheter inflated the lungs. With the assistance of Drs. — and —, who then entered, a double silver catheter was inserted into the trachea, through which respiration was easily performed. So near death, however, did the child come, that at least one quarter of an hour elapsed before it breathed without assistance. This was at midnight; the following morning, the little fellow was sitting up in bed, tossing about his playthings. He seemed, for a time, perfectly free from disease. Early in the afternoon, however, he began to be restless, and gradually grew worse, breathing short and struggling for breath, until his death, which occurred at 6½ o'clock the following morning—30½ hours after the operation.

On *post-mortem* examination, we found a tubular false membrane both above and below the opening into the trachea, which was through the two upper rings. This tube of false membrane extended far down into the lungs.

CASE II.—March 18th, 1856. Willie —, aged 5 years, was taken with croup in the night. Very energetic treatment was had recourse to by Dr. —. I was asked to see him about midnight. Drs. — and — saw him the next day; but medical treatment seemed of little avail, and he rapidly grew worse, until at noon, about 13 hours after the commencement of the disease, in full consultation, it was determined that tracheotomy should be performed. A paroxysm of dyspnœa, amounting almost to actual suffoca-

tion, hastened us, and in the midst of his convulsive struggles for breath I commenced the operation, making my first incision high in the neck, so as to avoid the thyroid body, and, despite the struggles of the child and his convulsive attempts at breathing, working downwards, I got my left forefinger between the sternohyoid muscles, which felt like iron wires, so convulsively were they drawn. The trachea was then with some difficulty opened, through the first and second rings, and a tube inserted. The breathing immediately became calm and placid, and the little fellow sank into quiet rest. In the course, however, of a few hours, his pulse became quick and hard, restlessness and shortness of breath increased, and he gradually grew worse and expired about 15 hours after the operation.

On *post-mortem* examination, we found the windpipe, above the opening made by the operation, perfectly occluded. Below the opening, the mucous membrane was very red, seemingly intensely inflamed. This condition of the mucous membranes extending far down into the lungs, led us to suppose that death took place from the intensity of the inflammatory action.

This is, so far, all my experience upon the subject of tracheotomy in croup. The operation is a difficult and an anxious one to the surgeon, and an appalling one to the by-standers; yet the immediate and perfect relief afforded by it, for a considerable space of time, in these two cases, which are all that I ever saw, has influenced me much in its favor. I shall not shrink from its performance in the next favorable case that presents itself. Such is, I know, the opinion of most if not of all who witnessed its performance in these two cases.

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#### ON THE STRUCTURE OF POLYPI OF THE FEMALE URETHRA.

[Read before the Biological Society of Paris, by Dr. A. VERNEUIL. Translated from the *Gazette Médicale de Paris*, for the Boston Medical and Surgical Journal.]

THE external orifice of the urethral canal in women is frequently the seat of a pediculated growth, which has for a long time, and in all the books, been designated by the name of polypus of the urethra. These tumors all resemble each other very exactly; they are generally of small size, and of a very deep red color; the enlarged portion projects beyond the meatus, while the pedicle, more or less elongated, is sometimes inserted into the circumference of this orifice, sometimes adheres a little more deeply to the interior of the canal, without, however, exceeding a few lines in this direction. These little growths sometimes bleed freely, but they are chiefly remarkable for the very acute pain with which they are accompanied, not only during micturition, and when they are touched, but also during coitus, which they sometimes render extremely painful. The whole vulva may become painful, and these symptoms, which correspond inadequately with the anatomical

condition, explain why patients early seek advice, and demand the extirpation of the tumor, which is very easily performed.

M. Gosselin having recently removed one of these little growths, which was seated on the right side of the urethral orifice, I made an anatomical examination of it. The tumor is flattened transversely, of a very bright red color, and soft to the touch; after the section of the pedicle, which is very vascular, it became much more pale. After shrinking, it measured 6-100 of an inch in thickness by about 3-10 of an inch in its longest dimension. The surface at first sight appears smooth, but viewed with a lens, it is somewhat mammillated, especially on the edge which unites the two lateral faces. The pedicle, which is of the size of a small goose-quill, is composed of three or four enlargements or lobules, more or less separated from each other, which by their union make up its mass. Examined by a low magnifying power, the tumor is easily seen to be of a papillary nature; it is formed by an agglomeration of cylinders, crowded together, terminated by rounded extremities, and adherent by their bases, just as the fingers of the hand are to the metacarpal region. The papillæ, whose breadth is about the 1-100 part of an inch, have also secondary lateral prolongations, which are much smaller. The external surface is covered with a tolerably thick layer of cylindrical epithelium, formed of little cells containing nuclei, and closely united together. These cells are placed perpendicularly to the surface of the papillæ, like the pile of velvet, giving a certain elegance to the specimen. The body of the papilla is traversed by a very large number of capillary vessels, whose loops, filled with blood, are the cause of the deep color of the tissue. These capillaries, interlacing in different directions, are large, with their walls, and here and there somewhat dilated. They approach the neighborhood of the surface, being only separated from the epithelial covering by a thin layer of the tissue of the papilla. This tissue, which is observed with difficulty on account of the vessels, presents a fibrous appearance, of slight density. The loose meshes of the tissue are filled with an abundance of liquid and of amorphous matter, which explains the shrinking of the tumor into a very small volume by drying. The circumstance that these tumors are the seat of very acute pain induced me to search with great care for nervous filaments, but I was not able to discover any.

In fine, the polypi of the urethra in women appear to me to belong anatomically to the class of papillary hypertrophies, and to that variety which is so remarkable for the great development of the vessels. This opinion is confirmed by the pediculated form, so common in these alterations, in which they resemble the papillary vegetations which we often find in the external genital region of both sexes.

This fact completes the series of alterations of this kind, observed upon all the mucous membranes which are provided with

papillæ. The polypi (an inappropriate name, derived merely from the external configuration) of the urethra belong, then, to the class of warts, of condylomatous vegetations of the prepuce, the glans and of the margin of the anus, of certain pediculated tumors of the tongue, lips, nostrils, conjunctiva (palpebral granulations), vagina, interior of the neck of the uterus, gums, &c.; in a word, of those papillary hypertrophies which are so common, so analogous, and whose history will soon require to be written.

From the study of this structure it is easy to account for the progress of the disease, its possible recurrence, the success which follows its extirpation either by incision or by the ligature, and for the necessity there is of cauterizing the point of implantation in certain cases. Here, as elsewhere, normal and pathological anatomy illustrate the problem of the nature, seat and evolution of the disease.

While speaking of the affections of the female urethra, I wish to notice a disease which I have not seen described by authors. I mean hypertrophy with thickening of the mucous membrane throughout the urethra, or at least in a great part of its extent. I have observed this disease in a lady of about thirty years of age, who had a large fibrous tumor of the uterus. In the region of the meatus urinarius was perceived a well-defined swelling, on the summit of which was the meatus. This projection, which was quite firm to the touch, was composed of the thickened walls of the urethra, the mucous membrane of which projected in a sort of hernia, somewhat comparable to a prolapsus of the rectum. The cavity was almost effaced by the enlarged folds of the mucous membrane, but was sufficiently dilated to admit the end of the little finger. The membrane was red, tolerably firm, and was thrown into convolutions, or thick folds, separated by deep sulci. This affection was not very painful, though it sometimes caused smarting during micturition. It commenced a great while ago, and increased very gradually. It had resisted various kinds of treatment, and I employed no especial means for its relief.

CASE OF IMPERFORATE ARCH OF THE AORTA IN WHICH THE  
ROOT OF THE AORTA WAS RUPTURED.

BY T. A. BARKER, M.D., PHYSICIAN TO ST. THOMAS HOSPITAL.

A MAN aged 24, supposed to be in good health, was suddenly attacked, while lacing his boot, with severe pain in the chest, followed by great dyspnœa. He was supposed to have pericarditis. In about a fortnight he came to the hospital much easier, and was said to be convalescent. There was extended cardiac dulness; no heart sounds; and no impulse, except to the right of the sternum. He died suddenly the next day. The coats of the aorta were not diseased, but it was very greatly dilated from the aortic

valves to an inch below the innominata. Just below the ductus arteriosus it was completely closed by congenital malformation. There were two recent lacerations of the aorta, close to its origin, and through these blood had become infiltrated into the substance of the heart; this had excited pericarditis, as was shown by a thick layer of shaggy lymph; and death had ultimately been caused by rupture of the visceral pericardium, and the escape of a considerable quantity of blood into its sac. The subclavian and internal mammary arteries were much enlarged.

Dr. Edward Stephens, of Manchester, had once met with a somewhat similar case to that related to the Society. It had every appearance of being congenital, inasmuch as there was no evidence of the existence of a previous inflammatory state. There was no tumor nor appearance of compression, but it seemed as though the aorta had been tied with a fine piece of whipcord just beyond the ductus arteriosus. The impression on his mind was that some natural tendency had existed for constriction to have occurred at that particular part. On examination, the infra-scapular artery was found to be of an unusual size. The injection had not been so successful as he could have wished, but he thought there must be some obliteration of the aorta. The structure of that vessel was, however, complete and perfect, and the arch was only slightly dilated, the collateral circulation being carried on entirely by the supra-intercostal, the internal mammary, and the subscapular arteries. The internal mammary, he was going to say, seemed almost the size of the bronchial, but certainly the supra-intercostal was quite as large. The collateral circulation had evidently been carried on for many years, and the patient was in a perfect state of health. He was a working butcher, accustomed to carry heavy weights, and fell dead whilst carrying a basket of meat. On examination after death, a rupture of the aorta was detected within the pericardium. The heart itself was only slightly hypertrophied, but the aorta had given way in a singular manner. Probably a day or two before the fatal event, the internal and middle coats had become ruptured. The blood had insinuated itself between these coats and the external pericardial covering of the vessel, which was therefore considerably enlarged. In consequence of this weight, the pericardium had given way more than an inch distant from the rupture of the internal and middle coats, and the pericardium was distended with about a pound of blood. There was no valid reason to suppose that any previous disease had existed at the point of rupture.

Dr. Maclachlan would have been glad to have inquired of Dr. Barker, whom he regretted was not present, whether the case before them was not really one of dissecting aneurism of the aorta. The point at which lesion took place was exactly at the usual site; and it was well known that in these cases the vessel at the point of rupture was frequently perfectly sound. In a similar case

which he had under his care some years since, the rupture was found to extend almost entirely round the vessel. Immediately above the valves there was a clean cut as if it had been made with a knife. In the case before the Society, the effused blood appeared to have been bound down in the ordinary manner by that portion of the pericardium which covered the aorta. When this gave way, pericarditis resulted. The case altogether appeared to be one of a common character.

Dr. Barclay begged to observe, that the author of the paper had stated that when he cut across the aorta he came to a part where there was only a very small hole, sufficient only to admit a probe, and he doubted whether there had not been at that point a complete obstruction of the vessel.

Mr. Skey remarked, that he had been desirous to call the attention of some of the speakers to the circumstance mentioned by Dr. Barclay. It was clear that some obstruction existed. A case of a similar character had occurred in his practice some years since. The patient was a stout, but very healthy woman, about forty-five years of age, but whose death was not sudden. He scarcely adduced it as a case of rupture, and referred to it merely as evidence that rupture was not inevitable in such obstruction. The circulation was carried on in a very remarkable manner. The bronchial arteries were supplied by the inferior thyroid, and the obstruction was complete at the point of junction of the ductus arteriosus and the aorta. In this case there was, doubtless, some relation to original development; and there were, moreover, a number of peculiarities in it which formed a parallel with those mentioned by Dr. Stephens. The rupture was, in both cases, the result of obstruction, more or less complete, in the arch of the aorta.—*London Lancet.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

MAY 28th.—*Delirium Tremens; unusually rapid Fatal Termination.* Case reported by Dr. MORLAND.

“W. C. C., employed in a wholesale liquor store, in this city, 34 years old, below the medium height, but very stout, broad-shouldered and thick-set, with unusual muscular development, coarse, heavy features and thick, crisp, black hair, sent for me at 4 o'clock, A.M., of Friday, May 18th. His condition and history were as follows:—He was in bed, and complained of constant dull pain across the middle of the abdomen, together with persistent nausea and occasional violent retching and vomiting; which latter act brought little but glairy mucus from the stomach—he having eaten little or nothing for some days. His statement was that, about a week previously, he had eaten immoderately of lobster, which disagreed with him. The consequent



indigestion was followed by obstinate diarrhœa, which lasted for two or three days. For four days, he had had no passage, whatever, from the bowels. On palpation and thorough examination of the abdomen, I could detect no evidences of hernia, a suspicion of which at first crossed my mind. The whole abdomen, however, seemed to be distended, yet it was not tympanitic on percussion. The extreme corpulency of the patient was remarked at this time. Copious enemata of soap and water, with olive oil, were directed; to be repeated until full action of the bowels was obtained. Three hours afterwards, I found the patient dressed and sitting up, with a smile on his countenance, wholly relieved from every uncomfortable symptom, and saying that he felt perfectly well, and inclined to eat some breakfast. The pulse was regular, the skin natural, the mind perfectly clear, and there was no restlessness. He had, it is true, slept none the previous night, but this was referred by himself and attendants, and naturally by me, to the constant abdominal pain and nausea. The enemata had acted very powerfully, producing several copious evacuations. So entirely was the patient relieved, and such complete absence was there of any complaint or symptom, that I had no intention of again visiting him. A messenger, however, desired my attendance, about the middle of the afternoon, next day, and stated that C— appeared to be 'out of his head,' and had slept none the previous night, nor in the day. I found him affected with incipient *delirium tremens*, the symptoms being distinct though mild. He was lying down, dressed; there was an evident restlessness, and some slight, occasional tremor of the hands; he was pleasantly garrulous, inclined to joke, but suspicious and apprehensive of harm; there were no hallucinations, either agreeable or disagreeable; he fidgeted with his fingers at times, and looked vacantly from one person to another. No pain of any kind; pulse natural, skin moist, pupils of the eyes natural. Thinking that sleep might be induced by an ordinary dose of morphia, I administered an eighth of a grain, and directed the repetition of the same amount if no sleep was procured in two hours. After my visit, he was removed about half a mile, to his own lodgings—having been, previously, with a friend—and of course there was little chance for sleep. The second dose of morphia was given in the evening. There was no sleep during the night. Owing to a new set of attendants having the care of the patient, I was not called to see him until 5½ o'clock on Sunday morning, although he had been growing worse all night. Summoned, at this time, by one of his former attendants, I found him in a state of the wildest delirium. He had been allowed the range of two large rooms in his lodging-house, and had appropriated four beds—going alternately from one to the other. His mind was fully possessed by the most various hallucinations; he saw a large negro in one corner of the room, then two children in one of the beds, together with animals, &c. &c. He persisted in lying on the extreme edge of the bed—under the idea that others were in bed with him—and once or twice fell out. His terror of imaginary objects was at times extreme. When spoken to, however, he knew his friends, and was not inclined to be violent towards any one. I persuaded him to get into bed, and stationed two persons to retain him therein, by gentle means; gave him fifty drops of laudanum, and remained with him over an hour. The eyes were widely opened, the pupils somewhat dilated. At the expiration of an hour, twenty-five drops more of lau-

danum were given. He was now so quiet, that I allowed the two watchers a respite, and sat by him. By persuasion he was induced to lie still, and seemed to be, for some ten minutes, in a troubled sleep. He then became restless again, but was far more quiet than before taking the laudanum. I left him, with directions to give him wormwood tea to drink, and gruel if he would take it; and in about two hours and a half saw him again. His state was the same. He had been drinking the wormwood with avidity, and probably too freely, as, on giving him twenty-five drops more of laudanum, he immediately vomited a large amount of liquid. He was again left, with directions to the nurse to soothe, and have him very gently restrained; nothing to be given for an hour and a half, when twenty-five drops more of laudanum were ordered, if no sleep occurred previously. Ice could not be kept upon his head, but cold lotions were applied to it, much to his comfort. Before the expiration of the time mentioned, Dr. Gray saw him, by the request of a friend who was not aware that he had been regularly attended from the first, and finding him in a very violent state, prescribed two teaspoonfuls of laudanum. Vomiting occurred about an hour subsequently, but it is fair to conclude that the medicine was mainly absorbed.

"Ascertaining that I was in attendance, Dr. Gray called and communicated the above facts, and we visited him, together, at 3½ o'clock, P.M. He had had no sleep: it required four or five men to restrain him: he was engaged in an imaginary prize-fight, and did not cease to shout and struggle as if in an affray, calling the names of Heenan and Sayers, and using all the phrases of 'the ring.' Again he would scream out that 'they were sticking knives in him.' He was at this time very pale, streaming with perspiration, the pupils largely dilated, and the lips blue; yet his strength was such that it required several men to keep him on the bed. I had previously suggested the administration of ether, but it had been decided that it was best to give the opium-treatment a fair trial. Brandy had also been suggested—that, on inquiry, proving to have been his habitual stimulant—but the irritable state of the stomach, and the wish to get him under the influence of opium, had induced us to abandon this means, as well as the use of ether. It was therefore decided to give an enema of laudanum, and two teaspoonfuls were thrown up the rectum. Without coming, in the least, under the influence of the narcotic, but continuing to struggle and fight with his fancied opponents, he gradually grew more and more exhausted, and died very quietly at 5¼, P.M. There was no approach to coma, and not more than ten or fifteen minutes were occupied in the collapse—that is, the period between the fiercest delirium and death.

"A proposition for a *post-mortem* examination was not acceded to.

"It was ascertained, on the first manifestation of the disease, that the patient had been for a long time in the habit of drinking brandy, frequently, every day. One of the employés of the store in which he worked, stated that he took some as often, on the average, as *every hour* during business hours; and undoubtedly he drank it at other times. He was never known, however, to be intoxicated; and was always fit for his duties and very active. The brandy was stated to have been always of the best quality. Formerly, he had taken ale very freely, but not of late.

"For about a week or ten days prior to the attack, he had not used

any stimulant whatever; and this, in conjunction with his illness and consequent low diet, afforded one of those opportunities seemingly taken advantage of by the disease for its onset. Late writers, it is true, believe that the suspension of the accustomed stimulus has no influence in developing an attack of delirium tremens;\* but that alcohol is a cumulative poison, and the disease will break forth when the system can endure no more. Cases, however, must be constantly familiar to practitioners, in which the sudden cessation of the wonted stimulus has seemed to be the distinct exciting cause of the attack—at all events, something more than mere coincidence. The extreme irritability of the patient's stomach was the chief reason for not having recourse to small amounts of his favorite stimulus, and which otherwise would have been at least admissible, if not distinctly indicated. Although antimonials and nutrients are now the means recommended by high authority, yet those who prefer them are occasionally obliged to give stimuli. (See Bennett's *Lectures on Clinical Medicine*; Delirium Tremens.)

"The points chiefly noteworthy in this case, are the sudden development, rapid course, and promptly fatal termination of the attack, and the resistance offered to the very considerable amounts of the preparations of opium administered. One quarter of a grain of the sulphate of morphia was given on Saturday afternoon and evening; seventy-five drops of laudanum, within two hours, on Sunday morning (not counting the twenty-five drops probably ejected by the emesis mentioned); two teaspoonfuls about two hours and a half after the seventy-five drops; and two teaspoonfuls, by enema, at 3½ o'clock, P.M.; making, in all, about twenty-four grains of opium given within twenty-four hours; and on Sunday alone, from about 6 o'clock, A.M. to 4, P.M., twenty-one grains—all without any really noticeable effect.

"It may also be remarked, that it is uncommon for a first attack—which this was—to be so extremely violent in its manifestations, and to terminate fatally—especially in so short a time."

Dr. UPHAM observed that in this disease the patient had reached a point at which his nervous force was expended to its utmost limits, and that death must occur, in extreme cases, unless sleep, or a state similar to it, could be procured, to allow time for its recuperation. He had had an experience of one or two years, in this disease, at the House of Correction at South Boston. He remembered a case which occurred there, precisely similar to the one reported by Dr. Morland, in which the inhalation of ether was resorted to with marvellous effect. The patient slept for eight or ten hours, then, after a short interval, slept again, and awoke recovered. The case was printed in the *Boston Medical and Surgical Journal*, and is the first published case of the treatment of delirium tremens by the inhalation of ether. It had been reprinted in England, where it was characterized as a rash American experiment, although the practice had now become common enough.

Dr. AYER had often employed the inhalation of ether for this disease.

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\* Dr. Peddie, of Edinburgh, is cited by Dr. Bennett (*Clinical Lectures*, Second Edition, New York, 1853, p. 412) as having "shown that the disease is seldom observed in our prisons, notwithstanding the large number of confirmed drunkards admitted there and immediately placed upon low diet." (See, also, *Monthly Journal of Medical Science*, June, 1854.)

He remembered three cases in which it was successful, after opium had been given in vain. It does not always succeed, but it is more successful, in his opinion, in allaying the paroxysms, and in the induction of sleep, than any other treatment, and he always employs it now. He considered it the most valuable remedy now known. The delirium has a tendency to run a course.

Dr. H. K. OLIVER had once seen ether tried with fatal effect, while he was a house-pupil at the Hospital. The patient was a stout, and apparently healthy man. He was noisy, but not very violent. The case, however, was considered a grave one, and an unfavorable prognosis was given to his friends. Soon after coming under the influence of the ether, his breathing became short and gasping, though the pulse was good. The ether was removed, but in a few seconds the pulse became very small and quick, and the man died. The lungs were found to be engorged, and the blood was everywhere black.

Dr. PARKS asked why it was necessary to administer any specific remedy? A large number of cases do well without any particular treatment. He alluded to the opinion of Dr. Ware, that opium appears to exercise an unfavorable effect on this disease.

Dr. MIXOT asked if any gentleman had tried strong coffee in the treatment of this disease? A former house-pupil at the Hospital, who had seen much of the disease, had great faith in its efficacy, as had also the nurse who took charge of the delirium tremens patients. It is given in the quantity of two quarts in twenty-four hours. He also alluded to the treatment by the oxide of zinc, so strongly recommended by Dr. Marcet.

Dr. C. E. WARE had given strong coffee to a patient in the Hospital lately, with apparent good effect. The case was one of moderate severity.

Dr. WARREN said he had been struck with the inefficacy of specific remedies in delirium tremens. The treatment he had usually found to be the most useful, was to give small quantities of spirits, at regular intervals, and some animal broth if it could be borne, allowing the patient at the same time to drink freely of wormwood tea, and, in case of violence, to have him strapped down in the bed, and carefully watched. The disease appears to have a course, so far as sleep is concerned, of four or five days, which no treatment will abridge, and which is more likely to be aggravated than relieved by the use of opium or other narcotics.

Dr. H. J. BIGELOW said if the disease were the result of disordered function of the brain, it cannot be cured by narcotizing the muscular system. It is true that nature is exhausted by protracted wakefulness and muscular effort, and that it is very desirable to avert or terminate such a condition if it can be done without doing other harm; but ether and opium, long continued, of themselves depress the tone of the system, and cases of fatal delirium tremens have been reported, where death was accelerated by their use. He thought patients got along as well under treatment by the straight jacket, with a little spirit, as by any other.

Dr. HOOKER had employed the inhalation of ether to a considerable extent at the House of Correction at East Cambridge, but generally with only a temporary effect. It requires to be kept up a long time. He had long since abandoned the opium treatment as worse than use-

less. His method was very much like that of Dr. Warren, consisting of stimulants in small quantities, with tonics and nourishment.

Dr. GAY related the case of a man whom he frequently saw when attacked with this disease. He was accustomed to drink a pint and a half of spirit daily during the attack, sometimes a quart in twenty-four hours, of rum, whiskey or brandy, having tried all opiates and sedatives in vain, even to the amount of an ounce or more of laudanum in twenty-four hours. During the attack, he eats mince-pie, baked beans, pork, &c., in large quantities. In a few days, nausea and burning at the stomach come on, the delirium ceases, he stops drinking, and two days afterwards he is out and about his business. The only thing that ever quiets him is laxative medicine. The case, however, is not perfectly regular in all its symptoms; the patient is tremulous, but not violent, constantly restless, most of the time in a cold perspiration, and without any sleep for four or five days. There is frequent complaint of severe pain on the top of his head, with a feeling as if it would suddenly burst. He slaps this part of the head every now and then with his hand. At times his head seems to him perforated with billions of small pin-holes, out of which issue streams of fire or water. On closing his eyes, he sees lizards, snakes or toads crawling upon him, or thinks, in the place of his own head there is upon his shoulders that of a pig, alligator or snake; again, he sees savages covered with blood coming towards him, men as large as elephants, with their mouths wide open, and with drawn swords, eager to kill him, devils, and very many disgusting sights. Another patient, who is violent during the attacks, takes ether and opiates with temporary effect, but does not sleep before the end of five days. Dr. G.'s experience has led him to believe that delirium tremens is a self-limited disease, some of whose symptoms may be ameliorated, but whose course cannot be arrested.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, JUNE 28, 1860.

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QUARANTINE AND SANITARY CONVENTION.—In our last number we published a sketch of the proceedings of the Quarantine and Sanitary Convention, a mere business record, an index, as it were, of the labors of those assembled. It necessarily appeared in that form, as not a moment was allowed for the preparation of a paper which would perhaps have been more readable, and would, at the same time, have given a better idea of the work performed.

Any one, however, on glancing at the subjects which attracted the attention of the Convention, will see that its members are inquiring into many abuses, and laboring in a much wider field than that which they originally occupied. Formed, a number of years since, for the purpose of discussing important questions of quarantine, the Association is now extending its labors over the whole domain of sanitary science. In a country so vast as ours, it was absolutely necessary that there should be some common understanding in regard to quarantine, and that the laws which regulated it should be based upon the

scientific knowledge of disease, instead of owing their origin to ignorance, prejudice and terror.

But it was soon felt that even this great question was subordinate to that of civic hygiene, that while so much thought was expended upon the means for preventing the entrance of disease from abroad, every city was actively engaged in breeding it at home. Here, then, is the great field for inquiry, and no extensive knowledge of sanitary matters is necessary to enable us to show conclusively, that a neglect of the most obvious precautions lies at the bottom of much of the disease and death, which are the distinguishing features of some quarters of our large cities.

In the report on Civic Cleanliness, presented by Lieut. Viele, of N. York, the questions of drainage, paving, a supply of water and sewerage, are treated in an admirable manner.

Though no report was presented by the Committee on Tenement Houses, one is in course of preparation, and will, undoubtedly, when it appears, shock us by its exposure of an almost incredible amount of crime, disease and death, all preventable, and all resulting from a reckless disregard of human comfort and human life.

Some years since, the subject of model houses attracted attention, and buildings were constructed, under the auspices of a number of our philanthropic citizens, whose aim it was to furnish the comforts of a home to persons of limited means. To secure the co-operation of others, and the continuation of what they believed to be a good work, they endeavored to make these buildings pay a fair per centage, and were successful. As might have been anticipated, the last result did not fail to attract the attention of men, who needed no other argument for acting. Disregarding all thought of air and light, they calculated that a large collection of dark, noisome dens, under a single roof, must pay even better than comfortable apartments, and we have, accordingly, seen erected in various parts of our city huge structures covering every available inch of ground, and infinitely worse than the buildings formerly occupied by the poor. Those might have been stables, workshops or warehouses, but, not being intended originally for the habitations of men, did not show the same marks of diabolical calculation.

We have just been through a panic excited by the prevalence of a disease among cattle. The legislature has been convened, money appropriated and commissioners appointed, with a view of checking, at any cost, the spread of the pestilence. The greatest indignation is excited by any act, which places in jeopardy the four-footed property of our people. If a man could be proved to have disregarded the precautions thought necessary for the safety of his neighbor's cattle, he would be in danger from a mob, certainly from the law. Yet, we are told, nothing can be done to purify the plague-spots in our midst, which have a perennial life, and are daily multiplying.

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SYDENHAM SOCIETY'S PUBLICATIONS.—We are requested to say that notice has been received by Dr. Salter, the Local Secretary of the Sydenham Society, that full sets of the publications of the new Sydenham Society for 1859 have been shipped at London, and may be expected soon at Boston. It will be borne in mind that in order to avoid delay in the reception of the books, in the future, members must comply with the rules of the Society. The year commences on the 1st of January, and the subscription, \$5.25, is payable in advance.

NEW MEDICAL JOURNAL.—We have received the first number of the *American Medical Times*, edited by Dr. Stephen Smith, with whom are associated Drs. Elisha Harris and George F. Shradly. In its general appearance it is equal to the best London weeklies, and reflects great credit upon all concerned. We are glad to find such full reports from the various New York Hospitals.

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DR. CHARLES HEISCH has recently been making investigations into the disputed question of arsenic-eating in Styria, regarding which it is so difficult to obtain any information, as the greatest secrecy is observed by the arsenic-eaters. They obtain it in an illicit manner from the Tyrolese, as it is difficult to procure it otherwise, the law prohibiting its purchase without a doctor's certificate. But Dr. Heisch has now settled beyond further dispute that arsenic is really eaten by the Styrian peasantry, and that, too, in the most incredible quantities. One person who confessed its use, commenced with three grains *per diem*—a dose we should consider fatal—and gradually increased it, till now, in his forty-fifth year, he takes *twenty-three* grains of pure white arsenic in his coffee daily! The complexion is said to be much improved, and the countenance made to appear exceedingly juvenile by the use of this potent drug. The woodmen and hunters of the Tyrol also take it to improve their wind and prevent fatigue. As a rule, the arsenic-eaters are very long-lived, but invariably die suddenly at last. The effects of leaving it off when one is once accustomed to its use, almost equal in horror those which De Quincey narrates as the result of his leaving off opium.—*New York Daily Times*.

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THE *Journal de Chimie Médicale* contains an account of the discovery of a new and powerful sedative in neuralgia, just discovered by Dr. Field. The substance used is nitrate of oxyde and glycile, and is obtained by treating glycerine at a low temperature with sulphuric or nitric acid. One drop mixed with ninety-nine drops of spirits of wine constitutes the first dilution. It has been tried upon animals and patients with remarkable effect. A case of neuralgia, in an old lady, which had resisted every known remedy, was completely cured by this new agent. It has also been tried in dental neuralgia with equal success.—*Ibid*.

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AMPUTATION AT THE HIP-JOINT was performed by Professor Pancoast, on the 13th inst., on a patient in the Pennsylvania Hospital, who was suffering from a large fungus hæmatodes of the thigh. Only a few ounces of blood were lost during the operation, and the patient so far is doing well.

Dr. Kowasaki Downing, of the Japanese Embassy, was present during this and several other operations.—*Med. and Surg. Reporter*.

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THE SUCCESSOR OF HUMBOLDT AT THE ACADEMY OF SCIENCES.—Professor Ehrenberg, of Berlin, has just been appointed Foreign Fellow of the Academy of Sciences of Paris, in place of the late lamented Humboldt. M. Ehrenberg had 30 votes out of 56, and Liebig 21. The other candidates were Messrs. Airy, of Greenwich; Agassiz, of Boston; De la Rive, of Geneva; Liebig, of Munich; Martius, of Mu-

nich; Murchison, of London; Steiner, of Berlin; Struve, of Pultowa; and Wöhler, of Göttingen.—*London Lancet*.

**ENORMOUS HYPERTROPHY OF THE SPLEEN.**—M. Sappey lately showed to the Biological Society of Paris a spleen which had reached the following dimensions: length, 13 inches; breadth, 9 inches; thickness, 5 inches. The total weight was 14lb. 4oz. By taking the average of ten normal spleens, the author has found that the ordinary weight is 6½ ounces. M. Sappey thinks that the spleen here spoken of is the largest on record, and adds that those mentioned by authors as having reached 15, 18, 20, and even 43 pounds in weight, were not simply hypertrophied, but were cancerous or cartilaginous, &c.—*Ibid*.

**MEDICAL APPOINTMENTS, &c.**—Dr. S. W. Gross has been appointed one of the Surgeons of the Howard Hospital, to take the department of Diseases of the Genito-Urinary Organs. Dr. Charles Neff has been appointed one of the Surgeons, with the department of General Surgery.—A Board, consisting of Surgeon C. McDougall, Assistant Surgeons J. F. Hammond and J. Campbell, Medical Department, assembled at West Point, N. Y., on the 11th of June, 1860, to examine into the physical qualifications of the candidates for admission into the Military Academy.

A MODEL for the proposed statue to John Hunter has been presented by Mr. Milnes, of London, but no one has yet been selected as that to be used by the sculptor, who also as yet remains undecided upon.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 23d, 1860.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	45	40	85
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	35.5	31.3	66.8
Average corrected to increased population, . . . . .	..	..	..
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
13	2	5	7	3	1

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	30.021	Highest point of Thermometer, . . . . .	81°
Highest point of Barometer, . . . . .	30.160	Lowest point of Thermometer, . . . . .	53°
Lowest point of Barometer, . . . . .	29.722	General direction of Wind, . . . . .	S. W. and Easterly.
Mean Temperature, . . . . .	63°.5	Whole am't of Rain in the week . . . . .	3.04 in.

**BOOKS RECEIVED.**—On Diseases of the Rectum and Anus, &c. By T. J. Ashton, London. Philadelphia Edition. (From Brown & Taggard, Boston.)—Treatise on Diseases of the Lungs, &c. By W. H. Walshe, M.D., London. Philadelphia Edition. (From Brown & Taggard, Boston.)—Annual Address before the Convention of the Connecticut Medical Society, May 23d, 1860. By Ashbel Woodward, M.D.

**MARRIED.**—At Brunswick, Me., 4th inst., H. C. White, M.D., to Miss Mary L. Randall, of Harpswell, Me.

*Deaths in Boston* for the week ending Saturday noon, June 23d, 85. Males, 45—Females, 40.—Accident, 1—apoplexy, 1—inflammation of the brain, 1—bronchitis, 1—cancer (uterine), 2—consumption, 13—croup, 2—dysentery, 1—dropsy in the head, 4—debility, 2—infantile diseases, 5—puerperal disease, 1—epilepsy, 1—erysipelas, 1—exhaustion, 1—scarlet fever, 5—typhoid fever, 2—hemorrhage of the bowels, 1—disease of the heart, 2—laryngitis, 1—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 7—lupus exedens, 1—marasmus, 2—measles, 3—mortification, 2—old age, 1—palsy, 4—pleurisy, 1—scalded, 1—smallpox, 1—teething, 1—inflammation of the throat and oedema of the glottis, 1—tubercular meningitis, 1—tumor, 1—unknown, 6.

Under 5 years, 35—between 5 and 20 years, 10—between 20 and 40 years, 16—between 40 and 60 years, 15—above 60 years, 9. Born in the United States, 58—Ireland, 17—other places, 10.



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LUPUS VULGARIS.

[Read before the Boston Society for Medical Observation, June 18th, 1860, and communicated for the Boston Medical and Surgical Journal.]

BY JAMES C. WHITE, M.D.

WHOEVER has taken up a copy of a certain popular work on Surgery, must have noticed a shocking and loathsome picture inserted as a representation of the effects of lupus, which, in connection with the text and the descriptions of the disease in various other English works on the skin, serves to mislead the student, both as to its true nature and amenability to treatment. It is, then, to make known the more charitable views of Prof. Hebra on this subject, and to report a case recently under my own observation, that I now ask the attention of the Society. And first, I think that in this as in many other affections of the skin, we have adopted too readily the lead of English writers, in dividing one disease into several, according to the appearance it presents at various stages of its progress. Take up Wilson, and look at the long catalogue of specific names attached to nearly every disease in the index. We find, for instance, 14 varieties of eczema, 20 of scarlatina, 15 of roseola, 15 of psoriasis, 13 of pityriasis, 16 of pemphigus, 26 of lepra, and so on; nearly all of which are useless, and signify, properly, only stages, or the seat, of one and the same disease. This tends to nothing but confusion and misunderstanding, and is in striking contrast with Hebra's system of classification, which is exceedingly simple and comprehensive.

There are two kinds of lupus, or rather there are two totally distinct diseases of the skin which unfortunately bear the same generic name, and yet have nothing else in common than their seat. These are *L. erythematosus* and *L. vulgaris*. The former, though never healing spontaneously like the latter, is yet a mild and trifling ill when compared with its formidable namesake, but cannot properly be considered in this paper. The true *L. vulgaris*, like many organic diseases, but unlike other cuta-

neous affections, is very insidious and slow in its approach, and may, in fact, exist for years, even upon the most conspicuous and observed portion of man, the nose, for instance, without attracting the attention either of the patient or his friends. It is only the experienced eye of the physician that sees, in what appears to its bearer a simple nodule of acne or a slight local injection of the skin, the beginning of a disorder far more serious. So unfailing is this unconsciousness, that Hebra makes it a rule always to add four or five years to the time given by the patient as the duration of the disease. Though we may not, therefore, be able to study every case of lupus from its beginning, still we may watch its development quite as well by the fresh centres of disease, which start up anew at all its stages about the periphery of the older growth. We first notice exceedingly minute and scattered points of injection or efflorescence within the skin, which after the lapse of months may protrude slightly above its surface, and assume the form of nodules. These, at first no larger than a pin's head, and few in number, in time become more abundant, and attain the size of a pea or something greater. Sometimes, however, the starting-points spread peripherally to a considerable extent beneath the surface, and then appear like colored stains. Both the spots and nodules are of a peculiar brownish-red color in most instances, and have a boggy or semi-firm consistency, which is very characteristic. When pressed with a blunt point or edge they yield it a ready admission, and bleed slightly. In this state they may exist a long time without betraying their presence by any unpleasant or marked symptom, but eventually some of them approach by growth, and, running into each other, form patches and nodules sufficiently large to attract the attention of the patient. These have a glistening tip, produced by the tension of the epidermis, capped occasionally with minute white, round bodies, which are the remains of former hair and sebaceous follicles, while around them at their base runs a circle of minute scales. The non-elevated patches have received the name *L. maculosus*; the nodules, large and small, are called *L. tumidus* or *tuberculosis*, while to both the term *exfoliatus* belongs after the desquamative process is set up.

If we make a perpendicular section through the centre of one of these nodules or patches of efflorescence, however small, we shall discover the nature of this change which has been so slowly pushing itself forward into notice. We shall find the corion infiltrated with a transparent matter of dark color, the areoli distended far beyond their natural size with cells or their embryos, and the fibres of elastic tissue relaxed and describing wider arcs. It is, in fact, a new growth of cellular tissue, which holds its seat at first within the corion, spreads peripherally, upwards and downwards, and by mechanical pressure produces an atrophy of all the normal elements about it. The hair-follicles and the sebaceous

glands cease to perform their functions, and, with the papillæ, gradually disappear before the resistless advance of this new life. The epidermis, thrust upward by this *vis a tergo*, loses its vitality, changes color, becomes dry, and is at last thrown off in the shape of horny scales. Here the diseased action seems often for a time suspended, and an effort at cure set up. The swollen parts sink below the level of the skin, become pale, and present those smooth, white, and lifeless cicatrices or depressions, which, when occurring upon the alæ of the nose, are the cause of the peculiar notched or jagged outline sometimes seen. But we have not seen the end yet. The disease has but died out in parts for want of proper substance to feed upon, which it seeks by invading new provinces hitherto healthy.

Generally, however, having reached this stage of exfoliation, after years of almost imperceptible increase, lupus assumes another phase, and hastens its march. We see little, dry crusts make their appearance upon the red groundwork of the patches, and mingle with the scales of the nodules. These, on examination, prove to be mixtures of pus and blood, and before long the whole epidermis cracks, yields, and the disease breaks forth into the light. The exposed spots are soon covered again, however, with thick crusts composed of blood, pus, epithelial cells, and masses of red pigment matter; the under surface of which is bathed and moistened by a limpid fluid secreted by the foreign tissues, at times of a red or green color. Beneath these crusts, and beneath the corion, its starting point, we find the disease still at its work of destruction. The cellular growth pushes downward through the subcutaneous tissues, through the fat, and muscle, and cartilage even, crowding all before it, till it reaches bone; where, unlike malignant disease, its further course is stayed. With all this loss of substance, which results not from ulceration wholly, but from oppression and consequent atrophy, there is the new growth constantly increasing to take its place, so that on removing one of the thick crusts we find its under side marked with elevations and depressions, which fit exactly into corresponding depressions and elevations of the diseased surface; the points of new growth, in fact, shooting up from the clefts of decay. In these interspaces lies the pus, which is not, as has been supposed, a product merely of the ulceration of the normal tissues, but is a retrograde metamorphosis of the new-formed and superabundant blastema. This stage bears several names, among which are *L. phagadenicus*, *exulcerans*, *rodens*, *vorax*, *edens*, *noli me tangere*, &c.

Generally, the efflorescence spreads widely in the corion, while within the centre of the patch the new growth extends deeper with the lapse of time, and fresh isolated points make their appearance about the original seat. Thus we may have the whole nose and cheeks covered with a thick crust, and the surrounding skin studded with the knots and granules of more recent growth. In this

later stage, too, we may have the formation of cicatrices, but unlike those of the earlier, already described, they are dense, rigid, and corrugated. They resemble the others, however, in being themselves the seat of fresh lupus growth, and in being lost again in the general mass of disease. Finally, there comes a time when cicatrices begin to form at the centre, which are permanent. About their convex edges the disease still spreads slowly outwards in a circle, but in its progress it is eventually overtaken and checked by the more vigorous growth of the cicatricial tissue. This is *L. serpiginosus*, the latest form of development, and the end to which every case naturally tends. Every case of lupus may, then, in time heal of its own accord, but nature requires long periods, and leaves traces of her handiwork in lasting scars, which often cause frightful disfigurement, and resemble closely the effects left by serious burns.

Lupus chooses its seat most frequently on the nose, cheeks and lips, on the forehead, occasionally over the joints—as the shoulder, elbow, knee, and back of hand—and in extremely rare cases it may affect the whole skin. Of all these it seems to prefer the septum of the nose as a point of attack, which it first destroys, and from which it spreads to the alæ, cheeks, and lips. It causes no subjective symptoms whatever in its earliest stage, and even its ulcerative process is productive of very slight pain.

*Ætiology.*—Lupus is a world-wide evil. No nation, rank, sex nor age is free from it. It visits the rich as well as the poor, the strong as well as the weak. Hebra says it is never developed in an individual in whom it has not shown signs of its presence before puberty. Even when severe, the constitution and functions of the patient may continue unimpaired, for it is a strictly local disease. All attempts to seek its origin in a syphilitic or serofulous taint rest upon unsubstantial grounds. The proportion of lupus patients affected with phthisis or other signs of tuberculosis is very small, and acquired syphilis never produces it in an individual. With the congenital products of this poison we do find lupus sometimes associated, and with cancer too, but then we find it far more frequently in children whose ancestors have never been syphilitic, which is enough to show the fallacy of such assumed connection. This error has arisen from an imperfect acquaintance with the serpiginous stage of lupus, which resembles in its centrifugal spread and central scar formation so closely the usual development of the syphilitic serpiginous ulcer, that the greatest attention must be paid to every concomitant circumstance to distinguish at times between the two. When we remember also that in the end every case of lupus may become serpiginous, we can readily understand the supposed identity of the two diseases. In its stage of exfoliation, too, the likeness which the scale-covered and dull-colored nodules bear to a syphilitic psoriasis is very strong, and obscures the diagnosis. Generally, however, a faithful consi-

deration of its seat, local character, slow course, peculiarly hard, and, at the same time, yielding structure, and later the destruction of parts, accompanied by hypertrophy or new growth, is sufficient to mark lupus so strongly that it can hardly be mistaken.

*Treatment.*—Lupus being a local evil, requires local treatment. This is the rule. Hebra has found, however, after years of careful study of this disease, and no man has had opportunity so vast, or improved it so successfully, that there comes a case, now and then, which resists the most energetic local treatment, but which gradually yields before internal remedies. Especially is this the case when it has assumed the serpiginous form. It is now his custom frequently to combine the two, relying, however, almost wholly upon the effect of external caustic applications. Of these, a long list presents itself, the properties of which have been made the object of long-continued, special experiment in his department of the Vienna Hospital, where from fifty to sixty cases of lupus are treated in the course of a single year. They all act by destroying the new and morbid growth, and by substituting healthy granulations, and I believe I cannot do better than to give here that portion of his clinic which states in a condensed form the results of these investigations.

Of the various acids, the sulphuric, nitric, hydrochloric, acetic, &c., the nitric is by far the most available, and must be used in its pure and concentrated form. With it, Hebra was formerly in the habit of cauterizing freely, where a superficial action only was required, but at present uses in its place the iod. glycerine. Sulphuric acid must be left entirely out of the question, for one can never know beforehand how deeply its action may extend. It destroys the tissues, by uniting chemically with the water they contain, and thus carbonizing them. Its effect, depending upon the amount of water the diseased elements contain, is therefore various, so that at times a small quantity of the acid destroys to a large extent, and vice versâ. Another objection to sulphuric acid is the frightful scars which result from its use, and which no other caustic applications produce. They form the so called false cheiloid. Hydrochloric acid has the unpleasant property of continually generating chlorine gas, which is especially undesirable in lupus, where the face is the part most frequently to be treated. In combination with other caustics, as the chloride of zinc, it may occasionally be used, but otherwise not. Concentrated acetic acid is a much weaker preparation, and is of excellent service when we wish to destroy epithelial growths. It must be applied, as all the above, by means of a pencil made of lint. Solutions of nitrate of silver, if used, must be as concentrated as possible, one drachm to fifty-five grains of water. Caustic potash must likewise be dissolved in one part to two, or in equal portions, of water, but is only applicable in lupus erythematosus, and even there, in regard to its effect and the form of its scar, must rank lower than the iod.

glycerine. R. Iod. pur., potas. iod., aa  $\zeta$  ss.; glycerine,  $\zeta$  i. M. This is his favorite liquid remedy, and is applied in a thin coat by a camel's hair brush. In *lupus vulgaris* it is seldom used, but in *lupus erythematosus* it may be considered a true specific. Dupuytren introduced an ointment composed of arsenious acid, two grs.; calomel, one gr.; lard, two drachms. It is spread upon a piece of linen cloth, and applied once or twice daily for three or four days. In a short time a black scab falls off, and the process is to be repeated till cure results. In place of the old *pulvis cosmi* and *ung. helmundi*, two arsenical preparations for a long time used in Germany in the treatment of *lupus*, Hebra used a modification of the following composition. R. Arsen. alb., cinnabar. factitiæ præparat., aa  $\zeta$  i.; axung. porc.,  $\zeta$  i. M. This salve is spread thinly upon a piece of linen, and laid, for instance, upon an epithelial cancer. In half an hour the pain begins, and continues to increase. This application is repeated once daily, till the parts with which it is in contact become black, when it is omitted and an *ung. simplex* used in its stead until the black crust comes away. This remedy has the disadvantage of never producing an equal action, so that one is often obliged to apply it repeatedly to the raw surface, an operation to which few patients will submit. In these days, however, the local use of arsenical preparations has fallen into general disuse, and with good reason, for no restoration of the lost parts follows their action, and the physician must wait until granulations form before he can see whether he has attained his object or not. In this same category may be placed the deutiodide of mercury, which, used in form of an ointment, one drachm to the half ounce of lard, is an intense caustic, but like the above, very uncertain in its action. To the caustics which are used in the form of paste, belongs the Vienna salve. This must always be prepared extempore, and in the following manner:—Equal parts of caustic lime and potassa are reduced to a fine powder, mixed, and rubbed up by means of alcohol slowly added till they form a paste of the consistency of an ointment. If too thin, it flows freely, and may come in contact with parts which do not require its application. The neighboring parts are to be protected by strips of sticking plaster, and the paste is to be spread in a thin layer over the surface, and covered with lint. At the end of ten or fifteen minutes, the patient is sent to a warm bath, if the part under treatment admits; if not, a warm cataplasm is applied, and the pain, which resembles that produced by a live coal, ceases at once. The surface becomes covered with a black crust, which is to be kept moist with warm water till it falls off. The chloride of zinc paste is made by union with twice its quantity of meal, allowed to remain in contact with the tissues four hours, and then removed according to the above method. The Landolf salve, which is of excellent service when the *lupus* is circumscribed in its spread, is composed, according to Hebra's formula, of the following

substances:—Zinci chlorid.,  $\mathfrak{z}$  i.; antim. chlorid.,  $\mathfrak{z}$  ij.; bromi chlorid.,  $\mathfrak{z}$  iij.; aquæ, q. s. ut f. pasta. This is smeared thickly over the diseased spot, covered with lint, and allowed to remain until the slough drops off. To these pastes belongs also the solutio plenikii, which consists of fifteen grains each of corrosive sublimate, alum, white lead, and camphor, and an ounce and a half of alcohol and vinegar. Hebra takes equal parts of all six, by the mixture of which a white paste is obtained and a portion of fluid, which last is thrown away. As a caustic application in various new growths of the skin, there is nothing better, especially in condylomata. In lupus, however, he found it of little benefit. Caustic potash in solid form, is, of all, the most violent in its action, and its effect. Even when applied hastily and with care, it is very uncertain, permanent, and penetrating. Sulphate of copper is admirably adapted to the destruction of granulations, and its action on the excoriated patches of lupus is often highly beneficial.

But of all remedies for lupus, the anhydrous or stick nitrate of silver is incontestably the best, and the best in every case. It can be trusted in the hand of any one, however inexperienced in the treatment of the disease, and cannot possibly do harm, because it is held in complete control, and because the sound tissues are very little if at all affected by its contact, while the diseased parts may be thoroughly pierced and penetrated to their very bottom. It is not enough, however, as is often done, to apply it to the surface merely, but a sharply pointed stick of the material set firmly in a quill must be taken, and thrust boldly down to the limits of its penetration. In the beginning of the treatment it is well to apply the caustic thus several times, at intervals of 3 or 4 days, till we obtain a smooth, even, suppurating surface. Arrived at this point, the process must be repeated twice a week, after which once will be sufficient. The scars which result from this treatment are the fairest and finest of scars. Those who have been fortunate enough to witness the operation of this remedy in Prof. Hebra's hands, will sustain me in saying, that the success achieved is most brilliant and certain. They will also bear witness that the thoroughness he insists upon in its application, is most faithfully carried into practice by himself; for a stranger seeing him for the first time at this work, would be of the opinion that he was trying to punch holes in the bone, regardless entirely that any such tissue as skin lay between it and the sharply pointed weapon employed. It is not so painful, however, as it looks, and the boggy nature of the disease easily admits of its entrance.

Two other methods have been at times employed to destroy lupus, viz., the actual cautery and the knife. Of these the former can scarcely be recommended. Its use would only be allowable in circumscribed patches, where a single application might be sufficient, but even here some one of the various pastes would have the

same effect without leaving behind an ugly scar, and without running the risk of injuring more parts than those diseased. As to the knife, little need be said. When we remember that lupus usually affects the nose, or spreads in broad patches over the skin, we see how seldom it could be used with advantage. If we had a long and narrow strip of skin implicated, on the cheek for instance, we might with two parenthetical incisions effect in a minute what would otherwise be the work of weeks; but such cases are seldom met with, and recurrence is quite as likely to follow its employment as any other treatment.

As above stated, a case will occasionally be met with, which will resist the most faithful use of nitrate of silver. Again, lupus may in some cases be healed by the administration of cod-liver oil alone, but only after many months can this improvement be looked for. The proper way, therefore, is to combine the local with internal remedies, when occasion seems to demand the latter, and for this purpose nothing is so good as cod-liver oil. It is needless to give it in such large doses as the French recommend, or so freely as it has been used among us here in phthisis, for it has been found that the digestive system refuses to take up more than a certain amount daily, and that when more than three ounces are taken the surplus passes off with the fæces unchanged.

JUNE 18th, 1858.—A woman doubly veiled came to me, and gave the following history of herself. She was a native of Prussia, 30 years old, married, and had two children. Her parents were healthy peasant people, and she herself had always been well until 5 years previously, when she for the first time noticed signs of lupus growth upon the right side of her nose. The disease was badly treated for a long time and spread quite widely, but by the subsequent use of nitrate of silver it entirely disappeared, after a duration of a year and a half. Shortly afterwards, she came to this country and settled in Boston, but had been here scarcely a year before the disease again made its appearance on the face. She placed herself under the care of a homœopathic physician of this city, and remained under his treatment for more than a year, when finding that the disease was too much for him, and that the sums of money, contributed in her behalf by the catholic community of which she was a member, were exhausted, he gave up, and sent her to a certain famous cancer quack. He seems to have used electricity, but finding herself no better, she left him after a short time, and became by chance a patient of mine.

The disease at this time covered the greater portion of the right cheek, from the eye to the edge of the mucous membrane of the upper lip, the whole of the nose with the exception of the left nostril and the bridge between the eyes, and a portion of the left cheek. This was one continuous mass of thick crust, from beneath which pus might be made to ooze by pressure. In addition, there were several other patches upon the left cheek, raised above the



surface, of a dull red color, and covered with thin scales of epidermis. The integuments of the face were much infiltrated, and altogether she was a pitiful object. The voice was much changed, owing to the obstruction of the nostrils and the action of the lupus upon the septum and internal nares. She had been losing flesh and strength for some time before I saw her, and on examination the lungs gave the usual signs of the early stage of phthisis.

Treatment was begun by fastening a stick of nitrate of silver, two inches long, firmly in a quill holder, and pointing the same by boring into a wet sponge. Its sharp tip was then introduced beneath the edge of the crust, and thrust boldly on beneath it in every direction, till it was completely torn up and removed. A bare surface then became visible, which showed for a moment the peculiar growth of lupus, and then became covered with a white film. The bleeding was checked by means of lint, always to be kept at hand for this purpose. The younger patches or nodules were sounded to their bottom by pushing the point, which keeps itself always sharp, perpendicularly in till considerable force failed to make it penetrate further. The patient was then advised to make cold water applications during the day, by which the burning and swelling are allayed. On the 20th, two days afterwards, she came again. In place of the thick crust, which had formerly covered the diseased portion of the face, was seen a thin, black one, composed chiefly of dried blood. This was again removed in the manner above described, and the tissues beneath bored deeply into, in all directions. After this the applications were made less frequently, and finally once a week until every vestige of the disease was removed. On Sept. 15th, two months after beginning of treatment, the face was shining and red, but no trace of lupus remained, except high up within the nasal cavity, where the proper application of the caustic was difficult. It was thrust fearlessly up, however, though blindly, feeling assured that no injury could result. By December, this was overcome, and her face was nearly as fair as before the disease showed itself.

Having thus conquered the disease by local treatment alone, attention was directed to her pulmonary disorder, which since then has gone on increasing in severity up to the present time. In the meanwhile, however, she has passed through the various changes belonging to maternity, and been reduced at one time to an extreme state of emaciation, but no sign of the cutaneous affection has re-appeared.

## EXTRA-UTERINE PREGNANCY, CONTINUING THREE YEARS AND SIX MONTHS—FŒTUS REMOVED BY GASTROTOMY.

BY C. GOODBRAKE, M.D., CLINTON, ILL.

Mrs. FRIEZE, the subject of the following report, a lady of medium height, very lean, and about 43 years of age; was brought to my office by her husband, from Platt County, on the 17th day of last October. The lady informed me that she wished to get my opinion of her case, of which she gave me the following history:

She has had nine children, the youngest about six years old; has been a very stout, robust woman, able to do a great deal of hard labor. About April, 1856, she supposed herself pregnant, and in the fifth month she felt the foetal movements distinctly. She discovered no difference between her then condition and her previous pregnancies, only that she had more trouble in voiding urine—micturition being very frequent and painful. Some time in the following December, strong bearing-down pains came on, and supposing herself in labor, she sent for her family physician, who, judging from her pains, encouraged her with the assurance that her labor would soon be over. In this, however, both the physician and herself were disappointed, for in a few hours her pains gradually subsided, and the doctor, after an examination, informed her that her full time had not yet arrived, and left her. She continued to have more or less pains of a bearing-down character for two or three weeks, when she again thought herself in labor, and the doctor was again summoned, and after remaining with her a good many hours, he left her as before. From this time on, she continued to have pains of more or less severity; became very anxious about her condition; consulted a great number of physicians, who all differed to some extent in their diagnosis, some of them supposing it to be an ovarian tumor, while others fell in with her own idea of the case, namely, that it was a foetus. One physician whom she consulted about it, three months after the first time she thought herself in labor, prescribed, as she said, some medicine to produce contractions of the uterus, which brought on her menstrual discharge—since which time she has continued to menstruate regularly, up to the time of my seeing her. Her almost constant pains, and her great anxiety about her condition, produced a gradual wasting of the flesh, with diminution of physical strength. Upon close questioning, she says, positively, that there never was any sudden sensation of tearing or giving way in her abdomen, neither had she ever any sudden feeling of faintness or any other symptom which would indicate a rupture of the uterus or Fallopian tube. She also states, that up to the time when she considered herself at full period, and for some time after, her abdomen was elastic and of uniform size; but after that time it became gradually harder and of irregular shape—the bulk of the tumor occupying the right side. She also states, that for some

time after her expected confinement, her breasts secreted milk. She informed me that all the physicians she had consulted agreed that no medicine could do her any good, and that if she did not wish to trust to nature for a remedy, she would be compelled to have recourse to surgical aid. And it was very evident that she had fully made up her mind to submit to an operation.

Upon examining the abdomen, I found a large tumor occupying the right side, extending from the iliac fossa, to above the umbilicus, and a little to the left of the linea alba. The tumor felt hard and somewhat irregular, and *appeared* to be moveable to some extent.

On examination per vaginam, I ascertained that a round tumor, presenting a round, smooth surface, occupied the pelvic cavity. It impinged firmly on the right side, but the finger could be made to pass between it and the wall of the pelvis on the left. The uterus occupied a position behind and to the left of the tumor. I was unable at this examination, although I used my best endeavors, to find the os tincae. A catheter introduced into the urethra, passed behind the tumor—indicating that both the uterus and bladder were crowded from their true position.

I was not satisfied as to the character of the tumor. At first I was inclined to favor the lady's notions of the case, and believed it to be a case of extra-uterine pregnancy, but upon consulting my books, and revolving the case in my own mind, I reasoned myself completely out of that belief, and came to the conclusion that it was most probably a fibro-cartilaginous tumor. The woman wishing to know whether I would undertake its removal, I informed her of the *uncertainty* of the nature of her case, of the danger of an operation, and endeavored to prevail upon her to go to Chicago and take the advice of Professors Brainard, Byford and Miller; but she and her husband both answered, that their pecuniary means were not such as to justify them in going to Chicago or Cincinnati; that they had consulted a great number of physicians, that they had been recommended to me by their friends, and they wished me to operate.

I finally agreed to visit her at her residence, on the next Monday; ordered her to take a dose of oil on the Sunday previous, and not to take any breakfast, except a little tea or coffee, on Monday morning. I promised to open the abdomen, and if it was found that the tumor could be removed without endangering her life too much, I would extirpate it; but if, on the other hand, it should prove to be too strongly adherent, or of such a character as that its removal could result in no good to the patient, I would close the wound, leaving the tumor *in situ*. I told the woman to take her case into serious consideration, and if she came to the conclusion not to have the operation performed, to let me know in the mean time, by letter or otherwise.

Accordingly, on Monday, the 24th day of last October, I visited

Mrs. F. at her house, accompanied by Drs. Lewis and Tyler of Marion, and Drs. Richards and McHugh of Mount Pleasant; also, Messrs. B. K. Shurtleff and Rolla Richards, medical students. Several of the gentlemen present had previously examined the case, but it was deemed advisable to make another thorough examination. At this examination, the mouth of the uterus was found, and we endeavored to introduce the uterine sound, but this was found impracticable on account of the obliquity of the uterus, and the encroachment of the tumor.

The lady, as well as her husband, were again advised of the severity, immediate danger, and ultimate uncertainty of the operation. However, with all these facts before them, they still urged that an operation should be undertaken.

In view of this determination on their part, the preliminary arrangements were made. The atmosphere of the room was kept moist by the evaporation of water from kettles on the stove. An artificial serum was prepared according to Dr. Peaslee's formula,\* and all preparations made that were deemed necessary. The woman was placed on a table, the head and shoulders raised, a sheet applied as a diaper, and the operation performed in presence of the gentlemen already named, who kindly assisted by their council.

The patient being under the influence of a mixture, of one part chloroform to four of sulphuric ether, I made an incision in the *linea alba*, about four inches in length, down to the peritoneum; no hæmorrhage occurring, I cut down through it also. I now introduced my hand, after immersing it in the artificial serum, and soon satisfied myself that it was actually a fœtus enveloped in a sac of its own. The sac was found firmly adherent in the right iliac fossa, and to a considerable extent to the parietal peritoneum on the right side. There were no adhesions anteriorly, nor to the intestines, which were all crowded to the left side. This diagnosis was confirmed by Dr. McHugh, who also made a thorough examination. In order to ascertain the condition of the fœtus, a small incision was made in the sac, when it was found in a pretty good state of preservation; and upon a hurried consultation, it was deemed advisable to remove it, and as much of its sac as practicable.

The incision was now extended upwards as far as the umbilicus, and down to within an inch of the pubes. The incision through the sac was also enlarged, when the fœtus was removed with great difficulty, owing to the strong adhesions between it and the sac. When the fœtus was lifted out, the cord was found to be yet entire and attached to a very small placenta of a cartilaginous character, low down in the pelvis. The placenta was located immediately over the space where the sac also adhered to the broad ligament. The uterus was a little enlarged, but otherwise it seem-

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\* *Amer. Jour. Med. Sciences*, Vol. XXXVI., page 395.

ed in a normal condition. The cord, as much of the placenta and sac as could be got away without lacerating the peritoneum, was now removed, the parts carefully sponged, and the incision brought neatly together by the interrupted suture, supported by adhesive strips; and the dressing finished by the compress and bandage. The patient rallied from the effects of the anæsthetic about the time the dressing was completed, and was placed snugly in bed, a dose of laudanum was administered, and she expressed herself as quite comfortable. Her pulse was good.

The time occupied in bringing her under the influence of the anæsthetic, in the operation, and until she was placed in bed, was forty-five minutes, as observed by Mr. Shurtleff. It was estimated that there was not over an ounce of blood lost during the operation.

The patient was left, according to previous arrangement, in the care of Drs. Richards and McHugh; one of them remaining the first night at her house. They visited her regularly afterwards, twice a day. The bladder was evacuated morning and evening, and opium and brandy administered according to indications.

The physicians reported that the patient did quite well for the first forty-eight hours; after which she became restless, her pulse grew gradually weaker and more frequent, until it became imperceptible at the wrist.

Dr. McHugh informed me that the wound looked well, and that there was no swelling of the abdomen up to the time of her death, which occurred on the fifth day after the operation.

A post-mortem examination was solicited, but was refused by the friends.

The fœtus, which I presented to the Obstetrical Museum of the Rush Medical College, is of female sex, of medium size as at full period; well developed; nails on fingers and toes well grown; weight not ascertained. The position it occupied in the abdomen was as follows:—The thighs were flexed on its abdomen, and the legs flexed on the thighs, with the face doubled low down between the knees, and it was kept in this position by the strong adhesions between these several parts. The head rested in the right iliac fossa, and the breech, being to the left of the head, passed down, to some extent, behind the pubic bone, displacing the uterus and bladder as before described. The only mark of decomposition observable on the fœtus, was on the side, where a spot about twice the size of a dollar had sloughed out, exposing the ribs and some of the internal organs.

*Remarks.*—The question may with great propriety be asked—was it right and proper to operate, in the case of Mrs. F.? I would answer, that it would certainly have been better for the woman if she had not submitted to the operation; as she might, probably, have lived several years. Though this is only a probability; for where the sloughing had commenced on the fœtus, there

was no adhesion, neither between it and the sac, nor between the sac and the walls of the abdomen. So that if decomposition of the fœtus had advanced, the woman must have died. And even in a large majority of the cases on record, where adhesions have taken place, and where the sloughs have found their way through the walls of the abdomen, the patients died nevertheless.

If, when I opened the abdomen, I had found a tumor as strongly adherent as was the fœtal sac, I would most certainly have desisted, and closed the wound, according to my promise to the patient. But finding a fœtus, and the edges of the wound retracting strongly, it was deemed impossible for the wound to heal before fœtal decomposition would have set in, which would have made a very bad case of it indeed.—*Chicago Medical Journal*.

DOUBLE EXTRA-UTERINE GESTATION.—M. Rupin relates, in the *Gazette des Hôpitaux*, the case of a healthy woman of thirty, who had borne two children, parturition having in both cases been perfectly normal. Towards the sixth month of a third gestation, she experienced severe pains, and a tumor was discovered projecting into the vagina. Fluid and the head of a child were distinctly felt, and as the pressure was such as to interfere altogether with the functions of the bladder and rectum, an incision was made into the walls of the vagina, and a fœtus extracted. The mother soon sank under terrific hæmorrhage.

On a post-mortem examination, the cyst, which had contained the fœtus, was found behind the abdominal walls, and before the uterus, with which organ it had no direct communication. At the fundus of the cyst lay the placenta, rather larger but less thick than usual. During the efforts made to remove it, spiculæ were felt, and finally all the bones of another fœtus were taken from the placental mass, in which they were imbedded. They seemed to belong to a fœtus of four months, whilst the one which had been extracted from the cyst appeared six months old. On opening the uterus, the lining membrane was found villous, and the size of the organ rather above the normal standard. The ovary on the right side was of the ordinary size; a corpus luteum was noticed in it; and the whole of the uterine appendages on that side were perfectly healthy. The left ovary, however, was atrophied; the Fallopian tube could not be distinguished, and it appeared as if the cyst had become developed in it and on the broad ligament.—*London Lancet*.

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### Correspondence.

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Rome, May 25, 1860.

MESSRS. EDITORS,—On parting with you in February last, I half promised to let you hear from me in the course of my proposed wanderings. Since that time I have visited some of the principal Hospi-

tals in France, Spain and Italy. Though each of them had many things worthy of mention, I cannot now summon resolution enough to give an account of their several peculiarities and advantages, but must redeem my promise of writing by a short account of a very pleasant excursion which I made this afternoon.

In company with Dr. Valerj, of this city, I visited the island of the Tiber, on which in ancient times was situated a temple of Æsculapius. About three hundred years before Christ, Rome was visited by a fearful pestilence. The Sibylline Oracle was consulted. Its decree announced that the pestilence would be stayed as soon as a statue of the god Æsculapius should be procured and properly set up within the city. Ambassadors were immediately sent to Epidaurus to obtain the desired statue. On returning they discovered that a serpent had got into their ship, and they believed it to be the god himself taking that form in order to save their people. The serpent, however, escaped from the vessel and hid himself in the island as they came near to the city. Thereupon the inhabitants made the island into the shape of a ship, and walled it round with huge blocks of travestine rock hewn in the proper fashion: and built upon its southern extremity a temple to the god of their deliverance. In this temple there was a well, to which the afflicted in after times resorted for the cure of their diseases. That its waters were at least as efficacious as the "regular practice," the votive offerings, which at last became so numerous as to choke up the well itself, abundantly testify. So it seems that even in those old times "placebos" were resorted to, to occupy the patient's mind until the disease had time enough given it to pass undisturbedly through its allotted stages. A church now stands upon the site of this temple, portions of the latter having been used in the construction of the modern building. Four granite columns in the front and twelve in the interior of the church belonged originally to the temple, and are still quite perfect. In front of the high altar is an opening in the floor, protected by a marble drum covered with iron lace work, leading into the well before mentioned. The monk, who acted as our guide, said it was at least three hundred feet deep, and that the water was still drinkable. A small stone, dropped in, gave no audible sound when it reached the bottom. From the church we were conducted through the monastery, along a passage to the garden gate, through which we descended on the accumulated sand to the water's edge. There on one side we could see a large extent of the stone work nicely hewn into the form of a ship's bow. The blocks had still a very smooth surface, and were fitted together, apparently without cement, so accurately that it was not easy to find the division lines. One of the smaller blocks which I could reach, I found by measurement to be eight feet long and four feet thick. On the side of the bow a serpent on a staff had been sculptured in high relief, but the lower half of the serpent and a portion of the staff only remain.

Taken altogether, these old ruins are among the most interesting relics of ancient times that I have visited in Rome.

From the island we went to the Botanical Garden, which is in a flourishing condition. The Professor of Botany was giving a practical lecture to a class of medical students, who are here obliged to study Botany during the first year of their pupilage.

Leaving the garden we proceeded to the San Spirito Hospital—the largest in Rome. Its inmates amounted to-day to four hundred. In

the last of the summer months the number often rises to one thousand. The wards were very long and very high—lighted and ventilated by large windows near the top. The walls, of stone, were whitewashed two-thirds the way up, and frescoed the remainder. The beds were in rows on either side. In the middle, opposite the entrance, was an altar. Over the entrance a good-sized organ. Mass is said at the altar within sight and hearing of all the patients of the ward, every morning before the arrival of the physicians. The sick appeared to be well cared for.

The museum of pathological specimens attached to the Hospital shows that at least some of its attendants are active and of the progressive class. I shall spare you an enumeration of the modern preparations, and allude to only three made by Flaiani, a physician attached to the Hospital nearly a hundred years ago. One of these was a dried preparation of the arteries of the whole body, injected, separated, and properly set up; another, similar, of the veins; but the third, the nerves, to the minutest fibre, dissected out clearly, and set up with a multitude of pins, &c., so that each portion can be easily seen, must have been a work of almost incredible care and patience. Three full years were occupied in its preparation.

From Dr. Valerj and family I have received many acts of kindness. Dr. Valerj is Physician in Chief to the San Spirito Hospital, and Professor of Pathological Anatomy in the University of Rome. He is not yet forty-five years of age, but has by talent and application *worked* his way up to the head of his profession. He is eminently a "Rational Physician," and swears by Hippocrates, Sydenham, and Baglivi.

He has had some of my former patients under his care, who speak in the highest terms of his attendance and skill. We have already struck up such an intimacy, that parting with him will add greatly to my many regrets in leaving Rome.

I have thus endeavored to keep my promise to the *letter*. Pardon its short-comings, and believe me

Ever yours truly, B. E. COTTING.

N. B. If I mistake not, your predecessors in office earnestly advocated the adoption of certain "modern conveniences" to be located along our waysides—but, after some months constant nasal proofs of almost intolerable strength at every corner in the various cities I have visited, I am compelled to say that however necessary or desirable a sufficient number of such public *retreats* may be, I hope it will be a long time before the streets of Boston are ornamented with "*jolis petits monumens*," as an enthusiastic traveller once called those along the Boulevards of Paris.

### Bibliographical Notices.

*On the Forms and Stages of Bright's Disease of the Kidneys, with especial reference to Diagnosis and Prognosis.* By GEORGE JOHNSON, M.D., F.R.C.P., Physician to King's College Hospital. London: 1859. Pp. 12.

THIS is a re-print of an extremely interesting communication made to the Royal Medical and Chirurgical Society of London, March 22d,



1859 (*Medico-Chirurgical Transactions*, Vol. XLII.), and a copy of which has just been received from the author, having been sent some time since, but detained on the way.

The author is well known, throughout the medical world, as an unsurpassed authority upon renal pathology; and the finely-executed representations of certain stages of renal disease (Brightian kidney) which adorn this paper, add very largely to its value. These were lately exhibited to the Boston Society for Medical Improvement.

The object of Dr. Johnson's communication—which is the "Fourth" made by him to the London Society upon the subject—is to illustrate certain exceptions to a proposition which he has laid down as a rule, respecting the lesions observed in kidneys affected with Bright's disease. The views of Dr. Johnson relative to the forms of lesion occurring in *chronic* Bright's disease are, comprehensively, that these "may conveniently be arranged in two main divisions; 1st, the large white kidney, whether simply pale, anæmic, and wax-like, or containing more or less oil; and 2d, the small, contracted, granular kidney." The author has for years maintained that these two forms of Bright's kidney are due to different morbid changes, and that, as a rule, the large white kidney is not convertible into the small, contracted, granular kidney. In the author's words—"The rule is that a large Bright's kidney remains large to the end, and does not become a small one; and, on the other hand, a contracted Bright's kidney does not pass through a previous stage of enlargement." The exceptions to this rule—and which Dr. J. thinks, when carefully considered and rightly interpreted, tend to prove and confirm it—are then set forth, and constitute, as has been intimated, the "chief object" of the communication. The exceptions are of three classes; 1st, cases in which, although the kidney is still large and heavy, the cortical portion begins to show signs of atrophy and contraction. "The cortex of the kidney in these cases is anæmic, pale, and wax-like, the surface being more or less uneven and nodulated, while the thickness of the cortical substance appears diminished in a greater or less degree." The author had noted six instances of this lesion.

2dly. The above-mentioned "contraction of a white and waxy kidney had proceeded further; so that the size and weight were reduced below the average of the healthy organ" Three cases noted.

3dly. The cases coming under the third class "are those in which the kidney, having become enlarged and undergone *fatty degeneration*, has subsequently contracted, the fat granulations being still visible in the atrophied gland." Five cases.

The above are the chief propositions, the development of which, by Dr. Johnson, constitutes an exceedingly important and interesting paper. The truly beautiful illustrations show the morbidly affected organs in whole and in section; and "represent the characteristic appearances of [the] three different forms of contracted Bright's kidney" above designated. The plates were executed from drawings by Dr. Westmacott.

W. W. M.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, JULY 5, 1860.
 

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NOURISHMENT IN TYPHOID FEVER.—English journals and English books contain much strong language and many strong facts in favor of nourishment in typhoid fever. A belief in the necessity of sustaining the strength of those who are to pass through this dangerous disease, is certainly gaining ground. But there are still some who cannot see that the debility which follows the fever is even worse than the fever itself, or, more properly speaking, are so intent upon the disease, that they forget the condition produced by it. Upon the prostration depend tardy convalescence and many of the sequelæ which not only add greatly to the patient's sufferings, but threaten life itself.

It is clear that many patients relish certain kinds of food, and bear them well, but are kept upon disagreeable and comparatively innutritious articles of diet, the use of which is sanctioned by old and unfounded theories. As the French have advocated every variety of treatment, and been quite as heroic as any physicians, it gives us pleasure to furnish a summary of some remarks by Dr. Monneret, physician of Necker Hospital, in Paris, published in the *Bulletin de Therapeutique* for Jan. 30th, 1860. After denying that there is any special treatment for the disease, he strongly insists upon the necessity of sustaining the strength by liquid and solid alimentary substances. He commences with an emetic, which is repeated on the second day, if the action previously has not been sufficient. During the second, third and fourth days he gives lemonade, bark, quinine, wine and broth, and soon after strong soups. He remarks that the physician may feel some repugnance at giving wine and soup to a patient who has a dirty tongue, diarrhœa, fever and delirium, but on reflection it will be seen that there is no other contra-indication to the employment of alimentary substances. Those who insist upon a strict diet are still influenced by the doctrine of irritation. They see inflammation where it does not exist, and are constantly afraid of exciting or increasing it. They therefore allow patients to die, who might recover if properly nourished. Whatever may be said about fever, it should not prevent us from sustaining the strength. Do we not prolong the existence of phthisical persons, undermined by fever, by nourishing them until the last moment? Do we not, by nourishment, sustain, for a long time, the life of persons laboring under visceral disease?

Surgeons have learned, although rather late, and at the expense of their patients, that fasting is often pernicious after great operations. A great number of complications of all kinds assail the sufferers and compromise their existence, if the strength is not upheld by broths, wine, and even more substantial aliments.

Besides, all fears, inspired by systematic ideas founded in bad medical doctrines, fall before impartial observation, which shows us that patients who are a prey to fever, digest very well all the things mentioned. Still more, diarrhœa, gurgling and meteorism, far from augmenting, partially diminish.

We can easily conceive, that alimentation should be without harm, as the stomach and a great part of the small intestine are exempt from all textural if not functional change.

Patients attacked by a form of fever, which progresses rapidly and violently, terminating fatally, perhaps, in less than a week, take wine and broth with great pleasure, and bear them better, perhaps, than medicated drinks.

In following the proposed course, we only act in accordance with the universally admitted law that nature is to be assisted. In this disease a want of strength is what we have great reason to fear, and, certainly, nothing can so effectually guard a patient against this danger as the use of nutrient materials, which are easy of digestion.

M. Piorry writes in the same strain in the *Gazette des Hôpitaux* for March, 1860. He gives the following rules:—

Give, in general, nourishment, when patients wish and need it.

Choose that which observation has shown to be the most suitable and most easily digested.

Commence with a small quantity.

Observe the effects, and increase the quantity promptly, if the experiments show such a course to be desirable.

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**MALFORMATION OF THE CHEST.**—Dr. Wojaczek, from Vienna, who is a native of Oslavau, in Moravia, and aged about 23, is the subject of a peculiar malformation of the chest, which has been examined by eminent medical men at the different universities and medical schools of Europe. This gentleman was introduced by Dr. Alexander Simpson, and submitted himself for examination by the members of the Medico-Chirurgical Society of Edinburgh. In front, the chest presents in the middle, at its lower part, a remarkable depression or hollow, about three inches deep, and large enough to lodge the head of a child. This hollow is formed by the inflexion of the sternum downwards and backwards towards the spinal column, which it approaches so closely, that, by calculation, only about  $1\frac{1}{2}$  inches intervene between the lower end of the sternum and the front of the bodies of the vertebræ. There is no deficiency of the osseous or cartilaginous textures, but the cartilages of the ribs are bent backwards to join the depressed sternum and form the sides of the hollow; the skin and soft parts present nothing unusual. In consequence of this peculiar shape of the chest, the respiration is almost exclusively carried on by the diaphragm and false ribs. This malformation appears to have been congenital, and was first discovered by Professors Skoda and Rokitansky during an illness, in which they had occasion to examine M. Wojaczek's chest. Casts of the malformation have been placed in the museums of the University and of the Royal College of Surgeons.—*Edinburgh Medical Journal*, June, 1860.

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**POISONED PERFUMES.**—The police of Paris have been for some months engaged in the examination of a variety of falsifications, and amongst the rest that of perfumery. Several actresses have been suffering from the effects of poison absorbed from the face, without suspecting that their sufferings came from this source. The quantity of corrosive sublimate, arsenic, verdigris, vitriol, and other poisonous substances daily absorbed in Paris, must in effect be immense, and the

reform did not commence too soon. The investigation was instigated by an actress of the Varietés Theatre against a perfumer for damages for indisposition attributed to his cosmetics.—*Chemical News*.

**UTILIZATION OF THE SEWAGE OF LONDON.**—The Metropolitan Board of Works has determined to invite tenders from parties who may be willing to take the sewage of London to be conveyed by the main outfall sewers, either for the purpose of rendering it innocuous, or for removing and disposing of it, with a view to its application to agricultural or other purposes. The Board had previously received a proposal from Mr. Shepherd, C.E., to enter into a negotiation for the use of the whole of the sewage of London for one hundred years.—*Lancet*.

**THE JOHN HUNTER STATUE.**—A large attendance of the Committee for erecting a statue to the founder of the Hunterian Museum met on Monday, May 21st, in the Council Chamber of the Royal College of Surgeons, the President (Mr. Arnott) in the chair. The minutes of the previous meeting having been read and confirmed, the Committee proceeded to the election of an artist, and selected for future consideration the names of three sculptors from amongst the gentlemen proposed by various members of the Committee.—*Ibid*.

**HONORS TO PHYSICIANS.**—At the installation of Lord Brougham as Chancellor of the University of Edinburgh, Dr. Stokes, of Dublin, and Drs. Miller and Sharpey, of London, received the honorary degree of LL.D.—*Ibid*.

**DEATH OF PROFESSOR JOHN LIZARS, F.R.S.E.**—We regret to announce the death of this distinguished surgeon, which took place at Edinburgh, on Monday evening, the 21st May, in consequence of an attack of apoplexy.—*Edinburgh Medical Journal*, June, 1860.

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 30TH, 1860.

#### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	38	38	76
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	33.4	30.5	63.9
Average corrected to increased population, . . . . .	..	..	72.9
Deaths of persons above 90, . . . . .	1	..	1

#### Mortality from Prevailing Diseases.

Consumption. . . . .	Croup. . . . .	Scarlet Fever. . . . .	Pneumonia. . . . .	Measles. . . . .	Smallpox. . . . .
15	2	6	5	4	1

#### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	30.098	Highest point of Thermometer, . . . . .	85°
Highest point of Barometer, . . . . .	30.412	Lowest point of Thermometer, . . . . .	50°
Lowest point of Barometer, . . . . .	29.642	General direction of Wind, . . . . .	S. W.
Mean Temperature, . . . . .	69°.2	Whole am't of Rain in the week . . . . .	0.627 in.

**COMMUNICATIONS RECEIVED.**—Cases—Salivary Calculus and Punctured Wound.

**BOOKS RECEIVED.**—Rational Medicine: its Position and Prospects. An Oration delivered before the Members of the Hunterian Society on the 15th February, 1860. By Stephen H. Ward, M.D., Lond., M.R.C.P., &c. (From the Author.)

**DIED.**—In this city, 26th inst., after a long and painful illness, Dr. Ephraim Stone, formerly of Harvard, Mass., 89 years, 6 months.

**Deaths in Boston** for the week ending Saturday noon, June 30th, 76. Males, 38—Females, 38.—Accident, 1—apoplexy, 1—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 1—cholera infantum, 2—consumption, 15—convulsions, 1—croup, 2—dropsy, 2—drowned, 1—scarlet fever, 6—typhoid fever, 1—gangrene, 1—disease of the heart, 3—hæmorrhage, 2—hernia (strangulated), 1—disease of the hip, 1—infantile disease, 1—laryngitis, 1—disease of the liver, 2—disease of the lungs, 2—inflammation of the lungs, 5—marasmus, 3—measles, 4—old age, 1—paralysis, 1—peritonitis, 2—pleurisy, 1—rheumatism, 1—smallpox, 1—stricture (intestinal), 1—inflammation of the uterus, 1—unknown, 4.

Under 5 years, 33—between 5 and 20 years, 3—between 20 and 40 years, 23—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 48—Ireland, 26—other places, 2.

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TWO CASES OF MALFORMATION.

[Reported to the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY CALVIN ELLIS, M.D.

CASE I.—*Extroversion of the Bladder in a Female, with peculiar Complications.*

THE case occurred in the practice of Dr. Cleveland. The child was small, and lived a week. The specimen was examined with Dr. J. B. S. Jackson. The general appearances were those of extroversion. The umbilical cord arose from the upper part of the mucous surface.

The labia were separated to a considerable extent, and the pubic bones were felt to be widely separated.

At about the middle of the mucous surface of the bladder, the small intestine opened largely. On dissection, this intestine was found to be three feet in length, larger than natural, and containing the usual secretions. Quite near to the above opening was another of the large intestine. This last was remarkably undeveloped, being about two and a half inches in length, and three lines in diameter. It terminated in a cul de sac, and contained a whitish secretion. Near the outlet was a small irregular offset from it. A well-developed appendix cæci seemed to exist independently, being situated by the side of the large intestine, near its termination, and having, apparently, a separate opening for itself upon the free surface of the bladder, a small probe being readily passed into it.

Across the external opening of these last two portions of intestine, two bands passed, which obscured the case. The protrusion that was observed during life was, undoubtedly, of the small intestine. The anus was wanting.

The uterus was formed in two entirely distinct and widely-separated portions, extending off obliquely upon each side. The right

portion was considerably the largest, and very nearly as large as the uterus would be of a child of this size. The arbor vitæ extended to the upper extremity, and the os tinæ was perfectly developed, as were also a Fallopiàn tube and ovary, which had their usual anatomical relations to the organ. The vagina upon this side was considerably developed, contained a thick, viscid secretion, and terminated inferiorly in a cul de sac. The left portion of the uterus was also considerably developed, and had its cavity, Fallopiàn tube and ovary. The os uteri also existed, but below this there was nothing of a vagina.

The outline of the uterus, on each side, was pretty distinctly felt before dissection.

The peritoneal cavity was rather irregularly developed.

The umbilical vein opened upon the convexity of the liver.

The left hypogastric artery was wanting.

On the left side were two ureters, one of which was considerably dilated.

Otherwise, nothing remarkable in the thorax or abdomen.

Over the sacrum was a well-defined tumor, between two and three inches in diameter, covered by integument and a very thin layer of fat. It contained a clear serous fluid, which escaped on dissection. This proved to be a case of spina bifida, of that peculiar form which Dr. J. B. S. Jackson described in the Boston Medical and Surgical Journal, Dec. 2d, 1858.

CASE II.—*Deficiency of the Abdominal Parietes. Extroversion of the Bladder.*

The specimen was sent by Dr. Alfred Hitchcock, of Fitchburg, who gave the following account of the case.

"The mother was 24 years old, and pregnant for the third time, having twice miscarried. The liquor amnii had escaped four or five days previously. The head, sacrum and one hand presented. The feet were brought down before delivery, during which a large portion of intestine was broken off and a kidney displaced. Considerable, but not dangerous, hæmorrhage followed. The placenta was very hard and small. The umbilical cord, being only an inch and a half in length, was ruptured as soon as the pelvis escaped from the os."

The child was examined with Dr. Jackson, and proved to be a male, of about the size of an eight months' fœtus.

The liver and a kidney protruded through a large irregular opening in the abdominal parietes.

Varus of the right foot.

The sides of the scrotum were separated about an inch, and the pubic bones about two thirds of an inch.

The lower part of the abdominal parietes presented the appearances usually found in extroversion of the bladder.

There was seen but one kidney, the ureter of which opened up-

on the surface of the malformed bladder. The supra-renal capsules were both present, but of small size.

The small intestine was about eighteen inches in length, and extended from the stomach to a point in the lower part of the parietes, where it was firmly attached, and terminated in a cul de sac. No large intestine.

There were two well-formed testicles. Nothing but cellular tissue behind the bladder.

Organs of the thorax normal.

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PASSAGE OF A RAKE-HANDLE THROUGH THE SCROTUM AND  
ABDOMINAL PARIETES TO THE RIGHT HYPOCHON-  
DRIUM. RECOVERY.

BY H. B. BURNHAM, M.D., EPPING, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

On the 7th of May, 1860, J. B., aged 29 years, laborer, ascended a hay-mow for the purpose of removing some hay. On his return to the floor he attempted to slide down, and in so doing he slid upon a rake handle, which was accidentally left leaning against the mow. The handle entered at the lower or inferior portion of the scrotum, a little to the left of the mesial line, passing up over the pubes, then running somewhat diagonally across the abdomen, made its exit in the right hypochondriac region, between the tenth and eleventh ribs. It required considerable force to extract the instrument from its unnatural, and, to the patient, unpleasant position. The left testicle was completely turned out of its place, and almost denuded of its covering. Hæmorrhage was slight. A probe was with some difficulty passed up over the pubes. The testicle was carefully replaced, the wound cleansed of all clots of coagulated blood, and the edges brought together and retained by four sutures. The simple water dressing was used, and a lotion composed of tincture of arnica and water was constantly applied along the track of the wound. Rest and the horizontal position were enjoined. On the 8th there was extensive ecchymosis, showing distinctly the course the instrument had taken. Bowels tympanitic. Discharge from lower end of wound slight. Under appropriate treatment, the tympanitis yielded, and the wound began to unite by granulations. About a week subsequent, a messenger was sent to my office desiring my immediate attendance. Upon my arrival at the house, I learned that he had had chills on that day and the day previous. At the time of the visit there was considerable fever. By examination, I discovered a tumor situated on the track of the wound, about midway from either extremity. It was well defined, and fluctuation was distinctly perceptible. I at once opened it with a bistoury. It gave vent to a large quantity of pus, which continued to be discharged for a few days.

The incision then healed in the ordinary manner. Recovery was rapid and complete.

#### RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE.

[Translated for the Bos. Med. and Surg. Journal, by WM. READ, M.D.—Continued from p. 420.]

MAMMALIA.—I shall take for an illustration of the arrangement of the muscular apparatus of the internal organs of generation of one of the monodelph mammalia, one of the ruminantia—the *she-goat*. The body and the cornua of the uterus are lodged in the middle, and the tubes and ovaries in the lateral portions of a large membrane, which (abstractly considered as a fold of its surface) stretched in the pelvic cavity like a transverse partition, is fixed by its two anterior extremities to the superior dorsal walls of the abdomen; and by its two inferior and posterior extremities to the ventral walls. Although very thin and perfectly transparent throughout the great part of its length, this membrane, described by all anatomists as a simple conjunctival peritoneal web, presents, in many points, independently of the round ligaments, the muscular nature of which is well understood, folds and thickenings which, visible to the naked eye, exhibit an appearance very analogous to that of these ligaments; but in the most transparent portions, as well as in the locality of these folds, a microscopic examination everywhere shows smooth muscular fibres, in one place separating from each other and by their anastomosis forming networks, the meshes of which are more or less slack, while they are elsewhere crowded together and condensed into cords or muscular ribbons.

The middle part of this membrane is nothing else than the external layer of the muscular envelope of the uterus; in the median line we observe, throughout its whole depth, a decussation of muscular fibres from one side to the other. This decussation marks the junction of the two muscular systems, which ought to be studied at first separately and abstractly considered from their reciprocal penetration. Applying to this study the general data furnished by an examination of all the muscular systems which interlace (the abdominal muscles, that of the pharynx, the heart, &c. &c.), that all of their fibres, in continuing their original direction traverse the median line more or less obliquely, and that in considering their direction with regard to the median line only, the ascending fibres on one side are in continuity with the descending fibres on the opposite, we clearly make out that the two kinds of fibres which we have observed in the broad ligament of birds, are represented, the upper by the lumbar ligament on one side, and the lower by the pubic ligament on the other side, and thus the whole portion of the muscular membrane intermediate to these two, fixed to the lateral portions of the sacrum, has become the muscular insertion of the great ligament and the utero-sacral ligaments on the sacrum and the sacro-iliac symphysis.



All these apparent complications result from a change of position and curvatures in that part of the oviduct which forms the tube, and especially from the approximation, the fusion of the two oviducts at their lower extremity to form the body of the uterus, single at least externally. This fusion of the two mucous canals involves this consequence, that the muscular apparatus peculiar to each of them intersects with its fellow and thus carries its lower insertions to the opposite side. The fibres which are inserted in the lumbar region, and the most elevated of which, condensed together towards the free border of the membrane, form this species of cord to which we have more particularly given the name of the superior round ligament, these fibres, in enveloping the tube and the ovary, descend upon the cornua and the body of the uterus. Arrived at the median line, they intersect with those of the opposite side, and, continuing their course, divide into three kinds; the lower go off to the rear towards the rectum and the anterior face of the sacrum (recto-uterine ligament, semi-lunar fold of Douglas, utero-sacral ligaments). Those in the middle seem to become continuous with a portion of the fibres of the round pubic ligament. The upper go off towards the lateral portions of the cavity of the pelvis and the sacro-iliac symphysis. It is to this last kind that there appears to belong a muscular fibre which forms the superior border of the triangular ligament of the ovary, and going across and beyond this gland, aids in the formation of the muscular cord which there connects the ovarian fringe of the fimbriated extremity.

With respect to the inferior and anterior portion of the muscular membrane, the round pubic ligament performs the same functions that the round lumbar ligament does in relation to the superior and posterior portion, that is to say, it is to a certain sense the radiating centre of a system of ascending muscular fibres which go to intersect with those of the opposite, in the median line; the round pubic ligament which is generally described as a muscular cord which goes from the spine of the pubis and from the labia majora to the uterine cornua or the superior angle of the uterus in the human female, is nothing less than that. It is by an altogether artificial arrangement that it is separated from the neighboring part of the large ligament with which it unites itself and in reality is continuous. Beginning at the point where it touches the anterior abdominal parietes, this ligament constantly sends off from its internal border, muscular fibres which spread themselves out in a fan-like form over the whole anterior surface of the uterus, from where the neck unites with the vagina, as far as the superior portion of the cornua. After having crossed the median line, the fibres which have an ascending direction go off in the large ligament of the opposite side; a certain number among them form the inferior border of the triangular ligament of the ovary, and reach the tip of the tube beyond this gland.

The uppermost muscular fibres of the round ligament form, by their intersection, a muscular membrane, with a semi-lunar border, which connects together the uterine cornua, and afterwards spread themselves on the tip of the tube, principally on its posterior and external face, and become continuous, a portion of them with the round lumbar ligament.\*

To this system the greatest part of the muscular fibres seem to be attached, which, sent off to the rear upon the lateral borders of the rectum (semi-lunar fold of Douglas) and the anterior face of the sacrum (utero-sacral ligaments), embrace the cervical portion of the uterus, and, after intersecting each other on the median line, ascend the great ligament upon the opposite side, to fix themselves with that upon the lateral walls of the pelvic cavity.

In order not to mar the ensemble of the description, I left out certain details, to which I will now return. Thus I have spoken of the median intersection, and that from one side to the other only; this intersection is assuredly the most important, and the one which gives the key to the fusion of the two muscular membranes; it exists elsewhere, however, at many points, and to a marked degree just at the lateral borders of the body and the cornua of the uterus, in the form of an antero-posterior intersection. A portion of the fibres of the two systems pass, some before, and others behind the uterus, to gain the median line, and thus give this organ a contractile sheath, most exact and most complete; it is an arrangement perfectly analogous to that from which results the formation of the fibrous sheath of the straight muscles of the abdomen, by the intersection of the fibrous strands of the middle ten-

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\* The origin and actual structure of the round pubic ligament are very ill understood, from not having been studied with any minuteness, except in the human female, exactly where this organ is very complex. It is very evident in the majority of the mammalia, the insectivora, the rodentia, the ruminants, and the carnivora, that the muscular fibres of the round ligament do not traverse the anterior abdominal walls, that they spread themselves out in the simplest manner upon the posterior face of this wall in the inguinal region, and fix themselves on the cellular envelope of the transverse muscle, as the round lumbar ligament does, which sometimes is attached to the lumbar *fascia transversalis*, sometimes to the diaphragm, and sometimes to one side. In all these cases we find nothing in the round ligament but these bundles of smooth fibres. But in certain species of rodents and insectivora (mole, rabbit) the fibres of the transverse muscle are thus drawn towards the abdominal cavity at the point where they furnish the insertion for the round ligament. They there describe loops, whose convexity projects from the abdominal side, and form a cone usually very short, upon which the proper fibres of the round ligament spread themselves out.

In the human female this peculiarity attains its highest degree of development. The transverse and the small oblique muscles preserve through life the arrangement they present in the fœtus, and in the males of the rodentia and the insectivora, the striated fibres of the *gubernaculum testis* (the *cremaster* that is to be) project into the centre of the round ligament in very elongated loops, which extend beyond the middle portion of this ligament. None of these striated fibres, however, enter into direct connection with the uterus, nor are any of them continuous with the muscular fibres peculiar to the organs of generation; these connect themselves with, and attach themselves solely to, that species of cord which the muscles of the abdomen send out to meet them. As to the fibres of the round ligament which traverse the inguinal canal to be inserted, a part in the pubis, and a part to lose themselves in the mons veneris and the labia majora, it is constituted of nothing but cellular tissue, vessels and nerves. In the interior of the inguinal canal, the cremaster artery, a branch of the epigastric, and the genito-crural nerve, each divide into two branches, of which one goes up into the interior of the round ligament, while the other follows the inguinal canal, to lose itself in the mons veneris and the labia majora; and besides numerous veins very much developed during pregnancy, situated in the round ligament and emanating from the uterine plexus, maintain, through the medium of the *plexus pudendalis* with which they are connected in front of the pubis, a very curious communication between the erectile organs of copulation and those of the internal organs of generation.

don of the two great trigastric muscles (the great oblique on one side, the little oblique and the transverse on the other).\*

Finally, independently of the fibres which appertain to the two systems intersecting upon the median line, there also appears to be a certain number which avoid this intersection, and remain throughout their whole course on the same side; such are the fibres which detach themselves from the external border of the round pubic ligament, and spread out in the form of a fan in the upper portion of the broad ligament (the tip of the tube), in order, no doubt, to re-ascend to the lumbar region. These fibres are not very marked in the she-goat, but in the rabbit, at the period of gestation, they seem, nevertheless, as numerous as those which detach themselves from the internal border and intersect each other; in that case the thickening of the round ligament forms a complete and perfect fan-like expansion at the centre of the broad ligament.

There is not a single species of the mammalia which I have been able to observe (ruminants, rodents, carnivora, insectivora), in which we do not clearly recognize every one of the essential and characteristic features of the description which I have just given. The modifications have no effect, except upon details altogether secondary, and result from the predominant development of this or that part from changes in direction of different sections of the oviducts† and their more or less complete fusion.

What connection, moreover, is there between the arrangement which I have just pointed out as being most common to all monodelph mammalia, and the description which the most accredited anatomists give of the muscular structure of the internal organs of generation in the human female? What analogy between this large muscular layer, stretched from one side to the other of the abdominal cavity, which embraces, so to speak, the uterus in passing, and this thick muscular wall condensed around the uterine cavity, and with which we know no other connections than the muscular cords of the round ligaments, the inguinal and the ligaments which are attached to the inner extremity of the ovary? Some anatomists clearly point out the existence of muscular fibres in the utero-sacral ligaments, others indicate, as an exceptional occurrence, certain muscular fibres lost, some how or other, in the large ligaments, and making their appearance only at the time of gestation, but without pointing out their connections, their insertions, or their uses, and without stating, definitely, in what portion of the large ligaments they observed them.

[To be continued.]

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\* See Thompson *Prolegomenes de l'Anat. Chirurg.* de Velpeau, 2d ed.

† By the term oviduct, I mean the whole of the canal primitively simple and uniform, the different portions of which constitute the tube, the cornua of the uterus, and the uterus properly so called.

## THE ARSENIC EATERS OF STYRIA.

By CHARLES HEISCH, LECTURER ON CHEMISTRY AT MIDDLESEX HOSPITAL.

At the last meeting of the Manchester Philosophical Society, I observe that Dr. Roscoe called attention to the arsenic eaters of Styria. Having for the last two years been in communication with the medical men and other residents in the districts where this practice prevails, I shall feel obliged if you will allow me through your journal to make known the facts I have at present collected. The information is derived mainly from Dr. Lorenz, Imperial Professor of Natural History, formerly of Salzburg, from Dr. Carle Arbele, Professor of Anatomy in Salzburg, and Dr. Kottowitz, of Neuhaus, besides several non-medical friends. If human testimony be worth anything, the fact of the existence of arsenic eaters is placed beyond a doubt. Dr. Lorenz, to whom questions were first addressed, at once stated that he was aware of the practice, but added, that it is generally difficult to get hold of individual cases, as the obtaining of arsenic without a doctor's certificate is contrary to law, and those who do so are very anxious to conceal the fact, particularly from medical men and priests. Dr. Lorenz was, however, well acquainted with one gentleman, an arsenic eater, with whom he kindly put me in communication, and to whom I shall refer again more particularly. He also says that he knows arsenic is commonly taken by the peasants in Styria, the Tyrol, and the Salzkammergut, principally by huntsmen and woodcutters, to improve their wind and prevent fatigue. He gives the following particulars:—

The arsenic is taken pure in some warm liquid, as coffee, fasting, beginning with a bit the size of a pin's head, and increasing to that of a pea. The complexion and general appearance are much improved, and the parties using it seldom look as old as they really are; but he has never heard of any case in which it was used to improve personal beauty, though he cannot say that it never is so used. The first dose is always followed by slight symptoms of poisoning, such as burning pain in the stomach and sickness, but not very severe.

Once begun, it can only be left off by very gradually diminishing the daily dose, as a sudden cessation causes sickness, burning pains in the stomach, and other symptoms of poisoning, very speedily followed by death.

As a rule, arsenic eaters are very long lived, and are peculiarly exempt from infectious diseases, fevers, &c.; but unless they gradually give up the practice, invariably die suddenly at last.

In some arsenic works near Salzburg with which he is acquainted, he says the only men who can stand the work for any time are those who swallow daily doses of arsenic, the fumes, &c., soon killing the others. The director of these works, the gentleman before alluded to, sent me the following particulars of his own

case. (This gentleman's name I suppress, as he writes that he does not wish the only thing known about him in England to be the fact that he is an arsenic eater; but if any judicial inquiry should arise which might render positive evidence of arsenic eating necessary, his name and testimony will be forthcoming.)

"At 17 years of age, while studying assaying, I had much to do with arsenic, and was advised by my teacher, M. Bönsch, Professor of Chemistry and Mineralogy at Eisleben, to begin the habit of arsenic eating. I quote the precise words he addressed to me: 'If you wish to continue the study of assaying, and become hereafter superintendent of a factory, more especially of an arsenic factory, in which position there are so few, and which is abandoned by so many, and to preserve yourself from the fumes which injure the lungs of most, if not of all, and to continue to enjoy your customary health and spirits, and to attain a tolerably advanced age, I advise you—nay, it is absolutely necessary, that besides strictly abstaining from spirituous liquors, you should learn to take arsenic; but do not forget, when you have attained the age of 50 years, gradually to decrease your dose, till from the dose to which you have become accustomed, you return to that with which you began, or even less.' I have made trial of my preceptor's prescriptions till now, the 45th year of my age. The dose with which I began, and that which I take at present, I enclose; they are taken once a day, early, in any warm liquid, such as coffee, but not in any spirituous liquors." The doses sent were No. 1, original dose, three grains; No. 2, present dose, twenty-three grains of pure white arsenic in coarse powder. Dr. Arbele says this gentleman's daily dose has been weighed there also, and found as above. Mr. — continues:—"About an hour after taking my first dose (I took the same quantity daily for three months), there followed slight perspiration with griping pains in the bowels, and after three or four hours a loose evacuation; this was followed by a keen appetite, and a feeling of excitement. With the exception of the pain, the same symptoms follow every increase of the dose. I subjoin as a caution, that it is not advisable to begin arsenic eating before the age of twelve, or after thirty years." In reply to my question, if any harm results from either interrupting or altogether discontinuing the practice, he replies: "Evil consequences only ensue from a long-continued interruption. From circumstances I am often obliged to leave it off for two or three days, and I feel only slight languor and loss of appetite, and I resume the arsenic in somewhat smaller doses. On two occasions, at the earnest solicitations of my friends, I attempted entirely to leave off the arsenic. The second time was in January, 1855. I was induced to try it a second time, from a belief that my first illness might have arisen from some other cause. On the third day of the second week, after leaving off the dose, I was attacked with faintness, depression of spirits, mental weakness, and a total

loss of the little appetite I still had; sleep also entirely deserted me. On the fourth day I had violent palpitation of the heart, accompanied by profuse perspiration. Inflammation of the lungs followed, and I was laid up for nine weeks, the same as on the first occasion of leaving off the arsenic. Had I not been bled, I should most likely have died of apoplexy. As a restorative, I resumed the arsenic eating in smaller doses, and with the firm determination never again to be seduced into leaving it off, except as originally directed by my preceptor. The results on both occasions were precisely the same, and death would certainly have ensued had I not resumed arsenic eating." One of the most remarkable points in this narrative is, that this gentleman *began* with a dose which we should consider poisonous. This is the only case of which I have been able to obtain such full particulars, but several others have been mentioned to me by those who knew the parties, and can vouch for their truth, which I will briefly relate.

One gentleman, besides stating that he is well aware of the existence of the practice, says he is well acquainted with a brewer in Klagenfurth, who has taken daily doses of arsenic for many years. He is now past middle life, but astonishes every one by his fresh, juvenile appearance; he is always exhorting other people to follow his example, and says, "See how strong and fresh I am, and what an advantage-I have over you all! In times of epidemic fever or cholera, what a fright you are in, while I feel sure of never taking infection."

Dr. Arbele writes: "Mr. Curator Kursinger (I presume curator of some museum at Salzburg), notwithstanding his long professional work at Lungau and Binzgau, knew only two arsenic eaters—one the gentleman whose case has just been related, the other the ranger of the hunting district in Grossarl, named Trauner. This man was at the advanced age of 81, still a keen chamois hunter, and an active climber of mountains; he met his death by a fall from a mountain height while engaged in his occupation. Mr. Kursinger says he always seemed very healthy, and every evening regularly, after remaining a little too long over his glass, he took a dose of arsenic, which enabled him to get up the next morning perfectly sober and quite bright. Professor Fenzl, of Vienna, was acquainted with this man, and made a statement before some learned society concerning him, a notice of which Mr. Kursinger saw in the *Wiener Zeitung*; but I have not been able to find the statement itself. Mr. Krun, the pharmacist here, tells me that there is in Stürzburg a well-known arsenic eater, Mr. Schmid, who now takes daily twelve, and sometimes fifteen grains of arsenic. He began taking arsenic from curiosity, and appears very healthy, but always becomes sickly and falls away if he attempts to leave it off. The director of the arsenic factory before alluded to is also said to be very healthy, and not to look so old as 45, which he really is.

As a proof how much secrecy is observed by those who practise arsenic eating, I may mention that Dr. Arbele says he inquired of four medical men, well acquainted with the people of the districts in question, both in the towns and country, and they could not tell of him any individual case, but knew of the custom only by report.

Two criminal cases have been mentioned to me, in which the known habit of arsenic eating was successfully pleaded in favor of the accused. The first by Dr. Kottowitz, of Neuhaus, was that of a girl taken up in that neighborhood on strong suspicion of having poisoned one or more people with arsenic, and though circumstances were strongly against her, yet the systematic arsenic eating in the district was pleaded so successfully in her favor, that she was acquitted, and still lives near Neuhaus, but is believed by every one to be guilty. The other case was mentioned by Dr. Lorenz. A woman was accused of poisoning her husband, but brought such clear proof that he was an arsenic eater, as fully to account for arsenic being found in the body. She was, of course, acquitted.

One fact mentioned to me by some friends is well worthy of note. They say:—"In this part of the world, when a graveyard is full, it is shut up for about twelve years, when all the graves which are not private property by purchase are dug up, the bones collected in the charnel-house, the ground ploughed over, and burying begins again. On these occasions, the bodies of arsenic eaters are found almost unchanged, and recognizable by their friends. Many people suppose that the finding of their bodies is the origin of the story of the vampire." In the *Medicinischer Jahrbuch des Oester : Kaiserstaates*, 1822, *neuest Folge*, there is a report by Professor Schallgruber, of the Imperial Lyceum at Grätz, of an investigation undertaken by order of Government in various cases of poisoning by arsenic. After giving details of six *post-mortem* examinations, he says:—"The reason of the frequency of these sad cases appears to me to be the familiarity with arsenic which exists in our country, particularly in the higher parts. There is hardly a district in Upper Styria where you will not find arsenic in at least one house, under the name of hydrach. They use it for the complaints of domestic animals, to kill vermin, and as a stomachic to excite an appetite. I saw one peasant show another on the point of a knife how much arsenic he took daily, without which, he said, he could not live; the quantity I should estimate at two grains. It is said, but this I will not answer for, that in that part of the country this poison is used in making cheese; and, in fact, several cases of poisoning by cheese have occurred in Upper Styria, one not long since. The above-mentioned peasant states, I believe truly, that they buy the arsenic from the Tyrolese, who bring into the country spirits and other medicines, and so are the cause of much mischief." This report is, I believe, mentioned in

Orfila's *Toxicology*, and one or two other works, but I have not seen it quoted myself; it is interesting, as being early and official evidence of arsenic eating. Since I received the above information, a gentleman who was studying at this hospital, told me that, when an assistant in Lincolnshire, he knew a man who began taking arsenic for some skin disease, and gradually increased the dose to five grains daily. He said he himself had supplied him with this dose daily for a long time. He wrote to the medical man with whom he was assistant, and I have been for a long time promised full particulars of the case; but beyond the fact that he took five grains of arsenic, in the form of Fowler's solution, daily, for about six years, and could never leave it off without inconvenience, and a return of his old complaint, I have as yet not received them. I have delayed publishing these facts for some time, hoping to get information on some other points, for which I have written to my friends abroad; but as considerable delay takes place in all communications with them, I have thought it better to publish at once the information I have already received. All the parties spoken of are people on whom the fullest reliance can be placed, and who have taken much pains to ascertain the foregoing particulars. The questions which still remain unanswered are these:—

1st. Can any official report be obtained of the trials of the two people mentioned by Drs. Kottowitz and Lorenz?

2d. Do medical men in these districts, when using arsenic medicinally, find the same cumulative effects as we experience here? Or is there anything in the air or mode of living which prevents it?

3d. Can any evidence be obtained as to how much of the arsenic taken is excreted? To show whether the body gradually becomes capable of enduring its presence, or whether it acquires the power of throwing it off.

I have proposed to the gentleman who furnished me with the particulars of his own case, either to make an estimate of the arsenic contained in his own urine and feces during twenty-four hours, or collect the same and forward them to me that I may do so, but as yet have received no answer.—*Pharmaceutical Journal.*

#### THE LARYNGOSCOPE.

[From the Berlin Correspondence of the Medical Times and Gazette.]

As far as I am acquainted with the periodical literature of our profession, no notice has as yet appeared in your columns, or in those of your cotemporaries, with regard to the highly practical results obtained on the Continent by the use of the laryngoscope.

Having had occasion to convince myself of the comparative facility with which the larynx can be explored by means of this simple contrivance, I feel confident that its importance for the diagnosis of laryngeal disease cannot be overrated, and it will be a



mere truism to state that we shall be able to attack affections of the larynx with far greater discrimination and success, if the uncertainties, inseparable from a symptomatic diagnosis, can thus be replaced by the precise results which a distinct view of the affected parts must afford.

A few weeks ago, I was present at a *post-mortem* of a phthisical individual, whose larynx had been carefully examined, a short time prior to decease, by Professor Traube. The changes found in the larynx bore testimony to the accuracy of the results obtained by laryngoscopic investigation. The following remarks on the instrument, and its application, are mainly extracted from a monograph, published in the early part of the year, by Professor Czermak, who, together with Dr. Türck, of Vienna, has the great merit of having re-directed the attention of the profession to this important means of diagnosis. Indeed, these Viennese physicians may be said to have re-invented the larynx-speculum. Apart from its decided practical usefulness, the fact of the laryngoscope being originally an English invention ought to stimulate English surgeons to take an active part in the reform of laryngo-pathology, to which the general application of the instrument is likely to lead.

In Liston's "Practical Surgery," page 417, we read, under the head of "Ulcerated Glottis," the following remarks: "A view of the parts may be sometimes obtained by means of a speculum—such a glass as is used by dentists—on a long stalk, previously dipped in hot water, introduced with its reflecting surface downwards, and carried well into the fauces." This pregnant hint of Liston's remained unnoticed till 1855, when Garcia published a most valuable series of auto-laryngoscopic investigations, instituted for the purpose of elucidating the mechanism of the human voice. In these experiments the image of the larynx was reflected from a mirror placed against the soft palate, so as to be received upon a second mirror placed in front of the observer (auto-laryngoscopy). An elementary knowledge of catoptrics will suffice to explain the principles upon which Liston-Garcia's method of investigation is founded. The examination itself is conducted in the following manner: A metallic mirror—varying in size from six to fourteen lines in diameter, in shape either square with rounded edges, as recommended by Czermak, or oval, according to Türck's proposal, or, as it has been found convenient by Dr. Levin, of Berlin, semi-circular, with a concave inferior margin—soldered to a slightly flexible metallic handle, is to be introduced into the well-opened mouth, and fixed in such an angle against the uvula and soft palate as to throw incident luminous rays upon the larynx, and to reflect an image of the parts thus illuminated into the eye of the observer. To prevent the mirror becoming dim by the condensation of vapor upon its surface, it is necessary to warm it previous to introduction by dipping it into hot water or holding the unpol-

ished surface over the flame of a small spirit-lamp. Garcia made use of the direct rays of the sun in his experiments: as this source of illumination, however, is not always available, and, even if so, attended with obvious inconveniences in practice, Czermak proposes the use of a perforated concave mirror of 7—12" focal distance, by which the light of an ordinary lamp can be concentrated upon the larynx-speculum, the eye of the observer being applied to the perforation. As the distinctness of the image will depend upon the brilliancy of the illumination employed, it will be found advantageous to concentrate the light of the lamp upon the concave mirror, by means of a powerful bi-convex lens. Dr. Levin, of this city, has devised a highly convenient apparatus for this purpose, consisting of a tin tube carrying a convex lens of two and a half inches focal distance, and about the same diameter, which, by means of a simple contrivance, can be fixed horizontally over an Argand lamp after the shade has been removed.

The perforated concave reflector can either be held between the teeth of the observer, fixed on a suitable ivory handle, as recommended by Czermak, or attached to a large spectacle-frame, according to Stellwag's proposal, or it can be suspended from a support screwed to the corner of the table on which the lamp is placed. The latter contrivance will be found the most convenient for practical purposes. I think it was first introduced by Dr. Levin.\*

It will be most convenient to place the lamp to the right of the patient, who is to be examined in the sitting posture, his hands resting upon his knees, his body slightly advanced, and his head slightly reclining backwards. According to Professor Traube's advice, the lamp, concave mirror, and larynx-speculum ought to be on the same level, and the angle formed by the rays incident upon, and reflected from, the concave mirror as acute as possible. On this account it will be wise to place the lamp a little behind the patient. The observer supports the head and chin of the patient with his left, and introduces the larynx-speculum with his right hand, looking through the perforation of the concave mirror, by means of which he illuminates the pharynx.

By causing the patient to sound alternately the Roman vowels, *a e*, the velum and uvula will be raised so as to admit of the mirror being introduced with greater facility. In pressing the speculum against the soft palate and uvula, great care must be taken to avoid touching the posterior wall of the pharynx, the palatine arches, and the base of the tongue, to prevent the supervention of vomiting and deglutition. "In this manner," as Czermak says, "it is possible to look into the very depths of the pharynx, to obtain a distinct image of the individual parts of the larynx, and, as

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\* Mr. Yearsley has requested us to state that he has used Mr. Avery's ear-lamp in this way for several years past.—ED. MED. TIMES AND GAZETTE.

I first demonstrated in my own person, to see the bifurcation of the trachea reflected through the widely-opened glottis, with the tracheal rings shining through thin mucous membrane."

Of course, considerable practice and a certain amount of dexterity are required for successful handling of the laryngoscope, notwithstanding the simplicity of the principle upon which the method is founded.

The difficulties are mainly owing to the great irritability of the palate, which, in some individuals, is so considerable as not to tolerate the contact of a foreign body; others are unable to keep their mouths open for any length of time, or to command the position of the tongue, which ought to be well flattened and protruded. Some patients, as Prof. Traube correctly remarks, suffer from a kind of "moral nausea," threatening to vomit as soon as they are told to open their mouths. This extreme irritability can be overcome by methodically accustoming the parts to the contact of foreign bodies, as it is often requisite prior to surgical operations on the palate. I remember reading that bromide of potash has the power of lowering the sensibility of the pharyngeal mucous membrane; it might deserve a trial in very refractory cases.

In general, however, the irritability of uvula and soft palate will be found very inconsiderable, so that they can be raised and pressed against the posterior wall of the pharynx without any inconvenience to the individual experimented upon. In Professor Traube's clinic I have seen an individual sitting for nearly ten minutes with the larynx-speculum applied to the fauces, so that fifteen medical men who were present could successively examine the reflected image of the glottis without any reflex phenomena supervening to interrupt the observations.

In this case the mouth of the patient was held open by a very convenient instrument, devised by Dr. Levin. The handle of the larynx-mirror is attached by a ball-hinge to the upper bar of the mouth-speculum, so as to admit of the larynx-mirror being easily adjusted for the purpose of demonstration.

In the fifth chapter, Czermak details his method for obtaining a view of the posterior surface of the velum, the naso-pharyngeal cavity, &c., and he represents the image attainable by rhinoscopic investigation, the commencement of the Eustachian tubes being also rendered visible. Wilde has already investigated the latter by a similar method.

To obtain an image of these parts, a speculum must be introduced under the velum, with its reflecting surface turned obliquely upwards, so as to illuminate the naso-pharyngeal cavity. A speculum is proposed for this purpose, to which a sliding wire-hook is attached, for the purpose of raising the velum.

Examinations of this kind are, of course, surrounded by numerous difficulties, and can only be expected to succeed if a combination of favorable circumstances obtains.

The auto-laryngoscopic observations instituted by Czermak for physiological purposes are mainly confirmative of the results obtained by Garcia's celebrated investigations, and his work will amply repay perusal to those who are interested in the important questions involved in the study of the mechanism of the human voice.

The pathological observations which conclude the work, twenty in number, illustrating most varied and interesting forms of laryngeal disease, as revealed by the larynx-speculum, are calculated to convince the most sceptical of the great advantage which must accrue to the practitioner from the adoption of this method of investigation.

The possibility of the eye serving as a guide for the hand in the topical treatment of affections of the larynx and deep parts of the pharynx, is also proved by some of these observations. You must permit me to reserve my detailed statement for a future communication. Two of these cases—the first and third—during the course of which laryngotomy had to be performed, on account of stenosis of the larynx, are of particular interest, being the first in which, by a novel adaptation of laryngoscopy, the glottis was investigated from below. This was effected by introducing a small mirror attached to a suitably bent handle, with its reflecting surface turned upwards, into a fenestrated tracheotomy-tube. By illuminating this speculum with a concave reflector, the most brilliant and accurate images of the lower aspect of the glottis, &c., were obtained, and the nature of the pathological changes affecting the parts clearly ascertained. This method promises to be of great importance for the diagnosis and treatment of deep-seated affections of the larynx, particularly in cases of laryngeal tumors which cannot be attacked from above. By reversing the reflecting surface of the mirror introduced into the tracheotomy-tube, the deep parts of the trachea might also be explored.

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REMARKABLE OBSTETRICAL CASE.—GANGRENE OF UTERUS AND PLACENTA, TOGETHER WITH INTENSE INFLAMMATION OF THE PERITONEUM AND HALF THE SURFACE OF THE CHILD.

REPORTED BY G. W. PHILLIPS, M.D., OF ST. LOUIS, MO.

JANUARY 27th, 1859, at 12, M., I was called to see Mrs. H., who had had slight labor-pains for four hours previous to my seeing her. On making a vaginal examination, the membranes were found protruding through the os uteri and were quite tense; but no part of the portal could be detected, so as to determine the presentation. The patient was troubled with constant retching, and vomited every few minutes. She also complained of great soreness and tenderness over the whole abdomen. After waiting three hours without any change in symptoms or progressive labor,

I concluded to rupture the membranes, with the hope of thus increasing the pains and accelerating the labor. A large amount of water was discharged, but even after this the position of the foetus could not be accurately ascertained by the finger. On introducing the whole hand, I found the ear immediately above the pelvic brim and the head was laying crossways, the occiput to the right ilium and face towards the left, whilst the head and neck were curved and doubled up on the shoulder, and had not apparently been moved at all by the labor-pains. I endeavored to rectify this by bringing the vertex to the (so-called) second position, but was unable to do so, and as the pelvis seemed roomy, I concluded, after waiting two hours more, to give ergot and trust to the labor-pains changing the position after the head was in the cavity of the pelvis. Two grains of ergot was administered and the dose repeated in a half hour, without any increase in the pains or any effect whatever. The soreness of the abdomen increased rapidly, the stomach and diaphragm seemed to become involved in the inflammation; and in order to relieve this state of things, I bled her to the amount of sixteen ounces, and administered one-third grain of sulphate of morphia. She was eased of the pain in the course of an hour, but vomited everything taken into the stomach. I ordered her to take very strong table tea in small quantities, and if the pains returned to call me at 8, P. M. At 12 o'clock, I was sent for, and on examining found the child had not moved in the least. The pains were now more pressing than at first, and the soreness had increased so much that I could not press upon the foetal head, in my renewed endeavors to correct the position, without causing the most excruciating pain. She continued in this condition without any material change of general symptoms or increase in force of pains until morning, when the whole surface became cold; pulse feeble and 130 in a minute; face haggard in expression; and from this time she gradually sank until 4, P. M., when she died.

On making an imperfect post-mortem examination, the child was found in the position above described; the whole of the placenta and major part of the uterus was in a state of mortification; the peritoneum was highly inflamed, as also one half of the surface of the child's body. The stench arising from the sphacelation of the parts was too disagreeable to admit of a more minute examination.

The principal peculiarity of the case was disclosed by the autopsy, viz.: that the uterus and placenta should be in a state of gangrene; the peritoneum and surface of the foetus so highly inflamed without producing greater effects during labor, and causing more marked symptoms of constitutional disturbance prior to death. The pains were, during the whole time, trifling compared with what we often find; and although there was more than usual soreness over the abdomen, it was not excessive until shortly before dissolution. This soreness had existed several days prior to

the commencement of labor, and no doubt inflammation had been set up before I saw the patient at all, and the child was dead when my first vaginal examination was made; for without such a state of things we cannot account for the *post-mortem* appearances. Dr. Parks (of this city) was in attendance during the last stage of this case with me, and assisted in the autopsy.—*St. Louis Medical and Surgical Journal*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 12, 1860.

NOTES ON NURSING.—The influence of all hygienic circumstances in connection with the sick is now universally admitted, and it would seem needless therefore to enter upon a subject about which much has been said, and the importance of which is generally acknowledged. But the interest which attaches to one who has become world-renowned by her devotion to the cause of the sick, is a sufficient excuse for briefly alluding to a work recently published by Florence Nightingale, entitled “Notes on Nursing.”

This book, which is pronounced of much value, and recommended to every medical and non-medical man who cares for the sick, relates to the hygiene of sickness, those parts of the management of the sick, as has been well said, too much neglected by the profession, and supposed to belong to the department of the patient himself, to the architect, or to the board of hospital directors. It contains little that is particularly new, but it is essentially practical, and being based on large experience, and written in a plain, earnest, and simple style, cannot fail to do a good and lasting service, by creating a new interest in what is of the first importance in the treatment of the sick.

We do not propose to notice at any length this instructive little book, as it has already been carefully reviewed on both sides of the water, and from the price at which it is sold may be in the hands of every one; but we cannot forbear paying a passing tribute to one whose life has been spent in the alleviation of the sufferings of the sick and afflicted, and we take the present opportunity to refer to her last and not least important work.

We learn from a brief biographical sketch, that this gifted woman was born in Florence, the birthplace of the great and honored of every age, and that from her earliest childhood she displayed a constant and active sympathy with the poor and destitute living in the vicinity of her home, being, as the writer expresses it, “never wearied with doing good.”

Considering the poor to be her especial care, and determined to devote her life to the cause in which she has been so eminently successful, she subsequently passed some time in a hospital at Kaiserwerth, on the Rhine, where she received that systematic training to which her success must be, in part at least, attributed.

The pamphlet before us, and it is little more, is the result of her study and observations, and contains a world of practical information,

invaluable not only to her own sex, to whom it is particularly addressed, each of whom, as she truly remarks, has, at one time or other of her life, charge of the personal health of somebody, but to every medical as well as non-medical man, not one of whom can fail to profit by its wise and simple teachings.

As before stated, little is presented that is really new. All may be reduced to a few well-understood rules, comprising the importance of fresh air, abundant light, and perfect cleanliness of body, not only to those in health, but to those who are prostrated by sickness, and consequently peculiarly in need of the influence of all these hygienic conditions. The various details comprising the modes by which these conditions may be best and most conveniently obtained, are dwelt upon somewhat at length, and these, together with some practical observations on the immediate management of the sick, make up one of the most readable as well as instructive books that we have seen.

Perhaps as important a chapter as any one, is that upon beds and bedding, and for the reason that less attention is generally paid to the comfort and health of the patient in this respect than in almost any other. The importance of keeping the sick bed free from all noxious emanations is particularly insisted upon. "If you consider that an adult in health exhales by the lungs and skin, in the twenty-four hours, three pints at least of moisture, loaded with organic matter ready to enter into putrefaction, that in sickness the quantity is often greatly increased and the quality more noxious, just ask yourself next, where does all this moisture go to? Chiefly into the bedding, because it cannot go anywhere else. And it stays there, because, except perhaps a weekly change of sheets, scarcely any other airing is attempted. A nurse will be careful to fidgetiness about airing the clean sheets from clean damp, but airing the dirty sheets from noxious damp will never even occur to her. Besides this, the most dangerous effluvia we know of are from the excreta of the sick—these are placed, at least temporarily, where they must throw their effluvia on to the under side of the bed, and the space under the bed is never aired; it cannot be, with our arrangements. Must not such a bed be always saturated, and be always the means of re-introducing into the system of the unfortunate patient who lies in it, that excrementitious matter, to eliminate which from the body nature had expressly appointed the disease?"

It is also recommended that the bed be low, that the patient may have the advantage of the current produced by the throat of the chimney; also, that it be in the lightest spot in the room, and where, when necessary, the patient may be able to see out of the window without effort. These are but a few of the suggestions which abound in this little book, more of which, had we the space, we would gladly give; but we must content ourselves with this brief notice.

We are sorry to find our authoress at fault in any respect, but we are impelled to the conviction, from one or two assertions, that she has not given the same attention to the study of chemistry that she has devoted to the subject which has made her preëminent; and when she says that sugar consists of pure carbon, we must beg to be allowed to differ from one whose authority on some other points we would not for a moment call in question. Nor are we quite prepared to admit that gelatine is entirely without nutritive power. But lest we lay ourselves open to the charge of cavilling, we will bring our re-

marks to a close. Florence Nightingale has done a good work, and by her example has won a name that will continue to shine with increasing brightness, and which reflects lasting honor on her country and her race. In calling to mind her deeds of self-denial and courage, let us not forget, however, that noble band of sisters whose lives are not less devoted to the service of the sick, but whose names will never be known to fame, and whose only reward in this world will be the consciousness of having passed a life in the exercise of the noblest faculties with which man is endowed.

**NEW ORLEANS SCHOOL OF MEDICINE.**—We have received the annual circular of the above institution, from which we learn that the regular course of lectures will commence on Thursday, the 15th of November next, and terminate in the latter part of March, 1861. It appears that this school was chartered in 1856, and has consequently been in operation about four years—during which period the progressive increase in the size of the classes has been quite remarkable. The institution has received a large appropriation from the State, and we are glad to see that much attention is given to clinical instruction, for which there are more than usual facilities. We heartily wish success to this and all other institutions whose aim and object are to confer upon their pupils a sound and thorough medical education.

**MORTALITY IN PROVIDENCE, R. I.**—From the City Registrar's Report, we learn that there were only 60 deaths in the city during the month of June, which number was six less than in the preceding month, and five less than in June, 1859. One fourth of the whole number of deaths was from consumption, which indicates not that this disease is more prevalent or fatal than usual, but that the deaths from other diseases are less than usual. Over 30 per cent. were under 5 years of age, and only 18.3 per cent. were from zymotic diseases. The health of the city is remarkably good at the present time; much better than during the preceding month of this year. There has been no smallpox in the city since the first of June.

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 7th, 1860.

#### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	45	43	88
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	40.2	37.0	77.2
Average corrected to increased population, . . . . .	..	..	88.1
Deaths of persons above 90, . . . . .	1	..	1

#### Mortality from Prevailing Diseases.

Consumption. . . . .	Chol. Infantum. . . . .	Scarlet Fever. . . . .	Pneumonia. . . . .	Measles. . . . .	Smallpox. . . . .
18	6	4	7	3	6

#### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.946	Highest point of Thermometer, . . . . .	83°
Highest point of Barometer, . . . . .	30.153	Lowest point of Thermometer, . . . . .	55°
Lowest point of Barometer, . . . . .	29.722	General direction of Wind, . . . . .	Northerly.
Mean Temperature, . . . . .	71° 6	Whole am't of Rain in the week . . . . .	0.31 in.

**BOOKS RECEIVED.**—Obscure Diseases of the Brain and Disorders of the Mind, &c. By Forbes Winslow, M.D., D.C.L. Oxon. (From the Publishers.)

**MARRIED.**—In this city, 5th inst., Jasper H. York, M.D., to Miss Mary E. Watts, both of Boston.

*Deaths in Boston* for the week ending Saturday noon, July 7th, 60. Males, 45—Females, 43.—Apoplexy, 2—disease of the brain, 1—inflammation of the brain, 1—cancer, 2—cholera infantum, 6—cholera morbus, 1—consumption, 18—convulsions, 4—infantile disease, 1—puerperal, 1—dropsy, 4—dropsy in the head, 4—drowned, 2—dysentery, 1—epilepsy, 1—bilious fever, 1—scarlet fever, 4—typhoid fever, 2—gastritis, 1—disease of the heart, 1—hæmorrhage, 1—congestion of the lungs, 2—disease of the lungs, 1—inflammation of the lungs, 7—marasmus, 2—measles, 3—peritonitis, 1—pleurisy, 2—premature birth, 1—rheumatism, 2—smallpox, 6—teething, 1—unknown, 1.

Under 5 years, 41—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 62—Ireland, 21—other places, 5.



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THE SPIRAL DIRECTION OF THE VESSELS OF THE UMBILICAL  
CORD IN THE HUMAN FŒTUS.

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

BY WILLIAM READ, M.D., FORMERLY ONE OF THE PHYSICIANS TO THE  
BOSTON LYING-IN HOSPITAL.

In a recent number of the *Edinburgh Medical Journal*,\* the writer proposes a most ingenious and plausible theory to account for the spiral direction of the vessels in the umbilical cord of the human fœtus. After a *resumé* of the anatomical peculiarities of the fœtal circulation, and the opinions held by different writers and investigators upon the subject, he proceeds to state his own theory "that the twist is dependent on the structure and distribution of the arterial system of the fœtus, and the action of the heart upon the fluid within its tubes."

Many explanations have been given by various writers as to the cause of this, but Mr. Simpson alludes to two only as worthy of notice—Velpeau and Schroeder Van Der Kolk: the former of whom attributes it to the rotary motion of the child in the liquor amnii, produced by the movements of its limbs; while the latter, on the contrary, considers that it is due to the greater pressure of the blood in the arteries than in the veins, causing it to turn to one side or the other according as they are placed to the right or left side of the umbilical vein in the umbilical ring. By Velpeau's theory, the direction of the twist is owing entirely to chance. By that of Van Der Kolk, while the force producing the twist is a constant one, and therefore not casual or accidental, the relative position of the vessels with respect to each other at the ring is entirely a matter of chance, and therefore, chance, even under his theory, must, after all, determine it equally as under Velpeau's theory.

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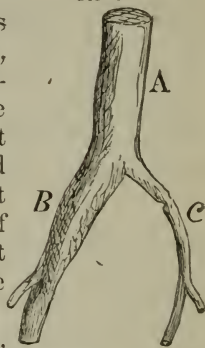
\* On the Cause of the Spiral Direction of the Umbilical Vessels, and the Convolutions of the Cord in the Human Fœtus. By John Simpson, Esq., F.R.S.C., L.R.C.P., Surgeon, Royal Naval Hospital, Haslar. *Edin. Med. Journal*, July, 1859, p. 22, *et seq.*

The evidence upon which Mr. Simpson relies to substantiate his position, is found in the marked difference between the right and left common iliaes, both as to the angle they form with the axis of the aorta, and their unequal capacity. In proof of this, he cites eleven preparations in the museums of the University and the College of Surgeons, Edinburgh, and one made by himself, in all of which the axis of the right iliac coincided more nearly with the axis of the aorta than that of the left, and its capacity was much greater. This anatomical peculiarity corresponds with what is found in the preparations in the Cabinet of the Medical College in this city, and in the specimen before me, taken from a full-grown, stillborn male. (Fig. 1.) In this last the inequality between the two is very great, the left iliac looking like "an insignificant branch," and affording but a slight antagonism to the current flowing through the right. The fact, therefore, of this irregularity, and consequently of the great preponderance of circulating fluid in one of the arteries, is not to be doubted.

In three of the specimens cited—Nos. 393, 394, and the one prepared by himself—the twist in the cord was to the left, or in the usual way. In one—No. 395—the spiral twist in the cord was to the right, and the arteries, on issuing from the ring, passed to the left, *below* the umbilical vein, to which arrangement the reversed twist, according to Mr. Simpson, was due. The reason for this result is given (*Edinburgh Medical Journal*, p. 29) in the following words :

"The current of blood in the two common iliac arteries is unequal ; the right, independently of its frequently larger calibre, will receive more force and energy from each pulsation of the foetal heart than the left, and this inequality will also be carried into their respective hypogastric branches. When the two hypogastric arteries, having the remains of the urachus between them, converge towards the umbilicus, each will tend to cross above the umbilical vein from its own side. But owing to the manner in which these vessels are surrounded by the sheath of the amnion, they would counterbalance each other ; but from the circumstance of their forces being unequal, the result will be that the weaker will give way, and the composition of their forces, instead of forming a line the diagonal of the two, will incline more or less in the direction of the stronger. The consequence of this will be, that the right or stronger current, in ordinary circumstances proceeding in the direction from below upwards on the right side of the umbilical vein, will pass over and round it in the direction of the usual umbilical twist, carrying with it also the left hypogastric artery. The cord being fixed at one end by its attachment to the placenta, cannot yield, by twisting, to the pulsating force conveyed through these arteries ; but the foetus, floating freely in a fluid of its own specific gravity, readily gives way to the recoil acting on its pelvis ; and from the position of the vessels at the umbilicus, the vein

FIG. 1.



A. Aorta.  
B. Right common iliac.  
C. Left common iliac.

will represent the pivot on which it will move, while the right artery, having the greatest power of recoil, will determine the direction of the rotary motion which ensues. Thus, supposing the placenta to be attached to the fundus of the uterus, and the fœtus floating with its face towards the placenta, then its rotary motion will be by its cephalic and pelvic ends passing in succession, with regard to the uterus, from right to left anteriorly, and from left to right posteriorly."

From this extract it will be seen that the cause assigned for the twist is altogether a mechanical one; its application must therefore be criticised upon mechanical grounds alone.

The first objection to this explanation is, that if there exists this constantly predonderating force on the right side of the pelvis, derived from the greater amount of blood coursing through the right iliac and hypogastric arteries, by every principle of mechanics its recoil would be in a direction opposite to the current of blood—*i. e.*, supposing the fœtus to be suspended in the water of the amnios, with its cephalic extremity next the observer, the head would pass from right to left, and the feet from left to right, and therefore when the right common iliac is the largest, the recoil being in the direction just stated, the twist would be from right to left, forming a right hand spiral, or what is called the reversed or unusual twist. And, indeed, with this in mind, it is difficult to perceive how the twist could ever occur in the direction it usually takes. And yet, against all this preponderating influence, the twists to the left outnumber those to the right in the proportion of five to one. Of 54 instances noted, 42 were twisted to the left, 8 to the right, 3 were not twisted at all, and one was twisted in both directions.

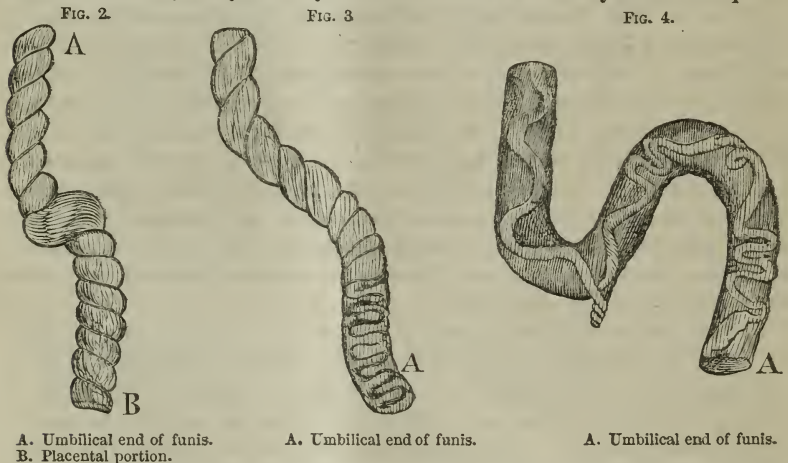
The second objection is, that if "from the circumstance of their forces being unequal, the result will be that the weaker will give way, and the composition of their forces, instead of forming a line the diagonal of the two, will incline more or less in the direction of the stronger" (see ante), in every case where the right iliac very much exceeds the left in capacity, and is nearer the axis of the aorta, the arteries ought to cross the umbilical vein *above* it. But in every case where the relative size of these arteries has been ascertained, the right is the largest; while the position of the arteries at the umbilical ring, with one single exception, is exactly the reverse of what Mr. Simpson's theory assumes that it ought to be.

The third objection is, that this explanation of Mr. Simpson will not in any way account for the occurrence of two opposite twists in the same cord, a fact noticed by Dr. Hunter, nor for that species of twist which is found for a few inches nearest the placenta, while all the rest of the cord is without any twist at all. In the specimen on the table may be seen a marked example of two opposite twists in the same cord, with the added complication of a knot between. (Fig. 2.) The direction of the spiral is to the

right from the umbilical end to the knot, and in the opposite direction—to the left—from that point to the placenta. The cord in this instance was twenty-eight inches in length.

I am indebted to Dr. C. E. Buckingham for a curious example of the other form of exceptional twist. In the case communicated by him, the umbilical portion of the cord was entirely free from twist. At the placental portion, for about twelve inches, the spiral formed by the vessels was strongly marked, and turned to the right. The case is also interesting, as it disproves the assertion made by various authors, and particularly Dr. R. Lee (*Lectures on Midwifery*, London, 1844, p. 120) that the "Spiral course of the umbilical arteries round the vein, and twisting of the whole cord, always commences and exists in the highest degree at the umbilicus of the embryo."

Besides the two exceptional twists already alluded to, there are other forms which the vessels of the cord assume, which are equally inexplicable by any theory like that advanced by Mr. Simpson.



One of these exhibits the vessels running across the cord (Fig. 3) like the threads of the filling in a bit of narrow ribbon, for instance, and in this way taking up three or four inches of its length next the umbilicus, before they start in their spiral course. Another arrangement (Fig. 4) shows the artery forming kinks at short intervals, alternating with the cross-bar arrangement already mentioned, throughout its whole length, with hardly a single turn of the vessels from the umbilicus to the placenta. Instances of both these have occurred under my own observation within a short time.

The length which the cord acquires early in pregnancy—earlier even than the date at which writers say that the twist begins to form—is also an objection to the assumption that the body of the fœtus floats so freely in the liquor amnii as to be readily influenced by the recoil of the blood in the vessels of its own system. We

sec, in the specimen on the table—an abortion of three and a half months—an instance of this. The length of the cord here is so great as to render it certain that, instead of being suspended in the water of the amnios, whatever may have been the position of the mother, whether erect or reclining, the fœtus must have rested on the walls of the uterus, sinking to its lowest point from the effect of its own weight.

In a specimen of an unruptured ovum of two months, in the possession of Dr. C. G. Putnam, of this city, is to be seen another proof of the validity of this objection. In this preparation the embryo is dimly visible through the semi-transparent walls of the sac, lying on the bottom, whatever way the sac is held, showing that the free, floating condition of the fœtus, assumed by Mr. Simpson, does not always exist.

And, finally, Mr. Simpson has himself furnished the best and most complete refutation of his own theory in the illustration he brings forward to prove it. He says:—

“There are several ways in which might be illustrated the recoil of a force acting as the pulsation of the fœtal heart does; and among them is one I may mention, a continental modification of what used to be called in this country a philosophical toy. It consists of a hollow piece of glass made into the shape of a devil or imp, with the usual appendages of horns and a tail. The latter is conveniently coiled round his body out of harm’s way, and being also hollow, forms a communication with the interior of the body of the imp. This is placed in a tall, wide-mouthed glass bottle, filled to the brim with water, and covered over with a membrane having some elasticity; and when pressure with the hand is applied above, the water is forced into the cavity of the imp, which, as the air within it is compressed, descends to the bottom of the bottle. If the pressure of the hand be removed quickly, the sudden expansion of the air within the imp expels the water through the hollow tail, and meeting the resistance of the surrounding fluid, causes a recoil upon the body of the imp, and produces a rotary motion in it in a direction opposed to that of the stream. By alternate pressure and relaxation of the hand, a series of jets can be produced from the tail, simulating the beats of the heart in the fœtus and illustrating its force in causing rotation.”

But in this illustration the recoil is supposed to be produced by the force of the fluid, acting to throw the body of the imp in a direction opposite to its current. And, indeed, it does so. Now applying this principle to the fœtus, the recoil of the body ought to be in a similar direction; *i. e.*, as the blood flows in a circular direction, from the branching of the aorta to the umbilical ring, the recoil ought to be in an opposite direction, and turn the body that way, in a direction exactly opposite to what is assumed in the first part of the paper, in which a left hand twist in the cord is attributed to the greater size of the right branch of the common iliac artery.

Whether, therefore, we take the facts and endeavor to make

his theory agree with them, or, *vice versa*, attempt to reconcile the theory with the data upon which it is based, the result in both cases will be a failure. Not only is it not a general fact that there is any correspondence between the twist and the particular enlargement of the iliacs, but it seems also probable that the position of the two arteries with reference to the umbilical vein as to their passing out of the ring above or below it, is the *result* of the twist rather than *its cause*. No matter what may have been the relative location of the three vessels when they converge to enter the ring from the pelvic side, a single revolution of the body of the fœtus from right to left, or the contrary, will bring them into the position they are found at birth.

Indeed, it is to be doubted whether Mr. Simpson's proposition "when the hypogastric arteries, having the remains of the urachus between them, converge towards the umbilicus, each will tend to cross above the umbilical vein from its own side," is sound. Supposing a perfectly free course to the current of blood, and no obstruction presenting either from the surroundings of these vessels, or by any contraction of their calibre, upon what principle of mechanics can it be predicted that they will not pass along side by side, with no twist at all, as we see in the specimen before us—an abortion of three and a half months, an age at least much greater than that at which the twist is assumed to begin, and which is set down as commencing from the tenth to the twelfth week.

#### SALIVARY CALCULUS.

BY H. B. BURNHAM, M.D., EPPING, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

J. H., aged 48 years, of spare habit and slender constitution, some fourteen years since was seized with a severe pain under the left side of his tongue. He applied to his family physician, who could give him no satisfactory information as to the cause or nature of his complaint; neither could he afford him any relief. He was induced to consult other physicians in his vicinity, and he did so with like results. In the mean time, a small tumor made its appearance on the under side of his tongue, near or at the seat of pain. He went to Boston and consulted the late Dr. —, who informed him that his disease was cancer, and gave him but little encouragement as to any permanent relief. He returned to his home, determined to abide the result of what he then supposed an incurable disease. From that time until about the first of February last, he has suffered paroxysms of severe and excruciating pain at different times. The tumor gradually increased in size, and the paroxysms of pain became more frequent, until it finally became inflamed, suppurated and burst, discharging a small quantity of pus and a calculus weighing fifteen grains, having the

general appearances of ordinary renal or biliary calculi. He has since been entirely free from pain.

NOTES UPON THE CAUSES OF THE DISTINCTION BETWEEN  
BRONCHITIS AND PNEUMONIA.

[Read before the Société de Biologie, Aug. 21st, 1858. By Dr. CHARLES ROBIN. (*Mem., Vol. V., 2d Series, pp. 93 et seq.*) Translated for the Boston Med. and Surg. Journal by Dr. C. F. CREHORE.]

DURING the ten years that I have taught the substance of the following remarks, I have vainly sought in the greater part of our classical and special treatises the necessary data to solve the question about to occupy me. A simple inspection of these works explains the cause of the deficiency—for it is easy to perceive that their authors have studied the results of the alterations occurring in the tissues without possessing any exact idea of the character and reciprocal relations of the elements normally composing those tissues. In the case of the lung, for example, they sum up its general structural characteristics by saying, that, when once the bronchi enter the substance of the lung, they rapidly lose their firmness in consequence of the disappearance of the cartilaginous rings, and, becoming at length entirely membranous, are lost in the pulmonary cells or vesicles, hence often called “bronchial terminations.” They further assert that a mucous membrane, constituting the essential portion of the respiratory organs, is continued in a uniform layer from the larynx to the extremities of the bronchi, and that this layer, somewhat thinned, exists alone in the pulmonary vesicle. According to some, the vesicles are separated from each other by the interposed cellular tissue—according to others they are in contact, and the dividing wall is homogeneous in its structure.

While, relying upon these statements, I considered the phenomena from this point of view, I was astonished not to see bronchitis invariably pass into pneumonia—especially that form of bronchitis known as capillary, in which symptoms of asphyxia are superadded to those of intensely acute bronchitis. (The asphyxia is caused by a change in the secretion of the bronchi, which becomes muco-purulent and very viscid.) Yet nothing can be more distinct than the pathological lesions, or the symptoms that characterize these two affections. It may be said that the general state of the patient, the nature of the cough, the signs derived from auscultation and percussion, and the character of the expectoration in the two diseases, have no resemblance. No two things can be more distinct than they, and nothing more certain than that they oftener appear simultaneously under the influence of a common cause, than that one passes into the other, either by the extension of the inflammation of the bronchi to the lung—or by propagation from the lungs to the bronchi.

The marked difference between them is, in fact, incomprehensible, and, in some sort, mysterious, when we consider the whole respiratory tract as lined with a continuous membrane from the larynx to the air vesicles or bronchial extremities.

But it is important to know that the anatomists, as well as the practitioners, have allowed themselves to be misled in this case by the too evident continuity of the canal of the bronchus with the cavity of the air-cell opening into it. This is not less erroneous than it would be to assert that the uriniferous tubules were continuations of the urethra, bladder, or ureters, which, as they arrived at the kidney, ramified into the tubules—their mucous membrane, thinned, alone persisting in these conduits. To admit such an hypothesis in regard to the bronchi without direct and careful observation of the tissue which limits them, is to commit an error analogous to that which considered the capillaries to have the same structure as the arteries and veins, on account of the continuity of their canals.

To settle this point, I shall re-state the following facts, which I have already, at different times, given to the public.

After a certain amount of subdivision, the bronchi (one and sometimes two millimetres— $\frac{3}{100}$ ,  $\frac{6}{100}$  inches—in diameter) have no longer the partial cartilaginous rings; they also cease to have transverse muscular fibres, elastic longitudinal fibres and a mucous membrane separable from the proper bronchial wall. They also lose their ciliated epithelial coat—in a word, they lose the characters of bronchi. These pulmonary canaliculi, which are continuous with the real, unmodified bronchi, and are wrongly termed ultimate bronchial ramifications, are further subdivided and terminate in rounded culs de sac, slightly enlarged at their base, and improperly called the bronchial or pulmonary *cells*. (At birth these measure 0.508 mm., and in the adult .1 mm.—.2 mm. in diameter.)

These canaliculi have nothing of the bronchial structure, but one of their own, characteristic of the pulmonary parenchyma. Their walls are composed of closely interwoven bundles of fibres of elastic tissue—of a laminated tissue of fibro-plastic elements, and of vessels. These last form on the internal face of the conduits (which present slight salient folds) a network different from that of the capillaries, ramifying upon the bronchi proper. This network is composed of large capillary vessels, so closely interwoven as to leave the free interspaces of less diameter than their own.

It is distributed over the tissue of the walls of the pulmonary conduits, although there is no mucous membrane separable from the elastic coat, and there is nothing between it and the cavity of the tubes but a layer of pavement epithelium with large nuclei, that commences at the points where the cylindrical or ciliated epithelium of the bronchi ceases.

Thus the pulmonary conduits, where hæmatisis is effected, have



a different structure from the bronchial tubes which bring the air to them. It is impossible to find in them a mucous membrane distinct and separable from the elastic parenchyma and laminated tissue in or upon which is distributed a capillary network—such as is seen in the bronchial tubes provided with cartilages, where there is a mucous membrane separable by dissection. This fact affords an easy explanation of the facility of absorption in the lung compared with that in other organs provided with a mucous membrane, and also of the easy rupture of the capillaries and escape of blood (or an injection) into the air-passages.

Thus there is as much difference in anatomical structure between the bronchus and lung as there is between the tissue of a secreting gland and its excretory duct, and the inference is unavoidable that diseases pertaining to one or the other of such distinct tissues should themselves be distinct.

But there is yet another important cause to account for the infrequency of the extension of bronchitis into pneumonia. In bronchitis that portion of the capillary system which is the seat of inflammation, belongs to the general or systemic circulation, and is supplied with red or arterial blood.

In pneumonia, on the contrary, the capillaries of the lesser circulation, in which the dark blood from the pulmonary arteries is aerated and which nourish the parenchyma of the lobules, are the seat of inflammatory action. It is at the expense of the dark blood that the morbid products of pneumonia are formed—as in hepatitis it is the blood of the portal circulation that furnishes materials for suppuration of the liver.

It is well known that the pulmonary arteries, although accompanying the bronchi in all their ramifications, give off no branches to them, nor to the interlobular spaces, and that they do not anastomose with the bronchial arteries. These last are not distributed beyond the point where the nuclei of the cartilages disappear (where the canal has a diameter of about a millimetre), and it is precisely at this point that the branches of the pulmonary arteries break up into capillaries between the contiguous walls of the pulmonary canaliculi, thence to ramify upon their internal surface beneath the layer of pavement epithelium, in a vascular net work of peculiar character—the type of which is preserved in the lesser circulation of all the vertebrates, as far as the fishes.

The bronchial arteries, on the contrary, beyond the bronchi, give off no branches except the vasa vasorum and those distributed to the interlobular laminated tissue, continuous with the pleura.

The preceding particulars of the organization of the lung, as compared with other organs, are of the first importance for the solution of the question to which this paper is devoted; but they equally well explain the causes which distinguish inflammation of the lung, in its nature and progress, from inflammation of other

organs, and also the modifications produced in pneumonia by the age of the patient—modifications more marked than any which occur in a single disease in other organs, and this, not only because, according to the age, the respiratory canaliculi offer marked differences of structure, but especially because inflammation is controlled in its nature and course by modifications of the circulation, and these are nowhere so striking as in the lesser circulation, which anatomically and physiologically unites the two hearts.

Besides differing in arrangement from the bronchial and other systemic capillaries, those of the lung have also a structural difference from them. They are in fact the largest in the economy, and the nuclei in their walls are smaller, more numerous and nearer together than in those of the systemic circulation. It is important to observe that the capillaries of the liver present the same peculiarities.

These facts are not without value, when it is remembered that inflammation is a morbid state of capillary circulation. Inflammation is, in fact, a complex phenomenon, but it principally affects the function of circulation, being especially a modification of it in the capillaries of the part or whole of one or more organs—or rather, it is a succession of phenomena occurring in the capillaries, and characterized by, first, a contraction of the minute arteries and veins of the part—the proper capillaries as yet taking a scarcely apparent, though real part in the phenomena; and, second, a repletion and dilatation of the true capillaries, with a slackening and oscillation of the circulation—characteristic of simple congestion. In some cases, this state of things may be followed by complete stasis, with great engorgement and distension of the capillaries, gradually extending to the minute arteries and veins. The capillaries in which the veins originate, ceasing to furnish them with blood, the current slackens and finally stops, and the veins are only supplied from the collateral circulation, and with a constantly decreasing force, so that the blood globules, not carried on as in the normal state, gradually accumulate. This is the cause of the sort of passive congestion and swelling, which extends in the inflamed organs beyond the portion of its capillary system, which is the seat of the essential phenomena of inflammation, i. e., beyond the portion of the organ that is really inflamed.

The study of inflammation demands a profound knowledge of the capillary system—as much in regard to the intimate structure of the vessels, as in regard to the disposition of their ramifications. And as these ramifications or meshes (“*réseaux*”) differ in the different tissues, being subordinate to the arrangement of the fundamental elements of the tissues, there result several important physiological peculiarities—among them the fact that inflammation, offering everywhere general or common phenomena, presents different peculiarities according to the tissue in which it occurs. To properly appreciate these differences necessitates the

study of the capillary structure of the organs. The process is not only not always identical, but the products—as pus—differ notably in the various tissues. Moreover, the difference of these products is much affected by the influence of the nutrition of the fundamental, anatomical elements upon the blastema, exuded during inflammation.

To the peculiarities offered by tissue, to which the systemic circulation is distributed, these must be added, in the case of the lung—the presence of a capillary system, receiving dark or venous blood, and belonging to a distinct circulation.

These remarks also apply in great part to the liver, inflammation of which presents many points of resemblance to the same trouble in the lung.

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#### DOMESTIC ARSENICAL POISONING.

THE Legislature has done its best to hinder poisoners from procuring or administering arsenic without arousing suspicion. The returns of the Registrar-General seem to show that the effect has been to change the character of crimes and suicides by inducing a resort to other poisons rather than to diminish their frequency. It must be said, too, that our manufacturers and tradesmen do their best to nullify the benevolent intentions of the Legislature, in protecting us from the criminal administration of arsenic, by substituting slow and ingenious processes of domestic poisoning, and introducing such a quantity of arsenic into articles of home use as may readily supply the fatal dose. The recorded cases of arsenical poisoning from the emanations of green paper-hangings are now sufficiently numerous to call for a strong expression of public opinion, and a general admonition as to the danger of such Borgian decorations. No process of poisoning can be more subtle, more gradual, or in time more certainly mortal, than that to which they give rise. Only acute and trained observation, guided by a concurrence of symptoms and circumstances, led to the first suspicion of their toxic influence by Dr. Halley, himself a sufferer. This observation, once made, has since been repeated with unpleasant frequency.

We recorded last week the most recent instance: it occurred under the observation of Dr. Ballenden, of Manchester. Three children were introduced into a sleeping chamber, newly papered with green hangings. Soon they pined unaccountably; they became emaciated; they grew restless and nervous; then occurred involuntary twitchings of the muscles of the face; and then, Dr. Ballenden's intelligence led him to look for the external cause of a series of symptoms otherwise inexplicable, and the children were removed in time from the arsenical atmosphere which they had been breathing. These symptoms, together with more or less

of smarting in the eyelids, ophthalmia, and subsequent gastro-enteric affections, have marked all the recorded cases. They are such as might be expected to result from arsenical poisoning. It is not altogether tranquillizing to reflect upon the consequences which may have followed the use of these hangings in times past, when the bed-room walls were not suspected of poison, and when children and grown people were not "removed in time." It is certain that papers thus tinted have long been used, and that the observation of their dangerous effects dates not a score of months back. The narrowest scope of governmental duty is to provide for the "security of the subject." It may be, then, that here is some ground for interference.

A man may really now-a-days be surrounded with arsenical preparations unawares. There he sits, unconscious in his library, on a summer day, his walls coated with arsenic, a suspicious green dust on his books, and arsenical particles floating in the air, filling his air-passages, inflaming his eyes, disturbing his digestion, and preparing him for dismal and racking pains. He lights a green taper to seal a letter, and as he blows it out he perceives a strong odor, as of onions. The peculiar alliaceous odor is characteristic of arsenic. This Mr. Barnes will explain for him, by the statement that the green color, in every taper which he examined, was produced by the ubiquitous arsenite of copper. Scheele's green, arsenite of copper, begins to be one of the nightmares of our existence. This deadly poison, arsenic, possesses the fatal gift of beauty in its combinations. So it happens that in one form or another it haunts us in our walls, in our paper and paints; it fills the air, and at times gets into our food, poisons our bread, or mayhap, as orpiment, adds a fatal charm to our "Bath buns." A parcel of sweetmeats has this week been forwarded to us by Dr. Bramwell, of Nottingham, which has produced all the symptoms of irritant poisoning in a family of children there. These insidious "lumps of delight" are colored beautifully green in the centre with arsenite of copper, and have a bright-yellow rind pregnant with chromate of lead. Green is the color which we have especially associated with the innocent beauties of nature, and have most delighted to reproduce in our surroundings. In time we shall be stripped of this illusion also. Nothing is innocent now in this world. We must give up these notions worthy of Utopia, and belonging only to Paradise. We must learn to see Scheele's arsenite in all the virid decorations of our rooms, as Adam was fated to see the serpent hidden beneath the leafy cover of the tree of knowledge.

But color is no safeguard. For on the table of this unhappy man—arsenic haunted—lies a brown fly-paper, perhaps a *papier moure*. The spectacle of the sacrifice of a hecatomb of flies is particularly attractive to a child standing near; and as the fly-paper is very pleasantly flavored with a sweet-and-bitter essence, child nature will be sorely tempted to suck the said paper. Let

parents and guardians be warned that each of these fly papers contains an average of 5.3 grains of arsenious acid. Now this is a quantity which is amply sufficient to poison a whole family. It was thought at first that the toxicological list had been, as it were, ransacked for the purpose of completing these poison-traps, and that for the bitter flavor they were indebted to strychnine; but Dr. Brett reports that they are apparently flavored, or rather baited, with quassine and sugar. The sale of these fly-papers amounts, in one sense, to nothing else than the unrestricted sale of arsenic, which the Legislature have sought to forbid. Very little ingenuity is needed to remove the arsenic from the papers; and although we are not disposed to detail the means, yet it were dangerous affectation to speak with baited breath of this source of possible danger.

On the other hand, there are some alleged sources of the unperceived ingestion of arsenic which we believe to have been suggested inaccurately, or without sufficient general grounds. Thus it was said that trisnitrate of bismuth, so much used externally as pearl-powder (*blanc de Venus*), and internally in intestinal and dyspeptic affections, is frequently admixed with a deleterious proportion of arsenic. There is great reason to mistrust such statements. Dr. Edwards, of Liverpool, observes that if the trisnitrate of bismuth be manufactured from the crystalline nitrate there would never be any danger from an artificial admixture of bismuth. He does not believe that arsenic exists in the salts of bismuth to nearly the extent stated, as he has made careful analysis of several specimens, and not found a trace of arsenic. Reports of an exaggerated nature have also been circulated to the effect that arsenic has been found in various salts and tissues, and that the arsenious acid had been absorbed by plants, and subsequently incorporated with the tissues of animals which have fed upon them. All this is mythical. The supposed origin of the arsenic is the sulphuric acid now largely used in the preparation of bones for manure. These are scientific *canards*, of which we would desire to arrest the circulation. But the public and the profession cannot be too much on their guard against those sources of arsenical emanation which experience and judgment have shown to be fraught with danger.—*London Lancet*.

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TRANSPLANTATION OF THE DURA MATER AS A MEANS OF  
DETERMINING ITS PERIOSTEAL CHARACTER.

BY M. OLLIER.

THIS paper forms a kind of complement to those we have already noticed as having been read to the Academy of Sciences upon the transplantation of periosteum. While some experimental results, M. Ollier observes, have led a certain number of physiologists to

regard the dura mater as a periosteum, clinical observations have not induced surgeons to place much confidence in this membrane for the reparation of osseous parts, which have been removed, whether accidentally or by the trepan. His experimental resections of the cranium have led the author to believe, with several observers, that there are three sources of reparation to the osseous substance—the dura mater, the diploe, and the pericranium. But in consequence of the various difficulties produced by the conformation of the region and the proximity of the encephalic organs, this mode of procedure has not furnished results precise enough to supply a clear and definitive solution. He, therefore, has had recourse to the mode of experimenting which had furnished so peremptory a proof in favor of the theory of the formation of bone by the periosteum, viz., the transplantation of the dura mater to various regions of the body of an animal of the same species. Strips of this membrane, grafted under the skin, in various regions, have given rise to perfectly-constituted bone, possessed of all the anatomical characters of normal osseous substance; and by virtue of this fact we are authorized in regarding the dura mater, not only as a protective envelope for the brain, but as contributing directly to the ossification of the cranium. This property of the dura mater does not continue in the same degree in all ages, diminishing rapidly in proportion as growth is accomplished. Very well-marked at the commencement of life, it has become much less apparent by the time the skeleton has reached its complete development, and is exhibited in a still less degree when adult age is reached. When transplantation of a fragment of the dura mater is accomplished in the adult rabbit, only numerous and independent osseous granulations are produced on its surface. This influence of age explains to us why the facts observed in a man appear so often contradictory, and why surgeons usually only obtain incomplete reparation after trephining. All portions of the dura mater do not possess the property in a like degree, it being only the external surface of the membrane that does so—the fibrous folds not in contact with bone not being susceptible of ossification on transplantation. The greater proportion of these fibrous tissues at the base of the cranium, added to the difficulty of detaching the dura mater there without tearing it, explains why we obtain, in general, a more abundant ossification with strips taken from the convexity, than with the fragments of the same size detached from the bone.—*Comptes Rendus*, Tome xlix., p. 206.

**Bibliographical Notices.**

*Rational Medicine: its Position and Prospects. An Oration delivered before the Members of the Hunterian Society, on the 15th February, 1860.* By STEPHEN H. WARD, M.D., Lond., M.R.C.P., &c. London: John Churchill. 1860.

*Currents and Counter-Currents in Medical Science. An Address delivered before the Massachusetts Medical Society, at the Annual Meeting, May 30, 1860.* By OLIVER WENDELL HOLMES, M.D. Boston: Ticknor & Fields. 1860.

THE little work of Sir John Forbes, Dr. Bennet's Clinical Medicine, and this oration by Dr. Ward, are evidences of the existence of habits of thought and practice among some members of the profession in England, which have as yet found scarcely any utterance in systematic works, and are but faintly reflected even by the periodical press.

"Rational medicine," says Dr. Ward, "is that which has its foundations laid in a recognition of Nature's resources in disease as well as in health; which feels that its object is science, not mystery; \* \* \* \* \* which holds hypotheses upon uncertain tenure, ready to relinquish them as fresh compelling facts flow in; and which, eminently eclectic, avails itself of what is good in all systems, and yet is slave to none." In speaking of the modern advance of the science of medicine, he considers at some length the advantages which have been derived from new means and instruments of investigation, and fully recognizes the aid afforded by the microscope, the stethoscope, and chemical research. But he warningly adds, "the very instruments, by which advancement has been mainly effected, contain within themselves the elements of abuse. We are too ready, our younger and less experienced brethren especially, to exchange the old and tried for the more fascinating new lamps, to be [more] attracted by that which is tangible, which speaks directly and speciously to the mind, and through the exercise of the special faculties of sight, hearing, and touch, conveys the present sense of power, than by the larger contemplation of complex phenomena, and the postponed conclusions it entails." He might have added that some of the most important discoveries of late years have been made, without the aid of these special agents, by men who patiently observed and collated the larger phenomena of the bedside and the dissecting-table. The facts and appearances, which led to the recognition of "Bright's disease" and of "Addison's disease," might have been observed by the physicians of the last century as well as by those of to-day.

The most interesting part of the address is that which relates to the powers of medicine in dealing with disease. Quoting Lord Bacon's damaging remark that the science of medicine has always moved in a circle, he adds: "To the science of medicine this observation has long ceased to be applicable, but as respects the art, the labor has truly ever been in a circle, the alternating links of which have been disease and drugs. From time immemorial, the professors of the healing art, with one or two exceptions, seem to have known nothing of the course and termination of diseases, save in connection with, and as modified by, special therapeutical agents. Nearly all their reasonings upon the action of medicines have, in consequence, been

relative, based upon comparison of one method of treatment with another; they seem never to have thought of taking as the basis of their reasoning, the curative resources of Nature herself, as ascertained by study of the natural course of disease." "A conviction of the large powers of Nature, and the comparatively limited powers of art, in the cure of diseases, is, I am satisfied, daily gaining ground." The uncertainty of our art, and also the whole system of polypharmacy, are traced to ignorance of the natural history of disease. Opportunities for continued and recorded observations of the natural course of diseases are found in our hospitals, and the profession has a claim to look for them at the hands of gentlemen connected with such institutions.

In justification of these views, a brief summary is given of the results from treating several diseases at the Dreadnought Hospital without any special medication. Cases of typhoid fever, which were allowed to run a course uninfluenced by drugs, did better than those in which it had been thought necessary to restrain diarrhœa in the early stages, to relieve constipation (which he regards as to some extent the rule) during convalescence, or to resort to stimulants from the beginning of the attack. Many cases of severe chronic or subacute dysentery have shown that the unaided powers of the system are frequently equal to the repair of the most formidable dysenteric lesions under favorable conditions as regards rest, temperature and diet. The last seven cases of acute sthenic pneumonia which had come under his care had done perfectly well, though no drug whatever was administered, and neither leeching nor counter-irritation were employed.

It is not to be inferred that Dr. Ward has no faith whatever in medicine. He mentions particularly his failure in attempting to treat ague without quinine. Though he regards the action of mercury as prejudicial in many of the diseases for which it is usually given, such as pericarditis, peritonitis, &c., and though Dr. H. W. Williams has shown that it is not necessary to the successful treatment even of iritis, he considers its cautious and protracted administration of great service in many forms of disease, and speaks particularly of cases of dysentery which "have gone on uninfluenced, alike under no special treatment, as under the usual astringent remedies, but in which healthy curative action succeeded" to such administration of mercury. "The action of iodide of potassium in tertiary syphilis appears not less certain; nor is that of iron in anæmia, or of cod-liver oil in strumous affections." "There can be no doubt of the great temporary relief given by certain drugs in various forms of dropsy, \* \* \* \* nor that there are many cases which modified hygienic arrangements will not meet, without the rational co-operation of special medicine."

He denies that the statement of such views indicates an indifference to the importance of the art of medicine, or in any way lends support to quackery; but we have no space for further quotation, and can only commend the oration to the attention of those of our readers into whose hands it may come. Exaggeration of statement is so apt to characterize the professors of a new faith, that we have been especially pleased with this address, because of its freedom from this fault.

That opinions similar to those here advanced are becoming prevalent in England, we have Dr. Ward's direct testimony, and the time may arrive when such works as we mentioned above will be spoken of as causes of a change in medical practice. They are, perhaps, more properly the indicators of such a change; the exponents of views which



have been for some time forming in the minds of the more thoughtful and philosophical of the profession; it is one medical practitioner saying to the whole profession what many of the profession have been for some time saying to themselves.

Dr. Holmes's Address before our State Society is another production of the school of "rational medicine," and may certainly claim the merit of fearlessness in its avowal of opinion. That such a work would contain much originality and depth of thought, arrayed in a most attractive garb, was to be expected from the reputation of the writer, and the expectation has not been disappointed. Every page sparkles with epigrammatic brilliancy. As the address is already in the hands of many of our readers, no abstract is needed here. We have been especially struck with the passages in which are pointed out "the coincidences between certain great political and intellectual periods and the appearance of illustrious medical reformers and teachers"; with that in which are depicted the prevailing "tendencies of the American medical mind"; and that in which the "fallacy of the universal-degeneration theory, as applied to American life," is incidentally pointed out.

These, however, are apart from the main purpose of the address, which is a consideration of the comparative powers of Nature and of art in shaping the course and affecting the termination of disease. Dr. Holmes advocates reliance upon the natural powers of the system, and his remarks will, without doubt, draw fresh attention to this important question.

It is difficult to discriminate accurately, in the address, between the opinions themselves and the brilliant intellectual effort with which they were advanced. Though we concur in much of what the writer says, we cannot follow him to the extremity of some of his views. It seems not unlikely that he has, as he himself almost allows, "strained the truth a hair's breadth," though hardly probable that *he* has been compelled to this "for the sake of an epigram or an antithesis."

The proposed submersion of the larger portion of the *materia medica*, while it leaves us (through the modern convenience of classing some of its indispensable articles as food) in possession of the necessary and reliable part, would deprive us of some agents of much benefit in the treatment of disease, even though they be not really necessary for its cure.

We question if Dr. Holmes has graver doubts of the efficacy of medication than the majority of his brethren (we speak more especially of the profession in this city), but one would gather from his address that there was no longer any doubt whatever in the matter. May it not be said in this, as in most controverted medical questions, that the truth is not yet sufficiently evident to admit of unreserved statement? The cause is still *sub judice*. Many men are toiling patiently and conscientiously, day by day, in the hope of working out some partial solution. We make room for one extract: "\*\*\*\*after all which has been said, the community is still overdosed. The best proof of it is, that no families take so little medicine as those of doctors, except those of apothecaries, and that old practitioners are more sparing of active medicine than younger ones. The conclusion from these facts is one which the least promising of Dr. Howe's pupils in the mental department could hardly help drawing." We submit that the orator has unconsciously offered to his audience of active practition-

ers, who are the agents in this overdosing, the painful alternative of admitting that their daily practice is directly opposed to the dictates of their judgments and consciences, or of classing themselves below the most defective minds of an idiot school.

Any questionable points at which we have hinted should not blind us to the great merit of the address: its admirable analysis and philosophical discussion of the uncertainty of the art of medicine. The question is probed to the bottom; the errors into which we fall are pointed out, and the causes of our uncertainty are brought vividly into light. We hope it will be widely read both by the profession and the general public.

The general similarity of the views advocated in these addresses, delivered at nearly the same time on the two sides of the Atlantic, is our reason for commenting upon them together, and their importance must be our excuse for the length to which this notice has extended.

R. W.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 19, 1860.

THE subject embraced in our leading article to-day, has not so much practical bearing as many others in the department to which it belongs. It is interesting, however, from the fact that it attempts to refute one of those statements, of which there are so many, founded upon loose observation, and incorporated in medical literature before sufficient time has been allowed to verify or disprove them.

FISKE FUND.—It gives us great pleasure to publish the success of Drs. MORLAND and SLADE in connection with the Fiske Fund Prize, the announcement of which will be found below. As they have already been several times successful at home, where the competition is limited to a narrow circle, it is most gratifying to see the same result in a contest which is open to the world.

At the Annual Meeting of the Rhode Island Medical Society, at Newport, July 11, 1860, the Trustees of the Fiske Fund announced that two premiums of \$100 each had been awarded—one to a dissertation on Diphtheria, by Dr. DANIEL D. SLADE, of Boston, Mass., and one to a dissertation on Uræmia and its Morbid Effects, by Dr. WILLIAM W. MORLAND, of Boston. Other essays of unusual merit had been received by the Trustees. One on the first subject, bearing the motto:—

*“Pallida Mors æquo pulsat pede  
Pauperum tabernas,  
Regumque turres,”*

was particularly noticed as entitled to honorable mention and worthy of publication. One on the second subject, with the motto, *“Il est toujours téméraire d'attaquer des expériences par des raisonnemens,”* was also mentioned as containing the records of original experiments which would be interesting to the profession.

—The following subjects were announced for 1861:—

1. Aneurism : its varieties and their appropriate treatment.
2. Ozone : its relations to health and disease.

For the best dissertation on either subject, the Trustees offer a premium of one hundred dollars. Dissertations should be sent, free of expense, to Dr. S. A. Arnold, Secretary of the Fiske Fund Trustees, Providence, R. I., on or before May 1, 1861. Each should be marked by some motto, and accompanied by a sealed packet containing the same motto on the outside, and the writer's name and residence within. Packets accompanying unsuccessful dissertations will be destroyed unopened. The award will be announced at the Annual Meeting of the Rhode Island Medical Society, to be held in June, 1861.

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RHODE ISLAND MEDICAL SOCIETY.—At the Annual Meeting of this Society, lately held at Newport, the following officers were chosen:—*President*, Dr. Charles W. Parsons, Providence. *1st Vice President*, Dr. Henry E. Turner, Newport. *2d Vice President*, Dr. Jarvis J. Smith, Chepachet. *Recording Secretary*, Dr. Edward A. Crane, Providence. *Corresponding Secretary*, Dr. Geo. P. Baker, Providence. *Treasurer*, Dr. Geo. L. Catlin, Providence. *Censors*, Drs. David King, Newport; Otis Bullock, Warren; Geo. L. Collins, Providence; J. H. Eldridge, East Greenwich; Wm. G. Shaw, Wickford; Sylvanus Clapp, Pawtucket; J. W. C. Ely, Providence; Chas. H. Fisher, Scituate. *Orator for next Annual Meeting*, Dr. Edward A. Crane, Providence; *Substitute*, Dr. Edwin M. Snow, Providence.

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THE VACCINATION OF INDIANS.—We learn from the *National Intelligencer* that one of the Senate's amendments to the Indian Appropriation bill provides, to a limited extent, for the continuation of vaccination among the Indians, recently suspended in consequence of the appropriation having run out. This horrible disease has carried off thousands of the "red men of the forest." By reference to the reports of the office of Indian Affairs for the year 1837-8, we learn that the smallpox swept away whole tribes of these unfortunate people, and that of the Sioux alone 17,200 died of the disease. More recently, in the year 1853, nearly 12,000 of the confederated bands of the Sioux and Omahas died with the same terrible malady. In 1857, four hundred of the Pawnees died from its effects.

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THE Board of Medical Officers will assemble at Baltimore on the 20th of September, for the examination of assistant surgeons for promotion, or of such candidates for appointment for the medical staff of the Army as may be invited to present themselves. There are now three vacancies in the grade of Assistant Surgeons.

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CATARACT IN DIABETES.—It would appear from an article by M. Graefe, in the *Deutsche Klinik*, that this surgeon thinks diabetes very frequently the cause of cataract. He examined very carefully, during a journey, a great number of diabetic patients under treatment at different hospitals, and noticed that about one fourth of these patients were affected with cataract. This proportion, M. Graefe states, has also been noted by a great many physicians who have had diabetic patients under their care. It has likewise been observed that both young and

old subjects, laboring under diabetes, suffer from cataract, so that the supposition of mere coincidence cannot be entertained. With the young, the soft cataract has been mostly noticed. M. Graefe extracted three times by the linear incision, with favorable results.

**CUTANEOUS ERUPTIONS FOLLOWING THE USE OF IODINE.**—Dr. Fischer, of Vienna, has published, in the *Med. Wochenschrift*, an able paper, wherein he shows that the continued use of iodine may give rise to eruptions, which assume different forms. He has, in the numerous cases which have presented these eruptions, noticed the four following forms:—1st, the erythematous; 2dly, the papular; 3dly, the nodulo-pustular; and 4thly, the eczematous. The author does not venture to account for these peculiar effects of the alkaline salts of iodine, nor has he come to a fixed opinion as to the doses which may produce them. It is, however, important that the facts should be given proper publicity, as iodine eruptions might be attributed to other causes.

Dr. S. D. GROSS has been elected President of the Philadelphia Hospital.—Dr. Daniel Ayres, one of the Surgeons of the Long Island College Hospital of Brooklyn, has been elected corresponding member of the Obstetrical Society of Berlin.—A second medical school has been chartered in Brooklyn, N. Y.—Diphtheria is prevailing in Homer, Cortland Co., N. Y.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 14th, 1860.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	42	31	73
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	36.3	32.6	68.9
Average corrected to increased population, . . . . .	..	..	78.6
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Infantum.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.	Dysentery.
11	6	4	2	3	1	2

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer, . . . . .	29.936	Highest point of Thermometer, . . . . .	82°
Highest point of Barometer, . . . . .	30.132	Lowest point of Thermometer, . . . . .	50°
Lowest point of Barometer, . . . . .	29.728	General direction of Wind, . . . . .	Westerly.
Mean Temperature, . . . . .	65.8	Whole amt of Rain in the week . . . . .	1.615 in.

TO CORRESPONDENTS.—We find it necessary again to remind correspondents that anonymous communications are not only considered inadmissible, but will be at once destroyed.

We have been requested to announce to the members of the Massachusetts Medical Society, that the annual "Communications" were mailed from this office on Saturday last.

ERRATUM.—Page 478, 14th line from top, for "the umbilical vein opened," read *the umbilical vein entered*.

COMMUNICATIONS RECEIVED.—Case of Retention of Urine from Stricture.

BOOKS RECEIVED.—An Inaugural Thesis on the Disorder known as Bronzed Skin, or Disease of the Supra-Renal Capsules. By E. B. Dalton, M.D. (From the Author.)—Application of the Button Suture to the Treatment of Varicose Veins. By N. Bozeman, M.D., New Orleans.—Anniversary Oration before the South Carolina Medical Association. By J. D. Bruns, M.D., Charleston, S. C.

Deaths in Boston for the week ending Saturday noon, July 14th, 73. Males, 42—Females, 31.—Abortion, 1—Inflammation of the bowels, 1—Congestion of the brain, 1—Cancer, 2—Cholera infantum, 6—Cholera morbus, 1—Consumption, 11—Convulsions, 2—Dropsy, 3—Dropsy in the head, 3—Dysentery, 2—Epilepsy, 1—Fracture of the skull, 1—Scarlet fever, 4—Disease of the heart, 2—Intemperance, 2—Disease of the liver, 2—Disease of the lungs, 1—Inflammation of the lungs, 2—Marasmus, 1—Measles, 3—Necrosis (scirrhous), 1—Old age, 1—Palsy, 1—Peritonitis, 1—Premature birth, 4—Scrofula, 1—Scirrhus (of uterus), 1—Disease of the stomach, 1—Smallpox, 1—Suicide, 1—Suffocation, 1—Tubercles mesentericæ, 2—Trismus nascentium, 1—Unknown, 4.

Under 5 years, 36—between 5 and 20 years, 3—between 20 and 40 years, 19—between 40 and 60 years, 10—above 60 years, 5. Born in the United States, 53—Ireland, 18—other places, 2.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXII.

THURSDAY, JULY 26, 1860.

No. 26.

CASES FROM MY NOTE-BOOK.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

CAULIFLOWER EXCRESCENCE.

SOME time since, a case of this disease was published in the JOURNAL, with the result of the operation performed by me. The operation succeeded, inasmuch as the disease did not reappear. Mrs. — was a music teacher, giving lessons in town and country, and prosecuting her business by rail and by walking, continuing it for several months. At length, deep-seated pain attacked the right hip. It rapidly increased, with great swelling of the whole hip. The thigh and leg were soon involved in the disease, swelling enormously, and attended by pain I scarcely have seen equalled. Mrs. — was of strong will, and very rarely gave utterance to her agony. She died, and examination showed extensive and destructive disease of the ilium, by which it was perforated, and the soft parts upon the dorsum, and fossa of the bone, were deeply involved in the disease. The confusion of the parts was so complete that they could not be distinguished.

CASE II.—Mrs. —, aged about 40, was first seen by me (in consultation) in December, 1859. She had been unwell for several months, the symptoms of her disease being hæmorrhages, severest during the catamenia; and in their intervals, large watery discharges. There was no pain. Examination discovered a tumor surrounding the os uteri, not large, and insensible. It was without pedicle, springing directly from the os. Much hæmorrhage accompanied and followed the examination, which was made by speculum and finger. The flow was stopped by plugging.

Mrs. — was asked concerning the diseases of her family. Her mother died of a disease of the heart. The treatment consisted of astringents, applied directly to the tumor. Among them was the perchloride of iron, which was very effectual. There was

one effect from it which troubled her. It destroyed the *diseased* surface with which it came in contact. This rapidly decomposed, producing a most offensive smell, and quite its own, in character, and making the whole condition of the patient as uncomfortable as it well could be. Anæmia was strongly declared when I first saw her. And to remedy this, the tincture of the mur. fer. was taken, and with much benefit. The strength returned, hæmorrhage and watery flow diminished, and Mrs. — left her bed, and walked about her room and house.

The tumor grew, and rapidly; assuming an irregular, conical form, and at length nearly filling the vagina. Its base was at top, and this came at last to occupy the whole of the *cul de sac*. Hæmorrhage gradually diminished, and color came to the lips. The pulse got tone and fulness, and notwithstanding the watery discharge which continued, the general condition was clearly improved. Some weeks having passed without any flow—the catamenia having missed a period without disturbance—it was agreed to remove the tumor by ligature. Upon careful examination, the base was found to be of the size of the wrist—the mass in places alternately soft and hard, and still irregular in outline. The operation was done the middle of June. Upon drawing the ligature, it was found to cut into the mass very readily and *without pain*, until a certain point was reached, when so much pain was felt that the ligature was secured. There was no hæmorrhage, nor did any occur from that moment. Some watery flow was noticed for a few days, when that ceased entirely. The ligature was drawn daily, and as far as borne. Pain came from the drag upon the *womb*. There was a remarkable difference between this patient, and that alluded to above, as while the first begged us to draw without regard to her suffering, the latter emphatically called upon us to stop as soon as pain was felt. At length, about the twentieth day from the application of the ligature, there was no farther rendering of it, though pain continued to be felt. Upon examination, the tumor was no longer to be found. It was gone, but a shred of the tumor remained in the loop of the canula. The instrument was now twisted round slowly, and came away, bringing with it a bit of the tumor, perfectly fresh, and about the size of a small very flat almond. Examination discovered the os uteri smooth, soft, with some irregularity of outline, in one spot, but whether from remains of the tumor it was not easy to decide. One fact is of special interest—the almost total absence of odor, which is so noticeable, so intolerable when a polypus has been strangulated. There was some slightly colored discharge which was offensive from the perchloride, without the characteristics of decomposition. And now, what had become of the large outgrowth which had filled the cavity of the pelvis? I do not know. And who knows what becomes of it (so large and so hard as for months, nay, years, as it has been) when death happens from the disease? Most careful post-mortuary examinations show

only a small, loose, shreddy mass—the trifling *débris* of what before death was so large, and from which such wasting discharges have proceeded. It will be recollected that the deep cutting into the tumor by the ligature produced no hæmorrhage.

#### RETROFLEXIO UTERI, WITH PREGNANCY.

CASE III.—I was desired to see Mrs. —, newly married, on account of obstruction of the vagina, allowing only the slightest intercourse. The os uteri was found within a short inch of the os externum, exactly central, and not rising when such pressure upwards as was thought safe, and which was very painful, was made. The cervix seemed, and was, unusually long. In the hollow of the sacrum was the body of the womb—its anterior face, its fundus, being strongly pressed up, on or against the sacrum.

It was learned that there had been no dysmenorrhœa, nor deficiency in the monthly flow, nor leucorrhœa. Pain was in the lower part of the back, especially after much exercise, with sense of weariness—constipation, with straining; and bleeding accompanied defæcation. There had been no dysuria, for the os and cervix did not touch the urethra—these hanging, as it were, just in the perpendicular of the vagina. Palpitation, with very distressing dyspnœa, and accompanying headache, had long been experienced, and especially on ascending stairs, and other heights, or after much exercise. The heart troubles had produced distress and anxiety, as Mrs. —'s father had died of diseased heart. Very thorough and frequent examination of the heart by her former medical attendant—and he, one of the foremost of his profession—had discovered no organic cardiac disease, but a case of “nervous heart” only, so well described by Hope and others. Chalybeates, Blaneard's pills, &c. &c., had been fully employed, but with little relief. Her general appearance was healthful. The hands and feet were, for the most part, cold. For the hysteric condition of Mrs. —, I prescribed the mixture of carbonate of ammonia and camphor water, so strongly recommended by Robertson, of Manchester, Eng., with whom I had the great pleasure to be a guest when last in England, and who gave me his excellent work, entitled “Physiology and Diseases of Women, and Midwifery”—published in 1851, and which I am surprised has not been reprinted in America.

I attempted to reduce the womb in this case. After a few attempts, made after intervals of a few days, I succeeded. But, as most frequently happens, retroflexion would return. There was, however, decided relief in the back, and the bowels were easily moved—an orange or two eaten before breakfast being the only *medicine* taken. A catamenial period was missed; then another. I inquired for the signs of pregnancy; but none were forthcoming. A third period failed. The breasts were examined, and strongly-marked areolæ and very enlarged follicles were apparent, and enlargement of the breasts as declared by Mrs. —; and an important question

was settled. But a very important change had occurred in the womb. The fundus had risen, and about the close of the third month it was at the brim of the pelvis, the os uteri looking strongly towards the hollow of the sacrum. Along with this change in the place of the womb, quite important changes have occurred in the general state of the former patient. There have been no paroxysms of heart disease, and this notwithstanding apparently sufficient cause of such disturbance—such, for instance, as running to reach a car about to move, long walks, &c.

This is the first case of retroflexion complicated with pregnancy, and unaccompanied with dysmenorrhœa, which I have met with. Dysmenorrhœa has been an almost constant attendant on this not uncommon uterine dislocation. May it not have been congenital? Mrs. — is under 20, and has been more or less an invalid for years. May not this general disturbance, *malaise*, have been the result of the retroflexion? The persistence of this dislocation has been referred to. I remember a young woman, who died of a disease now forgotten, in whom retroflexion existed in a remarkable degree—the angle made by the contact of the body with the cervix uteri, was as sharp as it well could be. I removed the womb, and for many years showed it to my midwifery classes. I would make the womb perfectly straight, and hold it so. As soon as the force which did this was removed, it sprung to as suddenly and as closely as if by a strong spring. With how much more force would this happen in the living womb?

In examining cases of obscure disease in the female, even where the uterine system seems but slightly disturbed, is it not our duty to ascertain by actual examination what is the state of the womb? If, as Hippocrates says, a woman is only one because of the womb, is it not very important that in all chronic, especially obscure diseases, we should learn what is the condition of that organ which makes her just what she is?

CASE IV.—J. D., aged 50, was exposed to rain and cold June 19th, 1860. He got wet and chilled, and, on Wednesday, was not well; was seen by his physician, and again on Thursday. I was asked to meet my friend, Dr. Dale, on Friday, in consultation. The following was his state: Countenance sunken; lies on his back, legs strongly flexed; cannot move, for pain; spits up constantly a brown-colored watery fluid, which rises in the mouth, without vomiting effort; surface irregularly hot and cool, moist and dry; tongue moist and clean, a common condition when kept wet by drinks, and their regurgitation; pulse 120; thirst intense; cannot live if denied iced water. Abdomen enormously distended—hard, tight, and yields not at all to pressure, where pressure is best borne. Skin mottled, blue, and a dirty yellow. The blue spots resembled exactly purpura, and are evidently the consequence of forced detention of blood in the veins and effusion into the neighboring tissue, and this by the great distension. Sharp, quick resonance on percus-



sion, notwithstanding the apparent thickness and certain solidity of the integuments. In left iliac region, exquisite pain on pressure (typhlitis?), and greater firmness than elsewhere, as if a tumor were there. This pain, or intense soreness, occupied the whole cœcal region, and was not felt elsewhere till next day, when a similar, but less declared suffering was felt on pressure at and around the umbilicus. The greatest intumescence was over the seat of the arch of the colon, and here the integuments were less thick, hard—or yielded most, and gave more distinctly tympanitic resonance.

What to be done? How diminish present distress, or distension? A rectum tube was passed, and a little wind, and less thin watery fœcal matter followed. An enema of spirits of turpentine, with gruel as a vehicle, was given. Much wind and more liquid fœces were one result, and some relief another. But the last was short—the iliac suffering was soon as great as before, and that sort of inexpressible anxiety which so commonly attends inflammation of the bowels, still marked the case. His desire for ice, and ice cold water, was intense. He said he must have them, for his stomach was burning hot, as in yellow fever and Asiatic cholera.

The dark, brown-colored fluid from the mouth soon became perfectly black, resembling exactly the *black vomit* of yellow fever, which I saw in that fever which occurred on board the ship *Ten Brothers* many years ago, and in the two summers I was in Philadelphia as a medical student. I have seen the same thing in one case of puerperal fever. It occurred in a young lady as a symptom of the fever in its most malignant form. At the close of the disease, the black stream from the mouth was constant, and of which the patient was apparently not conscious. It was in almost fearful contrast with the marble-white skin of the face and neck. This, with other cases, occurred in the practice of *one* physician, and extended from Snow Hill St., Boston, to the crossing of the Providence Railway in Roxbury. I saw many of these cases with Dr. —, and advised him to absent himself from the city, which he did for many weeks. The cases he left came under my care, but the disease was not communicated *to a single one of my own*. Gooch describes a similar instance. A friend of his told him of this fact in his own practice. His partner's cases did perfectly well. Gooch advised his friend to leave London, and change all his clothes. He did so, and was absent two months. On his return to practice, he called on Gooch again, and with tears in his eyes, says G., said that the very first case of labor he attended was fatal from puerperal fever. The communication of this disease by the medical attendant, and by nurses, was stated by Alexander Gordon, of Aberdeen, in 1794; by Dr. Wm. Hunter, Armstrong, and Lee, &c. &c., all practising physicians and surgeons of great eminence, and whose views deserve entire confidence.

What was now the danger? Cœcal perforation. And how

might this be prevented? 1st, by medicine which would produce positive *rest* of the bowels, and stop the *jerkey* eructations. 2d, by medicine which would produce no immediate action of the bowels, but would do so, when departure from means of *rest, positive repose*—for instance, opium—might be thought safe. We thought these were the indications, and we were at least determined to act upon them. Calomel and opium were selected; and the dose was a pill of three grains of the first, and one grain and a half of the last, to be taken after from two to six hours' intervals, till relief of pain and sleep were experienced, or until the precursory symptoms of salivation appeared. Mercurial ointment and camphor to the abdomen. We felt in what desperate circumstances disease had placed our patient. He did not believe that he could live. The blow had been so sudden and so heavy, that he understood his whole danger. One fact he was deeply impressed by. This was the oppressive weight and enlargement of the abdomen, especially at the epigastrium, and through the whole extent of the arch of the colon. His distress here was declared by constant and heavy sighing.

Much relief followed the treatment. The abdomen lost some of its fulness, hardness, and tenderness. Pressure was better borne. The black regurgitations, which had been constant, were less frequent, and at length ceased entirely. Sighing was less. The pulse fell to 90. Some fulness and redness of the gums occurred. He could lie with his limbs extended, and change his position without suffering. He had occasional and easy sleep. The urine was free and of better color. His skin was warm and moist. He expressed his relief. He thought he should get better. At 12, Sunday night, he had a free and easy stool, and at 6, A.M., Monday, another, with much wind. At our early morning visit, he was so much relieved that I said I should discontinue my visits, and did not see him again. He expressed a strong desire for some champagne, saying that he knew it would make his stomach feel better. It was allowed him. Some bits of ice were directed to be put into a tumbler, and some champagne to be added, of which he was now and then to take a single sip. I learned that he had a second stool on Monday. In the course of the day his mind wandered. His skin grew very yellow. He began to sink, and died calmly in the night. An autopsy could not be obtained.

The termination of this case may be wondered at. There was so much relief in its course as to give promise of recovery. Nothing excessive or sudden happened, in the changes from severe suffering, and most grave symptoms, to comparative ease, and decided amendment. The death-note was in the onset and progress of the disease. Except in most malignant distemper, as cholera and yellow fever, I have, in a long professional life, never seen so much and so grave disease developed in so short a time from the attack. "I shall surely die," was the intuitive, the prophetic de-

claration of the patient on the day of the attack, and it was repeated in each day of his disease but one. The prophecy was fulfilled.

NOTE.—Speaking above of cholera—do indulge me with a digression. Sterne, you know, loved digressions, and who does not love Sterne? I certainly do. “But he was wicked, was not he?” And who, pray, is not? I am pretty well acquainted with *one*, at least, who is. Burns says, you know, “The rigid righteous is a fool.” I do not know whether or no *all* are. But there are many of the order who graze it, as my Lord Bacon has it. But to my digression. Speaking of cholera—“There was a certain king of Bohemia.”

I was called by Dr. — in a case of cholera. The patient was in a dark cellar. Time, evening. The weather hot, damp, steaming. The patient an Irishman. He was blue, skin cold, sodden with the densest sweat. Thirst infinite—stomach burning hot. Pulse hardly perceptible; voice of that shrill huskiness, which, perhaps, more than any other sign, tells the whole story of the disease. Vomiting—purging. “How are you?” asked I. “Very bad,” said the sick one. “And what do you most want?” “Wather, your honor—wather, wather. They won’t give me none.” I talked with Dr. —. We agreed he should have *wather*. His wife was told to take a bucket hard by, go to a shop opposite, and get a large lump of ice. Then to bring it in, fill it with water, put it on a stand near the bed, and put into it a tin dipper with a long handle, and let her husband drink as much of it as he pleased; and when it was all gone, to get the bucket filled again. “Thank your honor,” dry screamed the sick one—“Long life to your honor.” It almost seemed as if the liquid promise had given something of moistness to that voice of the grave. We also agreed he should take, every half hour, one of the following pills: R. Opii hydrarg. submur., gr. i.; muc. acacia gum, q. s. M. Ft. pil. No. xii.

We called early next morning. “The man was dead?” No such thing. Reaction had occurred. He was warm—skin dry—pulse was returned—voice better. He was a new man—“born again.” What of the night? He drank his *first* and *second* bucket. Vomiting and purging had ceased. He had taken *all* the pills, *and had not lost an atom of power*, but a whole world of *disease*. “But,” our critic of active medicine screams, “it was the iced water which cured him.” But we had not *scraped his tongue* before he began to drink. “A fatal omission! He ought to have died!” screams again our critic of medicine. But the pills? “Their power was in their *number*. Had you given *such* a dose in a *single* pill, it must have been fatal,” screams again our respondent. “The power was an *unit* in your case, and a *one* dose would most assuredly have swamped that.” *Mathematics* is the doctor’s “only wear.” I do not say *motley*, mind. “The number saved him.” He certainly got well.

An army officer in Calcutta was seized with cholera in its severest form. He was *condemned*, and so he determined to go on his own hook, and try to get well. On his table were many boxes of soda powders. He ordered his Coolie to mix one in iced water, and give them to him as often as he vomited them. The Coolie was obedient. Capt. — took many powders. The vomiting ceased, and he recovered. This case, and especially its treatment and result, may have suggested the method in our Gouch St. cellar case. I am quite willing they should go together.

In Lord Byron's life, somewhere, and by somebody, it is said that a person of rank—it may have been, for all I know to the contrary, the Lord himself—was in a galloping consumption, and having a cask of claret to bottle, resolved to bottle it himself, having nothing else special to do but to die. He went down cellar with sealing wax, candle, corks, &c., and began to bottle. The job was long. After a day or two devoted to it, he felt better at the lungs. He coughed less, raised less, slept better, and sweated less. In short, when the claret was all duly corked and sealed, his Lordship was nearly well, and at length entirely recovered. We all know that tar fumes were strongly recommended years ago by Sir Alexander Crichton for consumption, as the workers in ropewalks in Russia never had consumption. I believe this method was tried either in England or America, with what results I do not remember. But if it failed, tar is not sealing wax; and in America, at least, we have no Lords and are not Russians; and so the treatment can hardly be said to have been tried amongst us.

RETENTION OF URINE FROM STRICTURE—PUNCTURE OF BLADDER THROUGH THE RECTUM—RECOVERY.

BY L. H. ANGELL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 30th, saw M——, aged 68, a brickmaker, of intemperate habits, but of vigorous constitution. Had a violent attack of *mania a potu* three years since, which yielded readily in twelve hours under the use of chloroform, administered both by inhalation and by the stomach, together with a few doses of sulphate of morphia. Since then his habits have been more regular, and the milder stimulants, such as ale and lager beer, have supplanted the more alcoholic beverages. I find him now suffering from severe pain across epigastrium and abdomen, pressing his hands thereon and doubled forward. Tongue slightly coated; not at all feverish. Gave a third of a grain of sulphate morphia, and ordered mustard to abdomen, to be followed by fomentations. Morphia to be repeated if pain does not cease, and when relieved to take infusion of senna and sulphate of magnesia, frequently repeated, to procure evacuations.

31st, A.M.—Passing his house, saw him out of doors. He came to me and said he was entirely relieved of his colic, but he had not voided urine that morning. He now informed me that for thirty years he has suffered from strictures of the urethra, which have rendered his micturition very difficult at times, but he has never been obliged to resort to the catheter. The weather being cool, I advised him to keep within doors, and to take some sweet spirits of nitre, and a warm bath or fomentations over abdomen, and if not relieved to send for me.

In the afternoon I was summoned, and found him unable to void a drop of urine. The bladder was, of course, distended. I made efforts to introduce catheters, both metallic and gum elastic, of different sizes, but without success. He, however, succeeded in voiding a small quantity of urine. The principal obstruction seemed to be in the membranous portion of the urethra, just anterior to the prostate gland, which did not appear to be materially implicated in the difficulty. He was put upon the use of nauseating medicines and opiates, and left for the night.

June 1st and 2d.—About the same. No fever. Good appetite. But little urine in bladder; passes a small quantity every hour or oftener, with considerable straining—altogether more than a pint in the twenty-four hours. Was kept upon nauseating medicines and opiates, with fomentations, hip-bath, &c.

3d.—Summoned early to see him, and found the retention complete, and severe pain and constant straining efforts to urinate. The bladder being considerably distended, I was desirous of relieving him with a catheter if possible, and made several efforts which were unsuccessful. He again voided a few drops of urine, and by the use of the hip-bath he was relieved to some extent. Counsel being requested, Dr. Allaire was summoned. He advised to temporize farther, and make use of nauseating medicines, anodynes, fomentations, &c. In the evening, he had passed about a pint of urine and was more comfortable, but the bladder still contained quite a quantity. Ordered a cathartic of Epsom salts and bi-tartrate of potassa.

4th.—Was summoned at an early hour, and found the retention complete. Dr. A. being present, the patient was bled to syncope, and we made persevering efforts to catheterize, but were completely foiled. The catheter operating but slightly, a second dose was administered, and fomentations, &c., continued. In the evening the cathartic had operated, and efforts were made to overcome the stricture with bougies of different sizes, but without success; yet he passed a few drops of urine. Ten leeches were applied to perinæum, and large opiates given.

5th.—Drs. Allaire and Winslow present. The retention was complete, and the bladder very much distended. Tongue thickly coated. A urinous odor in the room and house. Pulse 80. Thirst urgent. Has slept under the use of the opiates. Chloroform be-

ing administered, patient and persevering efforts were again made to reach the bladder, but still without success. The influence of the anæsthetic having passed off, the patient was informed of the non-success of our efforts, and we then made known to him the only alternative which seemed to afford him any chance for relief, viz., puncture of the bladder, and stated the dangerous character of the operation and the inconveniences liable to result from it. He requested a delay of a few hours, when we again saw him at 2, P.M., and he was anxious for the operation. After being brought partially under the influence of chloroform, at my request Dr. Allaire punctured the bladder through the rectum, by means of a curved trocar, and drew off two and a half quarts of urine with great relief to the patient. The canula was left in the rectum, secured by a T bandage, and opiates with slight astringents administered. 8, P.M.—Pulse 100, sharp and full. Thirst. Tongue dry and thickly coated.

6th.—Has some tenesmus, but has slept well during the night. Has perspired freely. Pulse 108; smaller and softer than last night. Respiration a little hurried. Some tenderness on pressure over the abdomen, and burning sensation in glans penis. He was ordered to take half a grain of calomel with each powder of ipecac and opium, until tenesmus ceased. 6, P.M.—Very much the same, but complains of darting pains through the lower part of the abdomen, which is somewhat tympanitic. Has slept most of the time during the day, and takes diluents freely. Continue treatment, with an addition of two grains of calomel to each powder, which he gets about every three hours.

7th.—Pulse hard and sharp; 92. Had a good night. Bowels distended with flatus, but not tender upon pressure. Has slight darting pains through glans penis. Respiration normal. Lies a part of the time upon his side. Continue treatment. 3, P.M.—Removed the canula. Soon after, he had a large fæcal evacuation, the bowels were relieved of flatus, and little tenderness remained. Pulse 88. Relishes nourishment.

8th.—Find him highly elated in consequence of passing about two pints of urine through the urethra. Tongue beginning to clean, and gums slightly touched with mercurials. The calomel was omitted, a grain of opium given, and opiates ordered every four hours with two grains of sulphate of quinine.

9th.—Pulse 100; hard. Bowels tympanitic. Passes urine through the urethra, but too frequently. Has a burning sensation in glans penis. Some fever; tongue dark at the base, and thickly coated. R. Pulv. opii, grs. ij.; pulv. ipecac., grs. ij.; calomel, grs. iv. Miscæ, div. in chat. No. 2. One to be taken now, and in two hours the other; then follow with R. Pulv. opii, grs. ix.; pulv. ipecac., grs. vj. Miscæ, div. in chat. No. 6. One every three or four hours.

10th.—Better in every respect. Pulse 88. Abdomen flat.

Tongue appears to be cleaning. Urinates too frequently, but with no difficulty. Continue treatment, and give decoction of pareira brava with infusion of uva ursi.

From this date he gradually improved under the use of anodynes, mild alteratives, tonics and nourishing diet, so that in two weeks from the time of the operation he was able to walk about. I was summoned to see him June 21st, and found him still under the necessity of rising frequently during the night to void urine, which was loaded with mucus. Upon testing it with litmus paper, it showed a slight alkaline re-action. I immediately put him upon the tincture of the muriate of iron and the decoction of pareira brava, and in a short time the urine was clear, and the bladder performed its functions normally. Afterwards he improved more rapidly, and at the present time has nearly regained his usual health. Perhaps I should have remarked that there was not at any time, after the removal of the canula, the slightest inconvenience from the wound in the rectum or any dribbling of urine therefrom.

*Aurora, Ill., July 13, 1860.*

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

MARCH 26th.—*Salivary Calculus.* The specimen was exhibited by Dr. JACKSON, in the name of Mr. Frank D. Beer, a member of the present medical class. The patient, a man 40 years of age, had been under the care of Dr. Hammond Johnson, of Charlotte Town, Prince Edward's Island, and with whom Mr. B. was a pupil. For some months he had had severe neuralgic pain, with a considerable drawing down of the right side of the face; an external swelling then appeared below the lower jaw upon the right side, and it was thought a fistulous opening would form. In about a week, however, this subsided, and a corresponding swelling appeared, internally, about opposite the canine tooth; in a few days the calculus appeared at a small opening, and was readily extracted by the forceps, with an entire relief to the pain, and improvement of the general health, which had previously declined.

The calculus, which was supposed to have formed in the sublingual gland, was equal in bulk to about one third of an inch, and presented the usual appearance of such bodies, excepting the form, which was quite irregular. The chemical composition was, as usual, according to Dr. Bacon, phosphate of lime, with a little carbonate of lime and organic matter.

JUNE 11th.—*Decidua in connection with Menstruation.* Dr. JACKSON showed the organs, in which the gross appearance of the decidua was as well marked as it would ever be seen in a case of tubal pregnancy; confined, of course, to the fundus and body of the organ, which last was not otherwise remarkable. In one of the ovaries quite a large

corpus luteum was seen ; the cavity filled with dark coagulated blood, and the yellowish parietes much stained by the same ; the peritoneal surface over this body, and almost to its whole extent, had a superficially red and abraded look, but no appearance of rupture of the surface. The patient was 17 years of age, and menstruated regularly. On the 1st of June, the very day upon which the flow was expected, she was suddenly seized with apoplectic symptoms, and died in four hours. Mr. Sidney H. Carney, one of the House-Physicians of the Hospital, examined the body after death, and found a clot of blood, about half an inch in diameter, in the back part of the right hemisphere of the brain, and from Mr. C. Dr. J. received the uterus, with the above history.

JUNE 11th.—*Croup ; Tracheotomy ; Recovery.* Dr. CABOT reported the following case.

Charlotte Driscoll, six years old, residing in Brookline, began to be troubled with slight cough and hoarseness May 12th, after exposure to cold. The symptoms increased, and for several days she had severe dyspnœa. She was at that time under the care of Dr. T. E. Francis, of Brookline, who sent her to the Hospital, May 23d, as she grew rapidly worse. On entrance, there was great dyspnœa, the head was thrown back, the muscles of the neck were rigid, there was occasional slight cough, the tongue was coated, the pulse 132. Dr. CABOT saw her within an hour after her arrival at the Hospital, and, after examination and consultation with Dr. Warren, decided to perform tracheotomy. Ether was administered, and the trachea opened to the extent of four or five rings below the cricoid cartilage. The breathing became immediately quiet. A grain of iodide of potassium was ordered every two hours ; an injection into the trachea of fifteen drops of a solution of nitrate of silver, of the strength of a scruple to the ounce of water ; steam to be kept up continually in the room, at the temperature of about 85 degrees Fah. ; the inner tube to be removed and cleansed every hour ; a few drops of warm water to be dropped into the trachea every two hours ; beef-tea and porridge for food ; six grains of Dover's powder, if necessary.

May 23d.—She had a very comfortable night, and slept about five hours. Very little mucus collected in the tube. Dover's powder not required.

24th.—The child improves. Thus far there has been no false membrane noticed since the operation. The inner tube does not become clogged. The expectoration consists of thick frothy mucus, with sometimes small pieces of tough, tenacious mucus, tinged with blood. Takes her medicine readily. The injection of nitrate of silver causes great irritation and coughing, with violent expulsion of mucus through the tube. Tongue much cleaner ; pulse about 100, regular ; appetite improving, takes beef-tea and milk-porridge at regular intervals. But very little cough between the injections.

25th.—This morning, immediately after the injection of nitrate of silver, a large piece of what appeared to be genuine false membrane was violently expelled through the tube. It is about an inch and a half in length, of a whitish color, and firm consistence. There are several " arms " attached to it, and the whole is a pretty good cast of the bronchial tube at about the third division. Several smaller pieces also came away. Since the expulsion of membrane, the breathing has become almost natural, and the child appears to be well. Tongue



clean : appetite good ; pulse 110, regular. (The injections to be omitted ; continue to drop a few drops of warm water into the tube, to promote the expulsion of mucus. Patient may have a soft-boiled egg, boiled rice, and gruel.)

27th.—Yesterday, a piece of tough mucus, with several small pieces of false membrane intermixed, was expelled. The child continues well, having but very little cough, and no difficulty of breathing. Tongue clean ; pulse 108, regular, soft ; appetite good ; general appearance much improved. (Iodide of potassium every four hours.)

28th.—Large pustular eruption on face, probably from the iodide. Condition of patient comfortable ; cough slight, and at long intervals.

30th.—This morning both tubes were removed, and during the day the child manifested no bad symptom. She is up and dressed, walking about the room, and apparently as well as before the attack.

June 4th.—The child has continued well since the last report. This morning she went home perfectly well, the result being very satisfactory to all concerned.

Dr. CABOT said, in connection with this case, he would like to draw the attention of gentlemen present to a very useful, and at the same time very simple improvement on the ordinary method of fastening in the tubes, which he has been in the habit of employing for five or six years, viz., to attach a short piece of elastic at each end of the tape, so that a constant, though yielding pressure is applied, which retains the tubes in place with perfect safety, and without the necessity of tying uncomfortably tight.

JUNE 25th.—*Sacculated Pouch just below the Eustachian Valve, as an Anatomical Variety.* Dr. JACKSON showed a portion of the parietes of the heart of an adult, in which such a pouch was seen, large enough to admit the end of the little finger very readily, quite defined, near to the opening of the coronary vein, but anterior to this vessel, having about the same thickness as the neighboring parts, and showing no appearance whatever of diseased action. Dr. J. said that, by a singular coincidence, he had met with a precisely similar case within a week of the time when the above was observed ; having never before seen nor heard of such a formation.

JUNE 25th.—*Mitral Disease ; softening of the Brain ; Peculiar appearances in the Spleen and Kidneys.* Dr. GOULD reported the following case.

A married woman, 35 years of age, entered the Hospital, a few weeks since, under his care. Four or five years ago, she had an attack of pain in the side, accompanied by slight expectoration of blood. This last symptom recurred, to a slight extent, two years afterwards. A few days before her entrance, she had intense headache, with vomiting, followed by hemiplegia of the left side. On entrance, the pupils were largely dilated, the action of the heart was tumultuous, but there was no bellows-murmur. The pulse, which was almost imperceptible at the wrist, was either at 60 or 120, according as it was estimated, as intermitting or reduplicated. Face not distorted. Tongue protruded direct. The patient had much pain in the head, and wakefulness. Leeches relieved the head, but the pupils remained dilated, without peculiarity of vision. After a few days the patient gradually regained motion in the leg, but never in the arm. At length she had increased dyspnœa, with palpitation and pain in the right side, followed by collapse and death.

Autopsy by Dr. Calvin Ellis. The left leg was œdematous.

On removal of the dura mater, the lower and central portion of the right hemisphere presented a peculiarly soft and flaccid appearance, some parts collapsing, while others projected beyond the edge of the bone. In the cortical substance, visible through the membranes, were many irregular whitish points. On incision, the softening proved to extend from the level of the roof of the ventricle to the base, involving the corpus striatum and the optic thalamus of that side. There was apparently a loss of substance, but no well-marked cavity. A little thick reddish fluid was seen, which resembled the lateritious sediment of urine, but most of the softened portion was free from discoloration.

On microscopic examination, there were found fragments of the cerebral substance, numerous minute globules or granules, and large corpuscles filled with minute globules (the so-called inflammation corpuscles).

No excess of fluid in the ventricles. Other portions of the brain normal. No obstructed vessel found.

Decided flattening of the right side of the chest. Almost universal, old and strong adhesions between the pleural surfaces on the right side. A cavity, however, remained at the base, surrounded by thick membrane, upon the inner surface of which were irregular masses of fibrin. Half a pint of serum in the left pleural cavity. The lungs were unusually firm. The right lower lobe was somewhat compressed by the dense membrane surrounding it. Some parts were discolored, as by the effusion of blood, but there was no increase of density as in decided pulmonary apoplexy.

The heart was flaccid, dilated and hypertrophied, the enlargement appearing most marked in the cavities behind the mitral valve. Beneath the internal surface were small ecchymoses. The mitral valve was so much contracted that it admitted only the first joint of the little finger. It was dense, fibrous, but smooth, and not so stiffened as to prevent its closure. Upon the auricular edge were a few soft, recent vegetations. No other valvular disease.

The peritoneal cavity contained a pint of serum. The liver was filled with dark, congested points, which gave it the appearance to which the term "nutmeg" has been applied.

The spleen was firm, and of about the usual size. In the substance were irregular yellow masses, one of which projected beyond the external surface. The largest was not more than three fourths of an inch in thickness. On microscopic examination, small, irregular corpuscles were seen, but nothing which could be considered characteristic of any particular lesion. In the neighborhood of, and continuous with, some of these yellow portions, the substance was of a blackish color, evidently due to the effusion of blood.

In the right kidney were several yellow masses, like those in the spleen.

The stomach contained much blackish liquid. Rather more vascularity than usual of the mucous membrane of the large extremity. The intestines were not opened, but, externally, were normal. Other organs normal.

Dr. Gould remarked that the double pulsation probably arose from the inability of the auricle to empty itself completely by one contraction.

A short time previous to the death of this patient, one was examined who also had *cardiac disease, with the same peculiar lesions of the liver and kidneys.*

On May 31st, a man, 50 years of age, entered the wards of Dr. Gould, with rheumatism, having been attacked three days previous, after exposure to cold and fatigue. He had always enjoyed good health, and had never had a similar attack. The disease had been general, but at the time of his entrance he complained only of pain in the chest and lower extremities. He lived until June 17th. During this time, although there was some dyspnoea, it was never very urgent, nor was the cough generally troublesome. The expectoration was moderate in amount, and consisted of frothy mucus, during the last few days streaked with blood. The only marked physical sign, in connection with the heart, was a prolonged thrill after the first sound.

At the time of the autopsy, the skin was decidedly yellow, and the upper lobe of the left lung was œdematous. Upwards of one ounce of bloody serum or thin blood was found in the pericardium, which was reddened, rough, and without the usual polish. Much calcareous matter in the aortic and mitral valves. One fold of the latter extended upwards in the form of a pouch, into the left auricle. The chordæ tendinæ attached to it appeared to be lengthened. Adherent to the aortic valves and membrane below, was a large, irregular, reddish mass, resembling a firm and partially decolorized coagulum. It was of sufficient size to nearly or quite fill the orifice. Beneath a portion of the lining membrane of the right ventricle, was an irregular ecchymosis of considerable size. Right ventricle, perhaps, dilated. Left ventricle hypertrophied. Weight of the heart  $17\frac{1}{2}$  ounces.

Liver large, and of a reddish-brown color. Weight 4 lbs.  $10\frac{1}{2}$  ozs. Spleen large; weight 1 lb. 2 ozs. Portions of the substance, of various sizes, were discolored, most of them being yellow, but the largest, between two and three inches in diameter, was of a dark-red color, evidently owing to the effusion of blood.

The left kidney was lighter colored than usual, and coarse. At one part was a bright yellow, wedge-shaped mass of considerable size. A small mass of the same character was seen in the other kidney. On microscopic examination the tubuli were found filled with opaque epithelium or granular matter. The yellow portions presented very much the same appearance, but were perhaps somewhat darker. Brain not examined. Other organs normal.

The symptoms of this case have been briefly reported, as it is wished to call attention particularly to the lesions in the spleen and kidneys, where the yellow masses are found in connection with the recent effusions of blood. A number of years since, Dr. J. B. S. Jackson published an account of similar cases, with remarks, in the Catalogue of the Cabinet of the Boston Society for Medical Improvement, p. 178.

In both of our cases there was disease of the heart of such a nature that the circulation must have been interfered with. In both there were recent effusions of blood, and with them the peculiar masses. It seems probable, therefore, that the latter resulted from changes in blood which had escaped from the vessels at an earlier period. This view is strengthened by the appearances found in a case of laceration of the liver and kidneys, reported at the Medical Improvement Society

Feb. 27th, 1860. Here, the change existed in connection with an injury which had undoubtedly caused an effusion of blood.

JUNE 25th.—*Bright's Disease; Pulmonary Apoplexy.*—Dr. C. E. WARE reported the case.

Ten days ago, a woman entered the Hospital under his care, with pulmonary apoplexy, œdema, and renal disease. Her health had been generally good up to two months before her entrance, though after a confinement, seven months ago, she had chills, pain in the back, dyspnoea and palpitation. From these symptoms she recovered, and continued well until the present attack, which began with œdema of the face; this increased, and became general. At her entrance she had lividity, dyspnoea and slight cough. The sounds of the heart were distinct at the base, but confused at the apex; there was no bellows-murmur. Below the angle of the left scapula there was a strong sub-crepitan râle, without bronchophony or bronchial respiration. She expectorated daily about an ounce and a half of nearly pure blood. The pulse was excessively feeble. There was no ascites. The urine was slightly albuminous, and contained casts of the uriniferous tubes. She died without coma.

Dr. ELLIS showed the lungs, heart and kidneys.

In the right pleural cavity there were four pints of serum, and in the left half a pint. Old adhesions at the posterior part of the latter. In the posterior part of the right lower lobe was a firm black apoplectic mass, about two inches in diameter, which projected above the surrounding surface. A small portion of the left upper lobe was in somewhat the same condition, but the change was less marked. Lungs elsewhere firm, but healthy.

Two ounces of serum in the pericardium. Upon the anterior face of the right ventricle was a thin, irregular false membrane, and on the opposite surface a fibroid tissue, which appeared as if there had formerly been adhesions at that point. The heart was large and flaccid, as it lay in the chest, distended by recent coagula. Weight  $15\frac{1}{2}$  ounces. The opening of the mitral valve admitted the largest part of the forefinger. It appeared to close well. The right side and left auricle were hypertrophied and dilated, while the left ventricle was in its normal condition.

The peritoneum contained twenty ounces of serum. The deep congestion of numerous points in the liver gave it the "nutmeg" appearance.

The cortical substance of the kidneys was of a brownish-red color, and unhealthy in appearance. On microscopic examination, the tubuli were found crowded with granular matter.

The stomach was much distended, and its large extremity softened by the contents. In the cavity of the uterus was a bloody fluid. Two small, recent, black coagula in the ovaries. Other organs normal.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, JULY 26, 1860.
 

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MAINE MEDICAL SCHOOL.—It will be remembered that some time since a large bribe was offered to the Medical School of Maine, which was unfortunately accepted, and an act thereby committed which must have the effect of lowering the character of the medical profession. It therefore gives us great pleasure to publish the following communication, which shows that the majority of the physicians of Maine regard the matter in a proper light, and are unwilling to be sold to quackery.

MESSRS. EDITORS,—It would seem due to the medical profession of Maine, that the *Resolution* passed by the Maine Medical Association, at its eighth annual meeting, concerning the Maine Medical School, should be widely promulgated, in order that the stigma of fostering or countenancing quackery, unjustly attached to the Association especially, and the profession in the State generally, by medical gentlemen in remote parts of the country, may be fully and completely removed. Entertaining that view of the subject, I herewith submit the resolve to your consideration, for publication in your valuable and extensively circulated JOURNAL. HUFELAND.

“ *Whereas*, The Legislature, in granting a half township of land to the Medical School of Maine, inserted into the resolve the following provisions, viz. : That the Legislature may make any necessary regulations for the admission and graduation of students, and that said Institution will receive and graduate *all* students who pass the required examination, without reference to where such students may have studied previous to asking admission to said Institution, or to what mode of practice such students intend to pursue after receiving their diplomas ; and as the Trustees of Bowdoin College have accepted said land on said conditions,—therefore

“ *Resolved*, That the members of the Maine Medical Association will not admit students for instruction who propose to attend lectures at the Medical School of Maine, until the conditions in the resolve are so arranged as to leave the control of the School where it was before the above-named resolve was passed.”

The introduction of this resolution excited much interest, and was followed by discussions of a very animated and enthusiastic nature, although no special blame was attached to any of the instructors of the institution.

Its adoption was very warmly advocated by many of the physicians present, while it was warmly opposed by the lecturers employed by the Trustees of the Medical School and one or two others personally interested. The vote being taken, was found to correspond with, and confirm the general feeling, which, with a few exceptions, was manifested throughout the discussions—being almost entirely unanimous in favor of the acceptance of the resolution—the persons above referred to voting in the negative. And it was accordingly decided not to receive any students under instruction, who should propose to at-

tend lectures at the Maine Medical School. And it is hoped that other members of the Association who were not present, and the profession generally throughout the State, will adhere strictly to the terms of this resolution. It is evident that the physicians of this State, and the members of the Association especially, are *awake*, on this subject—and that the decision of the Trustees of Bowdoin College to accept the land on the conditions on which it was granted by the Legislature has met with their disapproval—and also of that of the profession in other States. And unless some satisfactory change is effected through the action of the Committee appointed to confer with the Trustees, it is to be feared that the reputation and prosperity of the Medical School will be seriously and permanently injured.

The discussion of this question occupied the principal part of the forenoon, and the Association adjourned, to meet at Augusta next year—generally pleased with the occurrences and results of the meeting. The meeting was attended with interest throughout, owing, in part, to the nature of the subject that came up for consideration, and also to the opportunity afforded for mutual congratulations and the renewal of friendly feelings with one another.

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HARVARD MEDICAL SCHOOL.—The following is a list of the gentlemen who received their medical degrees on the 18th instant, with the subject of their dissertations:—

John Wilson Foye, *Vaccination*.

Thomas Barnes Hitchcock, *Delirium Tremens*.

Frederick Benjamin Adams Lewis, *Bronchocele*.

George Tufton Moffat, *First and Second Dentition*.

Leander Rupert Morse, *Scarlatina*.

Patrick Aloysius O'Connell, *Croup*.

Henry Sylvanus Plympton, *Pneumonia*.

Arthur Ricketson, *Smallpox*.

Francis Codman Ropes, *Fractures of the Lower Extremities*.

Josiah Newell Willard, *Gluc hæmia*.

D. HUMPREYS STORER,

July 19th, 1860.

Dean of the Medical Faculty.

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BOSTON DISPENSARY.—Whole number of patients for the quarter ending July 1, 1860, 4,401. Central office, 2,210. *Medical Service*—Males, 364; females, 654; children under fifteen years, 512. Total, 1530. *Surgical Service*.—Males, 187; females, 204; children under fifteen, 299. Total, 680. Average daily attendance at Central Office, 62. *Patients at their Homes*.—Whole number during the quarter, 2,191. Males, 298; females, 702; children under fifteen, 1,191. Number remaining at last report, 108. *Results in the Districts*.—Discharged cured or relieved, 2,090; removed to Hospital, 46; died, 84; remaining under treatment, 79; number of cases of midwifery, 27. Whole number of prescriptions, 10,388; average daily number (Sundays excepted), 132 1-3.

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GELSEMINUM SEMPERVIRENS IN GONORRHEA.—Dr. J. Douglass thus concludes a letter published in the *Charleston Medical Journal and Review*:—"About thirty years ago I was called on in my office, by a young man who had been suffering several months with improperly

treated gonorrhœa. One of my pupils begged me to give the case to him, observing that he could cure the most obstinate case in a few days, with the root of Yellow Jessamine. A small handful of the root was put into a junk bottle of whiskey, and the patient ordered, in a day or two, to take a tablespoonful of this mixture night and morning. He took but four doses before he became much alarmed, and called on me, stating that the medicine had destroyed his vision. The symptoms he described correspond precisely with those mentioned by Dr. M. Every symptom of gonorrhœa had disappeared, and the cure was permanent. Since that time I have treated many cases of the same character in a similar manner, with uniform and speedy success.

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ETHER FOR NEURALGIA.—Dr. Betbeder, of Bordeaux, on the 17th October, 1859, communicated to the Society of Medicine of that city, a series of observations on several recent cases of most severe neuralgia, in which immediate relief was obtained by a particular kind of affusion of ether on the most painful part. This treatment he has employed for several years, and he believes it to be superior to those methods which are ordinarily used. He pours rather strong doses of ether on the most painful point, from fifteen to thirty or sixty grammes, and retains it there by means of a small square of linen previously applied. This is made to adhere so closely to the skin, that not the smallest fold shall be separated therefrom, the fingers of the assistant holding down the edges and securing the closest adhesion of every part. All the ether poured out is thus held in contact with the skin. Small quantities are poured on the square of linen at intervals of about a minute, to allow each to evaporate. These applications are made on a second and a third spot, if there be so many decidedly painful. In recent neuralgia, Dr. Betbeder states, that he has often succeeded in relieving his patients almost instantaneously, and frequently without any return of the trouble. In neuralgia of long standing the effect is much less certain, but still, in several cases, he has succeeded in effecting a cure.—*Gaz. Heb., from L'Union Medicale de la Gironde.*

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RUPTURE OF VARICOSE VEINS IN THE VAGINA DURING LABOR—DEATH.—A stout woman, aged twenty-three, whilst in labor of her first child, was seized with very severe pain during the passage of the head, the presentation being quite normal. The perinæum was suddenly put on the stretch, and gave way in spite of the greatest care used by the accoucheur to prevent its rupture. Soon after the birth of the child, severe hæmorrhage occurred; syncope and convulsions rapidly followed, and in about ten minutes the patient expired. On a post-mortem examination, it was discovered that the varicose veins of the vagina had given way; the uterus was firmly contracted, and contained no blood.—*Berliner Zeitung.*

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SOLUTION OF THE PERCHLORIDE OF IRON.—At the suggestion of a friend, we have tried this article, with decided advantage in several cases, when troubled with hæmorrhage from the gum, attendant upon the excavation of decay from cavities running down to or below the necks of the teeth. Applying a small pledget of cotton, saturated with the preparation, to the bleeding surface, the hæmorrhage is completely arrested, and the operation of filling can be effected at once. As this is one of the most powerful astringents in the materia medica,



both when administered externally and internally, it should be had recourse to in profuse hæmorrhage following the extraction of teeth. Several practitioners have already testified to its value under such circumstances.—*Dental Cosmos*.

**INTRA-UTERINE FRACTURE OF THE CLAVICLE.**—The patient was delivered naturally, after an easy labor, of a good-sized male child, without the attendance of a physician. A few days after, having taken upon herself the task of washing the infant, she detected a projection on the left side, between the shoulder and sternum. Upon an examination, the presence of a perfectly consolidated fracture of the clavicle was ascertained, the apex of the angle of junction pointing upward. From the fact of so short a time having elapsed from the birth of the child, and the complete union at the point of fracture, it was evident that the solution of continuity must have taken place some weeks prior to the completion of pregnancy. The mother had, some three or four weeks before her confinement, received a violent blow in her left side from the edge of a door.—Dr. Wm. B. Atkinson, in *Medical and Surgical Reporter*.

**LARGE OVARIAN CYST.**—Dr. Peaslee, on the 15th ult., removed *one hundred and fifteen pounds* of fluid from a single ovarian cyst, by tapping. The patient is a young lady twenty years of age, and her circumference before the operation was *five feet and one half* (sixty-six inches).—*American Medical Monthly*.

**EXTRAORDINARY LONGEVITY.**—The obituary of the *Times* of Tuesday, June 12th, 1860, contains the names of six persons whose united ages amounted to 547 years, giving an average of ninety-one years and two months to each. There were three male and three females; the youngest was a gentleman aged eighty-six, and the eldest a lady aged one hundred years.—*London Lancet*.

**RAILROAD SURGEONS.**—On the principal railroads in Bavaria, surgeons are to be appointed, who are to receive a fixed salary, and whose business it is to attend to cases of accident in the trains, and give medical attendance to the employes of the road.

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 21st, 1860.

#### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	40	44	84
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	41.8	38.9	80.7
Average corrected to increased population, . . . . .	..	..	92
Deaths of persons above 90, . . . . .	..	..	..

#### Mortality from Prevailing Diseases.

Phthisis.	Chol. Infantum.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.	Dysentery.
12	21	2	2	1	1	0

#### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

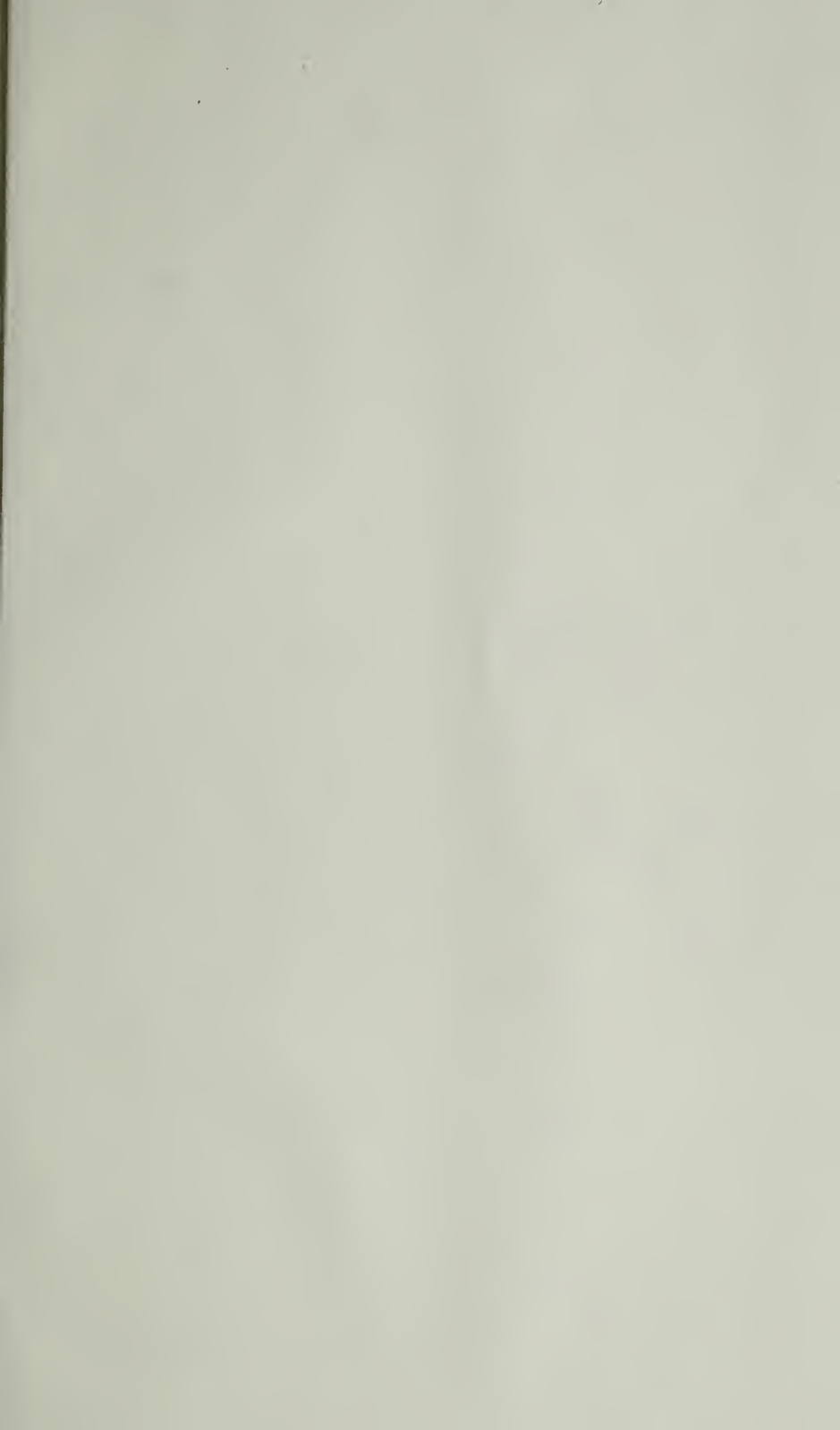
Mean height of Barometer, . . . . .	29.940	Highest point of Thermometer, . . . . .	85°
Highest point of Barometer, . . . . .	30.182	Lowest point of Thermometer, . . . . .	62°
Lowest point of Barometer, . . . . .	29.530	General direction of Wind, . . . . .	Westerly.
Mean Temperature, . . . . .	61°.8	Whole am't of Rain in the week . . . . .	0.817 in.

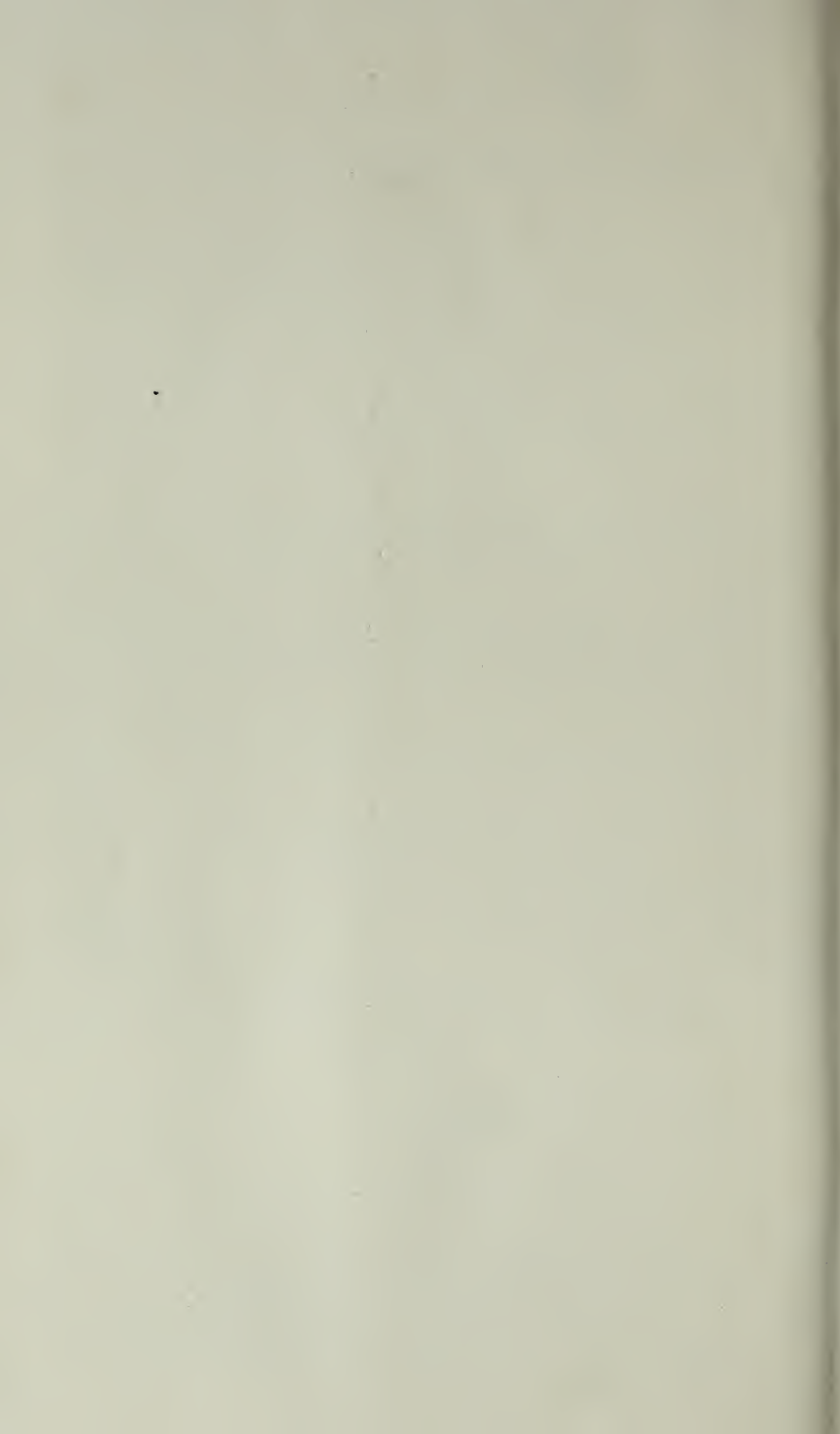
**DIED.**—At Worcester, 21st inst., Dr. Benjamin Heywood, 39.—At Windsor, Conn., 16th inst., William Seward Pierson, M. D., a graduate of Yale College in the class of 1803, and a distinguished physician, 73.

*Deaths in Boston* for the week ending Saturday noon, July 21st, 84. Males, 40—Females, 44.—Apoplexy, 1—disease of the bowels, 1—ulceration of the bowels, 1—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 1—canker, 1—cholera infantum, 21—cholera morbus, 1—consumption, 12—convulsions, 2—croup, 1—cystitis, 1—debility, 1—diarrhœa, 2—infantile disease, 1—dropsy, 1—dropsy in the head, 2—drowned, 2—epilepsy, 1—scarlet fever, 2—fistula in ano, 1—fracture of the thigh, 2—gastritis, 1—disease of the heart, 2—homicide, 1—intemperance, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 1—measles, 1—meningitis, 1—pleurisy, 1—smallpox, 1—spina bifida, 1—syphilis, 2—teething, 1—unknown, 4.

Under 5 years, 50—between 5 and 20 years, 5—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 3. Born in the United States, 66—Ireland, 17—other places, 1.







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