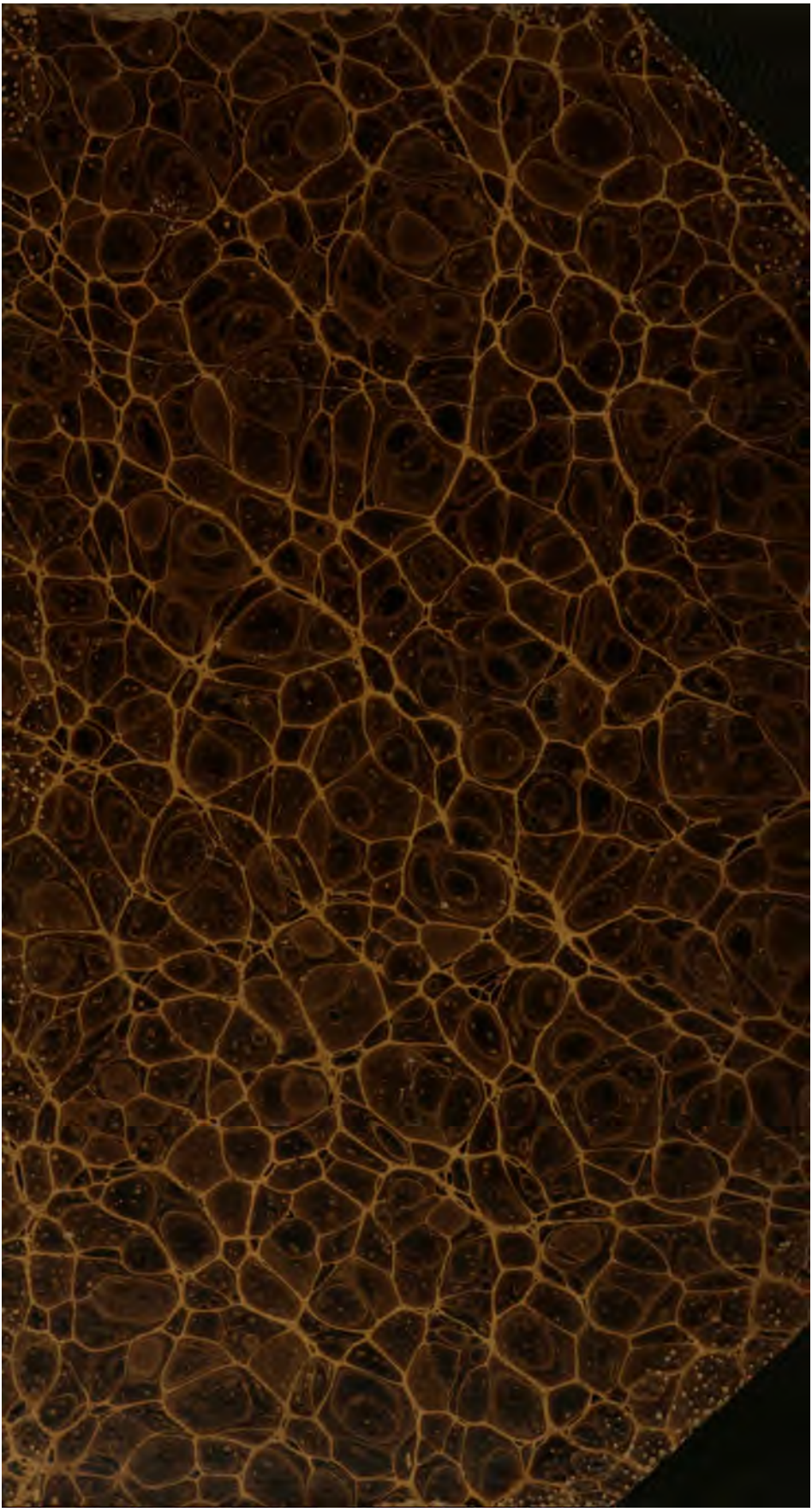

BUFFALO

MEDICAL JOURNAL

AND

MONTHLY REVIEW

OF

MEDICAL AND SURGICAL SCIENCE.

Vol. 14

AUSTIN FLINT, JR., M. D.,
EDITOR.

BUFFALO:
COMMERCIAL ADVERTISER STEAM PRESS.
1858.

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BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. JUNE, 1858. NO. 1.

ORIGINAL COMMUNICATIONS.

ART. I.—*Reduction of Dislocations of the Femur by Manipulation. Fragments of the Literature of this Method.* By FRANK HASTINGS HAMILTON, M. D., Buffalo, N. Y.

(Continued from Page 589.)

The following is from a letter written by Dr. Jno. T. Plummer, a distinguished quaker practitioner, residing in Richmond, Indiana, to Dr. Hill, editor of the Medical Counsellor:

"In looking over the last number of the Counsellor, I was surprised to read in a communication copied from the New York Journal of Medicine, that a certain 'vastly improved method' of reducing luxations 'originated with Dr. Reid.' The writer calls it 'Dr. Reid's Method of Manipulation,' etc. * * * * From the date and language of the communication it would appear that this mode of reducing dislocations of the head of the femur was of quite late origin. I commenced practice in the year 1828, and from that day to this, I have used no other mode of restoring the bone to to its place than that described by the correspondent of the N. Y. Jour. of Medicine.

"One of the earliest cases that fell to my lot occurred in a young able-bodied man under circumstances which made it very desirable to him that others should not be present at the reduction. The dislocation was upon

the dorsum ilii. By engaging the attention of the patient in another direction while I manipulated his leg, I readily reduced it without assistance.

"But I must not forget to state that my object is not to claim priority of discovery or practice in this point of surgery, but simply to express my surprise that this method of reduction should not have been more extensively known than it would appear to be. I cannot positively say, but I am willing and inclined to believe that I obtained the hint on this subject from Dr. Nathan Smith, then of the Medical College of New Haven, formerly of Dartmouth. I know he was remarkable for simplifying as much as possible all the processes of surgery. Complex surgical machinery he had no relish for."—*Medical Counsellor, Columbus, Ohio, Feb.* 2, 1856, *p.* 117.

I shall make only one more quotation, intended to illustrate Dr. Nathan Smith's connection with the history of reduction of the hip-joint by manipulation:

"But one case of luxation of the os femoris has fallen to my care, which I was able to reduce without a recourse to forcible extension. This occurred about twenty years since, when the late Prof. Nathan Smith's account of the reduction of a similar dislocation was fresh in my recollection. It was a luxation upwards on the dorsum ilii. The method by which Dr. Smith ultimately succeeded in his case, after fruitless attempts by extension, was the one by which I had determined to attempt reduction; but that I might be prepared for a failure, towels and bands were applied as usual, with assistants ready to make any extension which might be found necessary. The patient was permitted to lie on his back on the bed where I found him, the knee of the luxated limb turned in and over the other. I raised the knee in the direction it inclined to take, which was towards the breast of the opposite side, till the descent of the head of the bone gave an inclination of the knee outwards, when I made use of the leg, being at right angle with the thigh, as a lever to rotate the latter and turn the head of it inwards. It then readily returned to its socket, with an audible snap. During this operation the two assistants who had been placed to make the lateral extension and counter-extension, if ultimately required, were directed to draw moderately at their towels. How much of the success of the operation is to be imputed to their extension, and the rotation of the thigh by the leg, I am unable to determine; but as Dr. Smith succeeded without the aid of either, and as the head of the femur seemed to descend by an easy and natural process, I am inclined to believe that all that is necessary in such cases, is to elevate the knee, when the ilium, the muscles attached to it, and perhaps

the ligaments, become the natural fulcrum, over which the thigh, as a lever, acts to bring the head down and inwards into the socket. Indeed it would be in vain to attempt to bring the head of the bone into its place, until it had presented itself to the socket, by any power whatever, as was fully illustrated in the case recorded in the French Lancet and elsewhere. In this case of dislocation of the thigh, during seven months and a-half, after powerful and continued extension for several days, and 'when the head of the femur was brought down to a level with the acetabulum, the extending force was suspended, and the two assistants having bent the leg on the thigh, were directed to rotate the latter from without inwards; during this manœuvre the femur was broke across the lower third.'"—*Boston Med. and Surg. Jour., vol.* xxii, *p.* 249, *May*, 1840. *Paper by Luke Howe, of Boston, Mass.*

TABLE, COMPRISING 64 CASES OF DISLOCATION OF THE HIP, REDUCED BY MANIPULATION. COLLECTED BY LUCIEN DAMAINVILLE, STUDENT OF MEDICINE, MARCH, 1858.

No.	Age.	Sex.	Form of Dislocation.	Time since it occurr'd	What means employed before.	When manipulation employed.	What means us'd to diminish resistence of muscles.	Accidents, Results, &c.	Operator.	References.
1	Adult.	M.	Fora'n ovale.	Few h'rs	Pulleys.	Sept'ber 1772.	Not any.	Reduced in first att'pt at work in 3 weeks and without the least stiffness in the joint.	Thos. Anderson, of Leith, Scotland.	"Medical Commentaries," Edinb'g, 1776, vol. ii, p. 261.
2	8 yrs.	M.	Dorsum ilii.	19 days.	Not any.		Not any.	Reduced in first att'pt. Could walk in three weeks, but compl'd of stiffness in joint for a week or two more.	"	"
3	40 yrs.	M.	Isch'tic notch	5 hours.	Pulleys. Four attempts continued 1 hour.	Jan. 7th, 1811.	Vena sec	Reduced accidentally.	Philip Syng Physick, of Philadelphia.	Memoirs of Nathan B. Smith, p. 172. Also Dorsey's Surgery, v. i, page 242. Also Trans. of N. Y State Med. Soc., 1856, p. 167.
4			Dorsum ilii.		"Had pulled in every other direction but the right one."	Prior to 1824.		Reduced easily.	Nathan R. Smith, of New Haven, Ct.	"Charles Lowell *vs.* John Faxon," &c. Trial for malpractice. See also this Journ., Feb. 1858, p. 515; also Smith's Memoirs, *op. cit.*

5						Prior to 1834.		Reduced easily, by the same method as in case 4.	—— of Mass.	Smith's Memoirs, *op. cit.*, p. 177.
6				Few h'rs	Pulleys.	" 1831.		Reduced easily.	By an empiric.	" p. 170.
7	13 yrs.	M.	Dorsum ilii.	Few h'rs	Not any.	Jan. 23d, 1854.	Ether.		Sam'l Shumway, of Essex Co., N. Y.	Transactions of N. Y. State Med. Society, 1854, p. 55.
8	Adult.	M.	Pubes, comp. dislocation.	12 or 14 hours.	Powerful manual extension, &c.	Prior to 1842.	Opium & vena sect'n.	Reduced easily in 1st attempt. Died in 3 weeks with extensive suppuration about the joint.	William Ingalls, of Boston, Mass.	B. Cooper's ed. of A. Cooper, on Dislocations, &c., p. 586. Also this Jour. Mar. 1858.
9	"	F.	Dorsum ilii.	4 days.	Not any.	Spring of 1844.	Vena sec. & ant.	1st attempt.	W. W. Reid, of Rochester, N. Y.	Buff. Med. Journ., vol. vii. p. 137, Aug. 1851
10	38 yrs.	F.	"	1 hour.	Not any.	July 31, 1849.	Morph.	2d attempt. Reduc'd in two minutes.	"	" p. 139.
11	52 yrs.	M.	"	8 hours.	Not any.	Dec. 2d, 1849.	Nothing.	1st attempt, 2 or 3 minutes occupied.	"	" p. 140.
12	Adult.	M.	"	Few h'rs	Not any.	1851.	Chloroform & ether.	1st attempt, 30 sec'ds.	A. Barnard, Adrian, Michigan.	New York Journal of Med., Nov., 1851, p. 409.
13	4 yrs.	F.	"	Few h'rs	Not any.	Feb. 14, 1851.	Nothing.	1st attempt successful, rapid and complete recovery.	J. M. Litten, of Austin, Texas.	" March, 1852, p. 259.
14	31 yrs.	M.	"	13 days.	"Repeated att'pts, even by the pulleys."				Mahr.	" March, 1852, p. 270.

15					Not known.		Nothing.	Accidental, while 'making some preliminary movements.'	John C. Cheeseman. of New York.	New York Journal of Medicine, Jan. 1855. *Markoe's paper.*
16	Adult.	M.	Dorsum ilii.	Few h'rs.	Jarvis' adjuster, with ether; adjuster broke.	Nov. 30, 1852.	Ether.	2d attempt. Perfect result.	Gurdon Buck, of N. York.	"
17	25 yrs.	M.	Dorsum ilii.	Few h'rs.		Dec, 8th, 1852.	Nothing.	2d attempt successful. Perfect result.	Halsted, of N. Y.	"
18	37 yrs.	M.	Dorsum ilii.	3 m.	A surgeon had tried, but failed. It was suspected that the acetabulum was brok'n; whether by the accident or not, is not stated.		Ether.	1st attempt failed; 2d succeeded, but dislocation returned & could not afterwards be reduced. Shortened, but pretty useful limb.	Jno. Watson, of N. York.	"
19	21 yrs.	M.	Isch'tic notch	Few h'rs.	Not any.	May 22, 1853.	Ether.	1st attempt; thrown on obdurator foramen. After being moved backwards & forwards between these points several times, it was finally carried from the foramen ovale into the socket by the common mode of extension and lifting. An abscess followed & probably morbus coxarius.	Alfred Post, of N.Y.	"

20	8 yrs.	M.	Dorsum. ilii, with comp. fracture of same thigh	Few h'rs	Not any.	June 29, 1853.	Nothing.	Did well.	House Surgeon of N. Y. Hospital.	New York Journal of Medicine, Jan. 1855. *Markoe paper.*
21	28 yrs.	M.	Dorsum ilii.	½ an hr.	Not any.		Ether.	Two first trials bro't it towards the foramen ovale. 3d trial, with only slight abduction successful.	T. M. Markoe, of N. York.	"
22	Adult.	M.	Foramen ov.	1 month.	Been regarded as a sprain by his surgeon.	Dec. 12, 1853.	Ether.	1st, carried upon the dorsum ilii; 2d, back again; 3d, upon dorsum; 4th, back again; several more unsuccessful att'pts were made, and finally it was reduc'd by pulleys. A good deal of swelling and pain followed, in the joiut; but he was discharged cured, on Jan. 13th.	Halsted, of N. Y.	"
23	22 yrs.	M.	Foramen ov.	Not long	Extens'n & lifting by usual mode; without pulleys	April 22, 1854.	Ether.	3d effort successful. Recovery rapid.	Gurdon Buck, of N. York.	"
24	38 yrs.	M.	Foramen ov.	14 days.	1st surgeon tho't it a contusion.	May 23, 1854.	Ether.	1st attempt failed; 2d attempt threw head upon ischiatic notch; 3d attempt after restoring head to foramen ovale, successful. Rapid recov'y.	T. M. Markoe, of N. York.	"

25	Adult.	M.	Isch'tic notch	V'y soon after.	Not any.		Ether.		Dewitt C. Peters, U. S. A.	New York Journal of Medicine, Jan. 1855. *Markoe paper.*
26	40 yrs.	M.	"	"	Not any.	Jan. 11, 1853.	Chloroform.	First attempt carried head of bone upon foramen ovale. 2d, successful. Recovery rapid.	Willard Parker, of New York.	"
27	44 yrs.	F.	Dorsum ilii.	Few hrs.	Not any.	Nov. 1st, 1854.	Chloroform.		"	"
28	37 yrs.	M.	Dorsum ilii, with fracture same leg below the knee.	Soon after.	Not any.	Nov. 22, 1854.	Ether.	1st attempt failed; 2d attempt failed; 3d, pulleys failed; 4th, Jarvis' adjuster failed; 5th, manipulation failed; 6th, do. failed; 7th, manipulation succeeded.	John Watson, of N. York.	"
29	42 yrs.	M.	Dorsum ilii.	7 weeks.	Not any.	Oct. 25, 1854.	Ether.	1st attempt head went upon foramen ovale. Numerous unsuccessful trials followed. The head was then placed on foramen ovale and Sir A. Cooper's method tried, breaking the cervix femoris. Reduct'n never accomplished. Fair recovery.	T. M. Markoe, of N. York.	"
30	21 yrs.	M.	Isch'tic notch	2 hours.	Not any.	March 23	Nothing.	1st attempt failed; 2d	Frank H. Hamilton,	Buff. Med. Journ., vol.

						1855.		attempt successful. Walked in 11 days. Slight soreness and pain continued for a few months.	of Buffalo, N. Y.	xi, p. 210. Also N. Y. Jour. Med., Nov., 1855, and Am. Jour. Med. Sci., Oct. 1855
31	Adult.	F.	Dorsum ilii.	Soon after.	Not any.	Oct. 7th, 1855.	Nothing.	1st attempt successful.	E. J. Fountain, of Davenport, Iowa.	N. Y. Journ. of Med., Jan., 1856, p. 69.
32	"	M.	Pubes.	"	Not any.	June, 1854.	Chloroform.	1st attempt successful.	"	"
33	"	M.	"	"	Not any.	Oct. 31, 1855.	Nothing.	1st attempt successful.	"	"
34				5 weeks.	Pulleys.				Cook, of London.	N. Y. Journ. of Med., Jan'y, 1856, p. 143, from Lancet, July 7, 1855.
35					"				"	"
36			Isch'tic notch						Birkett, of London.	From Lancet of Aug. 4th, 1855.
37			Foramen ov.						"	"
38			"						"	"
39	28 yrs.	M.	Dorsum ilii.	6 days.	Nothing.	Jan. 7th, 1858.	Chloroform.	7th trial successful; meantime the head was carried upon foramen thyroid and back repeatedly. Recovery rapid.	Frank H. Hamilton, of Buffalo, N. Y.	Buffalo Med. Journal, April, 1858, p. 682.
40	28 yrs.	M.	Isch'tic notch	Soon after.	Not any.	Feb. 23, 1856.	Ether.		James R. Wood, of New York.	N. Y. Jour. Med., May, 1856, p. 399.

41	8 yrs.	M.	Isch'tic notch	2 days.		October, 1857.	Chloroform.	Succeeded in less than ½ a minute. Patient "has done well."	C. E. Isaacs, Brooklyn, N. Y.	N. Y. Jour. Med., Nov., 1857, p. 418.
42	7 yrs.	M.	Dorsum ilii.	5 hours.	Not any.	1855.	Nothing.	1st attempt failed; 2d attempt successful. Both attempts did did not occupy more than one minute. Recovered perfectly in a few days.	—— of Michigan.	Peninsular Journal of Med., July, 1855, p. 35.
43			"	6 mon's.		Mar. 22, 1856.	Chloroform.	No "unpleasant effects" followed.	Blackman, of Cincinnati.	Ohio Med. and Surg. Jour., vol. viii, p. 522 from West'n Lancet.
44	23 yrs.	M.	"	Several hours.	Manual traction for 1 hour, under influence of chlorof'm, subsequently pulleys.	June 1855.	"	1st attempt successful.	E. Cock, of London.	Braithwaite, Jan. 1856, from Med. Times & Gaz., June 30, 1855, p. 644.
45	Adult.	F.	Foramen ov.	8 hours.	Extension under the influence of chloroform.	July 28, 1855.	"	1st attempt successful.	Welch, of London.	Braithwaite, July, 1856 from Med. Times & Gaz., April 12, 1856, p. 362.
46	2 y. & 1 m.	M.	Isch'tic notch	1 day.	Not any.	Mar. 28, 1852.	Not any.	1st attempt successful. Was soon well.	J. H. Beech, of Coldwater, Mich.	Buffalo Med. Jour. vol. viii, p. 71.
47			"	Recent.	"	1852.	Ether.	Immediately reduced.	Parkman, of Boston.	Amer. Jour. Med. Sci., Jan., 1853, p. 79.
48	7 yrs.	M.	Dorsum ilii.	3 hours.	"	1857.	Not any.	1st attempt successful. Occupied few sec'ds	Chas. H. Baker, of Alexander, N. Y.	Buff. Med. Journ., vol. xii, p. 624.

49	7 yrs.	M.	Dorsum ilii.			1857.	Ether & Chloroform.	Reduced in 30 sec'ds.	T. G. McElbright, of Ohio.	Amer. Journ. of Med. Sci., July, 1857, p. 292, from Western Lancet, April, 1857.
50	40 yrs.	M.	Isch'tic notch	Soon after.	Not any.	1857.	Chloroform.	"Leg very much everted." 3d att-pt successful. Recovery rapid.	G. R. Henry, Burlington, Iowa.	North Amer. Medico-Chirurg. Rev., vol. i, p. 933.
51	6 yrs.	M.	Dorsum ilii.	Few hrs.	Not at first recognized.	Aug. 29, 1855.	"	1st attempt successful.	M. H. Stapleton, of Ireland.	Am. Jour. Med. Sci., April, 1856, from Dublin Med. Press, Feb. 13, 1856.
52	44 yrs.	M.	Foramen ov.	3 weeks.	First surgeon supposed it to be a sprain.	July 25, 1856.	"	Succeeded in 10 min.	Wormald, of England.	" Oct., 1856, p. 513, from Med. Times & Gaz., Aug., 1856.
53	22 yrs.	M.	Isch'tic notch	6 weeks.	First tri'd pulleys, which drew it from Dorsum ilii into the notch.				"	"
54	16 yrs.	M.	Dorsum ilii.	6 mos.	Manual extension.			1st attempt successful. Reluxated and reduced three times.	Dupierris, of Havana, Cuba.	Iowa Med. Jour., May, 1857, from North Amer. Med. Rev.
55	34 yrs.	M.	Foramen ov.	3 hours.	Not any.	July 23 1855.	Ether.	1st attempt successful. Perfectly well in 8 days.	W. H. Van Burrey, of New York.	N. York Med. Times, Jan., 1856, p. 126.
56	42 yrs.	M.	Isch'tic notch	Few hrs.	"	July 28, 1855.	"	1st attempt successful. Well in 12 days.	"	"
57	21 yrs.	M.	Isch'tic notch	Few hrs.	Not any.	Aug. 23,	"	Tried seven times and	"	"

			with fracture of opposite leg.			1855.		failed; 2d at'pt with extension succeed'd. Patient did well.		
58	15 yrs.	M.	Foramen ov.	Few hrs.	Not any.	June 17, 1857.	Chloroform.	1st attempt successful.	R. L. Brodie, U. S A.	Memphis Med. Rec., Sept., 1857, p. 90.
59	Adult.	M.	Not stated.	Few seconds.	"	Feb. 20, 1851.	Nothing.	Dr. Swain was himself the subject of the dislocation, and he reduced it himself, by simply flexing thigh	Marcus Swain, of Essex, Vt.	Buffalo Med. Jour. vol. vii, p. 780, June, 1851.
60		M.	Dorsum ilii.			1820.	Nothing.	1st effort successful.	Luke Howe, of Boston, Mass.	Boston Med. and Surg. Journ., vol. xxii, p. 249, May 27, 1840.
61			"	4 days.	Jarvis' adjuster & Reid's method.	Febru'ry 1859.	Nothing.	Reid's method was tried several times but only carried the head of the bone from the dorsum to the ischiatic notch and back. Finally succeeded by his own method. Flexion and adduction, with some extens'n.	Moses Gunn, of Detroit, Mich.	Peninsular Journal of Med., July, 1855, p. 27.
62				7½ mos.	Extension for several days.	Prior to 1840.		Flexion and rotation. During this manœuvre, femur was broken through its lower third.		Boston Med. and Surg. Jour., vol. xxii, p. 249, (1840,) from "French Lancet."
63	Young man.	M.	"						Jno. T. Plummer, of Richmond, Ind.	Medical Counsellor, Feb. 2, 1856.
64	Adult.	M.	Dorsum ilii.	24 hours.	Not any.		Nothing.	Manipulation. 1st attempt successful.	J. W. Dickey, Glasgow, Ky.	L'ville Rev., vol. i, No. 1, p. 103, May, 1856.

Resume. Finally, our researches, by no means complete, have brought to light the following facts:

Richard Wiseman, so early as the year 1676, recommended, in case of children, where the thigh was luxated upon the dorsum ilii to adduct the limb, then flex it upon the belly, and thus reduce the bone.

Richard Boulton, in 1713, and Daniel Turner, in 1742, have repeated the same advice. The latter recommended also the application of a similar plan *in all cases*, before resorting to the pulleys; he has, moreover, reported one case at length in which he succeeded, by manual extension and manipulation, but without the aid of mechanical appliances; and he declared that he had reduced two others by the same method.

Heister, in 1768, thought also of reducing these dislocations by manipulation alone.

Sept. 1776, Thomas Anderson, of Leith, reported in the Edinburgh Med. Commentaries, two cases which he had reduced by manipulation, one being a dislocation upon the dorsum ilii, and one upon the foramen ovale.

Klug, in 1823; Wattman, in 1826; Rust, in 1828; Colombat, in 1830; Fishcher and Mahr, in 1849; published descriptions of their several modes of procedure; all of which were by manipulation, and most of which were essentially or precisely like that which is now generally practiced.

Our researches have also brought to light the following facts illustrative of the connection of American surgeons wish this procedure.

Dr. Philip Syng Physick accidentally reduced a dislocation of the hip by manipulation, in 1811.

Dr. Nathan Shumway, of Essex Co., N. Y., Dr. Luke Howe, of Boston, and many others affirm that Dr. Nathan Smith, of New Haven, taught and demonstrated upon the skeleton this mode of reduction of dislocated hips, in his lectures at Yale College, as early as 1816.

In 1824, Dr. Smith, in a written deposition, declared that he had once reduced a dislocation upon the dorsum ilii by carrying the knee towards the patient's face, and without pulleys.

In the year 1831, Dr. Nathan R. Smith, of Baltimore, published a full account of the views and practice of his father, Nathan Smith, in an octavo volume. His description of his mode of reducing dislocated hips, and his explanation of the theory of the process is clear and elaborate, occupying twenty pages or more. The whole is illustrated by wood cuts.

In May, 1840, Dr. Luke Howe called attention again to Dr. Smith's mode, in the Boston Medical Journal, and reported a case reduced by himself.

In the English edition of Sir Astley Cooper on Dislocations and Fractures, edited by Bransby Cooper, and issued in 1842, is an account of a compound dislocation of the hip reduced by manipulation. The same is seen also in the American edition of the same book published in 1852.

On the 8th of May, 1850, W. W. Reid, of Rochester, N. Y., read before the Monroe Co. Med. Society, a paper entitled "Dislocation of the Femur on the Dorsum Ilii, reducible without pulleys, or any other mechanical power," which paper, containing the details of three cases in which he had accomplished reduction by manipulation, was published in this Journal for August, 1851.

If my readers have followed carefully the descriptions which I have given of the modes of manipulation adopted by the various surgeons during the last two hundred years, they have seen a remarkable similarity in their procedures, especially when they have been speaking of dislocations upon the dorsum ilii, and such as to induce a belief that the modes were nearly or quite identical; and yet they must have noticed also constantly such slight differences in the descriptions, or in the terms employed, as to render it apparent that only in very few instances had the writers copied their opinions and practice from their predecessors. In most cases the writer appears to have been ignorant of what had been done before, and indeed, he has generally avowed a belief that his method was new and altogether original.

This fact may not be difficult of explanation when we call to mind the infrequency of dislocations of the hip, and that fifty years ago the number of surgical books, and especially of Medical Journals was very much less than at present: so that great and valuable truths often died with their discoverers, or were known and remembered only by a few. But it is possible that it has a deeper significance, and that it implies some defect in the procedure, or serious danger, in consequence of which it has from time to time lapsed into disuetude and finally complete oblivion.

It is for the purpose of aiding in the elucidation of this question; and that we might, if possible, determine what accidents or injuries are likely to accompany the reduction of dislocations of the hip by manipulation, that I have had these tables constructed, and with the following results:

The total number of cases is 64. Of 35 cases in which the age is stated the average is 24 years, the youngest being two years and one month, and the oldest 52 years. Of 51 cases stated, 45 were males and 6 females. Of 57 cases stated, 30 were dislocated upon the dorsum ilii; 14 into the ischiatic notch; 10 upon the foramen ovale, and 3 upon the pubes. Of 53 cases stated, 37 had occurred within 24 hours of the time at which the reduction

by manipulation was attempted; 4 within ten days; 4 within three weeks; 1 at four weeks; 1 at five weeks; 1 at six weeks; 1 at seven weeks; 1 at twelve weeks; 2 at twenty-four weeks; and 1 at thirty weeks.

In 50 cases stated, pulleys had been previously trid and had failed in 8; Jarvis' adjuster in 1; Jarvis' adjuster and manipulation in 1; other modes of extension in 6. In 34 cases no means whatever had been previously employed.

Of 52 cases stated, ether was employed to diminish the resistance of the muscles, and to aid in the reduction by manipulation, in 16; chloroform in 13; chloroform and ether in 2; vena section in 3, with or without opium and antimony; morphine alone in 1; and no means whatever in 17 cases.

Of 41 cases stated, 28 were reduced in the first attempt; 7 in the second; 4 in the third, and 2 in the seventh.

In 7 examples the head of the femur has been thrown from one position to another upon the ilium, traveling from the dorsum to the foramen ovale and back, or from the ischiatic notch to the foramen ovale, or from the dorsum to the ischiatic notch, &c.: in some instances these changes being made as often as seven times in succession. In two of these examples the limb has been finally reduced by pulleys, and in one instance an abscess with morbus coxarius has ensued. In no other case has any permanent injury been known to follow these changes of position of the head of the bone.

In 1 case the thigh was broken during manipulation, through its lower third.

20 cases are known to have got well speedily, or within a few weeks after the reduction of the bone. 1, the case of compound dislocation, died in three weeks.

The following seem to be the only complete failures:

Case XXII, a New York Hospital case, of one month's standing, was finally reduced by pulleys.

Case XXIX. N. Y. Hospital case, of seven weeks' standing. Pulleys were finally applied and the neck of the femur broken, but no reduction accomplished.

Case XVIII. N. Y. Hospital case, of three months' standing. Efforts at reduction had been previously made and the edge of the acetabulum is believed to have been broken. The first attempt by manipulation was successful, but it soon became reluxated, and it could not again be reduced.

Case LXII. Femur was broken by manipulation. The account is incomplete.

Case LXI. Dr. Gunn's case. Recent. Simple manipulation failed. Manipulation with extension, successful.

Case LVII. N. Y. Hospital case. Existed only a few hours. Seven attempts with manipulation, failed. Second attempt by extension, successful.

Of these six failures two are known to have been recent cases, and three to have been ancient; but in only two of the six is a positive triumph of the pulleys over manipulation established: one a recent case, and one an ancient case; while on the other hand, eight were reduced by manipulation after pulleys had failed; two after Jarvis' adjuster had failed; three after manual extension had been tried; and three after extension, the precise character of which is not stated. In all sixteen triumphs of manipulation over extension.

It will be noticed that the great majority of the cases from which this analysis has been made, occurred in private practice, and it is unnecessary to say that such statistics do not furnish the most reliable basis for conclusions. As a general rule, unsuccessful cases are not published by private practitioners, but successful cases are pretty certain to be made known; while on the other hand, a series of cases furnished by any single hospital will generally be found to have given both unsuccessful and successful cases. The writer has heard lately of a complete failure to reduce by manipulation in a recent luxation of the hip, after repeated efforts on several successive days, and where skillful surgeons were in attendance; but it is believed that no account of the result has been published.

At least four of the unsuccessful examples recorded were hospital cases, and were all found in the report of 15 cases reported by Markoe, and Van Buren, from the New York Hospital! This is a startling fact, especially when we consider the skill of the several gentlemen who were the operators in these cases; and it plainly renders a new series of statistics necessary, drawn solely from the experience of one or more similar large establishments, before we shall be prepared to decide positively upon the relative value of the two procedures.

Note. Indeed the writer is in doubt whether he ought to regard cases 61 and 62 as examples of failure to reduce by manipulation, since in the first case the reduction was finally accomplished by manipulation *aided* only by manual extension, while in the second case, (62,) we are only informed that the femur was broken by manipulation; but we do not positively know that it was not reduced. If we are permitted to reject these two, then we have no reported cases of failure but the four New York Hospital cases, which occurred in a total of fifteen, and stand in the ratio of more than one failure in every four cases.

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

TUESDAY EVENING, March. 2, 1858.

[The following cases were presented at the March meeting of the association, but were omitted in the report of that month owing to lack of space in our pages.]

Prof. Hamilton presented a specimen of

Biliary Calculus, Cholesterine, and Bile Pigment; also small Calculi of Cholestine.

Dr. Hamilton presented a specimen of biliary calculus sent to him by Dr. Harvey Jewett, of Canandaigua. It had been discharged from a lady sixty years old, who had passed previously a large number of smaller size. After the escape of this, she had no more trouble and is now perfectly well.

The specimen, six-eighths of an inch in its longest diameter, and five-eights in its shortest, has three plane and polished surfaces, or facets, indicating plainly that three other calculi were lodged with it. It is formed of concentric layers, of an alternate white and yellow, or yellowish red color. It weighs 50 grains.

Dr. Austin Flint, Jr., subjected the specimens to examination, by dissolving a portion of the calculus in boiling alcohol, filtering it while hot, and allowing it to cool; he discovered under the microscope, the characteristic tablets of cholesterine in the precipitate. Bile pigment also enters largely into its composition; indeed it is probably composed of alternate layers of both, the bile pigment occasioning the yellowish color, and the cholesterine the white.

Prof. Hamilton also presented three specimens of probably pure cholesterine, found in the gall bladder of a cow. They are white, translucent, and have a soft, soapy feel. Two of them are of the size of pepper corns, and the third is of the size of a small bean, oblong and irregular upon its surface.

Dr. Flint, Jr., had also examined these specimens, which contrary to his expectation, he found did not contain as much cholesterine as the other calculus, there being only a trace present, and most of the substance of the

calculus being insoluble in boiling alcohol. It was tested for nothing but the above mentioned substance.

Prof. Hamilton also presented a specimen of

Cancer of Uterus. Dilatation of Ureter, &c.

This is an ordinary example of cancer of the uterus, occurring in a lady about forty years of age. The disease was only remarkable in the rapidity of its progress. She was residing at Fort Wayne, Indiana, when the occurrence of irregular and painful menstruation, with frequent hæmorrhages, announced the commencement of the malady. She consulted Dr. Hamilton about the last of Dec., 1857. Dr. H. found the neck of the uterus enlarged and presenting the characteristic signs of cancer. The husband was immediately apprized of the nature of the disease, and advised to return home as soon as possible.

Dr. B. S. Woodworth, of Wayne, her family physician, who had always regarded the disease as cancer, had the charge of Mrs. M. from this time until her death, which occurred about three weeks since. She did not survive the malady more than five or six months. Dr. W. sent the uterus and also one of the kidneys to Dr. Hamilton, which were laid before the society.

The cancerous degeneration involves the neck of the uterus and a large portion of its body.

One of the ureters and the pelvis of the kidney are greatly enlarged, probably as the result of obstruction occasioned by the mechanical pressure of the uterus.

Prof. Hamilton presented a case of

Extirpation of the Eye, and Death after Six Years. Autopsy.

Miss C. H., of West Bloomfield, Wyoming Co, N. Y., æt. 16 years, called upon Dr. Hamilton, June 12, 1852. Her health was good; her complexion and hair light. She has never seen at all with her right eye, not even to distinguish daylight from darkness; yet the pupil of this eye dilated and contracted as frequently as the pupil of the sound eye. The right eye was always a little smaller than the opposite; never has been painful.

About one year before, a tumor had begun to show itself at the upper and outer angle of the socket. At this time it was quite large, elastic, and large veins lay over its surface; the eye protruded one inch, and the conjunctiva was highly vascular.

Operation. Patient under influence of ether and chloroform. An incision was made through the upper lid, extending from one angle of the eye to the other, and carried deeper until the tumor was exposed. It was firmly attached to the periosteum covering the orbital plate of the frontal bone, and the mass was removed by peeling up the periosteum.

Beyond this, several distinct masses of diseased tissue, of a lobular form, were founb lying in the bottom of the orbit and surrounding the optic nerve in such a manner that it was impossible to remove them without destroying the nerve. It was immediately determined, therefore, to extirpate the eye and clean the socket entirely. This was accomplished chiefly by the scissors, the periosteum being subsequently torn from every point to which the tumors were attached. The bleeding was free, but it was easily restrained by pledgets of lint pressed into the socket until it was full. The lachrymal gland was removed with the eye.

The wound was closed with sutures, and dressed with lint, &c. During a part of the operation she was completely insensible; and at other times she would complain that some one was pulling her hair, probably when the supra orbital nerve was touched. After the operation she was faint, and vomited freely.

Examination of the Product. The lachrymal gland was enlarged to more than twice its natural size; its form was lobulated, and portions of its interior were hard and crispy, like cartilage, and portions soft and granular. The other masses were of a similar structure.

The outer tunics of the eye itself were sound, but a vertical section of the eye disclosed a curious growth from the retina. This was a pyramid, of a firm consistence and white color, with its base six lines in diameter, and perfectly round, resting on the retina, and its apex, truncated, and about one line in diameter, resting against the posterior surface of the lens. The lens was perfectly opaque. On cutting the pyramidal growth, the base appeared fibrous, and the anterior portion more solid, like cartilage.

The microscope detected no cancer cells.

The socket filled up rapidly, and the wound healed kindly, and for many years Miss H. continued to enjoy good health.

By a letter received from Dr. Harvey Jewett, of Canandaigua, Dr. Hamilton learns that Miss H. died somewhere about the tenth of last month; and although Dr. Jewett has given no account of the circumstances preceding her death, (he promises to furnish it soon for the Buff. Med. Journ.,) he

has sent to Dr. Hamilton a portion of the meninges of the brain with certain morbid growths attached. These Dr. Hamilton showed to the society.

First. There are two tumors situated underneath the tentorium and resting upon the cerebellum, one of which weighs two ounces, and the other half an ounce. Both were attached by narrow pedicles to the dura mater, over and upon the margin of the meatus auditorius internus. They have evidently grown from the outer, or fibrous layer of the dura mater, or have been deposited between it and its serous surface, since the latter is continued over them throughout. There were slight vascular connections on the surface of the larger one but none on the smaller.

On cutting into these tumors, they seemed to be chiefly composed of a substance resembling the white portions of the brain, being soft, and homogenous; but a small part of each tumor was more solid, slightly vascular, and appeared to the naked eye, fibrous.

Second. Nearly the whole of the upper half of the dura mater, and especially that part near the superior longitudinal sinus and along the falx cerebri, was studded with deposits of a soft cerebriform substance, always underneath the serous surface, and of sizes varying from a split pea, to one inch in diameter.

Whether these deposits, or any portion of them, were tubercular, it would not be easy to determine, since the specimen had lain for some time in alcohol; yet this supposition is not improbable. It is probable, however, that such was not the character of the whole of the larger growths, or tumors; nor did Dr. Hamilton see any reason to suppose that the original tumors in the eye which he had removed six years before, were tubercular; indeed he is quite certain that they were not.

It is worthy of notice that the original tumors removed by Dr. H. from the orbit, seemed to grow from the periosteum, being firmly attached to it, and that these tumors found within the skull are attached likewise to the dura mater, or internal periosteum.

TUESDAY EVENING, April 6th, 1858.

The Association met.

Present—The President, Prof. Flint, in the chair; Drs. Hamilton, Eastman, Rochester, Lemon, King, Wilcox, Root, Gay, Newman, Nichell, White, Mixer, Miner, Ring, and Flint, Jr.

The minutes of the last meeting were not present, and on motion, their reading was dispensed with.

On motion, the election of officers, which was next in order, was suspended for a hearing of the report of officers for the past year.

Dr. Newman then read the report of the officers for the past year, which on motion, was accepted.

The report of the Treasurer was as follows:

Balance in treasury, April, 1857, ...	$ 7 78
Receipts during the year, ...	173 71
.	181 49
Expenses during the year, ...	179 80
Balance in treasury, ...	1 69

The association then proceeded to an election, and the following officers were chosen for the ensuing year:

President, ...	Dr. WYCKOFF.
Vice-President, ...	" NEWMAN.
Secretary, ...	" FLINT, Jr.
Treasurer, ...	" MIXER.
Librarian, ...	" LEMON.
Primary Board, ...	Drs. HAWLEY, EASTMAN, KING.

Moved and seconded, that the address of the retiring President be deferred until the next regular meeting. Carried.

Moved and seconded, that a committee of two be appointed to conduct the newly elected President to the chair. Carried; and the chair appointed Drs. White and Wilcox such committee.

The President, Dr. Wyckoff, then took the chair with a few appropriate remarks.

Moved and seconded, that a vote of thanks be tendered to the retiring President, for the able and impartial manner in which he had presided over the Association, and also that a similar vote be tendered to the Secretary, Treasurer, and other retiring officers, for the able and faithful discharge of their duties for the past year. Carried.

Moved and seconded, that the discussion of Dr. Newman's report on Puerperal Convulsions, be deferred until the next meeting, after its publication in the Buffalo Medical Journal. Carried.

Prof. Rochester, committee on Tracheotomy in Croup, made a partial report, which was received, and on motion, the committee was continued.

Prof. Hamilton then presented to the association the following specimen:

An erectile tumor, containing a number of phlebolites. This was the first tumor of the kind which had ever come under his observation. It was situated on the arm of a woman 45 years of age, and was produced twenty-six years before by the rupture of a vein, caused by lifting a pail. When seen by Dr. H., it was about the size of a hen's egg; its surface irregular, elastic, and of a bluish color, looking like a varicose tumor; there were no other varicose veins in the arm, but there was a small varicose tumor at the inner angle of the right eye which, she says, has existed since childhood, and which is probably congenital. This is also blue and elastic, and about the size of a small fibert.

After removal, the tumor was found to contain a quantity of phlebolites; the specimen, when presented to the association, contained some of these phlebolites, which could be distinctly felt.

The phlebolites were submitted to Dr. A. Flint, Jr., for microscopic examination, who found them to consist of concentric layers of fibrin, which constituted the greater part of the bulk, enclosing a round, polished, and hardened mass, composed of fibrin and calcareous matter. This calcareous matter was apparent under the microscope, but had no crystaline structure. There were thirty or forty of these little bodies in various parts of the tumor, varying in size from a millet seed to a common pea.

The next was a specimen of a fleshy polypus of the nose. These growths are extremely obstinate, and Prof. Hamilton has never before successfully removed them. The patient was a lad æt. 16, who nine months ago, had his attention first called to this difficulty by hæmorrhage from the nose; about three months ago, his father brought him to Prof. H., who, finding it impracticable to remove it by torsion, tied the polypus with a wire ligature; and at the end of ten days it sloughed off during the night, and was swallowed; it was then about the size of a small pear.

On the first of March, 1858, the patient again called upon Prof. Hamilton, who found that it was growing rapidly, and endeavored to tear it away, expecting to plug the nares if the bleeding was very profuse, but he was unable to detach it by any amount of force which he could apply; he then applied the wire ligature as before, and allowed it to remain. On the third day, however, he succeeded in extirpating it by means of a strong pair of curved forceps introduced through the mouth into the posterior nares. The evulsion seemed to be complete, and was followed by very little hæmorrhage.

The tumor was about the size of a hen's egg, firm and fleshy in consist-

ence. Some months have now elapsed and yet there is no return, and Dr. H. has every reason to believe that the lad is permanently cured.

Prof. Hamilton also presented a specimen of enlarged cervical glands about twenty in number. The patient was a lady, aged abut 50. Twenty years ago, a single gland became enlarged and was removed twelve years ago by Prof. James Webster. It was removed at that time, because it had begun to encroach upon the trachea and impede respiration.

Prof. Hamilton removed them March 26th, 1858. As before stated, there were about twenty distinct tumors, varying in size from a pea to a hen's egg; they seemed to contain tuberculous matter.

There seemed to Prof. Hamilton but two adequate reasons for removing enlarged lymphatics in this situation. One would be on account of their encroaching upon the trachea and impeding respiration. Another would be the development of a cancerous tendency. This latter occurrence may take place, though as a rule cancer commences in the secretory glands. Prof. Hamilton is sure that he has seen instances of this kind, some of the circumstances which would point to this tendency and which existed in this case, are, return if they have ever been extirpated before, and slow growth with no disposition to ulceration. Prof. H. is opposed to their removal on any other grounds. If removed, other glands are likely to become speedily affected in the same way.*

Dr. Gay reported the result of a case of extensive injury to the forearm, which was reported to the association some months since, by Dr. A. Flint, Jr. In this case the forearm was denuded of integuments from the elbow to the wrist, and about three-fourths of the radius was carried away. It was seen in consultation by Prof. Hamilton and Dr. Flint, Jr., and treated with dressings of cold water and simple cerate. In five months the ulcer was entirely healed, but the arm was exceedingly deformed and bent.

Prof. Hamilton remarked that he thought this an exceedingly instructive case, especially to the young practitioner; that he had never seen a case which promised less towards saving the limb. In this case he thought the recovery due to the extensive loss of integument, thereby allowing a free exit of fluids. When this was not the case there was more danger, though

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* In making up his abstract of the proceedings, the secretary has made use of notes of the foregoing cases, which were kindly supplied to him by Messrs. Demainville and Mackey, students of medicine in the office of Prof. Hamilton.

at first sight the limb looked much better. Prof. H. had seen cases illustrating both of these points.

Dr. Flint, Jr., remarked that it was a matter of which the profession of Buffalo could be proud; that such limbs as the one referred to, were saved by our surgeons. One of the greatest improvements in surgery, is the saving of limbs, which formerly would inevitably have been sacrificed. None in this country excelled Prof. Hamilton in this respect. Dr. F. had an opportunity of observing the practice of some of the most eminent surgeons in the country, during his stay in Philadelphia, and is confident that in this case, most of them would have amputated immediately; yet the result shows how much better was the course pursued by the advice of Dr. Hamilton.

Prof. Hamilton gave a sketch of a plastic operation which he had lately performed at the hospital. This was a case of elcoplasty. Prof. H. had made three operations of this kind, all of them being successful. This was a most unpropitious case; it was emphatically an old ulcer, which the Dr. had observed in the hospital for some time. The operation was made by sliding in a portion of new integument. When the ulcer first healed, the patient was attacked with hæmoptysis, and it was supposed that a more formidable disease had been substituted for the original difficulty; but this apprehension is not now entertained. The other two were cases at the hospital, of old standing. The operations were made two months ago. They are now nearly healed. Dr. Hamilton thinks that there can be no doubt as to the propriety of the operation, as there is certainly a limit to the possibility of reproduction of skin. In those cases it is necessary to make a new nucleus for the regeneration of integument, by transplantation.

Prof. White presented a new form of perforator. The instrument was designed by M. Hippolyte Blot, and was made to the order of Prof. W. by Tieman, of New York. Prof W. had always found a difficulty with the old form of scissors, in being compelled to use both hands in opening them, while it was desirable to have the finger on the head of the child. The peculiarity in this instrument was that the blades could be opened with one hand, which he considered a great improvement. There was also another improvement which he had suggested, namely a shoulder to prevent the cutting part of the instrument from going beyond the skull, as this is the only part which it is necessary to cut in the operation. If the operation of perforating the head be decided upon, it is desirable that it be done thoroughly, as it would be extremely awkward for the physician and painful to the friends, to see a child born living and mutilated. This, however, has occurred.

Prof. White also wished to mention a case of the return of an inverted uterus of long standing; he merely mentioned the case at that time, intending to communicate a more elaborate account of it hereafter. He had reported a case some time since, where a uterus was returned by him, after it had been inverted for eight days; but in this case it had been inverted for nearly *six months*. He received a communication from the attending physician at Hornellsville, Dr. C. D. Robinson, relative to the propriety of extirpation, as the patient was very much reduced by repeated and constant hæmorrhages. Prof. W. replied that he thought restoration possible, and at the patient's request, went to Hornellsville, and succeeded in returning it. He has since received a communication from the attending physician, giving the most favorable reports of the state of the patient, and he has every reason to expect a full recovery.

Prof. Hamilton accorded extraordinary credit to Prof. White for his enduring faith in the possibility of reduction, which has of course been denied by all authorities, and the perseverance with which he continued his efforts until the end was accomplished; and since the report of this case he thinks that there is no reason to suppose that a uterus cannot be returned even after a much longer period than six months; unless it had formed attachments in its new position.

Dr. Miner inquired if chloroform was administered during the operation.

Prof. White replied that he had not intended to give a full report of the case at present. Chloroform was used. The uterus had evidently finished the processes of involution and was no larger by actual measurement, than is usual in women who have borne children. The organ was completely returned, and the danger to the patient resulted from her extreme debility from loss of blood. We all know that the mouth of the uterus can be artificially dilated at any time, for the performance of operations in its interior, and why cannot the os be as well dilated by the pulling open of the lips by the vagina, after the uterus has been inverted?

Prof. Rochester presented a sketch of the following case:

On the fourth of March, he was called to a case of labor. The labor was rapid, and followed by alarming uterine hæmorrhage, which however, he succeeded in controlling. The patient then was doing well for three weeks. At 7, A. M., she was as comfortable as usual; but a few minutes after, was seized with a sudden and alarming hæmorrhage, although she had not yet got up. Prof. Rochester saw her at eight, when she was pulseless and apparently moribund; stimulants were immediately exhibited and a tampon

introduced; by these means the hæmorrhage was controlled. In twenty-four hours the tampon was removed (the whole of it, as was supposed,) in an extremely offensive condition, and replaced by another saturated with a solution of alum. Prof. R. noticed that he could not introduce so large a tampon on this occasion, as at first, which he attributed to the contraction of the parts. In twenty-four hours more, the second tampon was removed, which was also exceedingly offensive. A discharge from the parts continued, and with strangury and symptoms of cystitis. Injections of the chlorinate of soda were made use of, in consequence of the offensive nature of the discharge, which was attributed to the character of the secretions. Five days after the removal of the second tampon, the nurse discovered something protruding from the vagina, which proved to be a piece of tampon, more than a yard of which was removed. During all this time, no critical examination of the vagina and os uteri was made, as the Dr. feared that the disturbance might reproduce hæmorrhage.

Prof. White called to mind a case of flooding which occurred more than four weeks after delivery; the patient was doing well before its occurrence; this patient died, although the tampon was used with every other means that could be employed for arresting the hæmorrhage and sustaining the vital forces.

Dr. Lemon wished to add his testimony to the case reported by Dr. White, where the muriated tincture of iron was used externally by mistake, with good effect. He had lately treated a case with good results, by its external application.

Prof. Hamilton remarked that cases of cure of any disease, which might be self-limited, should be stated as such, with a great deal of caution. He thought in such cases, it was difficult to ascribe any certain efficacy to any particular remedy.

Moved and seconded, that the treasurer be authorized to put up shelves for the reception of books and pathological specimens, at an expense not exceeding five dollars. Carried.

Moved and seconded, that the president be permitted to rent the small room belonging to the Association, at his discretion. Carried.

The Association then adjourned.

FRIDAY EVENING, May 7th, 1858.

The Association met as usual on the first Tuesday of the month, but adjourned to date.

Present—The President, Dr. Wyckoff, in the chair; Drs. Ring, Treat, Newman, Rockester, Rankin, Miner, and Hutchins.

Minutes of last meeting not present.

Prof. Rochester, the committee on Tracheotomy in Croup, then finished his report.

Moved and seconded, that the report be accepted, and ordered to be published. Carried.

(This report will appear in full in the next number of the Journal.)

Prof. Rochester moved that Dr. Bernard Monahan be invited to meet with the Association until he could become a member. Seconded and carried.

Dr. Flint, Jr., moved that a similar invitation be extended to Dr. Stevens. Seconded and carried.

A letter was then read from Dr. Mixer resigning his office of treasurer of the association.

On motion, the resignation was accepted, and the association proceeded to ballot for a new treasurer. A ballot was taken, and Dr. Hutchins was duly elected.

The Association then adjourned.

AUSTIN FLINT, JR., M. D.,
Secretary.

ART. III.—*A Case of Accidental Swallowing of a Cent of the Old Coinage, &c.* By O. C. GIBBS, M. D., Frewsburg, Chaut. Co., N. Y.

The following cases of accidental swallowing of foreign substances, may not be altogether uninteresting as additions to those presented in the October number of your Journal for 1857. As the cases, with one exception, did not come under my observation, but were verbally reported to the Medical Society of South Western New York, at its last session, Feb. 3d, 1858, this paper is written from memory.

Dr. Andrews reported as follows:

About a year ago, I was called to see a lad about five years of age who, it was said, had swallowed a cent of the old coinage. The patient did not seem to be suffering much, but on trial it was found that he could not swallow solid food. On examination, the cent was found lodged low down in the œsophagus, and was carried to the stomach by the aid of a probang. A

laxative dose of castor oil was given. The friends were requested to watch the alvine evacuations, and inform me if at any time unpleasant symptoms should arise. Two weeks after this I was called to see the patient laboring under dysenteric symptoms. These symptoms yielded to opiates and astringents. Having learned that the friends of the patient had been injudiciously using cathartics, with the view of facilitating the escapement of the coin, as well as with the view of carrying off the poisonous products of chemical decomposition, I advised that no medicine should be given except at my direction and to meet present symptoms.

About *six months* from the time the coin was swallowed, it was passed per anum. The boy's health was rather delicate during the period of the retention of the coin, but not sufficiently so to call for any decided treatment. The health is now perfectly restored.

I look upon this case as remarkable in the limited amount of disturbance which the coin occasioned, and in the length of time which it was retained. I have no remembrance of having read of a case where a copper coin was so long retained.

Dr. O. C. Gibbs remarked, that in the Buffalo Medical Journal for October last, there were several interesting cases reported of accidental swallowing foreign substances, some of which were, perhaps, not less remarkable than the very interesting case now reported by Dr. Andrews. In one case a copper cent passed per anum after four months' duration; in other cases, copper cents had been swallowed, and years afterward had not been heard from—they were still retained or passed without knowledge.

Dr. Gibbs continued his remarks nearly as follows: I did not, however, rise to point to a record of similar cases, but to make brief mention of a case of some interest, at least to me, where a foreign substance was accidentally swallowed, and lodged in the œsophagus. About three years since I was called to see a boy, about 6 years of age, who it was supposed, had swallowed a spectacle glass, oval in form and of very large size. I found the boy suffering but little, but on trial, it was observed that he could not swallow without difficulty. Hoping to dislodge it from the œsophagus, I gave an emetic, which operated without bringing away the glass. I gave him a little bread to eat, which he chewed very fine and swallowed without difficulty. Thinking that it was possible the glass had reached the stomach, and having nothing with me with which to explore the œsophagus, I left the patient, requesting that I might be informed should subsequent symptoms indicate that the glass was still in the œsophagus.

Three days after, I was sent for again, and was informed that it was prob-

able that the glass had not yet reached the stomach. An exploration with a probang, showed the foreign substance about two-thirds of the way down the œsophagus. Believing it to be bad practice to force it down, until suitable efforts had been made to withdraw it, I explained my views to the friends and again left the patient, with the promise of returning as soon as I could procure a suitable instrument with which to make the contemplated effort at extraction. The instrument was procured on the second succeeding day. In the interval, a rival practitioner, distinguished more for his mature years and large experience, than for his nice appreciation of courtesy or professional etiquette, called and offered his services, remarking that a man must be a very *inefficient* practitioner who could not force a foreign body from the œsophagus into the stomach, a feat which he had several times performed. With unusual good sense, and with commendable fidelity to myself, the proffered services were declined.

The instrument procured, consisted of a long flexible whalebone rod, with a silver head, having some resemblance to the head and gills of a fish. This head had a jointed attachment to the rod. Aided by my friend Dr. Beardsley, the instrument was introduce into the œsophagus, and pushed carefully down until the head had passed the foreign substance; slightly withdrawing it now, and gently manipulating, it soon became apparent that the edge of the glass was caught in the gill of the instrument, which was now carefully withdrawn, bringing with it, to the great joy of the family, the glass, after five days lodged in the œsophagus. The exact dimensions of the glass I have not at hand, suffice it to say, however, that its circumference was somewhat greater than a cent of the old coinage.

In regard to this case I would simply observe, that death has occasionally resulted from insoluble substances swallowed, of less dimensions than the one in this case lodged in the œsophagus. Hence the propriety of trying to withdraw it, and also, in the absence of distressing symptoms, the propriety delaying decided action, in order to the better accomplishment of the desired end. The result of this case justifies the inference that we should never sacrifice our convictions of *judiciousness*, in the hope of escaping the charge of *inefficiency*.

Dr. H. W. Barrett remarked as follows: I do not rise for the purpose of making any remarks in regard to the two interesting cases just reported, but to make a brief mention of a case in which a foreign substance was swallowed, of unusual character, accompanied with alarming symptoms.

Several months since, I was called to see a child, about three years of age, which it was supposed, had swallowed several percussion caps. I found the

patient vomiting and purging profusely, and in a state of most alarming prostration. Three of the caps came away by vomiting. In view of the peculiar nature of the case, and its alarming character, I thought it advisable to associate Dr. Axtell with myself in the case. Milk, white of eggs, and stimulants, were the remedies principally brought to bear upon the case. Notwithstanding the evacuations from the bowels were profuse, it was thought advisable to give castor oil, with the addition of a little laudanum. Eleven caps were passed per anum, making fourteen in all that had been swallowed. The patient recovered rapidly.

This case I consider interesting, because of the peculiar character of the substance swallowed. I have no remembrance of having seen a similar case on record. It is also interesting, because of the sudden onset and alarming nature of the symptoms and the rapidity of the recovery.

D. G. W. Hazeltine remarked as follows: The interesting cases just mentioned, bring to my mind a case that occurred in the practice of my father. I have no records of the case, and cannot give the particulars in regard to it; suffice it to say, that a child passed into its œsophagus a large and heavy piece of lead, which had been used as a nipple shield. It was removed with a double wire, bent so as to form a hook. The peculiarity of this case is the unusual size and weight of the body lodged in the œsophagus.

Dr. Hazeltine moved that Dr. O. C. Gibbs be invited to report the cases which have just been verbally given to the society, for the Buffalo Medical Journal.

It is but just to observe that the above cases have been reported from memory, and it is not impossible that some important particulars have been omitted. I have, however, endeavored to bring out the facts in the cases, in nearly the same language in which they were presented to the society.

ART. IV.—*Report of Mortality in Buffalo for the month of April*, 1858.
By H. D. GARVIN, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Abdominal Injury,	1	1		
Cephalitis,	1	1		
Child Birth,	1		1	
Convulsions,	15	5	7	3
Croup,	3	1	2	
Debility,	7	5	2	
Dentition,	1	1		
Diarrhœa,	1		1	
Dysentery,	1		1	
Dropsy,	2	1	1	
Drowned,	1	1		
Eclampsia,	1		1	
Epilepsy,	1		1	
Exposure,	1		1	
Fever, Typhoid,	4	3	1	
" Typhus,	1	1		
Heart Disease,	5	4	1	
Hydrocephalus,	4	2	2	
Inflammation of Bowels,	3	2	1	
Injuries to Skull,	1	1		
Jaundice,	1	1		
Marasmus,	5	2	3	
Morbus Cerebis,	1	1		
Meningitis,	3	3		
Paralysis,	2	2		
Pleuro-Pneumonia,	1	1		
Pneumonia,	5	2	3	
Phthisis,	16	11	2	3
Puerperal Fever,	2		2	
Pulmonary Congestion,	2	2		
Premature Birth,	1		1	
Psoriasis,	1		1	
Pulmonary Apoplexy,	1		1	
Rheumatism,	1		1	
Rubeola,	1		1	
Scarlatina,	2	2		
Smothering,	1		1	
Still Born,	2	1	1	
Scrofula of Knee,	1	1		
Typhoid Pneumonia,	1		1	
Tumor of Kidney,	1		1	
Uterine Cancer,	1		1	
Total,	124			

SEXES.

Males,	58
Females,	43
Sex not given,	23
Total,	124

AGES.

Still-born,	2	Between 20 years and 30 years,	8
1 day,	3	" 30 " " 40 "	8
1 day and 30 days,	10	" 40 " " 50 "	5
Between 1 month and 6 months,	15	" 50 " " 60 "	11
" 6 months and 12 "	12	" 60 " " 70 "	2
" 1 year " 3 years,	21	" 70 " " 80 "	6
" 3 " " 5 "	6	" 80 " " 90 "	1
" 5 " " 10 "	1	" 90 " " 100 "	0
" 10 " " 20 "	7	" 100 "	0
	77		41
Ages not given,	6		118
Total,	124		

NATIVITIES.

American,	83	Prussian,	0
German,	25	Italy,	1
Irish,	11	French,	1
English,	0	Scotch,	0
Canadian,	0	Bohemia,	0
Holland,	0	Country not given,	3
Total,			124

ART. V.—*Death of the Foot Produced by Tight Bandages.*

DR. FLINT: The following case has been communicated to me by Dr. Fuller, of Wyoming, with permission to publish it. Examples of death of the hand and arm from tight bandages are not unfrequent, but I have found upon record no other case of death of the foot from the same cause.

FRANK H. HAMILTON.

A. B., of C., æt. 71. Fell from a tree, striking upon his foot, Aug. 27, 1855, producing a backward dislocation of the tibia and fibula upon the os calcis, and also a fracture of both bones of the leg a few inches above.

An eclectic physician took charge of him, applying lateral splints, and a roller firmly from the toes to the knees. Notwithstanding the remonstrances and prayers of the patient to have the bandage loosened, it was kept on until the 9th day, when the doctor cut the bandage upon the top of the foot. It was then vesicated about the ankle; simple cerate was applied, but the remainder of the bandage was continued. No further change was made until the 19th of Sept., when I was called in. On removing the dressings, I found the integuments covering the whole foot, dead and dried down to the bones. The dislocation was not reduced. Soon after the whole limb became œdematous, and on the 27th of Oct. the leg was amputated by Dr. Barrett, of Leroy. The patient recovered rapidly.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Experiments with Bibron's Antidote to the Poison of the Rattlesnake. By WILLIAM A. HAMMOND, M. D., Assist. Surg. U. S. Army.

Some four years since, Prince Paul, of Wurtemberg, the celebrated naturalist, communicated to my friend, Mr. De Vesey, the results of some experiments performed before the French Academy of Sciences by Professor Bibron, relative to an antidote to the poison of a rattlesnake. According to Prince Paul, Professor Bibron allowed a rattlesnake to bite him in the lips, cheeks, &c., and, by taking the antidote discovered by him, prevented all alarming symptoms, and, in fact, suffered no inconvenience therefrom.

The antidote in question, as stated by Prince Paul, is prepared according to the following recipe: R.—Potassii iodidi gr. iv; hydrarg. chloridi corros. gr. ij; bromini ℥v.—M. Ten drops of this mixture diluted with a tablespoonful or two of wine or brandy constitute a dose, to be repeated if necessary. It must be kept in glass-stoppered vials well secured.

Prince Paul forwarded a small quantity of the above mixture to Mr. De Vescy, who used it successfully in the cases of two men bitten by rattlesnakes near his residence in Iowa.

During a recent expedition to the Rocky Mountains, I had several opportunities of testing its efficacy, and, since my return, have performed additional experiments with it. The results have been, on the whole, exceedingly satisfactory, and I think that when taken in time it may be entirely depended upon in the poisonous wounds of the rattlesnake, and, perhaps, also in those of other venomous serpents.

1*st Experiment.* Heinrich Brandt, Acting Hospital Steward, was bitten, on the 2d of July, 1857, in the index finger of the right hand by a large rattlesnake (*crotalus confluentus,*) which he was in the act of putting into a jar for preservation. The snake inflicted a very deep wound, and hung by his fangs to the finger for a second or two before it could be detached. About four months after the bite, and before much pain or swelling had ensued, I administered one dose of Bibron's antidote. The symptoms almost immediately disappeared. Forty minutes after giving the first dose the pain and swelling returned, attended with considerable throbbing. I repeated the medicine, and in less than five minutes the finger had regained its natural appearance, and all pain and pulsation had vanished. He re-

mained perfectly well, and resumed his duties in an hour from the reception of the injury.

2*d Experiment.* A very large rattlesnake was made to bite a young wolf (*Canis occidentalis*,) about three months old. The serpent wounded the animal severely in the left flank. Fifteen minutes after the bite the leg was much swollen, and the wolf exhibited signs of great uneasiness, yawning, stretching, and looking about in an anxious manner. These symptoms continued to increase in intensity till inability to stand, drowsiness, and slight convulsive movements ensued. I now (thirty minutes from the infliction of the wound,) gave six drops of the antidote, with almost instantaneous disappearance of the observed symptoms. In a few minutes afterwards the animal ate a large piece of meat.

3*d Experiment.* On the following day the same snake was made to bite the wolf three times in the space of five minutes, in the flank, neck and chest. In two minutes after the last bite the effects of the poison were evidenced by the inability of the wolf to stand, gasping respiration, and a fixed expression of counrenance. Some delay occurred in getting the antidote ready, and before I could administer it all signs of life had apparently ceased. Nevertheless, I placed six drops far down the throat, where it seemingly remained, as no effort of swallowing was perceived. However, in one minute respiration again commenced, and the heart could be felt to pulsate. The wolf lived for twenty-seven minutes, and then died comatose.

The rapidity of the action of the poison in this case, owing to the large quantity introduced into the system, prevented a successful issue. The good effects of the antidote were, however, sufficiently apparent to every observer, and I have no doubt that had it been given before the faculty of swallowing was lost, the life of the animal would have been saved.

4*th Experiment.* After my return to Fort Riley, a large *Crotalus confluentus*, which I had brought with me from the Rocky Mountains, was made to bite a dog five months old. The wound was made in the right shoulder. The poisonous effects of the bite commenced in ten minutest causing gasping respiration, inability to stand, &c. I attempted to give a dose of the antidote, but the dog would not swallow, and I had no means at hand by which to introduce it into the stomach. I again tried to administer the remedy, but without success. The third dose was inhaled into the lungs. By this time the dog was perfectly senseless, and was dead in forty-five minutes after the infliction of the bite. Very slight swelling occurred in the wounded part.

5*th Experiment.* Forty-five minutes after the last experiment the same snake was made to bite another dog of the same litter as the preceding. The wound was inflicted in the lower jaw, very near the mouth. At the end of three minutes, and before any violent symptoms ensued, a dose of the antidote was given. The dog swallowed it readily. Five minutes afterwards the animal seemed very uneasy. Respiration was accelerated, and he preferred to lie down in the shade. At the end of about fifteen minutes he could stand with difficulty; and, as the sickness appeared to be on the ncrease, another dose was administered. Nearly half of this was lost.

Slight swelling was perceived in the face and neck. When roused the animal would walk a few yards, though with great difficulty, and evidently preferred rest and quiet. About an hour after the bite he lapped a little milk, and seemed to be better, wagging his tail when spoken to, and walking with less effort. No increase of the symptoms occurred, and, in fact, the dog was, to all appearance, perfectly well in two hours after the reception of the injury, except that a slight swelling of the under jaw still remained. I saw him no more till next morning, when this had disappeared, and he was as active and lively as ever.

I had no further opportunities of repeating the experiments with other animals. During my absence, however, the antidote was use by Dr. Coolidge, U. S. Army, (to whom I am also indebted for assistance in the latter experments,) in the following case, of which he has favored me with the subjoined account:

"In July, 1857, a girl, aged fifteen years, was bitten at Fort Riley by a rattlesnake, on the dorsal aspect of the first phalanx of the ring finger of the right hand. In a few moments the finger became swollen and bluish, and when I first saw her, about ten minutes after the receipt of the wound, I applied a cord tightly around the finger, and then made a free incision down to the bone. As soon as the articles could be procured from the hospital, I gave ten drops of the bromine mixture diluted, and injected into the wounded finger the preparation recommended by Dr. David Brainard, of Chicago, Illinois. (See *Annual Report, Smithsonian Institution*, 1854.) viz:

℞ Iodinii, grs. x.
Potasii iodidi, grs. xxx.
Aquæ destillatæ, f℥j. Solve.

The patient expressed herself relieved after the first dose of the bro mine; a second was given in twenty minutes. The solution of the iodine injected caused severe smarting pain; the fluid and air from the syringe could be felt a little above the wrist, and ultimately caused suppuration of the cellular tissue on the back of the hand. Nothing more was done. The girl recovered."

In conjunction with the mixture referred to in this paper, it will be observed that Dr. Coolidge laid open the wound and injected the cellular tissue with tinbture of iodine, as recommended by Dr. Brainard, of Chicago, so that the favorable result in this instance cannot be attributed solely to the use of Bibron's antidote.—*American Journal of Med. Sciences.*

[The following is part of an article by E. Noeggerath, M. D., of New York, on Epicystotomy. The first part of the paper details a case of stone, in which the calculus was removed by the knife operation.]

Every surgeon who is called upon to treat a patient for stone in the bladder, will prefer the operation with the knife or the lithotrite to the tedious application of internal remedies for dissolving the stone. This will be gen-

erally admitted. On the other hand, every physician who has treated cases of concretions in the bladder, must have felt a desire of having a preparation, which might enable him to dissolve stone. There are patients who will rather bear their sufferings than be approached with an instrument, or if once operated upon, decline any further surgical interference. Again, we often meet with such a high state of irritability of the bladder, that it would be unsafe to increase it by a protracted employment of steel instruments. In other cases the calculus is small, so that we do not feel justified to subject the patient to all the hazards of a regular lithotomy for relieving him from the trifling uneasiness connected with his disease, especially if the condition of the urethra or the location of the stone is such that we must abstain from lithotrity. This is not all. We meet with hundreds of unforseen circumstances, which make it desirable to have a solvent for stone.

Various attempts have been made to dissolve stone in the bladder, sometimes by introducing remedies into the system by the digestive organs, sometimes by direct application to the calculus. It is the latter ones that we intend to subject to a short analysis, to see if any of them is worthy of attention. Until within the last few years, the therapeutical treatment of stone has been the almost exclusive privilege of irregular practitioners. This is one reason that it is but recently that some really scientific men have taken the matter in their own hands. The remedies used by the latter may be divided into two classes, viz.: 1, simple solvents; 2, chemical agents, working on the principle of double decomposition. Among the former are to be counted, (*a*) acids (for phosphatic stones,) such as muriatic acid, nitric acid (Brodie,) gastric juice (Dorsey, Millot;) (*b*) alkalies (for lithic calculi,) lime water (Berzelius, Amussat, Leroy,) borax (Ure, Gay Lussac,) Vichy water (Petit, Chevallier,) Barèges water (Desault.) It would surpass the limits proposed for this article, if we were to discuss the value of these remedies. I shall, therefore, confine my remarks to those of the second class, viz., agents acting upon the stone by double decomposition.

The chemicals proposed for this purpose are preparations of lead, and among these the nitro-saccharate of lead has been applied in practice. Some of our greatest surgeons, and among them Prof. Gross, of Philadelphia, when speaking of lead preparations as solvents for stone, show clearly that they have not the least confidence in their application. But the observations of Dr. Hoskins, of Guernsey, England, made such a favorable impression upon my mind that I was induced to make some further inquiries regarding the solubility of stone by the method of double decomposition.

Instead of nitrate of lead I employed the acetate (plumbum aceticum,) thinking that the presence of an organic acid would have a greater affinity for a chemical compound formed in a living organism. Before using it as an injection, I instituted the following experiments. In one ounce of water I dissolved 10 grains of acetate of lead, and superacidulated it with 10 drops of strong acetic acid. This clear solution I poured over ten grains of stony particles taken from the outer layer of the calculus. As soon as they came in contact with the water thus saturated, it seemed as if whitish vapors began to settle around each of them, emitting at once, small air-bubbles. These clouds grew thicker and thicker, until at last the particles were entirely enveloped. I now began to agitate the fluid by moving the bottle slowly up and down for about half an hour, the consequence of which was, that the formerly clear solution turned quite thick, thus proving that a chem-

ical process was going on. The mixture, when examined the next day, presented the following appearance. The fluid portion was almost clear, while the bottom of the vial was covered with a thick, coherent precipitate, which consisted of three portions; (*a*) some few of the stony articles left coherent, but all greatly diminished in size; (*b*) a greyish, powdery concretion, being seemingly a mixture of disintegrated particles of the stone, and precipitated portions of the lead; (*c*) a layer of a perfectly white substance shaped in a coherent thin foil. After filtering the liquid from the solid portion, I separated the three different specimens of residue as much as possible. I was able to collect six of the fifteen small pieces of stone which I had subjected to the test. While in bulk, they formed about the third part of the original stock, they had lost so much of their weight, that they weighed not more than *one grain*, and were so much changed in their constitution that the slightest touch with the finger was sufficient to crush them into powder. Another portion of the calculus was reduced to a very thin dust.

The white layer (*c*) I collected on charcoal, and exposed it to the blowpipe, when to my great surprise, it melted away to a greenish white bead, which after cooling crystallized so evidently that not a shade of doubt could be left about its nature—it was *phosphate of lead.*

The liquid portion filtered from the solid mass exhibited a strong acid reaction to test paper. A stream of hydrosulphuric acid, being transmitted through the fluid effected not the least change in it; thus proving that the ten grains of acetate of lead taken for the experiment, had been entirely reduced. A further chemical examination showed that the liquid contained a great quantity of lime, and some ammonia, in solution, the acids combined with them, being phosphoric and acetic acid, the latter in excess.

The conclusions drawn from this experiment may be expressed as follows: A superacidulated solution of acetate of lead acts upon phosphatic stones as a decomposing, disintegrating, and solvent agent; the phosphoric acid previously combined with lime or ammonia, uniting with the lead, the acetic acid of which goes over to a portion of the lime or ammonia, in exchange for phosphoric or carbonic acid, while the free acetic acid in the water renders a portion of the undecomposed phosphate of lime soluble.

Further, it became evident that ten grains of the lead are not sufficient to decompose ten grains of a phosphatic stone. But this has no value in practice. The particles of stone which were left unchanged in size and shape had undergone such changes that agitation in water sufficed to turn them into powder.

This one experiment speaks clearly enough, and not the least shade of doubt can be left that acetate of lead is a remedy by which we are enabled to destroy and dissolve phosphatic stones. I therefore resorted to it with confidence in its efficacy, and I was not deceived. The remaining particles of stone in the bladder and prostate were dissolved. In short it acted admirably in the manner stated above. Its employment was attended with no difficulty at all; it produced neither pain nor irritation in the urethra or bladder, and the happy result of our operation is due, to a certain extent, to these lead injections.

The formula I used was as follows:

℞ Plumbi acetic. grs. vi.
S. in aqua. fontan. ℥vi.
Adde acidi acetic. fort. q. s.
ad solution. perfect.

D. S.—One small syringeful to be injected twice a day.—*New York Journal of Medicine.*

Practice of Medicine.—1. *Means of Detecting Albumen in Urine.* Dr. C. Gigon has made numerous experiments on the various tests of albumen in urine. He thinks he has ascertained the presence of this principle in normal urine, and he goes so far as to state that it is always to be found. This seems to be in opposition with Becquerel and Vernois, who think that albumen in urine is constantly a symptom of alteration of the kidneys. We have seen, long ago, that albumen taken in excess, as food, passes into the urine, and we could not admit the ideas of Messrs. Becquerel and Vernois. Now the facts put forward by M. Gigon show conclusively the error of these chemists. One of the causes of the discovery of M. Gigon consists in his having made use of chloroform as a test. It seems that chloroform is the most powerful agent of coagulation for the albumen; only *one thousandth* of albumen in water may be detected by it. This, M. G. says he has ascertained not only with urine, but with the serum of blood. It seems to me quite strange, if this be correct, that death does not take place more often when chloroform is inhaled. Mr. G. says that when there is but very little albumen in a solution, (urine or serum) after a few drops of chloroform have been added to the solution, it is unnecessary to shake it to obtain a precipitate. The following tests of albumen are disposed in a series beginning with the least sensitive: 1. Heat. 2. Pure alcohol. 3. Neutral acetate of lead. 4. Bi-cloride of mercury. 5. Nitrate of silver. 6. Nitric acid. 7. Sub acetate of lead. 8. Tannin. 9. Creosote. 10. Chloroform. With the help of chloroform M. G. says he has ascertained that there is always in the urine of adults as well as of children a quantity of albumen, which he thinks to be the seven or eight hundredth part.

2. *Means of detecting Sugar in the Urine.* M. Leconte has published a paper, in which he tries to show that Dr. Blot has been mistaken in admitting that there is sugar, as a normal, or rather a constant element of urine in nursing women when they are in good health. Mr. Leconte attributes the decomposition of the salt of copper by the urine of these women to the uric acid. But Dr. Blot had ascertained the presence of sugar not only by the precipitate of oxide of copper in making use of Fehling's test, but also with the polarimeter, and by the result of fermentation. M. Leconte, however, is right in one thing, which is that uric acid may give a precipitate with all the tests containing a salt of copper. If we must attribute only to uric acid the large precipitate formed in treating the urine of nursing women with one of these tests, then the quantity of uric acid is very much increased in these women. A Dutch physician, Heynsius, has recently proposed a new view of this subject; he thinks that the substance mistaken for sugar

and acting like it, in the urine, is a peculiar one, and only differing from sugar by some few characters. Whatever may be the interpretation of the positive facts discovered by Blot, their practical value remains entire. In a nursing woman in good health, the urine precipitates oxide of copper with Fehling's or Trommer's test, while if a serions disease exists, or is to come in a day or two, there is no more precipitate.—*New York Jour. Med.*

Nerves of the Heart.—Dr. Robert Lee, of London, who long ago acquired a high reputation by the demonstration of the nerves of the uterus, has recently followed in a still more brilliant discovery. He has succeeded in demonstrating a great quantity of nervous filaments and ganglia presiding over the movements of the heart. He has shown these to be present at all periods of life, and in all the mammalia he has yet examined, and it increases in size in certain diseased conditions in which the muscular substance is hypertrophied, and the motions of the heart strengthened. The paper, which is published in the Medical Times and Gazette for September 12th, 1857, is illustrated by two wood cuts, one of the heart of a child, the other of a portion of that of a heifer. From these it would appear that the cardiac or aortic plexus, long since described by Fallopius, gives off numerous branches, which ramify in all directions over the surface of the heart, swelling here and there in ganglionic enlargements, especially where they cross blood-vessels. These nerves are all soft, flat and somewhat semi-transparent, of a gray color, and invested as to their smaller branches with a neuri-lemma.

The author states that the chief difficulty in the demonstration of these nerves, arise not from their softness nor the amount of fat in which they are imbedded, but from the presence of a dense fibrous tissue closely investing the heart and sending out prolongations along the vessels and nerves, as well as the fasiculi of muscular fibre. This tissue, which he describes as lying directly under the pericardium, he calls the cardiac fascia.—*American Journal of Dental Science.*

Bony Tumor of the Scrotum By JOHN G. KERR, M. D., late of Canton, China.

A man twenty-eight years old, of good constitution, and enjoying good health, was admitted into the Ophthalmic Hospital at Canton, China, in September, 1856.

Twenty months before the time of admission, a tumor began to grow in the patient's scrotum. It steadily increased, and had now attained such a size as to be very inconvenient, and to interfere with his occupation, which was that of a laborer in the country. The tumor was about as large as an infant's head, very hard and dense, and seemed to the touch almost like a mass of stone or wood inclosed within the skin. The skin was healthy, and freely movable over all parts of the tumor.

At my request the operation for its removal was performed by Dr. Geo. B. Newton, Assistant Surgeon of H. B. M. brig "Bittern," who had rendered me important assistance in several operations. The patient was placed under the influence of chloroform, and the tumor skilfully dissected away. The left testicle was carried down before the tumor, and was removed with it. Both testicles were healthy, excepting a slight hydrocele.

The weight of the tumor was five pounds, and was found to consist of numerous cartilaginous lobes of various sizes, densely compacted together with cellular tissue, in which large quantities of bone were deposited. When macerated and cleaned, it presented somewhat the appearance of a coral formation, springing from an irregular semicircular base. Numerous spiculæ of bone were scattered througout the tumor where apparently separate points of ossification had been established in the different lobules. So numerous were these spiculæ that the knife could scarcely be put into the tumor without touching them.

A part of the bone has a compact outer plate, but the greater portion is spongy and cellular, and composed of radiating spiculæ attached to a firmer base. The process of ossification was interrupted by the operation, and as the tumor had not ceased growing, it is likely that the anomalous formation would have continued to enlarge indefinitely if it had not been removed.—*North American Medico-Chirurgical Review.*

Ts'ün T'ai San Lun. "*A new Description of the Entire Boky.*" By Benjamin Hobson, M.B. Published at the "Wai Oi" Hospital, Canton, China.

This book, whose uncouth title heads this article is an octavo volume of 152 pages, printed in the Chinese character. It is an epitome of the principal facts of anatomy and physiology as they are known to the profession in Europe and America. Beginning at osteology, the various structures of the system and the functions of the organs are described, and practical remarks on medicine and surgery are introduced. The treatise concludes with an account of the development of the fœtus in utero, and some of the accidents of parturition. It is illustrated with numerous wood cuts—copies of those in common use in modern works on anatomy and physiology.

It is not easy to appreciate the difficulty of transferring a science into a new language where a nomenclature has to be invented and words applied to the description of objects hitherto unknown. This was the labor undertaken by Dr. Hobson, for his work is the first attempt to introduce to the inhabitants of the celestial empire a true account of the structure and functions of the human system. That he has succeeded in his effort to a very encouraging extent is shown by the estimation in which his book is held by intelligent natives. A large edition has been published by a wealthy native merchant, with an introduction acknowledging its superiority, yet taking exceptions to some parts as altogether chimerical.

The father of Yeh, the present Governor General of Canton, published a very fine edition of the plates. They make eight sheets, a foot wide by three long, and are a complete set of anatomical plates. A higher compli-

ment could not be paid to any book, especially one of foreign origin, for it must be remembered that educated natives look with profound contempt upon anything which comes from the "barbarian or red-haired devils."

The benefit which Dr. Hobson has attempted to confer upon 300,000,000 of the human family can only be estimated by considering that they know nothing of anatomy and physiology, and that not even an attempt is made at the practice of surgery. Space does not permit us to enlarge upon the general state of the profession and the practice of medicine among our antipodes. Of this more anon.—*North American Med. Chirg. Review.*

Insanity and Crime.—The Courts of Law constantly afford proofs that among young children there is a form of insanity which, beginning in what might be termed mischief-disease, ends in offences against human life of the most fearful kind. The newspapers, this week, afford some examples of offences of this kind, committed apparently without the slightest provocation. The first and most extraordinary instance we find quoted in a continental journal. A little boy, not more than nine years of age, having enticed five of his companions into a large box, shut the cover down, and sat cross-legged upon it, seeming to enjoy the groans of his expiring playmates. After he had discovered by inspection that they were all dead, he proceeded to a field and flew his kite, apparently without one pang of remorse for the dreadful murder he had just committed! In the Lambeth Police Court, on Tuesday, an inquiry took place respecting a similar unpremeditated and unmeaning attack upon human life, made by a lad named James Reynolds, sixteen years of age. It appears that, a fortnight since, he was seen, without the slightest provocation, to take up a child of seven years of age, and throw it into the Surrey Canal; and then, as if to make the crime more marked, he went to the person who had charge of the little one, and informed her that it was drowned. The child was fortunately rescued; but the act was completed as far as lay in the power of the lad. We do not know what course will be taken with the perpetrator of the five-fold homicide, for we cannot call it murder; but in the latter case the lad was fined £5, and, in default, two months hard labor! Now, there can be no matter of doubt that both offenders were laboring under a certain form of madness; and to fine, or to punish them by a slight term of incarceration, is absurd. They should be removed permanently from society; if not, we may expect to hear of a repetition of those fearful acts. It is one of the maxims of law, that it is necessary to prove some motive for the perpetration of an extraordinary offence; but the insane perform the most extraordinary acts without the slightest shade of motive, speaking in a natural sense; and in the latter of these cases we have an apt example of the errors lawyers may commit, unenlightened as they are by the truths of psychological medicine.—*British Medical Journal*, from *The Medical News and Library.*

Perineuron, a New Element in Nerves.—Dr. C. Robin has recently described a new tissue altogether distinct from the neurolemma investing nervous matter. Its characters are

1. Its situation around the primitive bundles of nerve-tubes and sometimes around the tubes themselves.

2. Its tabular form and its ramifications accompanying the ramifications of the nerves.

3. Its chemical reäctions with various tests.

4. A thin, transparent wall, finely granulated, often presenting longitudinal striæ and nuclei, more numerous in the small tubes than in the large.

The perineuron is to the nerve-tubes what the saroclemma is to the muscular fibres, the immediate investment of the proper nerve-tissue. It is found in all the nerves of animal life, including the vagus, in all their length from the ganglia for the sensitive nerves, and for those which do not pass through ganglia, from the cerebro-spinal axis. The three nerves of special sense are the only exceptions to this, they not having the perineuron. In the sympathetic nerve, this envelop exists only where there are white bundler or ramifications, and not among the gray or gelatiniform bundles.

In large nerves, the tubes of the perineuron are large (two to five-tenths of a millimetre,) in ramifications they become smaller, containing then only two or three nerve-tubes, and sometimes only one. The capillaries do not go inside these tubes.—*American Journal of Dental Science.*

Progress of Invention.—Much ingenuity is continually brought to bear upon the construction of instruments employed in medical and surgical practice. All the departments of our art are largely indebted to cutlers and others engaged in the fabrication of the various appliances so necessary to safe and expeditious operations and dressings. There is a new otoscope, or speculum auris, invented by Mr. Tiemann, of New York, which seems to realize the wishes of aurists, in the completeness with which it allows of a view of the tympanum. Dr. Bethune, who showed the instrument at the last meeting of the Medical Improvement Society, states that the vessels of the tympanum can be distinctly seen by it, and that the membrane itself is enlarged, by the lens through which it is viewed, to about the size of a dime. By means of reflected light, all the difficulties so long experienced in getting sufficient rays to fall upon the tympanum are avoided. The polished funnel which receives the light is directed upward, so as to throw it upon a small mirror within, whence it is reflected inward powerfully. The observer looks straight forward, as toward any object-glass. Several gentlemen tested the magnifying power of the instrument.

What with the double stethoscope, the ophthalmoscope, the improved microscope, and the new otoscope, the *scope* of the profession is likely to be increased beyond anything that ancient *horoscopes* could have divined!—*Boston Medical and Surgical Journal.*

Rupture of the Trachea by a Fall.—Dr. Atlee, of Lancaster, Pa., reports a case in the January number of the American Journal, of death produced by a fall, the subject, a lad of four years, stricking his neck against a scraper at the side of the door. He says: "I reached the house not more than five minutes after the injury had been received, and the child was then seated upon his mother's lap, his head resting against her arm, and breathing naturally, or nearly so. There was some blueness of the lip, but this soon passed off; on his countenance there was not much appearance of distress. Where the neck had come in violent contact with the scraper, there was not the slightest mark upon the skin. I was just about to congratulate the family upon the slightness of the injury, when the child, struggling to free himself from his mother's arms, threw himself violently backward. He at once became enormously swollen, and in a moment was dead. The cause of the swelling was evidently the entrance of air into the cellular tissue, and it extended over the head, the neck, the trunk, and the upper extremities to the ends of the fingers. At the sternum, the finger, before reaching the bone, penetrated fully an inch." There was no post mortem examination.—*Cincinnati Lancet and Observer.*

Syphilization, which is now a growing innovation, receives a support from India, as we learn from a letter from M. Guepin, of Nantes, to Dr. Caffé.

Syphilization is practised in certain parts of India apon a great scale, as a preventive as well as a curative means. The prostitutes of India often offer to syphilize our sailors, but they always refuse, unwilling to submit to any means not employed in Europe. The marine officer who gave me this information had the curiosity to see some of the women who offered to syphilize his sailors, and did not observe apon their bodies any disease of the skin, nor any cicatrix of a bubo. This fact is the more important, because he did not know that syphilization had been re-invented in France, practised with success in both Turin and Christiana, and also for the reason that syphilitic diseases contracted in India are excessively severe; those afflicted with it very often die, or are cured very slowly, after being subjected to the ablest, the most methodical, and energetic treatment.—*American Med. Monthly.*

EDITORIAL DEPARTMENT.

The New Volume.—Though our Journal is now entering upon the fourteenth year of its existence, the present number shows only the third change in its editorial management, and it can safely be said that it has always been conducted with the principles in view, with which it was instituted. The retiring editor, who has already won as enviable a place among his *confrères* of the daily press, as he had attained by his labors in support of this Journal, has followed the straight path of independent and impartial criticism, which has characterized the entire management.

From the first number, which appeared in June, 1845, and consisted of only twenty pages, to the last number of the thirteenth volume, there is not a single line which lays the editor under the imputation of want of fairness and generosity; and the assurances of hearty support which were then given by the profession, have been more than fulfilled.

With such a retrospective view, the new editor does not feel the emotions of hesitation and diffidence, which otherwise would have been inevitable; he is confident that the hearty coöperation of his professional brethren and the kind consideration of his brother editors, will not be discontinued; and he enters upon his more responsible duties with a hope and confidence, which he has no wish to conceal; not that he expects to equal in own department, the labors of his predecessors, or that he considers himself adequate to the labor, which in times gone by, the editor has been compelled to devote to its pages; but he feels that those days are past, that the Journal is now established, and that the colaborators will make his duties such as he may hope easily to fulfill.

In assuming the entire control, the editor has nothing to ask, but a continuance of the kindly aid, which has contributed so much to the present position of the Journal; and on his part, can only promise to follow the example of his predecessors; with this he extends his warmest greeting to his subscribers, asking their kind indulgence for his labors, and hoping if they should chance to disapprove of any of the views which he may hereaf-

ter advance in these pages, that they will impute to him no motives but those of honest conviction, and a sincere desire to advance the true interests of the profession.

Advertisement of the Journal.—We desire to call attention to our advertisement, which appears on the second page of the cover of this number. The new management is prepared to issue the Journal in as good, if not a better form, than heretofore, and will devote to it all the attention which may be required. In order, however, that it may be handsomely sustained, it is necessary for our subscribers to remit promptly the amount of subscription; if thus remitted, $2.00 will be received, and on the prompt receipt from *new subscribers*, of the full amount, $2.50, we will send the *entire thirteenth volume*, of which we have a quantity on hand, so long as the copies last. An increased effort will be made to extend the circulation, and we would beg of our subscribers to aid us in this effort, as we contemplate, if encouraged, enlarging the Journal, a step which the amount of contribution to its pages will abundantly warrant, while we are only waiting for similar encouragement in its receipts.

The advertising department we would call especial attention to, from all who may feel it for their interest to advertise in any journal; and they should remember that this is the only one in Western New York, and that it comes to the eye of almost every physician practising in that section, besides many in nearly every state in the Union.

Prof. Hunt has retired entirely from the editorship and proprietorship, and has assumed all the back debts; we appeal to the good faith of our subscribers to make him whole, by sending the amount of their indebtedness as soon as they receive their bills; his labors in their behalf merits this consideration. All back remittances will be sent to his address, as we have nothing to do with them; all subscriptions for the fourteenth volume, however, may be sent to the publisher, E. R. Jewett.

We have received communications from Drs. Hamilton, Rochester, Lemon Nichols, Jones, Crooks and Niemeier, which will have an early insertion. Also a review of Payne's Institutes of Medicine, which is also excluded.

The Eleventh Annual Meeting of the American Medical Association.—The American Medical Association held its eleventh annual meeting at Washington, commencing the first Tuesday in May. From the admirable location of the meeting, and its contiguity to the larges tcities of the Union, it was expected that this would be one of the most brilliant and interesting that had ever been held since its organization; and in this we have not been disappointed: the President of the United States, General Cass, Senator Douglas, as well as many other distinguished personages, both of our profession and among the laymen, entertained the members of the association with munificent and cordial hospitality. Among other expeditions, the members had an excursion to Mount Vernon, which was variegated by a plank shad-bake, with the "et ceteras." We were unfortunately unable to be present at the meeting, but the city of Buffalo was admirably represented, by a delegation consisting of Profs. Hamilton, White and Flint, and Drs. Wilcox and Lockwood, the latter gentleman giving additional lustre to the party by virtue of his office of Mayor of the city.

We will give our readers an abstract of the proceedings, which we compile from the Washington daily papers.

First Day.—The Association met in the lecture room of the Smithsonian Institute, and was called to order at a quarter past eleven o'clock, A. M., by Dr. Condie, of Philadelphia, when the chair was taken by the president, Dr. Paul F. Eve, of Nashville, Tennessee. Vice presidents Breckinridge of Kentucky, Reese of New York, and Campbell of Georgia, were also upon the platform; and at their table were the efficient secretaries, Drs. Foster, of Tennessee, and Semmes, of this city, to whom we are under obligations.

Rev. Byron Sunderland, D. D., at the invitation of the president, offered an eloquent and appropriate prayer, invoking the blessing of Almighty God upon the convention.

Dr. Harvey Lindsley, of this city, chairman of the committee of arrangements, then delivered an address, welcoming the Association, and offering them the hospitalities of the city; alluding in appropriate terms to the dignity of the body which was about to hold its meeting, regretting that there were no extensive hospitals, or venerable universities, but mentioning among the objects of interest which were laid open to the members, "one spectacle which can be witnessed no where else—a sight worth a pilgrimage from the remotest bounds of the republic—we can show you the home of Washington—that Mecca of the American people—to which every patriotic hear will ever turn with sentiments of devoted affection and filial reverence." (Applause.)

The Secretary then called the roll by states, as it had been made out up to the commencement of the meeting, and the following number of delegates responded: Maine 2, New Hampshire 8, Connecticut 18, Vermont 1,

Massachusetts 40, Rhode Island 5, New York 73, New Jersey 25, Pennsylvania 66, Delaware 4, Maryland 24, District of Columbia 25, Virginia 8, North Carolina 8, South Carolina 10, Georgia 12, Alabama 1, Kentucky 9, Tennessee 7, Indiana , Illinois 12, Michigan 3, Iowa 3, Missouri 4, Ohio 14, California 1, American Medical Society of Paris 1, U. S. Navy 2. (When the name of Dr. Harvey, who has come from California expressly to attend this convention, was called, there was loud applause. Other members were announced at different times during the day, and when the Association adjourned there were *four hundred and six* names registered. A large increase is expected to-day.

Dr. Lindsley, chairman of the committee of arrangements, reported that it had been decided to hold but one business session each day, from 9 A. M. until 3 P. M. He also announced that the President of the United States would be happy to receive, with those members of the Association who might call at the executive mansion at eight o'clock in the evening, such ladies as may accompany them. (Applause.)

On motion, the Association confirmed the appointment of Dr. J. M. Snyder to fill a vacancy in the committee of arrangements.

On motion, it was decided that a nominating committee of one from each state represented should be raised, the delegation of each state selecting its representative therein. A brief discussion upon the propriety of permitting the army and navy delegations to appoint separate members of this committee was decided by the president in favor of their having the privilege, and the decision was sustained by the Association.

There was then a recess of fifteen minutes, during which the different delegations assembled in various parts of the lecture room to choose their representatives in the committee. After the meeting was again called to order, the Secretary read the list as follows:

Committee of Nomination.—Job Holmes, Maine; George H. Hubbard, New Hampshire; P. Pineo, Vermont; Ebenezer Alden, Massachusetts; Ashbel Woodward, Connecticut; J. Mauran, Rhode Island; H. D. Berkly, New York; J. P. Colman, New Jersey; Isaac Hays, Pennsylvania; H. F. Askew, Delaware; S. P. Smith, Maryland; Noble Young, District of Columbia; A. S. Payne, Virginia; W. H. McKee, North Carolina; Wm. T. Wragg, South Carolina; Joseph P. Logan, Georgia; J. T. Hargraves, Alabama; R. J. Breckinridge, Kentucky; J. Berrian Lindsley, Tennessee; Wm. M. McPheeters, Missouri; George Mendenhall, Ohio; Calvin West, Indiana; A. H. Luce, Illinois; Zina Pitcher, Michigan; Thomas O. Edwards, Iowa; O. Harvey, California; and George Clymer, United States navy.

On motion, Drs. Bohrer, of D. C., Flint, of New York, and Hargraves, of Alabama, were appointed by the president a committee on special essays.

Dr. David M. Reese, of New York, presented and read a written apology for having recommended for a position in Blockley Hospital, Philadelphia, Dr. McClintock, who had been expelled from the Association for a violation of the ethics and the etiquette of the profession, by publishing a work on "domestic medicine," &c.

On motion of Dr. Condie, of Philadelphia, the apology was accepted, and ordered to be entered upon the minutes.

Dr. Bryan, of Philadelphia, who had also recommended Dr. McClintock, made a verbal adoption of Dr. Reese's apology, the reception of which was warmly debated. Dr. C. C. Cox, of Maryland, opposed and Dr. Condie

advocated the reception. Dr. A. B. Palmer, of Michigan, moved the previous question on a motion to refer the subject to a committee, which was lost. The apology of Dr. Bryan was then accepted. (It was rumored in the hall that Dr. McClintock will be reinstated during the session of the Association.)

The president then delivered, in a clear voice, and with a pleasing oratorical effect, his annual address.

(We extract from this address some passages which are peculiarly interesting to our readers, and shall take occasion to review it more at length in the appearance of the volume of transactions.) After some general remarks, the president stated that prizes had been awarded by the Association to the authors of the following essays, viz:

On the corpus luteum of menstruation and pregnancy, for 1851.

On the variation of pitch in percussion and respiratory sounds in physical diagnosis, for 1852.

On the cell, its physiology, pathology, and philosophy.

And on the surgical treatment of certain fibrous tumors of the uterus, heretofore considered beyond the resources of art, for 1853.

On a new method of treating ununited fractures and certain deformities of the osseous system, for 1854.

On the statistics of placenta prævia, for 1855.

On the physiology and chief pathological relations of the arterial circulation, for 1856.

On the excito-secretory system of nerves, its relations to physiology and pathology.

And on experimental researches in relation to the nutritive value and physiological effects of albumen, starch, and gum, when singly and exclusively used as food, for 1857.

Carefully prepared reports have been published by the Association of the various epidemics and diseases which have prevailed during the past ten years throughout our widely extended country, and the mortuary statistics and public health of our large cities minutely ascertained. Charts, maps, diagrams, tables, and plates have been freely employed to illustrate these subjects, so important to the general welfare of the people. Every state and territory, every large city and sick community, with scarcely an exception, has had its hygienic condition explored by this body; and dysentery and cholera, typhoid and yellow fevers have specially claimed the attention of our members. The communications on deformities after fractures, found in our eighth, ninth, and tenth volumes, constitute the basis of the best monograph ever issued from the press. This work, it may be predicted, will do more than all others to check the reckless and speculative spirit of suits for mal-practice against medical men; for in addition to teaching a useful lesson to the profession in the prognosis of fractures, its testimony is so conclusive in reference to the usual results of these accidents, that judicial decisions must hereafter be regulated by it.

Besides these contributions to medical knowledge, this Association has taken action to prevent the importation into our country of "worthless, adulterated, and misnamed drugs, medicines, and chemical preparations," for which a member of the United States Senate has publicly declared that if we had accomplished nothing else, this alone should have entitled us to

the gratitude of the nation; it recommended to the different states the adoption of a regular system of registration of births, marriages, and deaths; memorialized Congress to secure steerage passengers in our emigrant vessels medical attention, and due amount of space between decks; appointed a committee to ascertain the best means of preventing the introduction of disease by emigrants into our large cities; and considered many interesting individual cases.

On motion, the thanks of the Association were voted to the president for his able and instructive address, a copy of which was solicited for publication.

Dr. Grafton Tyler, of Georgetown, D. C., chairman of the committee on prize essays, reported that the essays received were three in number, each of which had been examined with great care; considering, first, the intrinsic merits of each essay, and then their merits in relation to each other. The first prize was awarded to "an essay on the clinical study of the heart sounds, in health and disease," bearing the motto: "*Clinica clinice demonstranda.*" The second prize was awarded to "an essay on vision and some of the anomalies as revealed by the opthalmiscope," bearing the motto: "*Dux hominum medicus est.*"

Dr. Tyler then proceeded to open the sealed envelopes bearing the above-named mottoes, and containing the names of the writers of the essays. The first was written by Dr. Austin Flint, of Buffalo, New York; and the second by Dr. Montrose A. Pallen, of St. Louis, Missouri. This is the second time Dr. Flint has won this distinguished honor, and the third time that it has been awarded to Buffalo since the Association was organized, eleven years ago.

On motion, the report of the committee was accepted and adopted. Doctors Flint and Pallen were then invited to give *resumés* of their essays, which they did.

Dr. Lindsley, from the committee of arrangements, then presented an invitation from Dr. Nichols to visit the Insane Asylum, and another from Rev. Mr. McGuire to visit Georgetown College.

On motion of Dr. Hamilton, of New York, these invitations were accepted, and the thanks of the Association were returned therefor.

On motion of Dr. Lindsley, the Hon. Doctors Fitch, of Indiana, Chaffee, of Massachusetts, Clawson and Robbins, of New Jersey, and Shaw, of North Carolina, members of Congress, and Dr. Peter Parker, ex-commissioner to China, were elected "members by invitation," and requested to participate in the proceedings of the Assocation.

On motion, assistant surgeon Frederick A. Rose, of the British navy, who so nobly volunteered his services on board the United States ship Susquehanna at Port Royal, and who came in her to New York, devoting himself to the sick crew, was unanimously elected a "member by invitation," and invited to take a seat upon the platform. (Applause.) It was announced that Dr. Rose has left the city.

Dr. Francis G. Smith, of Philadelphia, chairman of the committee on publication, made his report, showing the expense of publishing the annual volume.

Dr. Caspar Wistar, of Philadelphia, presented his annual report of receipts and expenditures, showing a balance on hand of $806. Accompany-

ing the treasurer's report was a resolution providing that the back volumes on hand, when over two years old, shall be sold at two dollars a volume, and that volumes V, VII, VIII, and IX, of which there are a surplus, be sold at $5 a set to any member.

The special committee on medical education, of which Dr. G. W. Morris, of Philadelphia, is chairman, were called upon to report. There was no response; and, on motion, the subject was referred to the committee on nominations.

Dr. A. B. Palmer, chairman of the committee on medical literature, asked leave to defer his report until Wednesday, at 10 o'clock; which was granted.

A report was made by the committee on nominations, which was accepted; and the Association then elected the following officers: *President*, Dr. Harvey Lindsley, of Washington city. *Vice Presidents*, Drs. W. L. Sutton, of Kentucky; Thomas O. Edwards, of Iowa; Josiah Crosby, of New Hampshire; and W. C. Warren, of North Carolina. *Secretary*, Dr. A. J. Semmes, of Washington city. (The other secretary will be elected when the location of the next Association is selected.) *Treasurer*, Caspar Wistar, of Philadelphia.

On motion, Drs. Flint, of New York, Gross, of Pennsylvania, and Gibbes, of South Carolina, were appointed a committee to conduct the president elect to the chair.

Dr. Lindsley, having been introduced to the Association by the retiring president, Dr. Eve, made a few pertinent remarks, acknowledging the honor as the highest he had ever been called upon to receive, and the highest that any medical man in America can receive. (Applause.) Unaccustomed to preside over so large a body, and having had but little practice in presiding over smaller assemblages, he must throw himself upon the forbearance of the Association, and look to the members for support in the discharge of his official duties. (Applause.)

On motion, the thanks of the Association were voted to the retiring officers for the able and impartial manner in which they have discharged the duties of their respective offices. (Applause.)

On motion, the ex-presidents of the Association present were invited to take seats on the platform.

The committee on medical topography and epidemics was called by states. A paper from the member from Maine stated that he will report next year. There was no response from New Hampshire, Vermont, Rhode Island, Connecticut, or Massachusetts. Dr. Smith, of New Jersey, read an able report on New Jersey, and the Association then adjourned until this morning at nine o'clock.

Evening Hospitalities.—At eight o'clock in the evening the delegates and the ladies who have accompanied them paid a visit by invitation to the executive mansion. The east room, with the adjacent suite of drawing rooms, were brilliantly lighted, and were filled by about five hundred gentlemen, representing all sections of the country, and a hundred or more ladies. One of the delegates had seen upwards of fourscore years—others have but just entered upon the practice of their profession.

The President received his guests, as they were successively presented by Dr. Cornelius Boyle, chairman of the committee of arrangements, with his accustomed cordiality, and afterwards moved about in the east room, engag-

ing in conversation with the groups there gathered. The entire cabinet was present, with J. B. Henry, Esq., marshal Selden, and commissioner Blake.

From the executive mansion the delegates generally proceeded to Georgetown, where they were hospitably entertained at the residences of Dr. Grafton Tyler, at the corner of Gay and Washington streets, and of Dr. Riley, No. 91 Gay street. A cordial welcome and good cheer awaited them at the houses of each of these distinguished practitioners.

There were a large number of arrivals at the different hotels last evening, and an interesting session may be expected to-day.

Second Day.—The Association was called to order by the president, Dr. Harvey Lindsley, and A. J. Semmes, one of the secretaries, read the minutes of the first day's proceedings; which were adopted.

On motion of Dr. Watson, of New York, Dr. Delafield, of New York, one of the first officers of the Association, was invited to take a seat on the platform.

On motion of Dr. Atkinson, of Virginia, an amendment to the constitution was received, providing that no person shall be recognised as a member, or admitted as a delegate at meetings of the Association who has been expelled from any state or local medical association until relieved action of such state or local ässociation. (Applause.)

Dr. Atkinson supported the adoption of this amendment in an eloquent speech, contending that the admission of any gentleman who has been rebuked by any state or local association, and is under its ban, is a rebuke to that association. He urged the acceptance of the amendment, and trusted that until the constitution be so amended it shall be the rule of action.

Dr. Bond, of Maryland, asked to have the qualifications requisite for a seat read. He desired information as to the ethical qualifications for membership.

Dr. Watson, of New York, stated that, as by the constitution it was necessary to have amendments lie over one year, this was not a question for present debate.

The president decided that debate was not in order, and the amendment was accordingly laid on the table for consideration at the next annual meeting.

Dr. Boyle, chairman of the committee of arrangements, proposed the names of Doctors Huff and Knight, who were elected "members by invi'ation."

Dr. A. B. Palmer, of Michigan, chairman of the committee on medical literature, made an able and interesting report.

On motion, the report was accepted, and ordered to be published.

On motion, Dr. Bozeman, of Alabama, was elected a "member by invitation."

Report on Medical Education.—Dr. James R. Wood, chairman of a special committee on medical education, made a lengthy report, discussing: 1st, primary medical schools; 2d, the number of professorships in medical colleges; 3d, the length and number of terms during the year; 4th, the requisite qualifications for graduation; 5th, such other subjects of a general character as to give uniformity to our medical system.

On motion, the report was accepted and referred to the committee on publication, the accompanying resolution being laid on the table.

The committee on nominations reported Louisville, Ky., as the place of meeting in 1859, and nominated Dr. S. S. Bemis, of that city, as second secretary. They also nominated the following standing committees:

Committee on Publication—Dr. Gurney Smith, Pa., chairman; Drs. Caspar Wistar, Pa.; A. J. Semmes, D. C.; S. M. Bemis, Ky.; S. L. Hollinsworth, Pa.; S. Lewis, Pa.; H. F. Askew, Del.

Committee on Medical Literature—Dr. John Watson, N. Y., chairman; Drs. L. A. Smith, N. J.; C. G. Comegys, Ohio; R. W. Gibbs, S. C.; W. M. McPheeten, Mo.

Committee on Prize Essays—Dr. J. B. Flint, N. Y., chairman; Drs. M. Goldsmith, N. J.; H. Miller, Ky.; Calvin West, Ind.

Committee on Medical Education—Dr. G. W. Norris, Pa., chairman; Drs. A. H. Luce, Ill.; E. R. Henderson, S. C.; G. R. Grant, Tenn.; T. S. Powell, Ga.

Committee of Arrangements—R. J. Breckinridge, Ky., chairman; Drs. G. W. Ronald, B. M. Wible, D. W. Goodall, D. D. Thompson, N. B. Marshall, G. W. Burglass, R. C. Hewett, and A. B. Cook, all of Kentucky.

The report was accepted, the nominations were confirmed, and the committee received permission to sit again.

On motion of Dr. Hamilton, of Buffalo, the resolutions attached to the report of the committee on medical education were taken from the table.

Dr. Watson moved the appointment of a committee to consider the resolutions and report to-morrow (this) morning.

Dr. Bond thought that the subject had already been sufficiently discussed. It had been brought up year after year, occupying much of the time of the Association, and he trusted that it would receive immediate consideration.

Dr. Davis, of Illinois, wished to have the subject made a special order for some time prior to the adjournment of the convention.

Dr. Rogers, of New York, wished to have the report printed, that all might have an opportunity of examining it and the propositions which it imbodies.

Dr. Wood defended his report as a conservative report, just alike to the profession and to the laymen. He did not believe that any good could arise from a further discussion of the subject. None had arisen in years past—none could arise now. It was a bill of conciliation and of adjustment. Laymen of the profession merited censure for sending men to college not qualified for the profession, and colleges merited censure for sending men out not qualified to practise the healing art. (Applause.) He approved of the motion of Dr. Watson, that the report be submitted to a committee of delegates from colleges.

A debate on a call for the previous question on Dr. Watson's resolution hen ensued, in which several gentlemen joined, each one apparently having a different idea of "parliamentary law," and neither of them displaying a very correct knowledge of the subject. It was remarked by an old member of the Association that "parliamentary discussion must be a *local epidemic*."

The report was finally referred to a select committee, to be composed of one member from each delegation representing a medical college or school.

On motion, thanks were voted to the late secretary, Dr. Foster, and his successor, Dr. Bemis, took his seat.

Dr. Hamm, of Pennsylvania, moved a suspension of the rules for the purpose of reconsidering the resolution of Dr. Condie, accepting the apolo-

gy tendered by Dr. Bryan. The vote upon suspending the rules stood—ayes 111, noes 82. The president ruled that a two-third vote was necessary, and decided the question as lost.

An appeal was taken from the decision of the chair, and the decision was not sustained. A vote was then taken, and the resolution accepting the apology of Dr. Bryan was reconsidered by a vote of—yeas 142, nays 70.

An attempt was then made to connect the resolution with that accepting the apology of Dr. Reese, but it was decided that it would first be necessary to dispose of the resolution reconsidered, and it was laid on the table.

A member from New Jersey hoped that the McClintock case would be brought fairly and squarely before the Association, and that gentlemen would be made to "face the music." It was useless to cloak it, or to attempt to dodge the responsibility.

Dr. Beck, of Indiana, moved an indefinite postponement of the whole subject.

Other gentlemen rose to speak, but the president decided that a motion to postpone was not debatable.

Dr. Jewell rose to a point of order, and protested against being "gagged." (The president here reversed his decision.) Dr. Jewell said that the action of the day previous was regretted, and that gentlemen had acted hastily. Many, who at first sight voted to accept the apologies, now regretted having done so.

Dr. Hamm, of Philadelphia, explained the action of the Philadelphia County Medical Society, and began to read a remonstrance from it, which he desired to incorporate into his speech.

Dr. Biddle objected to the reading of this remonstrance, as a violation of plighted faith.

It was here moved and decided that the Association go into "committee of the whole," and Dr. Edwards, of Ohio, was called to the chair.

A member hoped that there would be no rules of order except what the chair would prescribe.

The Chair. "I will prescribe enough." (Laughter.)

Another member inquired if it would be proper to discuss the remonstrance?

The Chair. "A gentleman who has the floor can discuss anything on the face of the earth." (Laughter and applause.)

The remonstrance was then read. It was a long document, giving a detailed account of the recommendation by Dr. Reese of Dr. McClintock for a position in Blockley Hospital, after the last-named gentleman had been guilty of selling quack nostrums, and had thus committed an offence against the ethics of the profession.

Dr. Humphries, of Indiana, moved that each member of the committee of the whole be restricted to five minutes, allowing Dr. Reese whatever time he wished to defend himself in.

Dr. Phelps showed that a ten-minutes rule was now in force. Dr. Cox moved, as an amendment, to make the time fifteen minutes; which amendment was lost, and the original motion of Dr. Humphries was then carried.

Dr. Reese then ascended the platform, and made a statement of his position from the commencement of the controversy. He considered his apology of the day previous a satisfactory one, but was willing to make it more so if it was objected to. He had not brought the subject before the Asso-

ciation, but had been given to understand that if he made the apology which he had made the remonstrance would not be offered. During his remarks there was a demand for the reading of the apology; which was read, as follows:

To the Officers and Members of the American Medical Association: The undersigned, one of the vice presidents of the American Medical Association, having, during the interval since our last annual meeting, certified to the professional fitness for the charge of the Blockley Hospital, at Philadelphia, of an individual who had been expelled from this body for a violation of our code of ethics, after consultation with the other officers, and yielding to the advice of other personal friends, desires to say to the Association now assembled—

1st. That, in giving said certificate, he was prompted solely by motives of sympathy and humanity to a fallen brother, who had been a personal friend prior to his offence; and that he did not realize, acting under the impulse of the moment, that his individual act could be construed by the profession as indicating hostility to his brethren.

2d. That while his own mind is clear that his certificate contained only the truth, and that, under his peculiar relations to the party concerned, he could not withhold his certificate, of medical qualification, consistent with conscience and duty, yet he is ready to concede that he had no abstract right to relieve the party from the censure of the Association until this body had restored him to his fellowship.

3d. That, so far from intending any disrespect to the Association, or to its act of discipline, the undersigned had publicly sustained and defended both. He therefore disclaims the inference from his certificate that he intended to recommend to a high professional office a man whom the Association had excluded, and thereby nullify the action of this body.

And, finally, with these statements and disclaimers, the undersigned, while retaining his own opinion of the rectitude of his motives, and of his duty, under the peculiar circumstances of the case, is nevertheless prepared to defer to the judgment of those whom he knows to be his friends, that he erred in doing what he had no right to do, in view of his official position in the Association, and is hence called upon to offer this explanation and apology to his brethren.

(Signed) DAVID M. REESE.

It was moved to refer the apology and remarks of Dr. Reese to a special committee of seven, to report to-morrow morning. Dr. Atlee, of Lancaster, and other gentlemen urged delay.

Dr. Payne, of Virginia, asked permission to relate an anecdote. He was reminded of two old Quakers, one of whom kept a store, while the other practised law—both were members of a temperance society, and it was generally thought that the lawyer did not always keep his pledge. One wet, cold day a negro man went to the Quaker's store, and the good man gave him a drink of brandy. This was brought to the notice of the temperance society, and it was decided that the offender should be severely reprimanded. The lawyer was selected to carry out this sentence, and, taking the store-keeper into the woods, he thus addressed him: "Joemes, thee should be more circumspect!" (Continued laughter.)

Dr. Condie, of Philadelphia, wished to say that he had offered the resolution in good faith, but he denied that he had made propositions to the gentleman from New York, or that the Philadelphia committee had.

Dr. Bowling, of Tennessee, said that there was no question of veracity. Gentlemen on either side were correct. He had heard of misunderstanding, and of probable difficulty, and had earnestly endeavored to arrange it. He had told Dr. Reese that if he made an apology the remonstrance would not be presented, because he had understood gentlemen from Pennsylvania to say so. But he was now aware that these gentlemen did not in any way pledge the Philadelphia county medical society.

Dr. Condie hoped that a committee would be appointed to give the subject a careful consideration.

Dr. Cox, of Maryland, after complimenting Dr. Reese as an able practitioner and an experienced editor, whose labors have been of great value to the profession and to the country, said that he did not consider the statement full and satisfactory. The offence was not an unpardonable one, but the violation of that code of ethics which is the life of the profession should be properly atoned for. (Applause.) The apology was good enough, but it carried as its sting the mental reservation which Dr. Reese persists in. Nay, in his journal, issued simultaneously with this meeting, and circulated here, he says: "Having done right in certifying to the labors of our quondam friend McClintock, we resented the unmerited censures of our Philadelphia brethren." This completely stultifies the effect of the apology.

Dr. La Roche, of Philadelphia, explained his action and that of the Philadelphia county society in the matter.

Dr. Paine, of Vermont, Dr. Cox, and Dr. Bond made some rather sharp remarks. Dr. Davis, of Massachusetts, thought that Dr. Reese had but to admit that he had done wrong, and ask pardon without any mental reservation.

Dr. Reese said that he had intended to make a satisfactory apology. Such was his earnest wish and desire, and he wished to frankly state that he had no mental reservation, neither did he attempt to conceal anything. He made the statement which had been read without reservation and without evasion. (Applause.)

Dr. Condie expressed his entire satisfaction, as did numerous other gentlemen, several crossing to where Dr. Reese was sitting and shaking hands with him.

The committee of the whole then rose, and the chairman reported to the president that the committee had heard and discussed the apology of Dr. Reese, and that they considered that it was "ample, full, complete, and satisfactory."

On motion, the report of the committee was received and adopted.

The case of Dr. Bryan then came up, when it was suggested that his apology should be in writing, he expressing a willingness to make one as ample as was that of Dr. Reese.

Dr. Reese then drafted an apology, but several gentlemen insisted that he should insert the word "regret." Dr. Reese declined, stating that no gentleman would apologize for that which he did not regret, and that he would never be dictated to by any gentleman, even if the prison-door stood open on his right hand, and the stake was at his left hand.

Dr. Wood (who was greeted with loud applause) stated that he had

been with the side which had offered the apology, but he did not consider the apology complete without the insertion of the word "regret."

Drs. Bonner, Clark of New Jersey, Hard of Illinois, Parker of New York, and other gentlemen participated in an exciting debate on the necessity of having the word "regret" inserted.

Dr. Reese added the following sentence, "and regrets that he has incurred the displeasure of his brethren." This was not favorably received.

Dr. Boyle, chairman of the committee of arrangements, here announced that arrangements had been made by which delegates who had purchased tickets on their way to the convention over the following roads could return free by exhibiting their cards of membership: Pennsylvania, Wilmington and Manchester, Illinois Central, Northeastern South Carolina, and Richmond and Petersburg.

The apology of Dr. Reese was again taken up, and discussed with spirit, although there was no manifestation of bad feeling on either side. At length he presented the following:

"The undersigned regrets that he certified to the professional qualifications for Blockley Hospital, Philadelphia, of an expelled member of this body, and hereby offers this apology for his departure from the ethical code."

This was received with loud applause, and, on motion of Dr. White, accepted as an ample and satisfactory apology.

Dr. Bryan submitted a similar apology, which was also accepted, and then the committee adjourned until to-day at nine o'clock, A. M., evidently well pleased that this question was finally disposed of.

Hospitalities.—At five o'clock, P. M., the delegates went in omnibuses provided for their use to Georgetown College, by invitation of the faculty. After examining this fine institution, which commands a magnificent view, and visiting its fine library, museum, and apparatus room, the party were hospitably entertained; afrer which they returned to this city. In the evening there were entertainments given them at the residences of Dr. Thomas Miller, 246 F street; Dr. Wm. P. ohnson, 466 Seventh street; and Dr. A. Y. P. Garnett, 465 Ninth street.

THIRD DAY.—Meeting opened at 9½ o'clock. The papers of the Secretary not being present, the reading of the minutes of yesterday was deferred.

On motion of Dr. Foster, of Tenn., the reports and communications of the committees on medical topography and epidemics were referred, without reading, to the committee on publication; an amendment that before reference the call be made upon the state committees for their reports, having been rejected.

Dr. Grant, of N. Y., asked leave to present a complaint against the New York Medical College, but upon information by Dr. Edwards that a committee on ethics would be recommended by the nominating committee, he withdrew his request.

The minutes were then read. Several proposals to amend them were made, and either ruled out of order or withdrawn.

The appointment during the last year of Dr. Geo. Haywood, of Boston, as a delegate to represent the American Medical Association in kindred societies in Europe was announced by Dr. Eve.

The deaths of Drs. Marshall Hall, T. Y. Simmons and David Walton were announced.

The committee to whom was referred the subject of a convention of medical college, reported the following preamble and resolutions, through their chairman, Dr. S. D. Gross:

The committee to whom was referred the resolutions appended to the report of the special committee on medical college, have adopted the following preamble and resolution:

Fully appreciating the value and importance of the resolution under which they were appointed, but a majority of the gentlemen constituting this committee not being authorized by the medical faculties of the several colleges with which we are connected to act as their representatives in this matter, and therefore regarding it quite impossible to secure a convention of deiegates in the interim of the meetings of the Association; therefore—

Resolved, That we recommend to all the medical colleges entitled to a representation in this body, that they appoint delegates, especially instructed to represent them in a meeting to be held at Louisville on Monday, the day immediately preceding the convention of the American Medical Association for the year 1859, at ten o'clock, at such place as the committee of arrangements shall designate.

The reports of special committees for 1858 coming up as the order of the day—

Dr. J. Foster Jenkins, of New York, read a most interesting report on "Spontaneous Umbilical Hemorrhage of the Newly Born," which was succeeded by the reading of a report of the most important character on the "Influences of Marriages of Consanguinity upon Offsprings," from the pen of Dr. S. M. Bemiss, of Ky.

Dr. J. L. Atlee, from the committee on preparing a stone for presentation to the Washington national monument, report that the stone had been prepared of Vermont marble, with a relievo representation of Hippocrates refusing the presents of the Persian king, Artaxerxes, and the inscription "*Vinat Amor Patria.*" The whole the work of a young native artist, J. Augustus Beck, of Leigh, Pa.

Dr. Palmer read an abstract of the report of Dr. E. Andrews, of Ill., on "The functions of different portions of the cerebellum."

Dr. Campbell read the abstract of a report on the "Nervous concomitants of febrile diseases;" which went to the committee on publication.

Dr. J. Marion Sims, of N. Y., illustrated his report on the "Treatment of the results of obstructed labor" by charts; which caused the lady auditors to vacate the gallery. This was a most interesting report, and was listened to with profound attention, and at its conclusion was greeted with loud applause.

Dr. Mark Stevenson, of N. Y., submitted his report on "The treatment best adapted to each variety of cataract," with the method of operation, place, time, &c.; which he accompanied by the exhibition of illustrative drawings.

The following gentlemen were then recommended as chairmen of special committees, on the following subjects:

On the Microscope—Dr. Holsten, Ohio; Medical Jurisprudence—S. Smith, N. Y.; Quarantine—E. Harris, N. Y.; Surgical Pathology—Jas. R.

Wood, N. Y.; Diseases and Mortality of Boarding Schools—C. P. Mattingly, Ky.; Various Surgical Operations for the Relief of Defective Vision—M. A. Pullen, Mo.; Milk Sickness—E. Murphy, Ind.; Blood Corpuscle—A. Sager, Mich.; Medical Ethics—John Watson, N. Y.; Pons Varoii Medulla Oblongata and Spinal Marrow, their pathology and therapeutics—S. B. Richardson, Ky.

These nominations were adopted.

The committee also recommend the passage of a resolution appointing a committee of nine to wait upon the secretary of the treasury, and request the restoration of Dr. M. P. Bailey as inspector of drugs and medicines for the port of New York.

The matter gave rise to a debate, in which Dr. Edwards defended the action of the committee; he said that Dr. Bailey was, in his opinion, the best man in the world for such a post; and he gave a history of the action which secured the passage of the law creating the office. He said that the present incumbent was totally unqualified. Unless such action was had, Drs. Chaffee and Fitch had assured that efforts would be made to repeal the law. It was better to leave to the judgment of each physician the value of important drugs than to allow him to lean on a broken reed.

The subject was debated by Doctors Parker, Wilcox, Wood, Cox, and others. It was strongly objected to the resolution that it savored of politics; but its advocates insisted that it rose above political differences, as it was a question of life and death.

Dr. Cox, of Md., offered a resolution, which was passed, declaring that the appointment of U. S. inspectors of drugs should be made for moral and scientific qualifications, and not for political bias.

A motion to lay the resolution of the committee on nominations upon the table was lost—ayes 49, noes 64, and the resolution passed—ayes 79, noes 64.

The voluntary essays were, on motion, referred to the committee on publication.

Dr. Edwards was appointed chairman of the committee to apply to the Secretary of the Treasury.

Charges were brought against the New York Medical College by the Newark, N. J., medical association for granting to a quack their diploma.

Similar charges were entered in other cases and referred to the committee on ethics.

Dr. Sutton, of Ky., moved to appoint a committee of three to report a system of uniform registration of births and deaths.

A committee was appointed to urge on the next census bureau certain features of improvement in the manner of taking the census. This committee consists of Drs. Miller, Antisell and Garnett, of Washington city.

A resolution for an interchange of transactions of state and county societies was adopted.

Dr. Boyle, of the committee of arrangements, presented the names of Professor Swallow and Professor Mittag, as "members by invitation," and they were elected.

An invitation from Professor Bache to visit the Coast Survey bureaus, on Capitol Hill, was accepted, and a vote of thanks for the courtesy was passed.

Resolutions of respect for the memory of several physicians who died since the last meeting of the Association passed.

On motion of Dr. Phelps, the following resolutions were passed unanimously:

Resolved, That the thanks of this Association are eminently due to the Regents and Professor Henry, of the Smithsonian Institute, for the ample and convenient accommodation afforded for the transaction of business.

Resolved, That the committee of arrangements are entitled to our praise and highest appreciation of their exertions to promote the comfort of the members and the best interests of the Association.

Resolved, That to the physicians of Washington and Georgetown and the faculty of Georgetown College we accord the homage of our sincerest thanks for their elegant hospitalities extended to the members from abroad, by which the pleasure of their sojourn here has been so greatly enhanced.

Resolved, That we feel assured that the impressions on the tablet of memory received here, in our national metropolis, in this the first year of the second decade of the Association, will long remain an evidence of the urbane attentions received not only from the chief magistrate and other public functionaries of our glorious Union, but of private citizens and the community at large.

Resolved, That the manifestations of union of heart and purpose in the action of this session inaugurate a new era, and call for devout acknowledgment to Divine Providence, and presage, as we trust, not only a bright future for the Association, but also as contributing to the perpetuity and prosperity of our great national confederation.

Dr. Duhamel, of Washington, moved that a committee be appointed to report upon the "National Hotel disease."

Opposed by Drs. Foster and Boyle, and lost.

Dr. Peter Parker, late commissioner to China, was invited to the stand, and gave an interesting statement of some medical operations in China.

A motion to reconsider the vote appointing a committee to ask the reappointment of Dr. Bailey as inspector of drugs for the port of New York was made by Dr. Dunbar.

A discussion followed, participated in by Drs. Payne, Tyler, Morgan, Palmer, Watson, Burns, and McNulty. The motion was reconsidered — ayes 51, noes 32 — and the Association took a recess until five o'clock.

Evening Session. — At five o'clock the Association reassembled.

Divers amendments to the constitution of the Association, proposed last year, came up for consideration, and were rejected.

The secretary was directed to collect all the by-laws, and have them printed in the next volume.

Various additional votes of thanks were passed, and the Association adjourned *sine die*.

A Nice Thing for Invalids. — We have always held the opinion, that anything which was good for the well was deserving of solemn consideration, and *a fortiori*, it is evident that we should look with much more respect upon anything which may contribute to the comfort of the invalid, We

have lately seen at the establishment of Mr. Victor L. Tiphaine, a dealer in foreign wines, sauces, &c., an individual to whom the profession of Buffalo are especially indebted for the circulation of most palatable and indigestable French *patés* and delicacies generally, some very curious little bottles of excellent cabinet champaigne, holding but half a pint. This seems to us to be just the thing for sick persons, to whom we may prescribe the use of this wine, where only a small quantity is to be taken at a time, and it is desirable to retain the effervescing quality.

We heard that champaigne was occasionally put up in this form, and it immediately occurred to us as very convenient for invalids; accordingly, at our suggestion, Mr. Tiphaine procured a quantity, and we understand that it is not more expensive than the wine in quarts or pints. Truly, luxury keeps pace with the other improvements of the day.

The Pacific Medical and Surgical Journal, edited by John B. Trask, M. D. and David Wooster, M. D.

Yet another time is the experiment repeated of a Medical Journal in the land of gold, under the appropriate motto of *Iterum, Iteum, Iterumque.* In spite of the discouraging prospect which a retrospective view of California Medical Journals present, Drs. Trask and Wooster have ventured again into the field.

The first number of the Pacific Journal presents a creditable appearance, and contains much valuable matter. Dr. Toland, however, again lays claim to originality in his discovery of the reproduction of bones after the entire removal, referring especially to the phalanges of the fingers. His article is accompanied by an excellent illustrative lithograph. In the February number of this Journal, we took occasion to criticize Dr. Toland's claim to this discovery, quoting an article in the Transylvania Med. Journal, Dec., 1857, by Dr. Dudley,of Lexington,and an article by Dr. Hamilton, in this Journal, May, 1850. The practice recommended in these articles is identical with that employed by Dr. Toland, and, as in addition to the above-mentioned articles, an account of this practice appeared in the American Journal of Medical Science, we expressed surprise that Dr. Toland had not seen them.—Since then we have seen the account which we quoted, published in full in the Transactions of the American Medical Association, 1850, in the report of the standing committee on Surgery, page 352. In this article is given a

full description of the practice of Prof. Dudley, with an account of cases by Prof. Hamilton, and a plaster cast of the parts. Though Dr. Toland has displayed much practical skill in his treatment of these cases, he should have been sufficiently familiar with the literature of the subject, to have prevented his laying claims to an original discovery. The real discoverer certainly cannot lie under the imputation of not having placed it prominently enough before the profession.

We wish the Pacific Journal every success, and from the appearance of the first number, are confident that it will not be undeserved.

Vaginal Stethescope.—In a letter from Edinburgh, contained in a late number of the Boston Journal, an account of a vaginal stethescope invented by Prof. Keiller, to be applied to the stethescopic diagnosis of pregnancy; we extract a portion of the letter referring to Prof. Keiller and his invention:

Under the clinical instruction of Prof. Keiller is *the* place to gather practical, reliable, and useful instruction in the department of female diseases. He is perfectly free from ostentation, is gentlemanly and kind to his students and the patients; and while he does not neglect or abjure what is known to be good, he is eagerly searching for new means of diagnosis and for improvement in the modes of treatment. He has invented what he calls a vaginal stethescope, with which can be diagnosticated intra-uterine life at the second or third month, long before it can be discovered by the abdominal examination and the ordinary stethoscope. The instrument is, in material and shape, externally like the stethoscope used for the diagnosis of thoracic diseases, &c., but is solid, rather longer, and larger. It is passed up the vagina and its end pressed against the os uteri. With the instrument in this position, a sound is distinctly heard in the early months of pregnancy—more indistinct in later months—like the ordinary placenta souffle, or like that sometimes heard in an intra-pelvic fibrous tumor. The age, history and health of the patient, the condition of the menses, breasts, &c., must aid in the diagnosis as to the *nature* of this intra-uterine tumor. This stethoscope aids as to the fact of its *presence.*

Buffalo Medical College.—The Demonstratorship of Anatomy in the Buffalo Medical College, made vacant by the appointment of Dr. Nichols as lecturer on that branch, has been filled by the appointment of Dr. Benjamin H. Lemon.

Dr. Lemon is a thorough anatomist, and, we have no doubt, will fill his new position with entire satisfaction to the Faculty and class, and with credit to himself.

LOCKPORT, May 31st, 1856.

PROF. HAMILTON:

Dear Sir,—I send you the followfng report of a case that occurred in my practice, and which may possess interest enough to entitle it to a more extended publicity. You are at liberty to do with it as you see fit:

In the summer of 1853, Mr. Monroe Levally, wagon-maker, aged 46, called at my office and requested me to examine his arm. I did so, and found immediately over the point of the olecoron process an encysted tumor of the size of a robin's egg, and which made its appearance a few days previous. I made a few incisions into the sack with an abcess lancet, and obtained about ℥iii of a thick fluid. Introduced into the sack a pledgit of lint, and in a few days a perfect cure was effected.

But the next week I was not a little surprised, when he returned, with *another tumor* on the *other* arm, an exact counterpart of the previous one in every particular. It made its appearance in the same manner; in locality it was the same, (except on the other arm,) of the same size and form. I treated in the same manner, and the result was the same.

How far this goes to prove the existence of a sympathitic action between the corresponding points of the human system, we leave for others to decide; but it does certainly go far to prove that, under certain circumstances, one elbow at least has some sympathy with the other.

Yours, ever,

A. M. LEONARD.

DR. FLINT,—"Symmetrical diseases" are known to occur often in eruptive affections, and occasionally in rheumatic and syphylitic affections, but this is the only example which I have known where an encysted tumor, or a true tumor of any kind, has illustrated this curious law of affinities between opposite portions of the body.

Yours,

F. H. HAMILTON.

The Savannah Journal of Medicine.—We have received the first number of this Journal, issued in May. The editors are J. S. Sullivan, M. D., Josiah Harris, M. D., Prof. of Physiology in the Savannah Medical College, and R. D. Arnold, M. D., Prof. of Theory and Practice of Medicine in the Savannah Medical College, Associate Editor. This Journal will be issued bi-monthly, and contains seventy-two pages. The first number pre-

sents a fine appearance, and contains many valuable articles. We welcome it to our exchange list.

We have also received the first number of the *Oglethorpe Medical and Surgical Journal*, issued bi-monthly, and edited by Drs. Byrd and Steele, of which we can also speak in no less complimentary terms.

Death of Prof. J. K. Mitchell.—We announce with deep regret, the death of Prof. J. K. Mitchell, who has long held the chair of Practice in the Jefferson Medical College, and who is known to the profession as one of the most eminent teachers of that branch we have ever had among us. Prof. Mitchell has suffered of late years from partial hemiplegia, but has been able to fulfill the duties of his chair up to the close of the last session, when his health was better than it had been for some years. He was attacked, however, this spring, with pneumonia, which terminated fatally, taking from us one of our profession's noblest ornaments. Dr. Mitchell was distinguished for his devotion to polite literature as well as the cause of medical science; he was an honorable, high-minded man, and a kind and courtly gentleman of the old school. The vacancy has been filled by the appointment of Dr. Dickson, the eminent Professor of Practice at Charleston, who was unanimously recommended by the faculty.

We learn also from the North American Medico-Chirurgical Review, of the death of Benjamin Travers, the distinguished English surgeon; Dr. Forbes Royle, the author of a well known work on Materia Medica; Dr. I. K. Matther, of the University of Leipzig; Dr. Schoepf, of the University of Pesth; and M. L. Bandon, of Paris. We have also notice in the daily papers an announcement of the death of M. Chomel.

Books and Pamphlets Received.—We have received from the publisher, Barclay on Medical Diagnosis, Graham's Elements of Inorganic Chemistry, Wilson's Plates of Diseases of the Skin, the Transactions of the New York State Medical Society, Illinois State Medical Society; and from the author, Paine's Institutes of Medicine.

Reviews of these works have been crowded out by the Transactions of the

American Medical Association, but will appear as soon as possible. We have also received from the authors, the following pamphlets:

The Sulphate of Quinia, by A. B. Palmer, A. M., M. D.

Medical Opinion in the Parish Will Case, by Pliny Earle, M. D.

Silver Sutures in Surgery, by J. Marion Sims, M. D.

Diseases of the Cervix Uteri, by Joseph A, Eve, M. D.

Dysentery, its Pathology and Treatment, by Robt. Campbell, A. M., M. D. which will also receive early notice.

Death of Dr. Robinson.—We learn, as we go to press, of the death of Dr. L. G. Robinson, of Detroit, who was one of the editors of the Medical Independent, and afterwards of the consolidated Journal. Dr. Robinson was well known in the editorial world as an able and polished writer, and his death will be as much lamented by his editorial brethren, as by his large circle of friends at Detroit.

Proposed Changes.—University of Louisville.—We learn that Prof. J. B. Flint, who succeeded Prof. Gross in the chair of surgery, in the University of Louisville, has resigned, and Prof. Palmer, the accomplished teacher of Anatomy, in that institution, has been transferred the vacant chair.

We also learn that Prof. Miller, the venerable Professor of Obstetrics, has resigned. As yet we have heard no one mentioned as likely to fill either of the vacancies.

It is also rumored that the new medical school at Nashville, will soon go into operation, and that Dr. May, of Washington, is to be the Professor of Surgery.

Nos. 1 and 2 of Vol. XI.—We are entirely out of these numbers, with the exception of two or three which complete our full sets, and will cheerfully credit 50 cents to any subscriber who will send them to us.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. JULY, 1858. NO. 2.

ORIGINAL COMMUNICATIONS.

ART. I.— *Cerebro-Spinal Meningitis: Brain Fever.* By J. W. Craig, M. D., Churchville, N. Y.

Messrs. Editors,— In accordance with a promise which I made to you some time ago, I herewith transmit to you an account of an epidemic known by the name of cerebro-spinal meningitis or brain fever, which has prevailed in this place, as well as in several isolated places throughout the country, during the latter part of the winter and spring of 1857–8.

On the night of February 11th, 1857, I was called to see

N. B., aged 11 years, and learned that at 5 o'clock in the afternoon, he had eaten a hearty supper, and had appeared to be in usual health, but that on retiring at 9 o'clock he complained of feeling chilly, and soon after, had a convulsion.

When I first saw him he was comatose; face suffused; pupils dilated; and he died in fifteen minutes after I arrived.

On my return I found a messenger in waiting, requesting me to visit Mr. G., æt. 40, three miles north of the village.

When I arrived, I learned from the family that he had appeared in usual health during the day, but at 7, P. M., was seized with a chill, followed by pain in the head, for which he took a dose of common cathartic pills, which

operated at 10. Soon after their operation, however, he began to sink, and died at 11, four hours after the chill.

The suddenness of the attack, the mottled appearance of the skin, with the other symptoms peculiar to this disease, convinced me of the existence of a state of thing with which I had never before met.

A *post-mortem* examination having been granted, the pathological condition was disclosed, but as to the proper treatment to be pursued, we were in as much darkness as ever.

This disease, as it occurred with us, seemed to assume two forms, viz., mild and sewere, or perhaps it might be denominated, cerebro-spinal typhus, mitior and gravior.

The mild cases were ushered in with a chill more or less severe, followed by fever, pain in the head, which extended along the neck and back, and accompanied with a feeling of general uneasiness. This set of symptoms generally continued from eight to twelve hours, when an intermission occurred more or less complete: but about the same time next day, there was a return of the pain and fever, but no chill—and these last two symptoms continued to occur from one day to another, the patient able in most cases to move around the house during the intermission.

The more malignant cases were also ushered in with a chill, followed by headache, vomiting, double vision, strabismus, intolerance of light and sounds, with deafness, swollen tongue, with convulsions in children, and delirium in adults. In some cases the skin presented a mottled appearance, with spots like *taches rouges*, and in others there were petechiæ; cold extremities; feeble pulse, and ultimately death. When reäction did take place, (which had necessarily to be speedy, as these cases terminate in from four to twenty-four hours from the accession of the chill) the extremities became warm, the pulse fuller, the delirium less constant, and slight febrile action manifested itself; but in the most favorable cases of this severer form, after reäction had been fully established, the pain in the head and neck continued, the head was drawn stiffly backwards, and this rigidity extended down the whole length of the back to such a degree, that to raise the lower extremities was to raise the whole body.

The morbid sensibility to light and sound continued, as also the dilated pupil and strabismus, and in many cases, at particular hours, there were convulsions and *projectile* vomiting of green and yellow substances; in addition to the above symptoms there was great restlessness, jactitation, pain in the stomach and bowels, with anorexia, which continued for a number of days.

Perhaps the following case will serve as an illustration as well as any other, the report of which I take from my note book:

I was called to see Miss R., age 16, on Tuesday, March 24th, 1857, and learned from the family that on the Sunday previous she had attended church, and had sung and played the piano during the evening, and retired seemingly in usual health. She awoke during the night feeling cold and unable to move, but soon fell asleep again. In the morning she awoke feeling much prostrated and with a severe pain in the head; double vision followed, and she soon became restless and delirious. The family physician was called, who administered a cathartic, applied a blister to the trachea, ordered a warm pediluvium and cold applications to the head.

I found her next morning in furious delirium, with dilated pupil, double vision, spasmodic vomiting, accompanied with great restlessness, so much so that it was with difficulty she could be confined in bed. Her tongue was slightly covered with a thin white coating, and her pulse was 120 per minute.

Treatment. Pulv. Dov., grs. v; pulv. valer., grs. iii every three hours; continue cold appl. to head.

March 25th. Had a very restless night, but the active delirium not quite so constant. Tongue heavily covered with a white coat; has constant fever; pain in head; dilated pupils; kidneys inactive.

Treatment. Continue that of yesterday, alternating the powders with tinct. gelsinium, xx drops, and spts. æth. nit.

March 26th. Delirium not constant, but pain in the head and neck very severe. Head is permanently drawn back, causing excruciating pain on the slightest movement; she is quite deaf; stomach rejects everything; complains of pain in back and bowels; great intolerance of light; pulse 110.

Treatment. Tinct. verat., iv drops, every hour until pulse becomes less frequent, with yesterday's treatment as the stomach will bear.

March 27. Pulse 80, and irregular; patient very talkative, with occasional wandering of the mind; head still drawn back and immovable; complains of pain in neck and right arm; is very restless, has occasionally slight spasms, with a peculiar moan in breathing; had a sinking *spell*, supposed to be caused by an overdose of veratria. Her tongue is cleaning, and she had had no fever since yesterday.

Treatment. Sulph. quinine and pulv. Dov., aa grs. iii, to be given every three hours, with infusion of valerian and *brandy* for drinks.

March 28th. Reports herself much better; had no pain in head, and thinks the stiffness in neck not so intense as it was yesterday, although any movement caused a return of pain; determined to get up this morning, which is the only symptom of mental derangement at present. Her bowels are inactive, but there is free secretion of urine; unable to bear turning on her side on account of stiffness and tenderness of neck.

Continue treatment with generous diet.

March 29th. Reports better; slept well last night; had no pain except in lower part of abdomen; perfectly rational, and can turn her head a little; complains of a sore ear caused by pressure from lying on it; head still drawn back; intolerance of light and sounds; dilated pupils, with pulse at 80; tongue moist.

Continue treatment, with hot fomentations to head and neck.

March 30th. Reports herself able to move her head more easily than yesterday; has an occasional streak of pain in head and neck; slept well last night; bowels moved by enema; appetite a little improved.

Continue treatment.

March 31st. Reports better; turned over in bed without assistance last night, and able to raise herself up on her elbow; had some pain in head and eyes.

Continue quinine and brandy.

April 1st. Reports not quite so well; had a slight chill yesterday, and now complains of headache with acute pain in neck and shoulders; hearing very acute, so that the least noise caused severe pain; felt prostrated all of yesterday; tongue dry; countenance anxious; pulse 110.

Treatment expectant: infusion of valerian to be given for constant drink; quinine and brandy if necessary, and Dov. powd. if she should have fever.

April 2d. About the same as yesterday; had a slight chill this morning, about the same hour as yesterday, followed by fever and slight delirium; pulse 120; bowels moved four times since yesterday. She was taken up for the first time in a number of days and had her bed made.

Treatment. Sol. carb. ammon. in place of brandy; quinine, grs. iii; pulv. val., grs. iii; pulv. Dov., grs. iii; powder to be given every three hours.

April 3d. Reports herself very much better; slept well last night till 3

o'clock, when she awoke with severe headache and fever; has some appetite; pulse 100; tongue inclined to be dry.

Continue treatment.

April 4th. Was quite restless all day of yesterday; pulse hurried.

Continue treatment.

April 5th. Had a very restless night after 3, A. M.; can turn in bed with great difficulty on account of pain in neck; had great intolerance of light, and complained of pain in eyeballs and soreness of eyelids.

April 6th. Was called to see her at 6, A. M., and found she had been very restless the latter part of the night, complaining of constant sharp pain in head, neck and bowels, with occasional delirium; very talkative, and in the remissions of pain, inclined to sing; pulse 120; had bowels moved by enema.

Treatment. Gave her five drops of veratria, also a pill of morphine and assaf. Soon after this she became quiet. Pulse fell to 80, and she got some sleep.

April 7th. Was more quiet during the day yesterday, and last night.

Continue quinine, valerian and carb. ammon. If she had pain, give ¼ grain of morphine, and if restless give pill of assaf.

Aprill 11th. Has been about the same for the last four days. Pain in the head and neck have been quieted by morphine, valerian, &c.

April 12th. Has no pain in head or neck, but very sharp pain in limbs; vomited some during the morning; hearing very acute, but no dilatation of pupils; appetite good; pulse 80.

Treatment expectant, except morphine to control pain.

April 15th. For the last three days has been very restless, for about eight hours in twenty-four; tongue dry and inclined to be red. I learned to-day that previous to this periodic restlessness, she had had severe spasms and spasmodic vomiting for some considerable time, *i. e.*, she had had more or less of it for two or three weeks. The vomiting is not accompanied or preceded by any nausea.

Treatment. Morphine and valerian, with quinine and brandy, if necessary; strychnine, gr. $\frac{1}{30}$; pulv. valerian, grs. ii, to be given every six hours.

April 23d. Patient has gradually been gaining strength since the 15th, and is now able to sit up nearly an hour in twenty-four; has occasional

slight spasms and vomiting in the morning. The restlessness continues at some part of the day, but does not observe the same regularity that it did formerly, and sometimes it is preceded by a chill. Pulse 82; tongue not quite so red.

Treatment. Continue nervines and morphine, and give three gr. pill of chinordine every three hours.

April 24th. Was called in haste this P. M., and learned that she had a very severe spasm, followed by vomiting this morning, and soon after complained of very hard pain in her head and neck with great intolerance of light and hearing very acute; to these were added subsultus, delirium, and all the bad symptoms of the disease. Her pulse was 50 in the minute, feeble and intermitting; breathing slow and accompanied with a peculiar moan; stomach rejecting almost every thing, vomited with spasmodic force, but not preceded by any nausea whatever; complained of tenderness in every part of the body, but principally over the stomach and bowels.

Treatment. Ordered mustard to epigastrium, and to sponge her body with a strong solution of ammonia, together with cold applications to head and neck; also to give her nervines, tonics, and carb. ammonia as they could be borne.

For a short time the pulse became more steady and the respiration natural.

Treatment. Pulv. val., grs. ii; bismuth, sub. nitre, gr. i; morphine, gr, $\frac{1}{8}$; fiat pulvis, to be given every three hours, and quinine and brandy as they may be necessary.

May 6th. Has continued to improve gradually, since the 24th of last month. Tongue looks quite natural, and appetite much improved; sat up about an hour to-day, and was moved into another room, but on going to bed became delirious; had pain in head and neck, with intermitting pulse, but was relieved in a short time by the use of morphine and brandy; has had occasionally slight spasms in the limbs, but without regularity, perhaps more apt to recur every other day; has had very little pain in head.

Treat. Infusion of valerian, columbo and quassia.

June 1st. Has continued to improve gradually; the vomiting, spasms, redness of the tongue, and pain in the head, have entirely disappeared, so that to-day (nine weeks from invasion) she was able to take an airing in a carriage. Perhaps it may be well to state that she was very fond of music

and played the piano well, but on recovery, in attempting to play, she had forgotten almost every tune, and had but a very indistinct recollection of all that had transpired during her illness; but she soon regained her knowledge of music, and now, fourteen months from the commencement of report, she seems to enjoy good health, and her intellect is as vigorous as it ever was.

Was called to see D. W. B., aged 6, on the 30th of December, 1857, and learned from the family that on the morning of the 28th inst., he awoke feeling unwell, and did not attend school. In the afternoon he was taken with vomiting and constant pain in his head; also some cough, and stiffness of neck, although that was not a very prominent symptom. Dec. 29th, some domestic remedies were given as it was supposed to be a cold — but seemed no better.

Dec. 30th. Opium to allay pain, and quassia for and bitter stomachic to quiet vomiting.

Dec. 31st. Is much about the same as yesterday.

Continue treat. using pulv. Doveri.

Jan. 1st, 1858. Has vomited more since yesterday: pain in head very severe, also occasional pain in bowels, which would last for a moment.

Treatment. Sul. cinchona, grs. ii, every hour, and cold to head.

Jan. 2d. Has had no pain in head during the night, but returned at 7 this morning. Tongue coated with a white buff; no appetite; kidneys inactive; pulse 120; is at times delirious.

Treatment. Sul. cinchona, hyd. potass., and spirits nitre; cold to head.

Jan. 3d. Had but little pain since last visit; was rational all day, but some delirium at night; kidneys more active. Says he can see nothing; pupils dilated; neck stiff.

Treatment. Quinine, grs. ii each three hours, hyd. potass., and warm fomentations to head.

Jan. 5th. Seems brighter, and can see to-day; slept well last night, is a little delirious on waking; tongue heavily coated.

Continue treatment.

Jan. 6th. Has not had quite so much pain during the last twenty-four hours; has sharp, lancinating pains in head about once in ten minutes, that last but for a moment. Pulse 96; right pupil dilated; some subsultus.

Treatment. Quinine, grs. ii; valerian pulv., gr. ii, one powder to be given

every three hours: with liniment of arnica, aconite, hyosciam tinct. and camphor, to be rubbed on scalp.

Jan. 7th. Had but very little pain since last visit; had a paroxysm at 7, A. M., but comfortable during the day, at 5, P. M., became semi-comatose, and could be roused with great difficulty. At 8, P. M., had four convulsions in quick succession. Remained dull during the night, but roused quite bright this morning.

Continue treatment; also beef tea and brandy.

Jan. 8th. Had a very comfortable day yesterday, but about the same, time as the night before, had another spasm.

8 o'clock, P. M. Has been very stupid all day; complains of very great pain on being roused; pulse 120; tongue heavily coated.

Continue treatment of yesterday, and give $\frac{1}{8}$ grain morphine to quiet pain if necessary.

Jan. 9th. Had a very comfortable night; complained of very little pain. Was not much delirious. Bowels moved, the discharge having a very dark appearance; tongue heavily coated, and the coat inclined to scale off; pulse hurried.

Continue treatment, with mustard to extremities if comatose.

Jan. 10th. Tongue clean and red; seemed somewhat bright in the morning, but at 10, A. M., became comatose; pupils dilated; strabismus, &c. Roused somewhat at 5, P. M., but at 10, P. M., again became comatose, and died at 5, A. M.

In this case were observed two exacerbations of pain and fever each day, one at 7, A. M., and the other at 5, P. M., which would last each about three hours, or end about 10 o'clock.

This patient was very thin in flesh at the commencement, and illy prepared to to withstand so malignant a disease.

Mrs. G., aged 35. Had complained of pain in the head and neck for a number of days. On the 21st February, 1858, was taken with a severe chill, followed by convulsions; rigidity of the muscles of the neck and back; dilated pupils; mottled skin, and coma. Was sweated by means of hot blocks, and mustard to extremities, and as soon as sweating began she was able to swallow: 2 grains of quinine with valerian and camphor, was then given each two hours, and in the course of six hours, showed some signs of consciousness.

Feb. 22d. Is rational this morning, but cannot bear the least light or

sound; has strabismus, double vision, &c.; body covered with spots like *taches rouges;* pulse 120; tongue coated, white coat; complains of great pain in head and neck; head drawn stiffly back and cannot be moved. These symptoms continued about the same till the 26th, when the double vision ceased; less pain in head, and could bear sounds and light much better.

Treatment has been quinine, grs. ii; camphor, grs. iii, each three hours; brandy and generous diet.

March 1st. Is able to sit up some; pain in head less, and all symptoms generally better.

Continue treatment.

Miss Page, æt. 20. Attended a party on the night of Feb. 1st; awoke on the morning of the 2d, feeling chilly and having a slight headache, but supposing it to be "sick headache," to which she had been subject, walked a mile and a-half. Ate supper at 5, but soon she was worse, and at 10, P. M.: when her physician was called she was completely comatose; skin mottled; pupils contracted, eyes crossed, &c.

A cathartic was administered, which did not operate on the morning of the 3d. A counsel was held, when croton oil, with leeches to the head and neck were administered.

Saw her at 9, P. M.; found her under the action of the cathartic, also very restless; mind wandering, unable to answer questions correctly, screaming occasionally as if in acute pain, but unable to locate it; sordes on the teeth and all the bad symptoms of the disease.

Gave her quinine, morphine and brandy, but she sank and died thirty-six hours from the attack.

Mrs. H., of Adams' Basin. Dr. B. in attendance.

Was called to see her March 21st, 1858. I learned that she had attended church during the forenoon and afternoon; ate supper at 4 o'clock, in usual health, after which she wrote a letter. Feeling chilly and some pain in her head, laid down for a few moments previous to attending evening church service; but the pain her head continued, and at 7, P. M., was observed to have a convulsion, after which she became dull and could not easily be roused. These convulsions recurred once in from five to fifteen minutes, lasting from half to one minute, and were of an opesthotonotic character. With these was suffused face; dilated pupils; head drawn stiffly back, &c.

Was sweated freely, which seemed to relieve the rigidity of the neck, but had no influence in controlling the convulsions.

Treatment. Quinine, grs. ii, every hour; also extract of valerian. Mustard to be applied to chest and limbs.

March 22d. At 3, A. M., or three hours after commencing the use of the quinine, the spasms were arrested but had a return of them at 6, A. M., another at 12, M.

Continue treatment.

March 23d. Had a convulsion at 12 o'clock last night. Is rational, easily roused, but inclined to sleep the most of the time; complains occasionally of pain in her head; great intolerance of light and sounds.

Continue treatment, with brandy and generous diet.

March 24th. Had a convulsion last night at 12 o'clock, but is quite comfortable to-day.

Treatment. Quinine, gr. i; camphor, grs. iii; every two hours, with morphine and chloroform, at 12 o'clock, if necessary.

March 25th. Had symptoms of convulsion last night, when morphia and chloroform were administered with favorable effect.

Continue treatment.

March 26th. Had eight convulsions last night, commencing three hours earlier than the night before; eyesight bad, *i. e.*, is not able to distinguish objects by looking at them; pupils dilated; is very sensitive to bright lights and hissing sounds, as whispering, &c.; has sharp pains through head and neck.

Treatment. Quinia and valerian, with ext. hyoscyamus to control pain.

March 27th. Was very restless last night at 12 o'clock, but had no convulsion; pain in head and neck not as bad as yesterday—can move her head a little.

Continue treatment.

March 29th. Has had no convulsion since last visit; less pain; eyesight much better, although somewhat imperfect; has appetite, and feels quite comfortable.

Treatment, Continue quinine in small doses, also valerian, &c., as may be indicated.

I learned from Dr. B., who had charge of the case afterwards, that she

continued to steadily improve, having no bad symptoms following, except one eye was inclined for some time to look upwards; but that in the course of a few weeks regained its natural position and now, May 15, seems as well in every respect as before the attack.

Mrs. B., age 32, ate supper in usual health, but when she was clearing the dishes from the table, was taken with a slight chill, and soon, as she described herself, "a sensation as if shot by a pistol pall," seized her in the back of the neck, followed by pain in the head; immediately her head was drawn stiffly back, and all the bad symptoms of the disease manifested themselves, and which continued for a number of days.

Mrs. P. arose in the morning feeling unwell, but was able to sit up during the forenoon. At 12, M., became sleepy, and at 4, P. M., was entirely comatose, dilated pupils, &c.

Was sweated freely, and quinine and valerian given, and in twelve hours became conscious. Recovery took place in three weeks.

N. B., age 6, was unable to see or hear, and vomited green and yellow matter from the stomach; also had from three to ten convulsions a day, for six weeks. He became very much emaciated, but eventually recovered, and now, one year from the attack, seems as well as ever. There seems to be no tendency to a return in the severe form of the disease, but in the mild cases many that were attacked last year have suffered again this spring.

One marked peculiarity of these cases is the unexpectedly sudden attack, and their terrible severity. Perhaps the patient may retire to bed in usual health, and soon after falling asleep be awakened by a chill, and the family aroused by unmistakable symptoms of convulsions: and in other cases, after eating a hearty dinner, the patient be taken with a chill, soon followed by delirium, and without any premonition whatever.

Sometimes there will be sense of uneasiness for twenty-four or forty-eight hours previous to the attack, but in the majority of the severe cases the prodronic symptoms are so slight that they are not noticed. The delirium attending this disease is peculiar, in several cases having many of the general characteristics of manu a potu.

In children there is a strong tendency to pull their hair, bite their lips and fingers, &c., so that they require constant watching to prevent them from injuring themselves. They will also start from their beds suddenly as if fearful of approaching danger, and it is with great difficulty they can be persuaded to the contrary.

I shall now proceed to give some general idea of the pathological appearances presented in those six cases which proved fatal in less than forty-eight hours from the attack. All of them on removing the calvarium, presented a turgid condition of the venous system. On removing the coverings of the brain in these cases, lymph of a yellow and greenish hue was observed in the upper sulci of that organ, and in all of them there were increased quantities of lymph, with sero-purulent fluid at the base of the brain, and extending down the whole length of the spinal cord. The choroid plexus was also very much engorged, and more or less serous effusion in the ventricles. We also found softening of the base of the brain and upper portion of the spinal cord—better marked, however, in some cases than in others.

Two cases were examined which proved fatal several months after the attack. These were both of the severe form, and convalescence was very slow; still they seemed to rally, improve in strength, and gain in flesh for several weeks, so that they were able to do considerable work. I learned from the friends that after they became able to be about the house all the time, once every week or ten days, they would be attacked with a feeling of faintness, headache and vomiting, which would continue from one to six hours, when these feelings would disappear, and the patient seem to be as well as before. A succession of these attacks would come on and go off without alarming the family very much. To one of these cases I was called in the evening. On the forenoon of the same day, the patient (a female) had drawn a child in a hand wagon for about a mile; I found her with all the formidable symptoms of the disease, viz., dilated pupils, strabismus, double vision, vomiting, headache, intermitting pulse, &c., and about once in five minutes she would seem to stop breathing, and continue so for some considerable time, during which he was perfectly conscious and rational, and at last died from seeming paralysis of the muscles of the chest.

The symptoms of the other case so nearly resemble the former that a description is unnecessary.

The *post mortem* examinations of these cases revealed a softened condition of the base of the brain and upper portion of the spinal cord, with a very copious effusion of limpid fluid in the ventricles—in the one case amounting to eight, and in the other to twelve ounces. I should have mentioned that in both of these cases there was paralysis of the scalp on back of head and of the muscles on the external portions of the back of neck, and numbness to so great an extent that a comb in dressing the hair could not be felt from the first of disease.

The diagnosis in these cases is determined by the chill, followed by sud-

den prostration; pain in the head and neck, with the vomiting; also the periodicity observed by the disease after it had existed for a few days.

The prognosis in most cases is favorable if seen within a few hours after invasión, though in some cases the collapse and prostration that attend the disease from its onset is such that they set at defiance all remedial measures, seeming to begin where cholera ceases.

Of 129 cases that came under my observation, 12 were fatal. Death occurred in 5 cases within thirty-six hours. In 3 it took place within one week. In 1 case it took place in the fifth week; in another in the eighth; and in 2 cases it took place after several months. The mean duration of the disease is about three weeks. The continued pain in the head, stiff neck, quick pulse, delirium and coma, are unfavorable symptoms, but occasionally cases will recover by good management under the most forbidding circumstances.

This disease has been confined for the most part to low, miasmatic regions; either in the vicinity of Black Creek and its tributaries, or in the surrounding swamps and marshy lands, although a few cases came up seemingly outside of these influences, but they were of rare occurrence, and I doubt not that if the facts were known, it would be found that they had been exposed to the same exciting causes as those that lived in the vicinity of the creek.

Its first appearance was noticed soon after the melting of a large body of snow by a south wind in 1857; and the "sudden change in the weather" was the popular assigned opinion, but in 1858 no such cause could be given, and could I give you a map of the localities where it presented itself, I think it would be proved without doubt that it had been confined, in this locality at least, to miasmatic districts. It may be further mentioned in this connection, that at that time there was a prevalence of miasmatic diseases, such as intermittents and remittents of persistence and severity before unknown and these with the marked periodicity in the mild and the latter stages of the severer cases of this disease, prove conclusively to my mind that it was of miasmatic origin.

The treatment that we have adopted has been for the most part the same as for malarial diseases; and believing it to be almost, if not entire epidemical, the general rules observed in seasons of prevailing epidemics should be adopted.

Depletion in any form is not only mischievous, but absolutely dangerous; for we have observed in every case that the administration of the mildest cathartic has been followed by an alarming prostration.

If seen during the chill every means should be used to promote speedy

reäction, such as the warm bath, hot drinks, brandy, ammonia, surrounding the with hot bricks, or bottles of warm water, with sinapisms to the legs, abdomen, spine, &c. After reäction has been established, the local symptoms are to be combated by cold applications to the head and neck, which must be assiduously persevered in so that reäction may not be aggravated from their too early omissions. Should the cold applications not afford relief, warm fomentations of hops and vinegar may be substituted, which are often very grateful to the patient by quieting pain and producing sleep. The vomiting can in general be relieved by a bitter stomachic infusion such as quassia, cold, or by a pill of opium; I prefer to give the opium in pill. Should these fail, an emetic will often be successful in quieting it And as for blisters, though they seem to be indicated, I have never seen any effects from them that were salutary, but on the contrary have often seen them productive of great irritation and restlessness. Nervous symptoms are to be relieved by the use of valerian, musk, asafœtida, &c.

But the sheet anchor in these cases I have found to be sulph. quinia, in doses of 30 to 40 grs. in twenty-four hours as the stomach will bear it.

The subintrant character of this disease in its early stages will not allow us to await an intermission; but the remedy should be given in divided doses every three or four hours; and should the case be prolonged, or of the milder type, I know of nothing more effectual than Fowler's solution in doses of from three to five drops, three times a day.

The fears that are entertained (and perhaps justly sometimes) with regard to the use of quinine, brandy, opium, &c., in diseases of the brain, should in this disease be wholly discarded, for it is on their judicious and persevering use alone that we have any dependence in this dreadful malady. And we repeat, give opium to quiet pain, quinia to stop the periodicity of the disease, with brandy and nourishing diet to sustain the sinking powers of nature.

ART. II.—*Tracheotomy in Pseudo-Membranous Croup.* By THOS. F. ROCHESTER, M. D. Report read before the Buffalo Medical Association.

The ætiology and the pathology of croup, although by no means definitely settled, demand a brief notice from your reporter prior to the consideration of the special treatment, which you have assigned to him to lay before you. With this view the following propositions will be assumed as gen-

erally recognized by the profession, viz., The distinction between spasmodic and membranous croup is well grounded, still in a few exceptional cases, the discrimination is difficult if not impossible. This fact must not be disregarded, especially in the present investigation, not however, as might be supposed, as presenting an argument against tracheotomy.

Pseudo-membranous croup is especially a disease of infancy and early childhood, it rarely attacks nursing children, its subjects are in the vast majority of instances from one to five years of age, the common notion that it is mostly confined to the strong and vigorous is incorrect, as delicate children, especially if strumous, are frequently its victims; if there is a class more liable to its visitation than another, it is composed of those of lymphatic temperament with a tendency to obesity. Temperature, season of the year and locality, exert a marked influence upon its prevalence and its character. It is seen most frequently in spring and autumn, it is apparently often developed by exposure to high and cold winds, it exists equally, numerically, in low and moist and in dry and elevated situations, presenting however corresponding differences in grade. This is well illustrated in the cities of New York and Brooklyn, which are separated only by the Hudson river. In that portion of the latter city known as the Heights, croup is much more violent, severe and rapid in its course than in New York. The comparison holds true, on a larger scale, in observing the affection in the mountainous regions of New England and the extended plains of the Western States.

Croup is both indiopathic and epidemic, it is both primary and secondary—it is associated with or succeeds, influenza, catarrh, pharyngitis, rubeola, scarlatina, varicella, variola, and other diseases. It is occasionally sudden in its onset and rapidly fatal. Its course is usually however insidious, presenting catarrhal symptoms for several days before it is fully declared. It is essentially paroxysmal in its phenomena, presenting marked nocturnal exacerbation. It is attended with hoarse cough and voice, the former gradually changing to harsh, dry, metallic or ringing, and the latter to husky and whispering. Both may become entirely extinct. In two fatal cases, attended by the writer, voice was nearly extinct from the commencement of the attack and cough was slight and infrequent. Similar instances have also been noted by others. Respiration is usually accelerated and embarrassed, often to an extreme degree, but with intervals of comparative ease. Febrile movement, varying greatly in intensity is the rule, but even to this there are exceptions.

In view of the foregoing propositions, which are assumed as recognized by

the profession, it is difficult to define the precise pathology of the disease in question. Is it simple laryngo-tracheitis? The Viennese school regard it as a local manifestation of a general disorder or diathesis, and Rokitansky in his list of "Dyscrases" subdivides the "croupous crasis" into three forms, the minor divisions representing certain quantitative or qualitative changes in the fibrine element of the blood. This view presents at least a plausible explanation of the manifestation of the affection under various and diverse exciting agencies. From the distinctive designation of the disease (pseudo-membranous) it would appear superfluous to inquire whether it is always attended with exudation of false membrane, but reliable statistics demonstrate that it is *entirely wanting* in a small proportion of cases, being neither detected during life nor on post-mortem examination. A knowledge of this circumstance induced Blood to classify the affection as follows: "*Myxogene*, when mere mucus is expectorated; *Pyogene*, where pus is effused; and *Meninyogene*, when the membrane is formed." The fact of the non-formation of the membrane, in a certain proportion of fatal cases, appears to the writer of sufficient importance to warrant him in citing the authorities from which it is derived, the more so as it illustrates one cause of death which tracheotomy would, perhaps avert, viz., long continued or frequently repeated spasm of the glottis.

"Practically, therefore, as well as pathologically, we cannot say with Bouchut, 'without a false membrane, croup does not exist.'" (Peaslee Amer. Med. Monthly, January, 1854.)

"Where the disease terminates quickly in death, no well formed false membrane is seen, but only mucus in the trachea more or less thick, and redness about the glottis." (Prof. Alexander H. Stevens, Buff. Med. Jour. Vol. 2d, p. 613.)

"Six of the fatal cases were examined after death; in one there was no false membrane *anywhere*, but intense redness of the larynx trachea and bronchi, with an uneven granular appearance of the larynx and ulceration about the epiglottis." (West on Diseases of Infancy and Childhood, p. 218. Eng. Ed. 1848.)

In addition to the above, Dr. A. W. Nichols informs the writer, "that in 1856 he made a post-mortem examination of a child, under two years of age, who died of croup in this city, after an illness of twenty four hours. It had never expectorated any false membrane, and none was discovered —there was redness and tumefaction of the larnyxo-tracheal mucous membrane, and a plug of inspissated mucus just above the bifurcation."

"There are a few cases in which this adventitious membrane is not formed at all." (Watson, Lecture 46.) "This membrane or layer of lymph does not always present itself in the worst cases." (Dickson's Elements, p. 592.) It is certain however that in the vast majority of cases, a false membrane is developed, varying however very much in extent, character and thickness. It is often limited to the larynx, but it is likewise often continued to the minutest bronchial tubes. It is frequently firm and tenacious, containing a large proportion of fibrin, while it is as often of a muco-puruloid character, representing a state of partial solution or decomposition; it is not organizable; it is often reproduced; it varies from extreme tenuity, to a line and a half or two lines in thickness; it is grey or dirty yellow in color, the subjacent tissue is always red and tumified, but rarely eroded. *The membrane or membranes are rarely so thick as to cause death by occlusion of air.*— The writer has conducted six examinations of fatal cases, he has witnessed at least as many more; in none was there complete obstruction, and in most of them it was comparatively slight. Dr. S. S. Bemiss, in an excellent "Essay on Croup," published in the Louisville Review, says: "It is worthy of remark, that in a majority of dissections of patients dying from croup, the mechanical occlusion of the glottis, by either the membrane or its subjacent swelling, is not so complete as to account for death." This is also intimated by West. Marshall Hall refers the fatal termination in many instances to œdema-glottidis. In one of the cases observed by your reporter, the membrane was small and attached only at its upper terminus—it was, as it were, a strip of narrow tape dropping from the chink of the glottis into the trachea. The idea at once suggested itself, that this could not seriously interrupt the inspiratory act, but that it would greatly impede the process of expiration, by its valvular action.

The preceding assertions being well established, is it not evident that in addition to membranous obstruction, spasmodic occlusion of the glottis must also be taken largely into account, admitting at the same time, that the presence of the membrane is the principal cause of the spasmodic closure?

It is next important to consider, the primary seat of the exudation, and the limits to which it is usually confined. It is the general impression that the pharynx rather than the larynx is first invaded, that the characteristic patches may be detected upon the tonsils, uvula or fauces for some hours or days even before they attain the air passages proper. Trousseau is strenuous upon this point, scarcely admitting an exception to the rule; he describes very aptly the manner of extension, comparing it to the

spreading of a drop of oil upon paper. Unhappily however for the purpose of early and certain diagnosis, the exudation frequently commences in the larynx itself. West says: "The fauces do not present any invariable alteration in cases of croup." He further states "that of ten idiopathic cases under his own observation, two only presented a scanty formation of false membrane upon the velum and tonsils." Dr. J. F. Meigs had nineteen cases under his own care, "of these, the croup followed membranous angina in eleven, in five the disease *began* in the larynx and thence extended to the fauces, and in three there was no deposit on the throat at any time." Further evidence on this point is judged unnecessary. With reference to the seat as well as to the extent of the membrane, statistics are abundant. In 54 autopsies M. Betonneau found the false membrane terminating in different points: in the trachea in 31, penetrating the large bronchia in 16, reaching the terminal bronchia in 7. In a table of 171 cases, collected by M. Guersent: in 78 the membrane terminated in the trachea; in 42 it invaded the bronchia; in 30 the condition of the bronchia was not mentioned; and in 21 there were no false membranes. (Meigs.) The above statistics are sufficient to show that in a considerable majority the bronchia are not implicated.

Complications. M. M. Barthez and Rilliet (*Maladies des Enfants*) found pneumonia in five-sixths of their fatal cases. Bronchitis is very frequently present. Exhaustion from defibrination of the blood is mentioned by Rokitansky, and W. B. Richardson (London Lancet, 1854) speaks of ante-mortem fibrinous heart clots reduced by repeated paroxysms of partial asphyxia.

Mortality. This is always large, and fearfully so in certain districts and under certain epidemic influences, amounting to a totality of all attacked in one instance mentioned by M. Ferrand, where in sixty cases there were sixty deaths. (*Dict. de Méd. Vol. IX. p.* 364, 399.) It is difficult to arrive at the average mortality, both on account of the conflicting statements of various writers, and on account of the influence of treatment in averting, or possibly, too often, in producing a fatal issue. It is probably rather below than above the mark, however, to assume that one in three die. M. Valleix found in fifty-four cases of undoubted croup but seventeen recoveries. (*Guide du Médecin, Vol. I. p.* 200.) Dr. Bard of New York lost seven out of sixteen. Dr. J. F. Meigs, ten out of twenty-two. West, fifteen out of twenty-two. Ware, ten out of fourteen. Clark, two out of five. Horace Green, three out of nine. It does not

come within the scope of this paper to discuss the merits of the various forms of treatment that have been directed against this terrible scourge, it is with tracheotomy alone that our attention must be occupied for the remainder of this article. The most decided advocates of this measure are found among the French practitioners. It was first instituted, so to speak, in France, A. D. 1822, by M. Brettonneau of Tours, who met with sufficient success to induce many others to follow his example. The most earnest, as well as by far the most experienced, of the supporters of tracheotomy in membranous croup is M. Trousseau of Paris. It is somewhat to be feared that from the circumstances of his position he has been placed in the attitude of a partisan or champion, rather than that of a candid and impartial observer. From the reports made by himself and from information pertaining thereto gathered from various sources, there appears to be a discrepancy, or at least an obscurity, as to the actual measure of success. Thus, M. Trousseau made one hundred and thirty-five operations from 1830 to 1850, of which but one in four were successful. (*See L'Abeille Médical*, June, 1852.) The statistics of the *Hospital des Enfants*, from 1850 to 1855, show 216 operations and 47 recoveries, less than one in four. This is claimed, however, and justly, as a good result, considering the class of patients and their unfavorable hygienic position, and it is assumed by the editor of the *Annuaire des Science Médicales*, 1856, that recovery would succeed half of M. Trousseau's operations in private practice, and substantiating this view, we find in the *Archives Général de Médecine*, 1855, this statement made by M. Trousseau, "that from 1851 to 1854, he had 15 operations and 7 recoveries, while in 1854 he had the unparalleled good fortune to save 7 out of 9 by this method." He attributes his increased recent success to improvements in the canula employed and to special care in the after treatment. With reference to the operation itself and the cases in which it is proper, Dr. Walter Atlee of Philadelphia has furnished some excellent notes from a clinical lecture delivered by M. Trousseau in 1852; from these the writer will venture to quote largely, as follows:

"*Indications for this Operation.* When the affection has commenced in the pharynx and has extended slowly, in such cases the recovery is so rare without tracheotomy that you must operate. You must not wait for the last moment of asphyxia. When the cough is rare, generally extinguished, when the respiration is hissing, when there are orthopnœa and the paroxysms of suffocation, then you must operate. * * * * I have not hesitated to perform the operation upon children dead, that is to say, no longer breathing, and they got well. This extreme degree of asphyxia is an inconvenience, but it is not a formal contra-indication. When the dis-

ease has progressed slowly hope much; when suddenly do not hope. When there are false membranes on blistered surfaces, the nose, &c., it rarely if ever suceeeds. As to the age, it is from three to five years that you count the greatest number of cases. * * * *Under two years of age* the operation is quite useless; they die almost always of convulsions.

For the operation. You must have a matress on a hard and flat table, no pillow, but a block of wood, under the neck. The instruments you require are a common bistoury, a blunt, pointed one, some hooks, a dilator and some canulas, the canula to be double and its diameter as great as possible consistently with the age of the patient; a proper number of aids; and you must have a *tallow* candle—never use one of wax—to perform an operation. The block must be placed under the first dorsal vertebra. The child has always the time to be operated upon *slowly;* trace a line with a burnt cork; then open the skin, perfectly at your ease. You cut carefully between the muscles, until at last you perceive the thyroid gland lying across the trachea; you cut the gland and a small jet of arterial blood spouts; but do not trouble yourself with that. At last you see the rings of the trachea at the bottom of the wound. Now suppose a case in which the veins trouble you; if you cannot avoid them cut them. The jet is violent but soon ceases; cut gently and use the sponge after each stroke. Ordinarily you come upon the first ring or the cricoid cartilage. You lay bare three rings, with the bistoury; you make a hole the size of a pin's head; then you introduce the blunt, pointed bistoury, and finish. You make use of the dilator, and at the end of a minute you introduce the canula.

Dangers of the operation. What are the dangers that frighten the young physician and that ought to do so? It is rather the operation of the physician than of the surgeon, one of those little operations that a physician ought to perform. You have time enough, I repeat, you must work slowly. Of all the accidents, the gravest is the cutting of the carotid. It happens occasionally that the carotid takes an anomolous course, but if you perform the operation as you should perform it, there is no danger even then. Twice in my life I have encountered anomolies and I have drawn aside the vessel with a hook. The venous hæmorrhages, are they dangerous? They exhaust the child and they make the physician lose his presence of mind. When you cut veins do not tie them, it is useless. Put your finger on the bottom part of the wound, sponge and *wait.* Hold the child up; quiet him a little.

You have time enough. You may attack the trachea too violently, it is not as large as the finger and flexible. Be gentle, cut by very slight strokes, and then use the blunt, pointed bistoury; with it you can cut nothing else. If the child has an attack of syncope, wait. When the trachea is opened the blood enters. This is by no means a great inconvenience. Open the trachea with the dilator; the child breathes well and the flow of blood ceases. After the operation you often see an attack of syncope, but it is nothing. Immediately after the canula is introduced it becomes a source of irritation, but that passes off. * * * * If at the end of a quarter of an hour there is a respiration analogous to the sound of a saw, sawing stone—the serratic respiration—death is certain. If the pulse at

the end of twenty-four hours becomes extremely frequent, the children die. When the child is seized with convulsions he dies. After twenty-four hours the *wound* generally swells a great deal, it is a favorable sign; if it does not swell the children die. There is a complication, an enormous swelling of the *neck*. You must ward it off by cauterising the edges of the wound at the end of twelve hours. You must repeat the cauterisation three or four times. If this enormous swelling takes place the children die invariably."

(M. Trousseau in his most recent cases has protected the wound by placing a piece of oiled or waxed silk entirely over the wound; the canula passing through an orifice left in the silk for that purpose, this prevents any chafing of the cut edges of the skin, by the retaining tapes, or by the flanges of the canula.) The after treatment, to which M. Trousseau attaches immense importance, consists in wrapping a coarsely netted woolen cravat around the throat; the air is warmed in passing through this, and neither irritates the wound or the trachea as cold air does. "The cravat should extend over the chin and the upper part of the chest, thus the air entering the lungs will be warm and moist. * * * The great number of successful cases in three years ought to be attributed to two things: the cauterisation and the cravat." Sustaining diet, tonics, if there is any cachexia, a temperature of 70° to 75° Fahr. and good ventilation constitute the remainder of the treatment. M. Trousseau has abandoned topical applications through the artificial opening. He has employed them a great deal and has concluded that they are more frequently injurious than beneficial. M. Trousseau is very precise in his directions with reference to alimentation. The children often refuse food; he does not hesitate to employ intimidation: he first directs milk, eggs, ice cream and broths. If fluids pass into the larynx, he gives very thick soup, vermicelli, hard boiled eggs, large pieces of tender beef, et. cet. M. Trousseau is warmly supported by large numbers of his medical *confrères*. M. Valleix (Vol. 1, p. 200) says:

"At this time, there have been so many successes that no one thinks of forbidding the operation except by figures," and he further adds (loc. cit.) "that with M. Bricheteau he finds that tracheotomy has succeeded in one-third of the cases in which it has been practised, but that there is a consideration of great force which gives increased importance to tracheotomy, to wit; that in the immense majority of cases, the operation has been made under most unfavorable circumstances, when all other treatment had proved ineffectual, and when the gravity of the symptoms and the imminence of asphyxia indicated approaching death. Who does not see that a single cure, under such circumstances, has much more weight than many others obtained in cases where from the outset it has been possible to have recourse to all the resources of art!"

Taking M. Trousseau's own account of the operation itself, it is not without difficulty and danger, although he himself speaks of it so lightly. Upon this point M. Guersant is subjoined, and his experience is only second to that of Trousseau.

"*M. Guersant*, For some years past tracheotomy has been in favor. For my part, I have in the last two years obtained the following results at the *Hospital des Enfants:*

In 1850, 20 operations, 7 cures.
In 1851, 30 " 13 "
In 1852, 59 " 16 "

"Although the success the last year has been less gratifying, we are strongly induced to perform this operation. It is however a more grave operation than we might suppose; in the first place, because no bloody operation is a slight one, and further, because tracheotomy brings with it numerous difficulties and dangers.

"A child is presented to us having the croup; it exhibits no false membranes which can be detected, notwithstanding it is threatened with asphyxia. We open the trachea; but either from slowness upon our part, or from want of strength upon the part of the little subject, there is inspiration of blood; respiration continues embarrassed for four or five hours, and death is the consequence, although we may have introduced the canula, and effected inspiration through it, this has availed nothing, the blood having fallen into the bronchial tubes. The autopsia reveals to us the existence of false membranes upon the epiglottis, and a clot in the bronchial tubes, and it is probable that without this accident the child would have been cured.

"Tracheotomy offers difficulties of more than one kind, especially if we operate upon a dark day, in a badly lighted apartment (the light should come from above,) if the child is very young and we are unable to make a sufficiently long incision. In this last case in fact, we grope our way in the dark, we lose time, hæmorrhage weakens the little patient, and that which is still worse, he perishes by asphyxia when the blood falls into the bronchia. This is an accident which has happened to us, an accident that we do not fear to avow, for we regard it as very important that operators publish their faliures as well as their success.

"Tracheotomy is often followed by death; this unfortunate result is attributed to the delay of the operation, to the feebleness of the child, and also to other causes: but I think the inspiration of blood, and the loss of blood, are the principal and the most frequent causes. It is this accident (the inhalation of blood) that I wished to point out in making this communication to you."

To this opinion of M. Guersant, M. Bayer, M. Velpeau and other eminent Parisian surgeons entirely subscribed. To return again however to M. Trousseau, for this appears to be the proper place to give his exact position. He has until quite recently advocated making the operation very early, as

soon in fact as there was positive evidence of the formation of the membrane, and in those cases, purely laryngo-tracheal, where certainty was out of the question, not to hesitate or delay, but to take the totality of the symptoms and to act upon the presumption afforded by them. Judging from his latest contribution, entitled "Tracheotomy in the extreme period of Croup," he has modified his views, for he says:

"The idea that the operation rarely succeeds at this time is erroneous. * * * If the diptheritic infection has profoundly attacked the constitution, if the skin and especially the nares are occupied by the specific inflammation, if a frequent pulse, delirium and prostration, show the system to be deeply poisoned, and if the danger is rather from the general condition, than from the local lesion of the larynx and trachea, *the operation ought never to be attempted*, for it is invariably followed by death; but if the local lesion constitutes the principal danger of the disease, it matters not what degree the asphyxia may have reached, and had the child but a few moments to live, the operation succeeds almost as well as if it had been performed three or four hours sooner."

In the Amer. Med. Monthly, Nov., 1857, translated from the *Union Médicale* of Aug. 27, 1857, there is an interesting discussion following the report of M. M. Trousseau and Blache, upon a paper on topical medication by M. Loiseau.

The following extracts are presented as of special interest and pertinent to this report.

"*M. Trousseau.* The numerous cures obtained by means of tracheotomy have latterly removed the kind of interdiction which was held over this operation. Still, it is not yet adopted by all, and it is practised by very few of our profession. Most decline to operate either because they consider the operation in itself too difficult, or because its utility is not sufficiently demonstrated. * * * * *En résume*, the operation of catheterism of the larynx, which is the principal point in the memoir of M. Loiseau, is considered as a very good means for taking the place of tracheotomy, and at all events to be tried before that operation."

"*M. Depaul.* M. Loiseau's method is nothing new, and is not equal in value to tracheotomy.

"*M. Trousseau.* I believe with M. Depaul that the operation of tracheotomy is preferable. All are not of this opinion. In England, this operation is ignored by both surgeons and physicians; at London, at Liverpool, at Glasgow, the operation of tracheotomy is never performed. * * *"

"*M. Velpeau.* * * * Thanks to this memoir we know that croup can be cured without tracheotomy; that is a great deal."

In the opinion of the writer, the following remarks, made in the same discussion, merit very serious consideration.

"*M. Piorry.* The operations upon the larynx for diseases which are most frequently only secondary, are perhaps too much esteemed. In these cases the operations only shorten life, for they are useless in curing the primitive lesion. * * * The operation of M. Loiseau, which at least is exempt from the *dangers of tracheotomy*, is preferable to this last.

In commenting upon the foregoing discussion, Jules Guerin, the editor of the *Gazette Médicale de Paris*, writes:

"But we repeat we have a moderate (i. e. small) confidence in the employment of a mechanical expedient against a suffocation which is not mechanical but morbid, the cause of which persists after as before tracheotomy. M. Loiseau's method is at the same time a mechanical and a curative means. * * * It is a powerful, energetic means, the only one which up to this time has really succeeded. * * * Laryngeal cautensation is then in this respect much superior to tracheotomy."

M. Loiseau's method, so called, consists in protecting the first phalanx of the left forefinger with a metallic shield; the epiglottis is raised and the arytenoid cartilages are *held* apart by the tip of the guarded finger, and with this as a director, the sponge is carried into the laryngeal cavity. It is an ingenious application of Dr. Green's treatment, and as such deserving of commendation, but *the treatment* was instituted by Horace Green, M. D., of New York, and M. Loiseau and his *confrères*, in virtually ignoring Green by the adoption of a special and selfish nomenclature, display either an unpardonable ignorance, or are guilty of a plagiarism unworthy of scientific men. That they are not ignorant, is self evident from the foregoing report itself, for in it, M. Trousseau refers to Dr. Green's mode of exposing the epiglottis and of passing the sponge probang into the larynx. It is not positively stated, but it is left to be inferred from the context, that Dr. Green was not and had not been in the habit of treating membranous croup after what is with so much effrontery termed "the method of Loiseau," and on which Green had published a memoir in Sept., 1848, or almost ten years before. Whether Dr. Green's treatment has proved or will prove as successful as has been sanguinely anticipated, is, to say the least, doubtful, but the honor and the whole honor of intra-laryngeal applications is justly his due, and the desire to state the simple truth must be the apology for this digression. The operation of tracheotomy, for the relief of membranous croup, is rarely resorted to in England, and nearly as infrequently in the United States. The reason of this abstinence rests mainly upon the well grounded conviction of the utility of general and topical treatment, (cauterisation,) derived from numerous recoveries of

persons suffering from all forms, grades and stages of the affection; which recoveries in the vast majority of instances may fairly and solely be attributed to the measures employed; for although isolated cases of spontaneous recovery are occasionally presented to the observer, there is probably no other "self limited disease" which would so frequently find its terminus in death; and yet it is doubtful if the average of mortality from this cause is greater in the last mentioned countries, where more reliance is placed upon general treatment, than in France, where it is abandoned much earlier. Again, as compared with France, tracheotomy is in disfavor on account of its unfortunate results; but these disastrous terminations should not of necessity be ascribed to tracheotomy. When the time and the circumstances under which the operation has been made by the English and American surgeons are considered, it will be found, generally, that the patient was moribund, and that a respite rather than a rescue from immediate death, was the inevitable consequence. In the few, the very few instances in which the trachea has been opened judiciously, when all other measures had been sensibly employed, but not madly or despairingly protracted, it will be seen that equal success has attended the careful and timely operator wherever he may have been, and that there is no just ground for the opinion that better results are obtained in Paris, because the disease itself is "*different there*" from the same generic affection in London and New York. That M. Trousseau asserts too much when he states that "tracheotomy is ignored in Great Britain," it is only necessary to cite the able article of Mr. Lawrence in the London Lancet of Dec., 1855, in which he has collated 216 operations, of which 47 were successful, or about one in four and a half. There is no doubt however that the opinions and the experience of the first medical men in the United Kingdom have been and are against the operation. Among these may be mentioned, Williams, Ryland, Cheyne, Copeland, Erichsen and Porter, the last of whom says, "I have known and heard of it often, but never understood that it produced a recovery." The last quotation is taken from Dr. J. F. Meigs, on "Diseases of Children," and a little further on the same writer says:

"In a paper on tracheotomy in croup by Mr. Henry Smith, (London Med. Times and Gazette, Jan. 26, 1856,) that writer states that he read a paper on this subject before the London Medical Society in the spring of 1853, when a very large number of the Fellows were present, and earnestly and warmly discussed the question, as to whether the operation was justifiable or otherwise. Although my own experience of it had extended over several cases, all of which were unsuccessful, the opinion arrived at by the majority of the speakers was, that the operation was justifiable."

He goes on to say that the result of this discussion induced him to give further trial to the operation in several succeeding instances to which he was called:

"The result however of the proceeding in cases of pure croup has been disheartening, not one recovery having taken place; and doubts have arisen in my own mind of late, as to whether the surgeon is justified in performing a severe and dangerous operation, when the results are so unfortunate;" he concludes however by saying: "If it be clearly ascertained that the lungs are sound, that the morbid appearances are fully developed about the fauces and death from obstructed respiration be imminent, I would not hesitate to resort to tracheotomy, and even if one life out of ten, or one out of twenty be saved, the surgeon will have his reward."

Dr. Charles West, (Diseases of Infancy and Childhood, 2d London Ed. p. 253,) while he does not advocate the measure, does not unite "in the unqualified condemnation of the operation," and the writer is happy to find that his own views with reference to the danger of spasm of the glottis, have been previously entertained by this eminently thoughtful and practical observer, who states the case clearly and fully in the following sentences:

"Among the arguments against the operation, too much importance appears to me to have been attached to the statement of Dr. Cheyne, that three-eighths of the aperture of the larynx have been found free in fatal cases of croup, and that, consequently, there must have existed during life room enough for the entrance of air. I apprehend that bronchotomy is not performed, on the gross mechanical principle, of removing from the windpipe a quantity of matter which prevents the entrance of air into the lungs, but that it is done rather to obviate the dangers of that spasm of the glottis, which the inflammation occasions, and which will not cease, until either the inflammation is subdued, or the spasm relaxes with the approach of death. Even the narrow opening made into the trachea, often much narrower than the aperture of the larynx, though diminished by swelling or encroached on by false membrane, suffices to admit all the air which the patient needs, and for a time at least the dyspnœa is relieved. But," he continues, "the delicate mucous membrane of the bronchi, in the vast majority of cases, is exposed to the cold air of a ward of a hospital, or of a large chamber; bronchitis is thus excited or aggravated and this secondary affection proves almost invariably fatal."

He then suggests that if the immediate contact of cold air could be guarded against, the mortality from bronchitis would be much diminished. This it will be remembered is now avoided by the muffler of Trousseau.

Let us now turn to our own records and statistics. The number of reported cases is but small, undoubtedly much less than the number of oper-

ations that have been made. Sufficient data are afforded, however, for safe deductions. Dr. John F. Meigs (Diseases of Children, 3d Ed. 1858, p. 109) has collected from various sources the results of thirty operations; of these, nine were successful—not quite one in three. Four of these were under his immediate care; two recovered; of them he speaks in this wise: "In the four cases that occurred in my own and my father's practice, I have no hesitation in believing that death would have been an almost inevitable result in all, but for the operation, whereas by that two were saved." Dr. M. advises the operation, "when all medical means have been faithfully tried and have proved powerless." In addition to the above thirty, the writer has collected eleven cases, most of them of very recent date, and it is believed that none of them were comprised in Dr. Meigs' list. Eight of the eleven died, giving an increased ratio of mortality over those reported by that gentleman. Your reporter has found several cases of reported membranous croup successfully treated by tracheotomy, but they all occurred in persons at or about the age of puberty, and nothing is cited to distinguish them from simple laryngitis or œdema glottidis, and to this class he thinks should be referred one of the successful cases mentioned by Dr. Meigs, although the patient was but eleven years of age. The operation was made by Dr. Gordon Buck, Jr., of New York. The lad was ill with scarlet fever in May, 1849; he was profusely salivated with mercury, which caused destructive ulceration of a large portion of the contents of the buccal cavity, and produced abscesses in different portions of the body. While in this condition and five weeks after the attack of scarlatina he had "symptoms of croup." These were relieved, but returned in a few days with violence and steadily progressed, up to July 8th, when he was first seen by Dr. Buck. The symptoms then presented were certainly those of an advanced stage of croup. Tracheotomy was performed to the instant relief of the sufferer; he had however a very tardy convalesence, and eighteen months after the operation was unable to dispense with the tube, as with it closed he could only take eight or ten inspirations, the last with considerable effort. Was not this in all probability an instance of laryngitis with ulceration and œdma? It is unfortunate that cases like the above are confounded with those of pure membranous croup, as they perhaps unfairly angment the number of successful operations. A review of the whole number of cases in which tracheotomy has been made, discloses, with scarcely an exception, an immediate and marked improvement in all the patients, continuing from a few hours to four or five days. In those who recover, convalescence is very

slow, and usually from three to six months elapse, and after a much longer period, before the voice is entirely restored.

Of the effect of tracheotomy upon "patients already dead," as Trousseau says, a striking instance is reported by Dr. C. N. Andrews of Rockford, to the State Medical Society of Illinois.

"A little girl five years of age presented all the signs of membranous croup. It was decided to operate, but before the preparation could be made, the child was *in articulo mortis*. When the incision was made into the trachea she had ceased to breathe, there was no pulsation of the heart, and she was apparently dead. Dr. Andrews inflated the lungs with a female catheter. At the end of twelve minutes the pulsation of the heart returned. In thirty minutes there was an effort at voluntary respiration, which soon became established. The inflation was then suspended, but had to be renewed at intervals. The patient revived, ate and drank and played with her toys. In this way she lived for about twenty-three hours. The canula occasionally became obstructed by false membrane, and the inflation had to be repeated at intervals. She finally became comatose and died."

This certainly was a most remarkable resuscitation, and it is not impossible, had Trousseau's muffler been applied, but that recovery might have ensued. It is not stated whether an autopsy was made. From the long asphyxia a heart clot may have been formed. The writer will now venture to submit at length the following case, reported by C. E. Buckingham, M. D., of Boston, in the Boston Medical and Surgical Journal of Feb. 11th, 1858, as representing an instance of severe and *pure* membranous croup, in which medication was fairly and judiciously employed, and, that failing was succeeded by a prompt, timely and successful operation.

"Alexander D., two years and seven months old, began to have cough and harsh respiration on the 1st day of January, 1858. I first saw him at 5, A. M., on the 4th. During the morning of the third he had taken several drachms of hive syrup without experiencing any effect. During the night of the 3d he had taken, in divided doses, ninety grains of powdered ipecac and four grains of calomel, but without any attempt to vomit. When I first saw him his voice was husky, the respiration difficult, more particularly the expiration, but there was no cough. The muscles of the neck and chest were in very strong action. There was considerable lividity of the surface. Auscultation gave a peculiar loud hissing sound all over the chest. He was constantly changing his position. The tonsils were quite red, and *free* from lymph. The back of the pharynx was completely lined with lymph, which also covered the epiglottis. The whole surface, so far as possible, was at once thoroughly cauterised with solid nitrate of silver, which produced retching and vomiting, during which false membrane and much

mucus were rejected. At 10, A. M., he seemed better. There was very much less difficulty of breathing, and he was more quiet. I sponged out his pharynx with oil at this time, and again in the afternoon, removing a considerable quantity of membranous matter and mucus. Toward night, the respiration became very much labored, and the pulse very rapid and occasionally intermitting. For twelve hours he had taken five grains of chlorate of potassa and one grain of iodide of potassium, hourly. The medicine was stopped at 7, P. M. Except when examining or operating upon his pharynx, he did not cough at all. The difficulty of respiration increasing, the pulse being feeble and more decidedly intermitting, the lividity growing more marked; at 11, P. M., with the assistance of Dr. J. M. Phipps, I opened the trachea, just below the cricoid cartilage, beginning the incision below and cutting four rings of the trachea from below upward. The trachea tube was too large for insertion, and the inner tube only was introduced, and secured with tapes about his neck. The rolling and rising of the trachea during his attempts to breathe, rendered it impossible to enter the knife, until a tenaculum was thrust into it, with which Dr. Phipps held it securely. The instant the trachea was perforated, air rushed in with the same sound that one hears at a *post-mortem* examination, on perforating the pleural cavity. Previous to introducing the trachea tube some shreds of lymph were drawn out from *below* the incision. Not more than two or three drachms of blood were lost. Ether was administered before the operation. Immediately after the operation he fell asleep, and we left him soon after midnight." "Jan. 5th. 5, A. M. Saw him again. Still asleep. He remained comfortable during the day, waking now and then, and drinking milk and water. * * * 6, P. M. Breathing rapid and very difficult. Removed the tube, and with great exertion, he blew out through the opening about a drachm of slightly bloody membrane. Introduced a double tube. 9, P. M. Asleep and breathing very quietly; has rejected shreds of lymph by the mouth. * * * * If the tube be closed, no air passes the glottis." Brevity compells an omission of most of the further details. "On the 10th, on closing the tube, his effort to breathe forces air through the glottis with difficulty, and with a rattling sound." "Jan. 12th. Closure of the tube causes excessive dyspnœa and cough, which is accompanied with a flapping sound." "Jan. 19th. Can breathe moderately well with the tube closed. * * * Purulent discharge from the wound, rather profuse." "Jan. 21st. 1, P. M. Asleep. Corked the tube. He was much alarmed, and began to cough and cry *audibly*, for the first time. Breathing very hoarse, but without apparent difficulty. Removed the tube, and left the wound open." "Jan. 22d. No air passes the wound. Scab forming over it." "Jan. 28th. Consider him well. Nothing peculiar observable, except that his voice is hoarse and feeble." "In the case above related, no medicine was used from the time of the operation. The pleasant result of it is undoubtedly to be attributed to the fact, that the operation was performed as a means of treatment, and not as a last resort. I have seen a sufficient number of fatal cases of croup to feel certain that a persistence in medication would have been useless. The state of the patient's skin, his inability to vomit, the absence of cough and the intermittent pulse, made me doubt whether his nervous system were not too much depressed from the first, to warrant much probability of success. In addition to this there was some difficulty in keeping up respiration, which came on

some five minutes after the tracheal tube was inserted. This may in part have been caused by the etherisation. Without ether, it would not have been possible to operate. The free use of cold water upon the abdomen and chest by sprinkling, had more effect than anything else in exciting the respiratory act, although the 'ready method' was resorted to."

The above admirably conducted case, is, particularly when the age of the child is taken into account, the best instance the writer has been able to find upon record, in either European or American practice, of the occasional great efficacy of tracheotomy in the disease under consideration. As such he has felt that he is not trespassing upon your time in giving Dr. Buckingham's nearly unabridged account of it.

In view of the foregoing considerations, the question of "tracheotomy in membranous croup," gives rise to the following interrogatories:

1. Under what circumstances, if any, should it be made, and by what complications is it absolutely prohibited?

2. What subsequent measures may be regarded as accessory or necessary?

3. Is the operation in itself or in its consequences hazardous to life?

In order to reply fully to the first inquiry, it seems important to recapitulate, and to weigh, several of the points that have been assumed or referred to in this paper.

Adopting the hypothesis of the "croupous crasis," if not absolutely, at least partially, must we therefore with M. Piorry and Jules Guerin, question the propriety of employing tracheotomy for the relief of a local manifestation of a general disorder. Their mode of reasoning might with almost equal propriety be urged against endeavors to divert gout or rheumatism from the stomach or endocardium. Is the fact that the cavity of the trachea is almost invariably patent to a considerable degree, a valid objection? It will be remembered that a membrane, even if small, may, if one extremity become free, prevent egress or ingress of air by valvular action. It will also be borne in mind, that false membrane, acrid or inspissated mucus, or even an inflamed or turgid condition of the lining of the larynx unattended by secretion or exudation, unquestionably may give rise to long and repeated spasmodic occlusion of the glottis, a condition full of danger, which tracheotomy would under harmless. It next seems necessary to glance at the mortality of the affection. This, under various forms and combinations of treatment, Dr. Green's method possibly excepted, may be set down at two-thirds of all attacked. What the natural termination would be, can only be a matter of inference; it is probable, however, that it would be fatal in nearly every instance, yet Dr. Ware tells us, that one of his patients who was ex-

tremely ill, recovered spontaneously, he being so ungovernable as to successfully resist all attempts at medication; and your reporter has also a case of unassisted recovery to cite: Some years ago he visited a child, two years of age, who had been ill several days; nothing whatever had been done, recovery was deemed impossible; the infant was apparently moribund; no prescription was made. The next day he was better, and inspection revealed thick false membrane upon the tonsils. The child recovered, but for three weeks was unable to cry audibly, and his voice was weak and hoarse for two months. Your reporter does not know that it is necessary to explain his inaction, but he feels it due to himself to say, that while he made frequent visits, a "masterly inactivity" seemed to him his wisest and safest course in that particular and solitary instance.

Let us now look at the results of tracheotomy, and let us *assume*, that three-fourths of those upon whom the operation is made, perish, although the statistics of Valleix make the proportion consideraly less. We must remember that it has usually been employed as a last resource, when all other measures have failed, many of which, although proper in themselves, must to a certain extent, prejudice the success of the operation. Tracheotomy should not be *contrasted* with the other means of treating croup, as being one mode in distinction from others, but it should be looked upon as a measure not to be neglected when all other rational treatment is evidently powerless; and in this aspect, to use the strong language of Mr. Henry Smith, of London, a success of but one in ten or even one in twenty, justifies the procedure. The proper moment is not so much a matter of time as of symptoms; it may be within twenty-four hours of the seizure, or many days from the commencement of the attack. If, after general treatment, and especially topical treatment, has been fully and faithfully tried, the symptoms of suffocation are not relieved or are becoming more threatening, and especially if with persistent dyspnœa, there are manifestations of cyanosis, the operation should not be delayed. If, however, what may be termed the proper period has passed, may the trachea still be opened with any hope of permanent advantage? To this it may be replied, that if the symptoms are still chiefly referable to the upper portion of the air passages, although conjoined with great exhaustion, it is advised by those who have practised it most, although from the previous failure of vital force, the patient may succumb to the shock of the operation. The age of the patient is an important consideration. The older the person, *cæteris paribus*, the greater the propability of a successful issue. Children under two years old "invariably die," says Trousseau, and such is the universal testimony. It is probable that the se-

verity of the operation is too great for their tender age. It is possible that with them laryngotomy might, with advantage, be substituted for tracheotomy, as comparatively it is easily made, and does not involve much time or loss of blood in its performance. It is, indeed, a question whether it might not in every instance take the place of tracheotomy. It would relieve spasm of the glottis quite as effectually, and the success of tracheotomy does not depend upon the position of the external orifice, as being below the membranous formation. Thus, "Dr. Craig has published a very interesting case of successful tracheotomy, in which the membranes reached an inch below the lowest point of the incision," and "M. Soloy has related a successful case of laryngotomy where the membrane also extended below the incision." (Bemiss' Essay loc. cit.)

The complications prohibiting tracheotomy are rather those connected with the nervous and circulatory than with the pulmonary apparatus. These may be laid down as follows: delirium, or stupor, excessive prostration, feeble and very frequent pulse, coldness and palor or great lividity of the surface. With reference to bronchitis and pneumonia there is a diversity of opinion. It is held by M. M. Rilliet and Barthez, as also by M. Guersent, that the extension of the membrane to the smaller bronchia, or pneumonia of a single lung, are not to be regarded as insuperable objections, although they certainly diminish the chances of recovery. All persons who have seen much of membranous croup, will admit the difficulty, and often the impossibility, of determining, by physical exploration, the exact condition of the lungs. The youth and restlessness of the patient, the hurried and imperfect respiration, and the loud laryngo-tracheal breathing, the latter especially by masking or overpowering all other sounds, render the task always difficult and often abortive. Flatness on percussion, may be due to collapse of lung rather than to solidification from congestion or fibrinous exudation, and sibilant and mucous râles, which may during life have been heard all over the chest, are often proved, on post mortem examination, not to have proceeded from the smaller air tubes. As these are assertions which will doubtless be disputed, and especially by those least familiar with auscultation, but who arrogate for themselves thorough acquaintance with it, the writer feels called upon to substantiate his position, from the article of Dr. J. F. Meigs, (p. 113, 3d Ed.)

"The first case is one mentioned by MM M. De La Berge and Mouneret, in which they could not believe that the bronchia contained false membranes, as the vesicular murmur was extremely pure, and was heard everywhere; and yet during the operation a false membrane was drawn out

which represented the trachea and the division of the principal bronchia. The child died in 15 hours. Dr. Wm. Pepper, of this city, reports two fatal cases, in one of which 'distinct vesicular murmur could be heard throughout the lungs, marked only occasionally by sibilant and sonorous rattles,' a few hours before tracheotomy was performed. The child died twenty hours after the operation, and the exudation was found to implicate the larynx, trachea, the large bronchia and even some of the smaller ramifications. In the other case, the state of the respiration was carefully examined the day before death, and not the least respiratory murmur could be heard over any part of the chest, and yet, in this instance, the exudation was confined strictly to the larynx—not a vestige of false membrane was to be found either in the trachea or bronchia."

These cases illustrate the writer's assertions only so far that they demonstrate the falsity of deductions drawn from the presence or absence of certain natural or morbid sounds. But to return to the subject of pulmonary complication. There seems to be one valid argument against operating when either bronchitis or pneumonia are supposed to exist, viz., the success that M. Trousseau claims to have accomplished since the adoption of the woolen cravat, which is used exclusively to prevent the supervention of pulmonary disease.

In reply to the second inquiry, respecting accessory treatment, may be mentioned—a well ventilated apartment, maintained at an equable temperature ranging from 70° to 75°, the atmosphere being kept moist by the evaporation of warm water; the adaptation of a light coarse woolen muffler about the throat, and enforced alimentation if food is not taken readily. If from any cause respiration is suddenly suspended, whether immediately succeeding the operation or some time subsequently, the lungs should be carefully inflated through the artificial opening, or if suspension is produced by clogging of the trachea or larger bronchia, an attempt should be made to remove the obstacle by inserting a large flexible tube, open at both ends, into the trachea, and drawing upon it quickly and forcibly with the mouth. Roux saved a patient by this expedient, removing a clot of blood with a female catheter. In several instances, in the United States, the patient has been kept under the influence of chloroform or ether, and although most of those to whom the anæsthetic was given, died, in no case has the fatal event been attributed to the inhalation. It certainly must greatly facilitate the operation, as well as diminish the shock. It will be remembered that in the admirable case reported by Dr. Buckingham, he states that he could not have got on without it. At present there appears to be no objection to its use, and it is hoped that while it robs this formidable operation of all its terrors, it may also do away with much of its danger, for, in answer to our third interrogatory, there can be but this response—it is *in it-*

self hazardous to life—hazardous from shock, from exhausting hæmorrhage, and from inspiration of blood. M. Guersent frankly avows these, and while M. Trousseau speaks of it lightly, his own account, and his own directions contradict him. Surgeons, everywhere, almost without exception, declare it to be a serious and formidable and bloody operation, and such it undoubtedly is, notwithstanding several notable exceptions. It is probably also more hazardous to life in its consequences, than equally severe operations in other portions of the body. This is sufficiently indicated by the unusual precautions employed by its chief advocate, M. Trousseau; but admitting the whole hazard, both of the operation and its consequences, the question recurs, as to the comparative risk of the operation or its neglect. To this your reporter would respectfully submit, that a full and he trusts impartial investigation of the subject impels him to the conclusion, that, Tracheotomy, from its intrinsic gravity, never to be lightly or precipitately undertaken, affords a possibility of recovery, when hope from other resources cannot reasonably be entertained, and that moment having arrived, it should not be neglected or delayed.

ART. III.—*Profound or Phlegmonoid Erysipelas.* By GEORGE NIEMEIER, M. D.

I have observed this disease in the latter years frequently, it prevails in the winter months, when after a severe cold, suddenly a thaw sets in, and in the commencement of spring, say from January to April, just about the same time, when superficial erysipelas most commonly prevails; I at least never observed it in the middle of summer. The term profound indicates a deep seat, i. e. inflammation of the muscles, periosteum and bone; the term phlegmonoid a very high degree of inflammation.

Ætiology. Profound as well as superficial erysipelas, are constitutional blood diseases, caused by a miasmatic unknown poison; it belongs to the same genus as scarlet measles. In fact in Scarlet epidemics you will sometimes see individuals attacked with erysipelas, apparently replacing the scarlet process.

Diagnosis. Patients with inflammatory fever complain for two, three, or four days, of severe headache, uneasiness, general prostration, dirty tongue, vomiting or only inclination to throw up, no appetite, costive bowels, pain in

the pit of the stomach. The pains in the limb are hardly noticed at first, until after a couple of days most severe, deep-seated pains are complained of; no swelling at first; in general, hardly any discoloration of the skin, until after some days, an œdematous swelling, generally of the whole limb, follows, with a tinge of a yellowish-gray color. Pains and swelling increase, with fever not more inflammatory, but rather of a typhoid character. The seat of the matter being deep, and the limb at the same time often considerably swollen, fluctuation is often not easy to be felt.

Prognosis. Generally not bad, but still a considerable time is required until the whole process is gone through; if fatal, death is caused either by pyæmia or by general dissolution of the system caused by the abundant formation of matter.

Therapeutics. If called to see the patient in the very outset of the disease, give an emetic; then open the bowels by tamarinds, salts or rhubarb and magnesia. As soon as the limb gets painful, apply leeches and hot fomentations. Support the system by wine, brandy, beef tea, quinine, increasing the doses when the inflammatory fever turns into typhoid. If, after the lapse of ten or twelve days, sufficient fluctuation does not distinctly show the seat of matter, put in the knife pretty deeply where the patient complained from the very first of the seat of the severest pain, and you will generally come to the right source of matter. If the erysipelas extending to the periosteum and bone, has caused caries, you may give with the very best effect, quinine combined with iodide of potass. in gradually increased doses, and as external application, hot aromatic fomentations, a wash of nitrate of silver, a solution of the tincture of iodine or of the nitrate of mercury. In children, especially of a scrofulous diathesis, you will generally succeed with these remedies, though you want time and good nourishing food.

ART. IV.—*Report of the Cases treated in the Male Medical Ward of the Buffalo Hospital of the Sisters of Charity*, AUSTIN FLINT, M. D. *Attending Physician, during the College Session of* 1857–8, *viz., from October* 11*th*, 1857, *to February* 24*th*, 1858. Reported by A. W. NICHOLS, M. D., Assistant to Chair of Clinical Medicine, University of Buffalo.

During the past year, the health of the city, and of the neighboring country, has been unusually good. No epidemic diseases have prevailed amongst the adult population since the beginning of last summer. The past fall and

the earlier months of the present winter, were noted for unusual mildness and an equable temperature. The state of the financial world made it necessary for the poorer classes, who commonly resort to this Institution for numerous diseases not sufficiently serious to compel them to keep the bed, to continue their accustomed avocations. Much medical relief, also, has been extended gratuitously to the sick in this condition of life, by the physicians in the city and surrounding country. These causes have combined to render the Ward not as crowded as heretofore, at this season.

Although the foregoing circumstances have prevented many persons from entering the Hospital, yet no less than *thirty-five* different forms of disease have been under treatment, comprising as many as *seventy-four* cases. The number of patients presented to the notice of the class during the session, has been sixty-nine; the number treated in the Ward, has been sixty-three.

Thirteen of these sixty-three patients, have been attacked with other diseases during, or after the course of the particular affection for which they were admitted. Seven of the thirteen were restored to perfect health; in two instances, the principal disease exhibited a marked improvement; in two others, the chief disease remains stationary; and two patients succumbed to the disease. In one of these fatal cases, the patient was affected with valvular disease of the heart located at the mitral orifice: he presented many of the symptoms of typhoid fever, but the post-mortem examination revealed no lesions of the intestinal tube. In the other fatal case, the patient entered with sub-acute rheumatism; but soon the symptoms of *acute phthisis* appeared; and in a few weeks, death occurred.

The remaining eleven patients were attacked with the following diseases, respectively: the *first*, pulmonary tuberculosis and sub-acute rheumatism; the *second*, pulmonary tuberculosis and intermittent fever; the *third*, intermittent fever, pneumonitis, and erysipelas; the *fourth*, double pneumonitis and ecthyma; the *fifth*, remittent fever, pneumonitis, bronchitis, erysipelas, and prurigo; the *sixth*, intermittent fever, typhoid fever, and intercostal neuralgia; the *seventh*, intermittent fever and intercostal neuralgia; the *eighth*, ephemeral fever and intermittent fever; the *ninth*, erysipelas and chronic bronchitis; the *tenth*, diabetes mellitus and pulmonary tuberculosis; the *eleventh*, hemiplegia and prurigo.

Of the remaining fifty patients who had but a single disease, recovery took place in 17 instances; in 13, there was considerable improvement; in 6, the disease was stationary; in 7, the disease was slowly progressive; and 7 cases terminated fatally.

The nature of the disease in these seven fatal cases, was as follows: In

one, pulmonary tuberculosis; in a *second*, Morbus Brightii; in a *third*, abscess of the kidney; in a *fourth*, delirium tremens; in a *fifth*, Cerebral disease; in a *sixth*, typhoid fever; and in a *seventh*, the patient presented many of the symptoms of typhoid fever, but no lesions were discovered in the intestinal canal, at the post-mortem examination.

The diseases have embraced a wide range: there have been presented before the class, *eighty* different cases of disease; *six* of these were not under treatment in the Ward. In four of these six cases, there existed incipient tuberculosis; in one, valvular disease of the heart; and in another, albuminuria. Reference to the table will show the different forms of disease that have been under treatment, and the results.

A number of very interesting cases have been presented to the notice of the class; such as, *Acute Phthisis, Bright's Disease of the Kidney, Diabetes Mellitus, Fatty Substitution affecting the Heart, Abscess of the Kidney, Cerebral Disease, Paralysis with various modifications of sensibility.*

Thirty-two clinical lectures have been delivered by Prof. Flint, during the past session. Particular attention has been devoted to the physical signs, the methods of diagnosis, and the pathology of the various diseases.

The following subjects have been considered in all their bearings: *Pulmonary Tuberculosis, Acute Phthisis, Pneumonitis, Bronchitis, Valvular Disease of the Heart, Fatty Substitution affecting the Heart, Albuminuria and Bright's Disease of the Kidney, Diabetes Mellitus, Abscess of the Kidney, Pyelitis, Dysentery, Erysipelas, various forms of Skin Diseases, Sciatica, Gastralgia, Enteralgia, Intercostal Neuralgia, Spinal Affection, Hemiplegia and Paraplegia, Chronic Meningitis, Rheumatism, Intermittent, Remittent, and Typhoid Fevers.*

The following subjects have received attention, during the consideration of the diseases in which they formed a part: in *Pulmonary Tuberculosis*, the occurrence of dry pleuritis, of laryngitis, of hæmoptysis, of diarrhœa, of bulbous fingers and toes, of the broncho-cavernous respiration, of the treatment by alcoholic liquors and its results; in *Acute Phthisis*, the method of determining the disease and of distinguishing it from Bronchitis or from Typhoid fever; in *Pneumonitis*, the effect of co-existing skin disease, the reasons for a sustaining course of treatment in many cases; in *Valvular Disease of the Heart*, the method of locating the bellows-murmur; in *Dysentery*, the plan of treatment by saline laxatives and opiates; in *Diabetes Mellitus* and in *Albuminuria*, the methods of determining the presence of various substances in the urine; in *Paralysis*, the condition of the mental faculties after apoplexy succeeded by hemiplegia; in *Rheumatism*, the ef-

fects of various remedies, more particularly of the Iodide of Potassium and of the Wine of Colchicum, &c., &c.

NAME OF THE DISEASE.	Number.	Recovered.	Improved.	Stationary.	Slowly Progressive.	Died.
Fever. Intermittent,	10	10				
" Remittent,	1	1				
" Typhoid,	4	3				1
Rheumatism,	7					
Sub-acute,	5	1	3	1		
Chronic,	2			2		
Sciatica,	1		1			
Gastralgia,	2		2			
Enteralgia,	2		2			
Intercostal Neuralgia,	4	3	1			
Spinal Affection,	1		1			
Hemiplegia,	2		1	1		
Paraplegia,	2		1	1		
Cerebral Disease,	1					1
Delirium Tremens,	2	1				1
Prurigo,	2			2		
Herpes,	1	1				
Ecthyma,	2	2				
Psoriasis,	2		1			
Erysipelas,	3	3				
Albuminuria, Morbus Brightii,	2				1	1
Diabetes Mellitus,	1				1	
Abscess of the Kidney,	1					1
Diarrhœa,	1	1				
Dysentery, Chronic,	1		1			
Icterus,	1	1				
Valvular Disease of Heart,	1					1*
Fatty Substitution of do.,	1			1		
Pulmonary Tuberculosis,	9		1	2	5	1
Acute Phthisis,	1					1
Pneumonitis,	3	3				
Bronchitis,	3					
Acute,	2	2				
Chronic,	1		1			
Scrofula,	1		1			
Unknown,	2	2				
Symptoms of Typhoid Fever,	2					2
Total,	78	34	17	10	7	9

* Included in those who died with the symptoms of Typhoid Fever; the valvular disease was not the cause of death.

ART. V.— *Surgical Notes. Dislocations of the Hip.*

By W. W. Jones, M. D., Toledo, Ohio.

Sept. 2d, 1853. Michael Glancy, an Irish laborer, aged 35, while at work at the railroad excavation near this city, was struck by falling earth; found him two hours after the accident at home, where he had been carried upon a litter, suffering intensely at the right hip; leg shortened 2½ inches and foot turned inwards; great trochanter upon the dorsum ilii. Tried reduction by Dr. Reid's method, which I had read a short time before, but could not succeed in reducing the bone. Having no pullies nor adjuster at hand, I procured a rope and applied what I had often seen boatmen use to warp boats, which they term a Spanish windlass, consisting of an upright and a horizontal pole interlocked in the rope; two men walking around with the horizontal pole, wind the rope on the upright one, which is held up by another. With this kind of a windlass any amount of extension can be regularly and steadily applied, the only materials necessary being a rope and a wood pile or a stiff walking stick. Having applied the apparatus and made the patient fast, two men easily pulled it in place while I manipulated the leg. Patient was very sore and lame for a week or more, and could not work for a month afterwards.

May 25th, 1854. James McCafferty, laborer, aged 25, strong and muscular, in attempting to jump on the cars while in motion, missed his footing and fell or was drawn under the wheels. Found him with his hand cut and bruised in several places, clavicle fracturad, and left hip dislocated, leg shortened 2½ inches. With the assistance of Drs. Daniels and Bostwick, of this city, and Woodward, of Fort Wayne, attempted reduction by Reid's method several times, without being able to accomplish it. Applied Jarvis' adjuster, and succeeded in the reduction after using great force, so much as to bend the racket bar of the Instrument. Patient very restless, and pulse very rapid, which continued until he died, three hours after, and about four hours after the injury, from the shock. No post mortem could be obtained.

June 19th, 1854. Laclin Hunter, a sailor and Scotchman, aged 37, had been at work in the hold of a vessel, amongst some timber, that had fallen against him; found him in the cabin of the vessel, on the floor, with right knee and foot turned inwards and shortened, and the great trochanter upon the dorsum ilii, lay stiff. Diagnosed it as dislocation of the right hip, upwards and back. Attempted reduction by Dr. Reid's method of flexion;

carried the knee flexed as near the abdomen as possible, and as the knee passed to the right side of the body, the head of the bone went off with a snap, as I supposed, into the acetubulum, but no, I could not straighten the limb! the head of the bone was not in the acetubulum, but in the *obturator foramen;* the knee stood outwards and upwards and immovable; the patient tortured and myself in a quandary; undertook to pull it out, in the direction of the bone, with the assistance of three men, who were present; could make no impression upon it; thought of the wedge, recommended, I think, by Dr. Brainard, of Chicago, in a similar dislocation, but it seemed to me impracticable, as there was no place to apply it. It occurred to me that I could reduce it by the same means that had caused the difficulty. I tried it, and turned the knee around back, precisely where it was before, with very little difficulty, describing the same curve, and found I had the dislocation back upon the dorsum ilii again. The next time I carried the knee up to an angle of forty-five degrees from the abdomen, then abducted, and this time the bone slipped into the acetabulum, and I had the satisfaction of seeing my patient all right.

Sept. 15th, 1854. Patrick Kearney, laborer, aged 38, injured at the railroad excavation, near the city; found him at home, where he had been carried, right hip dislocated on the dorsum ilii; leg shortened 2 inches; stiff and turned in; flexed the leg upon the thigh and carried the knee over the left pelvis up to an angle of about 50 degrees with the abdomen, then abducted, and the bone slipped into its place in the acetubulum. Patient was about in a few days.

I have notes of two other cases, reduced in the same manner as the last' with no other variation than date, age, &c.

ART. VI.—*Cases of Laryngismus Stridulus.* By JNO. C. K. CROOKS, M. D., Honeoye, Ontario Co., N. Y.

I take the liberty of sending you the history of two cases of "Laryngismus Stridulus," occurring in adult females; which, should you deem of sufficient interest, please give a place in your valuable Journal. One of said cases came under my own observation, while the other was kindly furnished me by a medical friend.

CASE I. Mrs. P., aged thirty-eight; is married, and the mother of four

children; has had ill health since the birth of her last child, which, at the time of the attack, was three years old. She recovered slowly from her confinement — was a good deal prostrated — had pain in the back, leucorrhœa, "bearing down," tenderness over the hypogastrium, painful micturition, &c., to which *uterine* symptoms, was added severe and prolonged "nursing sore mouth."

The stomatitis finally yielded to remedies, but the symptoms of uterine trouble, together with her anemic condition, continued, with more or less severity, till the 15th of August, 1854, when she was suddenly attacked, at midnight, with excessive difficulty of breathing, accompanied with a distinct croupy inspiration and cough.

She was largely bled — even to fainting, hot fomentations were made to the throat, and after nearly an hour of intense suffering from impending suffocation, the spasm of the glottis was relieved, and nothing remained of the difficulty save a slight croupy cough and the prostration consequent upon the bleeding.

Case II. Mrs. S., aged forty-two; married, is the mother of two children, the youngest eighteen years old. Soon after the birth of her last child — which was attended with no untoward symptoms — her recovery being good; she discovered a small tumor in the right iliac region. At first it was unattended with pain, but as it became larger it was accompanied with considerable pain of a lancinating character, which radiated from the tumor to different parts of the abdomen and down the thigh. It continued to enlarge, causing her to suffer more or less, till, when apparently at the acme of her distress, she was attacked with profuse uterine hæmorrhage.

At first the hæmorrahage was very severe — completely prostrating her, and bringing her rapidly into a state of anemia; but after several months it became less intense — recurring with severity at longer and longer intervals — until she considered herself quite free from any difficulty of that kind, so far had she recovered.

During the hæmorrahagic condition the ovarian tumor enlarged but little, if any; but as soon as that was moderated, it began, yet more slowly than before, to increase, but attended with less pain.

Matters continued in this manner till last October, when she came under my charge, with a return of the uterine hemorrhage. I had visited her but two or three times, and had first returned from a call at her residence, when I was summoned in haste to attend her again — the messenger telling me that she was "choking to death." I immediately repaired to her bed-side

and found her propped up with pillows — the windows thrown open — her eyes projecting from their sockets and staring wildly — her respiration labored, and accompanied with a croupy cough, which came on in paroxysms, and was attended with the peculiar crowing inspiration of spurious croup.

I ordered hot fomentations to the throat, and discovering excessive tenderness over the spine in the cervical and upper dorsal regions, I made a pretty free appiication of the iodide of mercury oint. In addition to these measures, I administered chloroform by inhalation, and was happy to see, in a short time, that the severity of the attack had passed, and that she could breathe with but little difficulty. The harsh, croupy cough continued for a day or two.

The above cases, I consider interesting specimens of purely *reflex action*, and whose interest is heightened from occurring in adults. Laryngismus stridulus or spurious croup is a *very* rare affection in those of mature years, and probably would not have been induced in these patients, had not the spinal cord been rendered exceedingly sensitive from the long existing uterine difficulty.

ART. VII.—*Aneurism of the Arch of the Aorta. Probable Death by "Embolic Apoplexy," from Detachment of Fibrinous Coagula.* Case of Dr. GOULD. Dissection three days after death, before Dr. NOTT, Coroner; Present, Professor HAMILTON, and FLINT, Drs. WILCOX, ORTON, and Medical Students. Dissection and Report by BENJ. H. LEMON, M. D.

Alfred Taylor, a negro marine cook, aged about forty years, first observed a tumor at the upper part of the chest, to the right of the sternum, about two years ago. At the time of his death, November, 1857, it protruded externally to about the size of a man's heart, neither thrill nor murmurs could be felt or heard in it. For several months, he has been unable to bear the recumbent posture, in consequence of the difficulty of respiration induced by it, he was constantly restless, often walking the room.

The dyspnœa gradually increased, and in November, after more distress than usual, he rose from his bed to walk the room, he had crossed the floor but a few times, when he fell and shortly died.

On dissection, three days after death, we found a "*fusiform partially sacculated aneurism of the arch of the Aorta,*" about as large as a medium sized cocoa-nut, the dilatation commencing one and a half inches above the bases of the semilunar valves, continuing progressively and involving the whole of the arch of the Aorta, including the innominata nearly up to the

roots of the subclavian and carotid arteries, its walls being so expanded, as to be incorporated into the general parietes of the aneurismal sac, the right and left subclavian and carotid arteries were given off from the superior aspect of the tumor and were normal. The sac was entire.

The lateral half of the lower end of the superior portion of the sternum, together with the cartilage, and extremity of the second rib was absorbed. The extremity of the third rib was denuded of periosteum and with the cartilage, also partially absorbed.

The integument covering the first, second, and third intercostal spaces was very thin, that of the second, apparently, very soon to have given way, and alone with the remainder of the extremity and cartilage of the third rib, formed the external wall of the sac, the proper coats of the vessel having given way in front for the space of several square inches, and formed adhesions above and below to the thoracic parietes, at which points there were projecting ridges; all parts of the sac, except anteriorly, were lined by a red membrane, the proper internal serous coat of the vessel; anteriorly, a deposit of ragged fibrinous coagula was quite firmly attached; indeed, with this substance and clotted blood, the sac was nearly filled, containing, probably, more than a pint.

The valves were healthy, as was also the heart throughout, though hypertrophied. The specimen is preserved in the collection of "Prof. Flint," College Museum. The investigation was pursued no further.

"As to the immediate cause of death, Prof. Flint was of the opinion that fragments of the coagula had become detached, been carried into the circulation, and obstructed the vessels of the neck and head, thereby causing, what has been lately termed, '*Embolic Apoplexy.*'

Of this pathological condition, or the liability to this accident of those having aneurism of the arch of the Aorta innommate or carotid arteries, even the latest works on pathological anatomy seem to make no mention.

Rokitansky says, "Aneurism very commonly terminates fatally; amongst special causes we may place diffused inflammation terminating in gangrene, dropsy of the cavities of the body, hyperœmia and acute œdema, more especially of the lungs, cachexia, and general marasmus." For a similar case see the American Journal of the Medical Sciences, for January 1858, by Prof. Esmarch, in which the danger of much manipulation of aneurismal tumors is dwelt on, as being liable to cause detachment of coagula.

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

TUESDAY EVENING, June 1, 1858.

The Association met.

Present—The President, Dr. Wyckoff, in the chair; Drs. Hamilton, Root, Flint, Miner, Rochester, Newman, Strong, Lemon, Wilcox, and Flint, Jr.

The minutes of the last meeting mere read and approved.

Prof. Flint, the late president, then read his address, which had been deferred till the present occasion.*

Dr. Newman moved that a vote of thanks be rendered to the retiring president for his address, and also for his establishing the precedent in complying with the clause of the by-laws, requiring the retiring president to deliver an address on some medical subject. Seconded and carried.

Prof. Rochester wished to report a case of Traumatic Peritonitis, which had lately occurred in his practice. The patient was a little boy, four years of age, who was brought to his office the Wednesday before. He was taken sick on the preceding evening. He then had copious vomiting and purging, with a high fever. On the next day there were evidences of peritonitis, and examination disclosed an extensive bruise on the lower part of the abdomen. On inquiry, it was ascertained that he had been kicked, the Sunday before, by a larger boy, and, as has been stated, was taken ill on the following Tuesday evening. There were some peculiarities in the case, which seemed to throw some doubt on the diagnosis. He had active delirium, the head being thrown back, which induced a suspicion of some affection of the brain, and repeated epistaxis. Prof. Flint visited the patient in consultation and it was decided to be a case of peritonitis. The delirium continued till death, which occurred on the following Monday.

On *post-mortem* examination, the bruise on the abdomen was found to extend through the skin and fasciæ, and a little way into the substance of the external oblique. Evidences of active inflammation were found under the bruise, and general inflammation of the peritoneum, with formations of pus and lymph. The peritoneal covering of the stomach was inflamed, which accounted for the persisting vomiting. Prof. Rochester had never before met with a case of peritonitis resulting from external injury. There was no rupture of any of the abdominal viscera. He inquired if Prof. Hamilton had ever seen a similar case.

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* This address will be published in a future number of the Journal.

Prof. Hamilton replied that he had not.

Prof. Hamilton presented a specimen of disease of the breast, which he had lately removed from an unmarried female, æt. 27, and which for a time had excited a suspicion that it was of a cancerous character, but which he now believed not to be. It had been progressing about six months, having first presented itself as a hard tumor, apparently in the substance of the breast; it grew rapidly and the skin soon becoming involved, it sloughed, making a large and irregular opening, from which a mass of fungous flesh protruded. The discharge was ill-conditioned, bloody and highly offensive. Free incisions were now made on the borders of the opening, and poultices were applied in the hope of that the tissue underneath would suppurate and the unhealthy fungus be extruded; but no benefit was derived from this treatment. Gradually the whole breast became involved; the whole feeling hard and nodulated. The imperfect suppuration continued, and the health was rapidly failing; night sweats and hectic having already occurred. Two or three glands in the axilla also became involved. It was now determined to extirpate the breast, and the operation was made by Dr. Hamilton.

The tumor was found to have contracted adhesions to the muscles underneath; and one of the glands in the axilla was followed, and removed also. An examination of the product showed that it was composed chiefly of the glandular structure of the breast, filled with a dense fibro-plastic material. Dr. John Boardman, by whom the tumor was subjected to a careful microscopic examination, could discover nothing like cancer cells. The gland removed from the axilla seemed to be a simple scrofulous enlargement.

The wound was healed kindly, and the health of the patient has been rapidly restored.

Dr. Hamilton had never seen true scirrhus in the breast in a person so young as twenty-seven years; and he was glad to find in the tumor itself, since its removal, such conclusive evidence that this was not cancerous. His experience had led him to think that hard cancer of the breast was a disease of age; and he would suggest that true, hard cancer, indicated the degeneration of age — that it was a cessation of the process of repair, and consequent degeneration of the tissue; and that as the arcus senilis, and other similar fatty degenerations, indicated age, so did hard cancer, and that it was not therefore specific any more than were these latter degenerations.

Dr. Strong had seen what he believed to be hard cancer in persons who presented no evidences of age or of decay.

Prof. Hamilton replied, that one organ might be old, in a certain sense, while other organs were still young. That the hair was often old and fell

off, or became white, while the stomach and heart and other vital organs presented all of their original vigor. In further evidence of the probable correctness of his opinions, he adverted to the fact that even in epithelial cancer, occurring usually upon the skin, there was first, and generally after the age of forty, only here and there a tawny spot upon the skin of the face, then a yellowish crust, and finally an ulcer, the whole progress of the cancer from the beginning appearing very much as if the skin was ceasing its functions of growth and repair. Now the breast of the female becomes diseased with cancer usually at the very period when its functions cease, and there being no longer any occasion for its repair it would be most likely to fall into this condition of degeneration; so also the uterus was prone to cancer at the same period. These organs were now old, relatively speaking, and according to his theory ought to be, as they actually are, of all parts of the female, most prone to cancer.

Prof. Rochester remarked that unfortunately for Dr. Hamilton's theory, very old people were not so prone to cancer as persons of the age of forty or forty-five, or a little past the prime of life.

Prof. Hamilton thought this the most serious objection to his doctrine which had been mentioned; yet it was, perhaps, a question whether in proportion to the number of females living at these periods, cancer was not as frequent in extreme old age as at an earlier period; very few lived to extreme old age, and therefore, perhaps, very few had cancer at this period.

Dr. Flint, Jr., had supposed that there always existed a natural predisposition to cancerous disease, hereditary or otherwise, which in cancer, did not develop itself until after the age of thirty. That the ground taken by Prof. Hamilton was undoubtedly correct in regard to schirrus being confined to old age, but that there was superadded, cachexia which determined the wearing out into this channel. That it was undoubtedly a disease of nutrition, always occurring after the age of 30.

Prof. Hamilton replied that he would not deny hereditary predisposition. He knew it was sometimes hereditary. But it was the same with the arcus senilis. It, too, was hereditary, for he had seen the arcus senilis occur in successive members of the same family at unusually early periods; yet it was certainly generally a disease of age, an evidence of that degeneration which belongs to age. In no other sense did he regard cancer as hereditary. Nor must it follow that all persons would have cancer who grew to be old, since it required, undoubtedly, a peculiar tendency to this degeneration, just as to have the fatty dedegeneration in some families more than in others, required a peculiar tendency.

With this compromise Dr. Strong would accept of Dr. Hamilton's theory.

Prof. Flint mentioned a case illustrating an occasional effect which feather beds had in producing asthma. The patient happened to be so situated as not to be able to sleep in her usual bed. She was immediately seized with great difficulty in breathing, which progressed to such an extent as to become very alarming. This continued for over a week, the symptoms being aggravated daily. Dr. Flint, who had been out of town, returned and had reason to suspect that the difficulty was due to the feather bed, as he found her sleeping upon one, and ascertained that it had not been her custom. On being moved to a matrass, the symptoms abated, and she soon recovered. He had first noticed this idiosyncracy in his own person. He had found that whenever he happened to be sleeping in the country, he suffered from difficulty of respiration, and was led at last to attribute it to feather beds. A striking example occurred at Louisville where he was affected in the same way for a number of nights, and at last discovered a feather bed beneath the matrass, which had escaped his search.

Dr. Lemon then read a report of the following case:

Recovery of a Child apparently Still-born, after Dr. Marshall Hall's Method. Breech Presentation.

I beg leave to present to the society the report of a case, illustrating, as I suppose, the efficiency of Marshall Hall's method of treating "suspended respiration" from drowning, and children apparently still-born.

May 13th, at 1, P. M., I saw the wife of Timothy Duggan, Exchange st., aged about 26 years, of very delicate habit, in labor with her second child; she had been delivered of her first child with the forceps. Labor pains set in at 11, A. M.; the midwife said that the membranes ruptured at 12½. On examination I found a considerable discharge of meconium, and the "os uteri entirely dilated. It turned out to be a "breech presentation," with the "left sacro-iliac anterior position."

The expulsive pains were strong, and the trunk of a female child was born at 2, P. M.; the arms were in the usual position on the breast, the chin caught by the anterior commissure of the perineum; the pains ceased and the child remained in this position a considerable length of time, probably over fifteen minutes, the cord being pressed upon, the pulsation gradually became weaker, until I could not feel them, having got my finger into the infant's mouth, gentle traction, assisted flexion of the head as soon as the pains were renewed, and it was quickly expelled. The child was apparently dead, its surface very much congested, and of a livid color. Having tied

and cut the cord, I laid the body on its face on a table, opposite an open window, and proceeded according to the directions of Marshall Hall. Ten minutes elapsed, when it began to gasp; in ten more it cried, though quite feebly.

The transition from the dark livid, to the rosy hue of the newly born infant, was quite striking and beautiful. Both mother and child did well ultimately.

Dr. Wyckoff mentioned a case of hæmorrhage from the umbilicus, occurring ten days after birth. It commenced the day before, and was not arrested till evening. He inquired of the members what means they had found most effectual in arresting hæmorrhage of that kind.

Prof. Rochester had heard a report read by Dr. Jenkins, before the Pathological Society of New York. The large majority of his cases terminated fatally; he used various astringents, needles and ligatures, and caustics.

Dr. Flint, Jr., asked if it would always be possible to distinguish between a fracture and a cut of the umbilical cord; and also if a woman who had borne children, would always be able to distinguish between labor pains and colicy pains.

Drs. Hamilton, Treat and *Wilcox* thought that women were not always able to make such a distinction, and mentioned illustrative cases.

Prof. Rochester mentioned an action taken by the Suffolk Co. Medical Society, recommending to practitioners to present their bills quarterly. He thought the example should be followed by the Buffalo Medical Association. He therefore moved that the chair appoint a committee of three to take into consideration the advisability of such a movement and to consult with the regular practitioners of the city.

This motion was seconded, and after some discussion carried unanimously.

The chair appointed Drs. Rochester, Flint and Eastman, as such committee.

On motion, the Association then adjourned.

AUSTIN FLINT, JR., M. D.,
Secretary.

ART. IX.—*Report of Mortality in Buffalo for the month of May*, 1858.
By H. D. GARVIN, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Accidentally Killed,	2	2		
Albuminuria,	1		1	
Apoplexy,	2		2	
Asthma,	1		1	
Atrophia,	1		1	
Born Sick,	2	2		
Bronchitis,	2	1	1	
Chin Cough,	1		1	
Congestion of Lungs,	2	2		
Convulsions,	9	7	2	
Croup,	1	1		
Dropsy,	2	1	1	
Drowning,	5	4	1	
Delirium Tremens,	2	2		
Fever, Typhoid,	7	4	3	
" Scarlet,	3	2	1	
" Puerperal,	2		2	
Gastro Enteritis,	1	1		
Heart Disease,	1		1	
Hæmorrhage	3	1	2	
Hydrocephalus,	7	7		
Intemperance,	2	1	1	
Measles,	1	1		
Morbus Cerebis,	2	1	1	
Marasmus,	3	3		
Old Age,	3	1	2	
Phthisis Pulmonalis,	16	7	9	
Peritonitis,	1	1		
Paralysis of Lungs,	1			1
Pneumonia,	11	7	4	
Still Born,	5	2	3	
Tabes Mesenterica,	1	1		
Teething,	1	1		
Typhoid Pneumonia,	3	2	1	
Whooping Cough,	3	2	1	
Total,	111			

SEXES.

Males,	67
Females,	41
Sex not given,	3
Total,	111

AGES.

Still-born,	5	Between 20 years and 30 years,	10
1 day,	0	" 30 " " 40 "	14
1 day and 30 days,	6	" 40 " " 50 "	5
Between 1 month and 6 months,	8	" 50 " " 60 "	4
" 6 months and 12 "	9	" 60 " " 70 "	2
" 1 year " 3 years,	21	" 70 " " 80 "	2
" 3 " " 5 "	11	" 80 " " 90 "	1
" 5 " " 10 "	5	" 90 " " 100 "	0
" 10 " " 20 "	8	" 100 "	0
	73		38
Ages not given,	0		111
Total,	111		

NATIVITIES.

American,	76	Prussian,	0
German,	19	Italy,	0
Irish,	10	French,	2
English,	3	Scotch,	1
Canadian,	0	Bohemia,	0
Holland,	0	Country not given,	0
Total,			111

ART. X.—*Elements of Inorganic Chemistry. Including the Application of the Science in the Arts.* By THOMAS GRAHAM, F. R. S. L. & E., late Professor of Chemistry in University College, London. Edited by HENRY WATTS, B. A., F. C. S., and ROBERT BRIDGES, M. D. Second American from the Second Revised and Enlarged London Edition. Complete in one volume. Philadelphia: BLANCHARD & LEA. 1858.

The book before us is a ponderous volume, but none too large for the purposes for which it is intended. It is, of course, desirable for every professional man to have a work in his library which contains every chemical fact to which he may wish at any time to refer, and such a work is the one before us. The first part of this treatise appeared some time ago, edited by Dr. Bridges, of Philadelphia, but being incomplete, was only to a certain extent valuable as a book of reference. It has now been completed under the direction of Mr. Henry Watts, making it every thing that could be desired. The illustrations are excellent and numerous, and in point of mechanical execution, it could not be improved. The entire work may be had at the low price of $4.00; Part Second, separately, with the title-page, index, &c., $2.50.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS

Etiology of Diabetes. By Dr. G. Owen Rees.

Diabetic Sugar not the same as the Sugar produced in the Liver in Health. Dr. G. Owen Rees, in his valuable Croönian lectures, recently delivered before the Royal College of Physicians, makes the following interesting remarks on this subject:

According to M. Bernard, we have not now to determine how a substance foreign to the healthy constitution of the blood, becomes engendered in the system, but merely to inquire into the causes producing, on the one hand, an over-activity in the sugar-forming action of the liver, or, on the other, the diminution of the destructive power apparently possessed by the blood in health over that sugar when it has mingled with the circulating fluid.

Now, all this is clear enough where the sugar secreted by the liver, and that produced by injuring the base of the fourth ventricle, identical with that existing in the urine of true diabetes. This, however, is not the case, and we are not, therefore, so nearly about to unravel the difficulty as we might at first be inclined to believe.

About two years ago I took the opportunity of obtaining blood from the hepatic veins of a dog, in order to determine the presence of sugar; for, like many others, I was, at first, a little incredulous. By the assistance of my friend, Mr. Hilton, this was effected without much difficulty.

On examining the blood obtained in this way, I found, it is true, that it yielded me sugar, but there was a peculiarity in the reäction of the tests, which led me to suspect I was not dealing with the same sugar as that contained in the urine of diabetes.

It was impossible for me at the time to undertake a chemical investigation of the subject, and I was not sufficiently satisfied with my results to venture on publication. Some months ago I mentioned my suspicions to my friend, Dr. Pavy, who has thrown much light on this interesting subject, and he told me that the same doubt had occurred to him some time since, and he immediately showed me from his note-books that he had worked the question out very satisfactorily, though he had not published on the point. Having Dr. Pavy's permission to do so, I will now detail the results of his investigations. It appears that the principal point of difference between these sugars consists in the greater facility possessed by the hepatic sugar, and by the sugar of *artificial* diabetes, of undergoing destruction by

contact with animal tissue. This has been shown by an experiment made on the sugar of *artificial* diabetes, comparing the result with that obtained by similarly treating grape sugar and *true* diabetic sugar. The experiments were conducted as follows: Three vessels were taken. In the first a quantity of pounded liver, obtained from a healthy dog, was placed with a solution of the urine of artificial diabetes; the specific gravity of the solution was 1045. In the second vessel was placed pounded liver with a solution of common grape sugar, of specific gravity 1040. In the third was placed pounded liver with a solution of extract of true diabetic urine, of specific gravity 1040. The pounded liver was used, (as any other animal matter might have been,) merely to induce changes in the elements of these saccharine principles by its presence. The three mixtures were then set aside for nine days. At the end of that time, on submitting them to examination by Barreswil's solution, it was found that the artificial diabetic sugar had entirely disappeared, while the reäctions were obtained in all their completeness from the two other solutions. Experiments made with the same solutions, substituting blood for pounded liver, led to the same results, showing a power of resisting decomposition on the part of grape sugar and *true* diabetic sugar far exceeding that existing in sugar obtained by the production of diabetes artificially.

There seems little doubt that the sugar of diabetes is a higher quality of the principle, and that it can preserve its atomic arrangement with far greater force than the hepatic variety. A power, however, seems to reside in the blood, which, after some length of time, eventually destroys, not only hepatic sugar and that of diabetes artificially produced, but even that of true diabetes mellitus. Thus, Dr. Pavy's experiments show that if the blood taken from a diabetic be allowed to coagulate, and the serum then be separated from the crassamentum, we can detect scarcely any evidence from the latter after a very long exposure. In the serum, however, it can be detected in quantity till decomposition is thoroughly set in. For some considerable time, both crassamentum and serum give full evidence, however, which contrasts strongly with the reäction of blood taken fresh from the right ventricle in health, and which contains *hepatic* sugar, for here the sugar disappears almost immediately the separation into serum and clot is completed. It is almost certain that when we produce the artificial diabetic state by operation, we obtain in the urine the hepatic sugar of the liver. It is also proved that this sugar of *artificial* diabetes is not the same as the sugar of *true* diabetes.

Now, of course, were these sugars identical, we might consider true saccharine diabetes as a disease in which the sugar-forming property of the liver became abnormally active; or, on the other hand, a disease in which normal sugar was formed in the liver in usual quantity, but that the blood had lost the power of destroying it when so formed, and that it, therefore, appeared in the urine.

The results I have detailed place us, however, in a very different position. We know now that true diabetic sugar is destructible only with great difficulty, and that it is not the same as ordinary hepatic sugar. The question will then arise: Are we to regard the sugar of diabetic urine as a modification of that poured into the blood by the hepatic veins in health, or on the other hand, as a product of disease bearing no relation whatever to the sugar of the liver?

To those who have studied the subject of sugar, in its chemical relations, who are acquainted with its varieties, and the facility with which these are convertible into each other, by the most simple processes, there will be no difficulty in believing that the sugar of diabetes may be easily derived from that produced in the liver in health. Late experimenters on the sugars obtained from the vegetable kingdom, have shown how easily transmutations are thus effected, and chemical properties developed or abstracted by simple contact with materials apparently possessing anything but chemical activity. No one can fail to be struck, for instance, with the curious fact that the sugar contained in fruits possesses a certain action on light, influencing polarization, which action is precisely reversed in the sugar obtained *by crystallization* from the very same source. Thus, the gummy kind of sugar obtained from grapes possesses the property of *left-handed* circular polarization; but if we allow this sugar to lie exposed, a kind of imperfect crystallization occurs throughout the mass; and if we collect the granular crystals so formed we find we have in these a sugar differing materially from that originally extracted from the fruit. Its chemical constitution is not the same. Its constitution is C12 H14 O14, instead of C12 H12 O12; and when examined optically, it is found to possess the property of *right-handed* circular polarization. The change appears to be effected here by some constituent of the vegetable juice exercising its influence as crystallization goes on—probably the acids play an important part. Now, the liver, owing to some diseased action, may be supposed, in diabetes, to produce a sugar differing from that of health—a sugar which cannot be destroyed by the changes taking place naturally in the blood—changes rapidly affecting and destroying healthy hepatic sugar.

The phenomena of diabetes mellitus are, then, not quite so simple as the experiments and discoveries of Bernard would, at a first view, make them appear; and we have yet to determine the causes in action for the formation of this abnormal sugar. Does the presence of a different ferment interfere —even as we observe catalysis productive of varying results out of the body —may not an analogous action be going on in the liver? and, if so what may be the nature of the ferment productive of disease, and whence is it derived? Are we to look to the portal blood for the ferment, or controlling influence which forms this less-destructible sugar? And is it owing to this diseased state of blood that the liver, even though unaffected, is unable to cause the changes occurring in health?

But we need not have recourse to the theory of a ferment. The portal blood may present such principles to the liver as are only convertible into the *true diabetic sugar*. So far as we can yet determine, then, the whole phenomena of diabetic disease may eventually be traced to an abnormal state of the bile, gastric juice, and pancreatic secretion, any one, or all, of which may interfere with the formation of healthy products in the portal blood, and so overpower a healthy liver in the discharge of its office. Analogy would certainly, however, rather direct us to conclude that in diabetes the function of the liver becomes altered under the influence of some cause as yet unknown. Bernard has proved that the organ in health has a very strong transformative act on on grape sugar; and so powerful is this, that we should almost be entitled to conclude, even in the event of the portal blood bringing diabetic sugar, ready prepared, into the hepatic circulation, that it

would be metamorphosed by the liver into normal *hepatic* sugar before it could reach the cava through the hepatic veins.

These results, then, taken together, render it probable that we are to look for the cause of diabetes mellitus in a disturbed state of the hepatic function, not in an increase of *natural* action, but in an action varying in *kind*. We see that in health the liver would reduce proximate animal principles to a normal hepatic sugar, and, in the perversion of force occurring in diabetes mellitus, we have a product given us approaching in character, it is true, to the normal sugar, but by no means identical with it. There is great facility for theorizing with respect to the agencies in operation in affecting this change of action. As vegetable juices contain principles which, by simple contact, can alter the chemical and optical qualities of sugar first generated in the fruit, how easy to believe that the elaborate fluids contained in the several parts of the circulatory system of the liver may do the same. We know that acids are active in the vegetable kingdom—we know that the liver substance is acid—may not an over acid state cause the production of this abnormal sugar? or may not even a too slow circulation through the organ (by allowing too long contact with acid matter,) bring about disease? These are questions requiring much consideration.—*London Lancet*, from the *Iowa Medical Journal*.

Filling Professorships, Resignations, &c.—We are happy in being able to announce to our readers and friends, generally, that the vacant professorship of chemistry, which was announced in our last issue, has been filled by the election of Dr. B. L. Jones, of this State. Dr. Jones is recognized by all who have made his acquaintance, as a gentleman of fine talent and superior cultivation. His fondness for chemical science and experiments will soon enable him to take rank amongst the first teachers in that department of medical education. He has testimonials of a high character from Profs. Franklin Bache, of Philadelphia, Jones, and Logan, of Atlanta, &c.

Eugene F. Colzey, M. D.—This accomplished gentleman and physician, late of South Carolina, has also been elected by the corporators of Oglethorpe Medical College, to fill the chair of Physiology, rendered vacant by the removal from the city of its late incumbent.

The addition of the above-named gentlemen to the professorial corps of the college, renders it complete in *all* its departments.—*Oglethorpe Medical and Surgical Journal*.

The Medical College.—We learn from the Charleston Mercury, that at a meeting of the Trustees and Faculty of the Medical College of the State of South Carolina, held on the 17th inst., Dr. P. C. Gaillard was elected to the chair of the Institutes and Practice of Medicine, in this institution, rendered vacant by the resignation of Prof. Dickson, and Dr. J. J. Chisolm to the chair of Surgery, made vacant by the resignation of Prof. Geddings.—*Columbia Banner* from *Ib*.

EDITORIAL DEPARTMENT.

Swill Milk. Is it Poisonous?—The terrible picture of the swill milk trade in New York, so graphically drawn by Frank Leslie, seems to have opened the eyes of the people to some of the abuses of which they are the victims; and to have directed their attention, temporarily, we fear, to the preservation of health in large cities. We fear that the illustrations which we have seen, of the housing and feeding of cows, by those who are extensively engaged in the milk trade, are little, if at all, exaggerated; but we are rather inclined to believe that these excessive abuses are confined to the city of New York. The developments which have recently been made are by no means new; our transatlantic brethren, whom we can always trust for giving us the full credit of anything of such a nature, have long since been acquainted with this feature of New York dietetics. Hassall on "Food and its Adulterations," mentions an account in the Veterinary Record, copied from a New York paper, of the state of the milk stables in the vicinity of that city. He gives nearly the same account as that which has lately produced such an excitement. The cattle he describes as crowded as many as possible into the most filthy dens, with no air, no exercise, no diet but the reeking refuse of the distillery, which produces a most revolting condition of the poor victim, who never goes out alive. The symptoms induced by this mode of treatment are described in nearly the same words. The gland is described as being unnaturally stimulated, secreting a larger quantity of milk, of a much inferior quality, which does not diminish as the health of the animal fails, but of course partakes of the general disease. All this was published as early as 1850, yet the evil has continued undisturbed up to the present time.

In reviewiug the late developments in this matter, we can easily see two great causes of the disease which prevails in the New York cow stables. First, the confinement of such great numbers in a limited space, want of air exercise, &c., which we can conceive sufficient to produce these effects even

with the best diet; and second, the restriction of the animal tc almost a single element of food. It is unnecessary to discuss the first proposition. Every one is acquainted with the effects of such a procedure. A cow cannot live in such an atmosphere, so crowded as hardly to be able to lie down, any more than the wretched prisoners in the famous black hole of Calcutta. The second proposition has lately been abundantly proved by the experiments of Dr. Hammond, U. S. A., who has demonstrated that life cannot be sustained by a single element, though it be of the most nutritious character; and when we look a little into the chemistry of the distillery refuse, we will see, that although it is possessed of an element which is very nutritious, yet this is almost its only constituent. These two causes seem to us to be sufficient to produce all the revolting consequences which have lately been brought to light.

For the purpose of being able to speak somewhat advisedly about the properties of the swill and the swill milk, as we find it in our own city, we procured a quantity of the feed, and several samples of milk, which we examined as carefully as our limited stock of office chemicals would permit. We even went so far as to taste the feed, which, by the way, is by no means disagreeable. It has a sweetish peculiar taste of which cattle are excessively fond. It is of a whitish color and of about the consistence of milk. On being allowed to stand for an hour or so, it deposits an abundant sediment, composed of the *debris* of the grain. Its reäction is decidedly acid. There is no alcoholic taste, and in examining the processes for the separation of the alcohol, it is evident that if there be any remaining, it must be in quantity so minute that it may be disregarded. Inasmuch as the object of distillation is to convert the starch into sugar and thence into alcohol, we did not expect to see the decided reäction which followed the addition of a solution of iodine to the liquid. A small quantity diluted with thirty or forty times its bulk of water struck a decided blue with iodine, showing that some of the starch was still unchanged. Trommer's test detected the presence of a very minute quantity of sugar.

We see from this rough analysis, that nearly all the starch is converted into sugar, and nearly all the sugar into alcohol; both the iodine test for starch, and Trommer's test for sugar, being exceedingly delicate, and capable of detecting very minute quantities of either of these substances. Then, of the important elements, we have the gluten and cellulose only remaining in quantity. Gluten is exceedingly nutritious, being in fact, the vegetable fibrin, and the most important element in the nutrition of the muscular system, but when not combined with a greater quantity of other matters than

in the substance under consideration, it is utterly inadequate to the support of life. This fact has been established beyond question by numerous experiments. As far as chemistry goes, therefore, we can see nothing *absolutely injurious* in the distillery refuse, though when animals are exclusively confined to it, it will produce the most serious effects upon the health and necessarily upon the quality of the milk.

There are few cows in this city and the vicinity, however, which are thus fed; the majority of them are fed as usual, upon grass, hay, or mill-feed, and given twice or three times a day, as much of this compound as they will drink, in the place of pure water. This has no bad effect upon the health, the animal grows fat, apparently depositing healthy fat, and gives an increased quantity of milk, though of an inferior quality. We have no doubt that nearly every family in this city are in the habit of using this milk, and we venture to say, without any bad effects, the only differences being a poverty in organic matter.

In order to make some comparison between the varieties of milk, we procured a number of specimens of morning's milk, which we examined on the same day. One of them we procured personally from a farm a few miles out of the city, and we were assured that the cow had never been fed with distillery slops, but had been out to grass. Another we procured from a cow which was constantly kept in a barn in the heart of the city, but had good feed and no distillery slops. The other specimen was from a cow which was well fed, but allowed to drink the distillery refuse twice a-day. We also procured two or three other specimens of the same kind. The country cow gave twelve quarts; the city cow, five quarts; and the cow fed on swill, sixteen quarts of milk daily, showing a most decided effect of the swill in increasing the lacteal secretion.

In examining these specimens microscopically, the first showed an immense quantity of oil globules, being exceedingly rich. The second was by no means so rich, but was still a fair specimen of milk. The third, (the swill milk,) was still poorer in globules, and the globules had a slight tendency to agglommerate.

We then coagulated the casein by heating the milk with a few drops of acetic acid. The quantity of whey from the first specimen, the country milk, was very small. The quantity from the second specimen, the city milk, was about one-half greater. The quantity from the third specimen, the swill milk, was about twice as great. This, of course, indicated a quantity of casein, inversely proportioned to the quantity of whey.

These experiments, though very rough, are sufficient to show that the

milk of cows fed with distillery slops is wanting in the fats and casein, and is consequently much less nutritious. This is the manner in which most dairymen of this city, feed their cattle. We will now for a moment glance at the apparent effect which this milk produces on the health of children and adults.

It is only for the last three years that milkmen have been able to procure this feed for their cows, and the mortality among children has not increased in that time out of proportion to the increase of population. We have never seen a well-authenticated case of disease which could be traced immediately to the consumption of ordinary milk. Cows which are fed moderately on distillery refuse, in addition to an ordinary food diet, do not suffer in health, and give a larger quantity of milk, though inferior in richness, but still, containing no poisonous principle.

Taking every thing into consideration, we believe that the disease in the cow stables of New York is due to the excessive crowding, want of exercise, and confinement to a single article of diet, which, though it is nutritious, will not alone sustain life. This evil calls for speedy removal, and cannot but have a most deleterious effect upon the health of the city.

We conceive, however, that there is nothing in our own city, which can be compared to this; there is no necessity for crowding the cows, or confining them exclusively to slops, such as exists in the city of New York. The milk that we get, then, cannot be poisonous, or injurious to ordinary persons; and although of course it is not as good as the delicious country milk, a specimen of which we examined, yet we think it is as good as we can expect to get ordinarily in a city of an hundred thousand inhabitants. We do not think that our milk is injurious even to children, if they be healthy and above a certain age. Young children, however, for whom we find a substitute for the natural nourishment, should never be fed on it, merely on account of its deficiency in nutritious matter, for it is unnecessary to tell the physician how important it is in such cases, to obtain the purest richest milk, and that from a single source. The delicate organization of the young infant is ill suited to bear a change from its natural nourishment, and we certainly would not advise to bring it up on swill milk.

The experiments which we made were necessarily very imperfect; we made no attempt at minute quantitative analyses of the slop feed, or the milk, or even in the case of the milk, to form any estimate of the relative quantities of sugar, or inorganic matter, which are seldom very varied, and not of such importance as the butter and casein. These minute investigations we leave for experienced chemists. The reader must take what we

have said for what it is worth, and in giving some of our data, we enable enable him to form some estimate of the value of our opinion.

(NOTE.)—We have since examined, microscopically, several other specimens of milk from cows allowed to drink distillery slops twice or three times daily, finding it always poorer in quality, but have not observed again, any tendency in the globules to agglommerate.

The Semi-annual Meeting of the Medical Society of Erie County, was held in this city, at the Rooms of the Buffalo Medical Association, on Tuesday the 8th of June. The attendance was large, a goodly number of members from the country being present.

The society was called to order about 10½, A. M., by the president, Prof. Flint. The session was shorter than usual, no matters of any great importance coming before the meeting to demand its attention, and the *oration*, which is, or should constitute one of the prominent features of these gatherings, failed of delivery.

Drs. J. Fletcher Stevens, Augustus Jansen, Jessie I. Richards, William H. Butler, N. S. Lockwood, Charles Storck, Andrew C. Morey, Bernard Monahan, made applications for membership with the society, and were severally elected to membership, after a proper examination of their credentials, upon the condition that they comply with all the by-laws of the society, and the laws of the State of New York.

The committee appointed June 10th, 1856, in reference to the organization of a society for the relief of widows and orphans of medical men, *reported*, That within a few weeks past such a society had been organized under the name and title of *The Buffalo Physicians' Charitable Fund Association.*

Dr. C. C. F. Gay was appointed *orator* for the January meeting, and Dr. A. Flint, Jr., his substitute.

During the session a peremptory mandamus from the Supreme Court of the State of New York, was served upon the president, commanding the society to reinstate Dr. E. P. Gray in all the rights and privileges of a member of the society; accordingly, in compliance with the aforesaid mandamus, Dr. Gray was so reinstated.

On motion, the law papers connected with the aforesaid writ, were referred to the officers of the society for any legal advice or action which might be necessary to perfect the same, or which the case demanded.

A dinner committee, consisting of Drs. Wilcox, Gay and Hutchins, was appointed to provide a dinner for the annual session.

We have noted, we believe, all the matters of interest. The society adjourned about 1 o'clock, P. M.

We hope we shall have a session of more general interest at the next regular meeting. It is to be regretted that the scientific character of these meetings are so much lost sight of, and the business of the society be permitted to degenerate into only the legislative action necessary to protect the legal standing of the profession, by drawing the lines of distinction between regular and irregular practitioners. N.

Auscultation in Boston in 1793.—To talk about auscultation as employed for the diagnosis of disease during the last century, will perhaps be received with a smile of incredulity; and yet whoever will consult the Memoirs of the American Academy of Arts and Sciences, Vol. II., Part I., 1793, will find a case in which the application of the ear to the chest of the patient enabled the physician to diagnosticate the fact of a communication of an abscess in the thoracic walls with the lung. It is interesting to observe that the individual who came so near immortalizing himself by the discovery of auscultation, was the celebrated Dr. Edward Augustus Holyoke, or *Master* Holyoke, as his pupils still delight to call him, who was no less distinguished for his scientific attainments, and professional skill, than for the fact that he lived upwards of one hundred years in the full possession of his faculties. The following outline of the case is taken from the Memoirs of the Academy, to which it was communicated by Dr. Holyoke.

The patient was a man of about 53 or 54 years of age, of a thin habit of body, with a very bad cough, hectic fever, profuse sweats, &c. He had a large tumor, of about the breadth of the hand, below the left clavicle, extending from the shoulder to the sternum. This tumor had all the appearance of an abscess, and was treated as such. Suppuration appeared to be coming on, when, one day, it appeared less prominent than usual, and was flabby to the touch, while the pain and inflammation had abated. The physician was at a loss what to make of the case, when the patient asked, "what could occasion that blubbering noise in the sore?" "On applying my ear to the part," says Dr. Holyoke, "I plainly heard a whizzing, and, as he termed it, a blubbering noise, at every breath, exactly resembling such as arises from the rushing of air through a small orifice. This orifice appeared to be just under the left clavicle, but nearer to the shoulder than the sternum. Upon viewing the part attentively, a small dilatation and contraction was perceptible upon expiration and inspiration, and the part was evidently puffy and flatulent to the touch. At this time the cough was very urgent, and the expectoration very copious." The swelling, inflammation and hardness subsided; the noise in breathing gradually lessened till it ceased, the cough, hectic and sweats left him, the appetite and strength slowly returned, and the patient was in tolerable health when the case was reported.

Dr. Holyoke's opinion was, that the abscess formed in the thoracic parietes originally, and afterward penetrated to the lung, which came adherent to the walls at this part, and discharged itself through the bronchi. The abscess having a communication with a cavity in the lung, air from the latter would pass into it with every expiration, and be drawn back again with every inspiration; "and this passing and re-passing of the air," continues Dr. Holyoke, "will fully account for the noise which the patient complained of."

Taking into consideration the emaciation, cough and hectic fever, it seems probable that the case was one of empyema, from pleuritic inflammation, in which the matter pointed outwardly, but before discharging through the skin, burst into the lung, and was evacuated through the bronchi. The pathology of thoracic diseases being less perfectly understood at that time than at present, it is not surprising that Dr. Holyoke should have supposed the abscess to have formed externally to the pleuritic cavity, and to have afterward made its way into the lung. But however the fact may have been, the case is one of great interest, as showing how near a person of more than common sagacity may approach to a great truth without discovering it.—This is not the first instance in which the great discovery of Laennec was almost anticipated. Dr. Walshe has happily chosen as a motto for his work on the "Diseases of the Lungs, Heart and Aorta," a quotation from R. Hook, written in 1705—"Who knows but that we may discover the works performed in the several offices and shops of a man's body by the sounds they make, and thereby discover what instrument and engine is out of order?" Had Dr. Holyoke thought of applying the knowledge he obtained in this case to the diagnosis of thoracic diseases in general, his name would have gone down to posterity as one of the most illustrious in the annals of medicine.

We copy the above from the Boston Journal, as showing how we have had great discoveries almost within our grasp, yet the mind has not followed out the path which seems now to have been almost clear, and years have passed, reserving the glory for another. We have often looked with wonder upon the quotation of Hcok, which is referred to in this article, marvelling that none had attempted, before the time of Laennec, to "discover the works performed in the several offices and shops of a man's body by the sounds they make."

Inauguration of the Jenner Monument.—On Monday, May 18, the Jenner monument, recently erected in Trafalgar Square, London, was inaugurated by Prince Albert. The monument consists of a bronze statue, representing the great discoverer in a sitting posture, and is placed next to the statue of Sir Charles Napier, at the west side of the square. Contributions to the fund for its erection have been received from all parts of the world. The statue was uncovered during the day, and at three o'clock in the after-

noon, Prince Albert arrived at the Royal College of Physicians, in Pall Mall East, where it had been arranged that the inauguration should take place. Amongst the company present, were the Marquis of Lansdowne, Sir John Forbes, Sir J. Macgregor, Bart., Professor Ferguson, Drs. Elliotson, Hawkins, Paget, Conolly, Sir Charles Landseer, R. A., Mr. D. Maclise, R. A., &c. His Royal Highness said that he attended there to do honor, with those present, to the memory of Jenner, that being the anniversary of Jenner's birthday, and in order to mark his sense of the inestimable benefits bestowed upon the human race by that great philosopher and philanthropist. The discovery of vaccination was not the result of mere accident like many other discoveries, but it was the result of long and thoughtful observation and reflection, to which the discoverer's whole life was devoted. This country might be justly proud to number among her sons such a man as Jenner, for no man had been able to save so many lives as he had been enabled to do. (Loud applause.) His contemporaries had testified their approbation and feeling of gratitude for the important public service he had rendered, but it was reserved for them that day to inaugurate a memorial as a mark of their appreciation of Jenner's services in the cause of humanity. (Applause.) He hoped that statue would be long preserved to give the features of this benefactor of humanity for the contemplation and admiration of generations to come. (Great applause.) In replying to a vote of thanks, His Royal Highness expressed a hope that vaccination would be still further spread, for it was deplorable to think that through neglecting it, there were still in this country about 5000 individuals annually numbered among the victims.

The above extract gives an account of the inauguration of the Jenner monument, which has been so long in contemplation, and for which the profession of the United States have contributed much more than that of any other nation. The reward of the statesman, and the soldier, is seldom forgotten, and their names are on every tongue; while the great physician often labors a long life unnoticed and unknown except by his co-workers, and the names most revered by the profession are often unheard of by others.

Honor to the men that do honor to the memory of the great discoverer of vaccination, a discovery which was the result of such weary years of toil and persecution, and which has made a disease which was formerly the scourge of humanity, almost a scientific curiosity.

Palmer's Artificial Leg.—Mechanical ingenuity cannot be turned to a better purpose than the supplying of lost members, to those who are so unfortunate as to be mutilated by the surgeon's knife. Messrs. Palmer & Co. have brought to such a degree of perfection the manufacture of artificial limbs, that persons who have lost even both legs, are enabled to trudge about

with the rest of mankind, nearly as well, on ordinary occasions, as the best of them.

The legs of Mr. Palmer are now admitted to be equal, if not superior to any in the world, and his skill in adapting them to every peculiarity of the case, adds greatly to their usefulness. The references which Mr. Palmer publishes by permission, number some of the most distinguished European and American surgeons, and we can cheerfully add our recommendation to this triumph of American ingenuity.

Emerson's Magazine and Putnam's Monthly.—We have been compelled to defer our notice of this valuable periodical, in consequence of the press of matter, but now perhaps can more earnestly testify to its merits, as it has been our welcome visitor for some months. Doctors should not be mere doctors, and it was not intended that the human mind should always be occupied with the severe studies of a profession. From the pages of the literary journals of the day, among which this magazine holds a high rank, one can derive, not only information which is necessary to every one, be his occupation what it may, but a pleasure which severe professional duties eminently prepare the mind to enjoy.

The magazine may be obtained of Messrs. Oaksmith & Co., 112 and 114 William street, New York, at $3 a year, who offer as an inducement to their subscribers, a magnificent steel plate engraving, which for the seventh volume, commencing July, 1858, is the "Last Supper."

The Maine Medical and Surgical Reporter. Conducted by W. R. Richardson, M. D., and R. W. Cummings, M. D.

This is the first number of a new monthly Journal of 48 pages, published at Portland, Maine. It presents a good appearance, and we welcome it as an interesting addition to our exchange list. The price is $3 per annum.

Death of Prof. Hare.—We learn with deep regret, of the death of Prof. Hare, of Philadelphia, who was long the Prof. of Chemistry in the venerable University of Penn. Prof. Hare's contributions to chemical science have won for him a lasting reputation; he has justly been numbered among our great men.

Plates illustrative of Wilson on Diseases of the Skin. Philadelphia: Blanchard & Lea. 1857.

The admirable treatise which these plates are intended to illustrate, is now the standard work on diseases of the skin, in the English language, and is rendered entirely complete by the faithful and graphic plates which have lately been issued. The only means authors have of removing some of the difficulties which attend the study of cutaneous diseases, is by a faithful delineation of their actual appearance. We have already given testimony as to the excellence of the treatise, and can only say that the diseases of the skin are as faithfully illustrated in the one, as they are described in the other.

From the North American Medico-Chirurgical Review.

Medical Students in the United States during the Session of 1857–'58.—We publish a list of the students and graduates of the different schools, which, although reliable, must necessarily be imperfect from the fact of our not being in possession of all the catalogues and circulars, anxious as we have been to obtain them:

	Students.	Graduates.
Jefferson Medical College,	501	209
University of Pennsylvania,	437	145
University of New York,	—	127
University of Nashville,	358	109
University of Lousiana,	276	68
Georgia Medical College,	—	61
College of Physicians and Surgeons,	—	53
St. Louis Medical College,	125	49
Medical College of Ohio,	—	43
Rush Medical College,	100	36
Pennsylvania Medical College,	140	35
New Orleans School of Medicine,	126	33
New York Medical College,	—	33
University of Louisville,	—	31
University Medical College,	—	27
Missouri Medical College,	—	25
Memphis Medical College,	—	19
Philadelphia College of Medicine,	63	18
Massachusetts Medical College,	—	16
Transylvania University,	—	12
Oglethorpe Medical College,	37	11
Kentucky School of Medicine,	—	11
Starling Medical College,	—	10
University of Buffalo,	—	9
Medical Department of Yale College,	—	6
Medical College of South Carolina,	276	—
Richmond Medical College,	50	—
University of Virginia,	88	—

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. AUGUST, 1858. NO. 2.

ORIGINAL COMMUNICATIONS.

ART. I.—*Fractures of the Shaft of the Ulna.* By FRANK HASTINGS HAMILTON, M. D., Buffalo.

Causes. The shaft of the ulna is generally broken by a direct blow. I have never seen an exception to this rule; but Voisin has related in the Gazette Médicale for 1833, a single example in which it was said to have been broken by a fall upon the palm of the hand. Malgaigne thinks it is most often broken when one seeks to ward off a blow with the arm; but it has happened most often to me to see it broken by a fall upon the side of the arm.

Point of Fracture, Direction of Displacement, &c. In an analysis of twenty-two cases, I find the shaft has been broken seven times in its upper third, seven times in its middle third, and eight times in its lower third. All portions seem, therefore, to be about equally liable to fracture. I think, also, the fracture has generally been oblique.

Contrary to what has been observed by other writers, I have noticed that no law prevailed as to the direction in which the fragments have become displaced; the broken ends being found directed forwards, backwards, inwards or outwards, according to the direction of the blow which has occasioned the fracture; and this is in accordance with the general rule in other

fractures occasioned by direct blows. No doubt, however, other things being equal, the tendency of the lower fragment would be towards the inter-osseous space, in consequence of the action of the pronator quadratus in this direction, and if the fracture is above the middle, the pronator radii teres also will increase this tendency; while the upper fragment, owing to its broad and firm articulation at the elbow-joint, can only be displaced forwards or backwards, at least to any great extent.

Complications. In no fracture of a long bone have I found serious complications so frequent as in fractures of the shaft of the ulna. Three have been compound; seven complicated with a forward dislocation of the head of the radius; one with a partial dislocation of the lower end of the radius backwards, and one with a dislocation of both radius and ulna backwards at the elbow-joint. It will be seen, therefore, that twelve, or more than one-half of the whole number, have been seriously complicated.

Symptoms. Occasionally this fracture is found to exist without sensible displacement. In such cases the diagnosis is sometimes difficult, and can only be determined by the crepitus and mobility. If, however, the ulna is firmly seized above and below the point which has suffered contusion, and pressed in opposite directions, these signs will generally be sufficiently manifest, and will render the diagnosis certain.

But in cases where there is considerable displacement, the inner surface of the bone is so superficial as to enable us to detect its deviations with the eye alone, or, when swelling has already occurred, by the fingers carried firmly and slowly along this margin.

If the head of the radius is dislocated also, the displacement of the broken ends of the ulna must always be considerable, and the consequent deformity palpable. I have known one instance, however, in which a surgeon living in the neighboring Province of Upper Canada, recognized and reduced a dislocation of the radius and ulna backwards, but did not detect a fracture of the ulna two inches above its lower end. Six months after, in the month of March, 1856, he called upon me with a marked deformity near the wrist, occasioned by the backward projection of the broken ulna, and with a complete loss of the power of supination. It will not surprise us that this fracture was overlooked when we learn that the man had fallen fifty-five feet.

Prognosis. In simple fractures the prognosis is generally favorable, since no overlapping can occur, and the lateral displacements are not usually suf-

ficient to produce a marked deformity, or to interfere materially with the functions of the arm; yet it is not unfrequent to find the fragments inclining slightly forwards or backwards, inwards or outwards. If the fragments fall towards the radius, I have noticed in three or four instances a slight projection of the lower end or styloid process of the ulna to the ulnar side; but not interfering in any degree with the motions of the wrist-joint.

I have seen the radius left unreduced three times after a fracture of the ulna, and in each example the forearm is shortened. A boy, æt. 17, was struck by a locomotive, and severely injured in various parts of his body, June 5, 1855. I saw him with two very intelligent country practitioners, a few hours after the accident. The whole left arm was then greatly swollen. Crepitus was distinct, and we easily recognized the fracture of the ulna about three inches below its upper end, with which an open wound was in direct communication. We suspected also, a dislocation of the head of the radius forwards, but as we could not make ourselves certain, and finding that the arm was in such a condition as to preclude any farther manipulation without greatly diminishing the chance of saving the limb, we made no attempt at reduction, but laid the arm upon a pillow and directed cool water lotions.

At no subsequent period, in the opinion of the medical gentleman who was left in charge, did a favorable opportunity occur to reduce the radius; and at the end of two months I found the ulna united, with the fragments bent forwards and outwards towards the radius, while the head of the radius lay in front of the humerus. The forearm was shortened three-quarters of an inch. He could flex his arm freely to a right angle and a little beyond; and he could straighten it perfectly. Hand slightly proned, with partial loss of supination. Whole arm nearly as strong and as useful as before the accident. Above the olecranon process, on the back of the humerus, I observed a remarkable fullness occasioned by the shortening of the triceps muscle.

The second case occurred in the person of a man æt. 26, residing about twenty miles from town, and was occasioned by the kick of a horse. This was also a compound fracture. It does not appear that his surgeon discovered the dislocation of the radius, but supposed that it was a fracture of both bones. On the ninth day the patient became dissatisfied and dismissed his surgeon, but employed no other.

Oct. 1, 1849, eleven weeks after the accident, he called upon me at Buffalo. I found the ulna united with a manifest displacement, but I could not discover that there had been any fracture of the radius. The head of the radius was in front of the external condyle, and a depression existed where

it formerly articulated. When the arm was flexed, the head did not strike the humerus so as to arrest the flexion, but it glided upwards and outwards along the inclined base of the external condyle. He had already begun to use his arm considerably in labor. The forearm was shortened one inch.

The third example was in the person of John Lewis, of Pa., æt. 25, who told me, in Sept. 1851, that his left ulna had been broken two years before, and at several points. He was attended by two surgeons living at Montrose, Pa.

I found the ulna much bent forwards a little below its middle, the head of the radius displaced forwards, and the forearm shortened one inch.

Three times I have noticed after the lapse of several years that the forearm could not be perfectly supined; but pronation was never permanently impaired. I think, also, that the motions of flexion and extension have always, except where the radius has remained dislocated, been completely restored soon after the splints were removed; and even in these latter cases, it is only extreme flexion which has been hindered.

Treatment. In simple fracture we must look carefully to the lateral deviation of the fragments, and if they are found to be salient forwards or backwards, pressure made directly upon or near their extremities, restores them to place, but it often requires considerable force to accomplish this. A gentleman fell and broke the right ulna near its middle. He came immediately to me, and I found the fragments displaced backwards. Pressing strongly with my fingers, they sprung forwards with a distinct crepitus, and I thought they were now in exact line. A broad and well padded splint was applied to the forearm, and I took especial pains with compresses nicely adjusted, from day to day, to keep every thing in place. The arm was placed in a sling. Eight months after the accident the gentleman died of cholera, and I was permitted to dissect the arm. I found the fragments well united but with a very palpable projection of the fragments backwards, in the direction which I first found them.

If the displacement is in the direction of the radius, it is more difficult to overcome, but its necessity is much more urgent, since if the fragments fall completely against the radius, a bony union may take place, occasioning a complete loss of the power of pronation and of supination.

While moderate extension is being made, and the head is firmly supined, the fingers of the surgeon should be pressed firmly, and in spite, sometimes, of the complaints of the patient, between the radius and ulna, and the fragments of the broken ulna fairly pulled out from the radius.

The forearm may now be laid in the usual position against the front of the chest, midway between supination and pronation, and the same splints applied and in the same manner which we shall hereafter describe for fractures of the shaft of both bones.

We ought, however, especially to bear in mind the danger of drawing the fragments against the ulna, by allowing the sling or the bandages to rest against the middle of the ulnar side of the bone. To prevent this, the sling ought to support the arm by passing only under the hand and wrist, or the forearm may be laid in a firm gutter which will touch the forearm only at the elbow and wrist, or it may be laid upon its back as suggested and practised by Flewry, who, according to Malgaigne, had a case which had been treated in the position of semi-pronation, and which remained not only displaced but refused to unite; but when the arm was supined the fragments came at once into contact and bony union speedily took place. This position may be adopted whenever it is found to be practicable; but the position of demi-pronation is generally much more comfortable to the patient, at least when the forearm is laid across the chest, and very few patients will submit to a position of complete supination.

In fractures accompanied with dislocation of the head of the radius forwards or backwards, nothing should prevent the immediate reduction of the dislocation but a demonstration of its impossibility, or a condition of the limb which would render manipulation hazardous. It can be reduced generally by pushing forcibly upon the head of the bone in the direction of the socket, while the arm is moderately flexed so as to relax the biceps, and while extension is being made at the forearm by an assistant. In making the counter-extension care should be taken to seize the lower end of the humerus by the condyles, rather than by its anterior aspect, by which precaution we shall avoid pressing upon and rendering tense the tendon of the biceps.

July 29, 1845, a lad, æt. 9, fell from his bed, breaking the ulna near its middle and dislocating the head of the radius forwards. Dr. Austin Flint was called on the following morning, and at his request I was invited to see the patient with him. We found the ulna broken obliquely near its middle, and the head of the radius dislocated forwards. While Dr. Flint seized the elbow in front of the condyles, I made extension from the hand, the forearm being slightly flexed upon the arm, and at the same moment I pushed forcibly the head of the radius back to its socket.

We then dressed the arm with Rose's angular splints, constructed with a

joint opposite the elbow. This was laid upon the palmer surface, and the whole was nicely padded, especially in front of the head of the radius. In two weeks pasteboard was substituted for the angular splint. At the end of six weeks I was permitted to examine the arm and found the head of the radius perfectly in place, but the points of fracture slightly salient. All of the motions of the arm were completely restored.

June 2, 1845, C. C., æt. 9, fell upon his arm breaking the ulna obliquely near its middle, and dislocating the head of the radius forwards. Dr. J. P. White being called, requested me to visit the patient also with him. We found one of the broken fragments protruding through the skin, on the inside of the arm.

With great ease, and by simply pressing with considerable force upon the head of the radius, it was made to slide into its socket. The case was left in charge of Dr. White.

Five weeks after I found all of the motions of the forearm completely restored, except that he could not extend it perfectly. The head of the radius was also a little more prominent in front than in the opposite arm.

Four or five years afterwards, the projection of the head of the radius had disappeared and the functions of the arm were perfect.

The following example of compound and comminuted fracture of the ulna will illustrate how much may be accomplished by conservative surgery:

A German lad, æt. 10, was run over by a railroad car, Sept. 4, 1857. Drs. C. C. F.Gay and Austin Flint, Jr., were summoned immediately; but the limb presented such a discouraging appearance as induced them to send for me also.

We found the ulna very much broken near its lower end, and about two inches of it entirely gone. The radius was sound. The skin and muscles were extensively lacerated and torn off in shreds.

After a careful examination, finding that the radial and ulnar arteries continued to pulsate, upon consultation together, we agreed to attempt to save the limb. It was accordingly laid upon a board covered with a soft and nicely adjusted cushion; such vessels as were bleeding were tied; the skin was loosely stitched together, and the whole covered with a cotton cloth smeared with simple cerate. Cool water dressings were directed, and the boy was left in charge of Drs. Gay and Flint. The skin subsequently sloughed extensively, and also more or less of the muscular tissue; but on the 1st of May, 1858, about eight months from the time of the accident, it

had nearly or quite closed over, and although his arm was very much deformed and maimed, it was still very useful, indeed to one who must earn his living by his hands alone, its value is beyond estimate.

ART. II.—*Annual Address of the Retiring President of the Buffalo Medical Association.* Delivered in June, 1858, by AUSTIN FLINT, M. D.

GENTLEMEN OF THE ASSOCIATION:

In compliance with a by-law of our association which makes it incumbent on the retiring president to deliver an address on some medical or surgical subject, I invite your attention to a few desultory thoughts on *Conservative Medicine.* I am indebted for this term to my friend and colleague, Prof. Hamilton. On a convivial occasion some years since, I had the honor to propose as a toast, *conservative surgery,* exemplified by the principles and practice of the distinguished gentleman just named, and in responding to this toast he claimed that conservatism is a principle not less important to the physician than the surgeon; that conservative medicine is as much a reality as conservative surgery, and that the former, as well as the latter, is to govern, within certain limits, the conduct of the practitioner. The term may guide us to some reflections which will not be without interest and value.

What meaning is to be attached to the expression "conservative medicine?" We understand by "conservative surgery" a reluctance to mutilate the body by surgical operations; a judicious expectancy which looks constantly toward cure without resort to the knife, not repudiating the latter, but resorting to it only as an alternative rendered necessary by insufficiency of the means of restoring or maintaining the integrity of the organism. The conservative surgeon directs his efforts first and chiefly to the preservation of the body with all its parts, and when these efforts become ineffectual and longer delay dangerous, he does not hesitate to sacrifice portions of the corporeal fabric, more than the prudent mariner hesitates to throw overboard a rich cargo to prevent his ship from sinking, or the fireman to pull down valuable buildings to stay the progress of a conflagration. Conservative medicine, in like manner, is reluctant to impair the conditions on which depend life and health. It accepts the maxim of Chomel, that the first object in the mind of the medical practitioner should be not to do harm; the second object being to endeavor to do good. The conservative physician seeks,

above all things, not to compromise, except when absolutely necessary, and only to a necessary extent, the vital forces; in directing his attention to disease, he never shuts out of view the system at large; his aim is not merely to destroy maladies, but to effect recovery with the powers of the constitution as complete as possible. A brief definition of conservative medicine is not practicable. This comparison will serve to give a general idea of the significance of the expression.

The knife of the surgeon is manifestly a calamitous necessity; and it is accepted with gratitude because it is a substitute for other and greater calamities. The same is true of medication. A medicine is always an evil; it becomes a remedy in relieving of other and greater evils. The fact as regards surgery is clear enough; in its application to medicine it is less clearly seen, and, hence, is not only overlooked by the vulgar, but, to a vast extent, by medical practitioners. A remedy, not less than the scalpel, is an alternative. It is not to be inferred from the existence of disease, that remedies are to be employed, more than that every swelling is to be cut out, as a matter of course. The use of remedies should always imply that recovery from disease will not take place so certainly, so speedily or so perfectly without, as with them. If this be not assumed, it would be as absurd to subject the system to medication, as it would to make an incision into the flesh without any definite object. I speak now, of course, not of simple palliative remedies, but of those which exert some decided effect on the economy beyond the mere alleviation of present symptoms. In another point of view, a potent medicine may be compared with a surgical operation; not only is it either indicated or not indicated, and therefore useful or not useful, but it must either do good or harm. A remedy, in proportion to its activity, is potent for evil if not for good. A useless amputation is something more than an act of supererogation. This statement needs no argumentation. A salivation or a venesection when not needed, is not less entitled to be considered as involving an irrecoverable loss of a certain amount of vital force, although the fact is not always so distinctly appreciable. The system has lost somewhat of its power of endurance and resistance after being subjected to any unnatural disturbing agency. An active remedy when not required is always a perturbatory agent. If it be indicated, it may save life and secure the recovery of health; but if not needed, as an alternative by which a greater evil is avoided, it inflicts an injury on life and health not the less real and irreparable because slight and inappreciable.

Conservative medicine adopts as a principle of action, renunciation of all medication not sanctioned clearly by reason or experience, on the ground of

its being useless and pernicious. This rule is only deviated from when, with proper care and judgment, and under appropriate restrictions, remedial measures are employed experimentally in order to advance our knowledge of therapeutics. Self evident as is the correctness of this principle when viewed as an abstract proposition, a glance at the history of medicine suffices to show that it has not had its legitimate effect on medical practice. The natural philanthropic impulses of our nature interfere with it. It is difficult to forbear endeavors to remove disease even at the risk not only of failure, but of doing harm to the patient if we do not succeed. The patient is often anxious to incur this double risk, and desires to submit to measures the potency of which is proportionate to the gravity of the malady. Another obstacle is the want of definite knowledge respecting the natural tendencies of diseases. This knowledge is the true point of departure for the study of therapeutics. Before we are prepared to judge of the influence of remedies in arresting or abridging any disease, we should know what will be its probable issue and duration without active medication. Strange as it is, the importance of the natural history of diseases in this aspect has not been fully appreciated, and at this moment we are acquainted with the intrinsic tendencies of few diseases sufficiently to be able to judge correctly concerning the extent to which they are controllable by art. The knowledge, however, which has within late years been acquired of the history of certain affections when left to run their course without active medication, has influenced greatly therapeutical notions. Nearly twenty-five years ago, Prof. Jacob Bigelow, of Boston, published a brief paper on the self-limited character of certain diseases. The enumeration of the simple truth that some affections have a defined career, ending after a certain duration in accordance with a limitation inherent in themselves, marked the beginning of a change in views and practice in New England almost revolutionary, and this change extended thence, more or less, over our country, so that when some years afterward Dr. Forbes, of London, published his papers entitled Young Physic, they contained little that was new or striking to the intelligent American medical reader.

Conservatism as a predominant principle in the management of disease, is, in fact, a characteristic of the present epoch in medical history. The preservation of the vital forces is an object in the mind of the judicious practitioner in all cases prominent and often paramount. In the treatment of the continued and eruptive fevers, nearly all the important measures are directed to this end. We do not strive to arrest or to abridge these forms of fever, but to sustain the powers of life till the morbid processes which constitute

the disease end by their own limitations. It is, however, but a few years since these fevers were treated by active medication, which, as it was useless, must have been mischievous. The periodical fevers may be controlled by certain remedies, and hence, the first object in these forms of febrile disease, is to resort to the medication which experience has shown to exert a special influence upon them. In the treatment of acute inflammations, conservatism is usually the leading principle. As a type of this class of affections take pneumonia in the adult. A few years ago it would have been culpably hazardous in any practitioner to watch the course of this disease without active interference. Some observers have had the hardihood to do this in a great number of cases, and the result has been that the disease is found to end favorably in a very large ratio of instances when no potent medication is resorted to. Most judicious practitioners at the present time are agreed that in the management of this disease it is safer to forego active interference than to incur much risk of impairing by active measures those powers of the system upon which dependance must be placed for restoration. This remark will equally apply to acute inflammations in general. In chronic maladies, structural lesions, malignant affections, etc., our expectations as regards prolongation of life, and the preservation of those faculties of mind and body which are not directly compromised, are based far more on measures which are conservative rather than remedial. In such cases little may be hoped for from curative efforts, when much may be anticipated from judicious efforts to preserve the powers of life. As an instance illustrating the vast improvement which has been effected by the simple substitution of conservative measures for those which were erroneously supposed to be curative, pulmonary tuberculosis may be cited. They who have been medical observers for the last twenty years, have witnessed a complete revolution in the management of this disease. General and local depletion, mercurialization, cathartics, emetics, counter-irritation, low diet and confinement in an uniform temperature within doors, severally or collectively, were supposed to exert to some extent a curative influence. Nothing can be clearer than that these falsely considered means of cure were positively injurious. Since they have all been abandoned and reliance is had, not on any special curative agent, but on those conservative influences derived from hygiene rather than medication, recovery from the disease is not infrequent, and its progress in fatal cases is far less rapid.

The subject which I have selected for a few remarks offers in various directions abundant scope for reflection and inquiry. I have thrown out, as I

proposed at the outset, only a few desultory thoughts. In conclusion, lest the tenor of these remarks should lead to misapprehension, let me say that there is a false conservatism in medicine as well as in surgery. Therapeutical measures which in their effects are depressing, enfeebling and spoliative, are, nevertheless, under certain circumstances, to be resorted to not less than mutilating surgical operations in certain cases of disease or injury. To determine correctly when these measures are necessary; to regulate their application, carrying them far enough, but not too far; in other words, to understand the limits of true conservatism, knowing when to employ heroic remedies and when to exercise an equal heroism in resisting the natural tendency of the mind to active interference, this is the part of the safe and efficient physician, as it is the part of the safe and efficient surgeon to know when to spare the knife, and when its use is required by science and humanity.

ART. III.—*Retention of Urine.* An Address read before the Allegany Co. Medical Society. By Wm. B. Alley, M. D.

Mr. President and Gentlemen:

It was resolved at our last meeting, that each member report some case occurring in his practice, with such practical suggestions as he may deem proper to make.

In compliance with this rule, I have taken the liberty to make some general remarks on vesical retention of urine, partially illustrating its causes, symptoms and treatment, with such cases as have come under my immediate observation.

Retention of urine, its causes and effects, are not as well understood, I fear, by many of us country physicians, as many maladies occurring less frequently. It is often met with under circumstances which render it a very troublesome and alarming malady both to physician and patient.

The symptoms of retention of urine in the bladder, are the existence in the hypogastric region of a hard pyriform, well defined tumor, more or less tender on pressure, and gradually increasing in size; if retention be combined with incontinence of urine, the distention goes on gradually increasing until the bladder, in some instances, acquires enormous dimensions, and has occasionally been mistaken by able men for other complaints. In the beginning, there may or may not be pain and a frequent desire to void urine;

but commonly there soon comes on an urgent desire to pass water, which if passed at all, comes away in drops or small quantities; these symptoms being soon followed by pain, straining, tenesmus, and finally, by extreme restlessness and indescribable suffering. If the diagnosis is doubtful, catheterism will generally remove all doubts.

The causes of retention of urine are numerous, rendering the treatment frequently difficult and uncertain, unless we fully comprehend the particular cause in each case.

The direct or immediate causes, for convenience, may be divided into two classes:

First: into such as occasion in some manner a loss of the expulsive power of the bladder, viz., compression of the brain, paralysis, large anodyne doses, inflammation, over distention, blows, lacerated wounds, capital operations, fevers, and the habit of resisting the desire to urinate.

The *second* class are such as obstruct or result in obstructing the neck of the bladder or urethra, mechanically or otherwise, viz., calculi in the neck of the bladder or urethra, stricture, disease of the prostate gland, tumors and abcesses of the bladder or neighboring parts, inordinate distention of the rectum, injuries during parturition, hernia, coagulated blood spasms from the use of irritating drugs, and retroversion and prolapsus of the uterus.

I will now give short reports of a few such cases as have occurred from the first class of causes:

July 1st, 1846. Mrs. T. Cossett, of North Almond, aged 68, was taken with a rush of blood to the head, which resulted in apoplexy, hemiplegia of the left side and retention of urine, requiring the daily use of the catheter until death, which occurred six days afterward.

March 8th, 1849. Philoman Gilbert, of Hornellsville, aged 24 years, had fever, ending in typhoid form of seventeen days' standing, with retention of urine of two days' standing.

Catheterism twice a day, stimulating liniments and frictions applied to the spine and abdomen, and the internal use of muriated tincture of iron continued ten days, restored to the bladder its expulsive power.

This case I supposed to have been induced by the fever.

During the winter of 1848, Mrs. Enos, of Almond, aged 28, had dismenorrhœa, for which she took large doses of laudanum; two days after taking one of these doses, I found her restless, in pain, frequently trying to void urine, with a circumscribed tumor in the hypogastric region, as large as a

child's head. Between three and four pints of urine were drawn by the catheter. Cold applications and catheterism twice more, effected a cure in thirty-six hours.

This must have been a case of temporary paralysis, produced by the laudanum, for two months afterward, I again treated her for retention of urine occurring under like circumstances.

June 14, 1849. Mrs. S. Withey, of Hornellsville, aged about 23, was in labor and had retention of urine; three pints of urine were drawn off, and after six hours sickness she was delivered of her second child. Twenty-four hours after, I found her still unable to urinate. There were no inflammatory symptoms. The vagina and external organs of generation were not much sore or swollen.

This was a case of temporary inertia or paralysis of the bladder, induced by compression from the uterus and fœtus, before and during labor. It required catheterism for fourteen days, and was cured by the use of general tonics and the application on the eleventh day of a large blister to the hypogastrium.

August 20, 1854. I saw Bartlet Dake, of Almond, aged 81 years, who had a large circumscribed tumor in the hypogastrium, which had been gradually increasing in size for more than two weeks. Mr. D. had been injured about the hips two months before, by a fall; since then he has had a kind of general marasmus, with more or less pain in the lower back and perineum. Three weeks ago he began to lose the control of his water, and for the last ten days there has been incessant dribbling of urine; he has considerable pain and tenderness in the bowels, and some pain in the perineum, with an occasional desire to urinate. Dr. Robertson, his physician (and a very respectable one) up to about this date had regarded it a case of incontinence of urine with inflammation of the bladder. When we proposed to introduce the catheter, the patient demurred, saying look at his wet bed and cloths, and that he knew there was no water in the bladder. I found it difficult to introduce the catheter, and after two or three attempts the patient again demurred, begging me to desist and declaring the urine had all come away, and if I would do something to remove the bloat in the bowels and ease his pain, he would soon be better. I gave him half grain of morphine. Four hours after I found the urethra less irritable, when with a different catheter I drew off about nine pints of urine. This case required catheterism until death, which occurred about four weeks afterward.

Aug. 27th, 1857. Joseph Platt, of Angelica, aged 49, was taken with general paralysis. Sixteen hours afterwards, in the absence of Dr. Charles, his physician, I found him in great pain, with an urgent desire to urinate, amounting to almost spasms from retention of urine. Introduced the catheter and evacuated about three pints of urine. Colchicum and various remedies were given, frictions and liniments continued externally for fifteen days, but the power to urinate had not returned, although he had begun to flex and extend one leg; and to move his arms in some directions.

Sept. 22d. Arnica, and blisters, and galvanism, had been used, still he required the frequent use of the catheter. Galvanism and stimulating embrocations were continued, and he took $\frac{1}{16}$ of a grain of strychnine, $\frac{1}{8}$ of a grain of cantharides, and 3 grains of extract of arnica, three times a-day. I do not know but Dr. Charles gave some other remedies.

October 1st, he had regained the ability to urinate, and about this time he began with assistance to walk, and has never had any return of retention of urine since; he has continued to improve in general health and strength, although there is partial paralysis of his hands and left leg remaining.

Jan. 4th, 1858. Miss Mary Blair, of Angelica, aged 13 years, died of hydrocephalus. Five days previous to death, she had retention of urine, which required catheterism twice a-day.

Jan. 4th. John Collins, aged about 85, was taken dangerously ill with typhoid pneumonia. On the 23d of January I saw him in consultation with Dr. E. M. Alba; found he had complete paralysis of the bladder, producing retention of the urine. There was quite a large tumor in the hypogastrium, yet the patient had no pain or desire to urinate. The doctor had used the catheter two or three times before. Mr. Collins being delirious, insisted that the introduction of the catheter was uncalled for, and submitted to its use with great reluctance. I had difficulty in introducing the instrument, from enlargement of the prostate gland; this, however, had no agency in causing the retention, but occasioned considerable trouble in introducing the catheter, until the doctor became acquainted with his particular deformity and had a catheter adjusted to suit.

This case required catheterism for about three weeks longer. He took buchu, muriated tincture of iron and general tonics. As soon as his muscular system generally became strong, the ability to urinate returned.

I will now give a few cases that have occurred from the second class of causes:

In March, 1848, T. M. Gary, aged about 20, had what I diagnosed as inflammation of the neck of the bladder and urethra following gonorrhœa, and terminating in suppuration. He had throbbing pain in the perineum; scalding sensation in the urethra; straining and a constant desire to urinate, followed in two days by retention of urine, attended with rigors, violent straining and the most excruciating pain. After making several unsuccessful attempts to introduce such catheters as I happened to have, I had Dr. C. D. Robinson called, requesting him to bring his catheters, who came, and by using more force than I had used, reached the bladder with one of his instruments. Several ounces of pus flowed at first, followed by a quart or more of urine mixed more or less with pus. The retention ceased, requiring no further treatment.

Oct. 27th, 1854. After thirty hours severe labor, Mrs. Clark Tifft was confined with her first child. Two days after, I found her with a high fever and a hard tumor in the supra-pubic region. The vagina and the external organs of generation, were much swollen and painful. She had not urinated since her delivery. The mentus urinarius was so tender and so much displaced by the swelling, that I could not introduce the catheter without an ocular view of the parts, and then the urethra was so extremely irritable that catheterism brought on spasms the first and second time.

Rigid antiphlogistic treatment, a dose of asafœtida, camphor and morphine given an hour and a half previous to the use of the catheter, accompanied with the application of cloths, wrung out of warm water, to the vulva, prevented a recurrence of the spasms. This thus far was a case of retention from pressure and injury during parturition, resulting in swelling and inflammation of the urethra and external organs of generation. The fever, swelling and tenderness, all subsided in ten days, when I found that she had complete paralysis of the bladder, as she could go thirty-six hours without any desire to urinate. This condition I have no doubt was the result of allowing the bladder to become over-distended. There appeared to be a general relaxed condition of the muscular system. Instead of once in thirty-six hours we used the catheter twice a-day; tonics and a generous diet was tried for one week; her general health improved, but the inability to urinate continued. A large blister over the hypogastrium was added to the treatment, and after three days more, I had her take in addition, one ounce

of the infusion of buchu and $\frac{1}{20}$ of a grain of strychnine twice a-day, and had the urine drawn off three and four times a-day; in six days more I dismissed the patient cured.

Aug. 20th, 1854. Mrs. Wygaut, of Almond, a healthy woman, aged about 25. Ten days after confinement, had a chill, followed by fever and severe pain in the region of the uterus. I then diagnosed the case to be inflammation of the uterus, but the next day she had retention of urine. Catheterism caused considerable pain, which increased at each introduction of the catheter. On the fifth day the nervous system became greatly unstrung, the pulse frequent (130 in a minute); she was restless and in agonizing pain. On introducing the catheter, pus flowed at first instead of urine. The pain and bad symptoms soon abated. There was more or less pus discharged with the urine for a few days. The power to urinate returned on the second day after the first discharge of pus, accompanied with considerable pain for a few days. The pus had an extremely offensive smell; in two or three days the patient recovered her usual health in all respects.

About the 20th of August, 1857, Ezra Starr, aged 75, while on a visit at Bloomfield, New Jersey, had inflammation of the bladder, which left him with paralysis of that viscus and consequently retention of urine, requiring catheterism daily. On the 10th of Sept. his general health had sufficiently improved to enable him to start for home. Dr. Davis, his physician, gave him the name of some physician in Binghampton, and of Dr. Purdy, at Elmira, to call upon, if catheterism became necessary. He got into the cars at New York, and owing to some delays, and perhaps the peculiar motion of the cars, an urgent desire to urinate came on, compelling him to stop at about the first village, to have his water drawn off. As soon as he got to a hotel, he sent for a physician, who came and after making several unsuccessful attempts to introduce a catheter, called in another physician, and after hurting him terribly, and trying several times, they succeeded in breaking a silver catheter, but not in getting it into the bladder. These manipulations occasioned such indescribable suffering that the old gentleman begged them desist, feeling, as he says, that they did not understand their business, for Dr. Davis had introduced the catheter once and twice a-day for several days before, without the slightest difficulty; but they told him he would surely die unless his urine was drawn soon. He then allowed the third doctor to be called, who came, and they all tried and failed again, when Mr. Starr again asked them to desist; but they insisted that the urine must be evacuated at

once, and attempted to make farther trials by holding him by main force, when the old gentleman commanded them to leave him. On the next morning he got another physician who, without very great difficulty, introduced the catheter, and emptied the bladder. During the same day Mr. Starr came on to Elmira, where Dr. Purdy also used the catheter without serious trouble; and on the 12th he came home to Angelica. I was soon asked to see him, the messenger saying that he was anxious to know "if any physician here could use a catheter in his case?" I found him feeble, feverish and in great pain, with an urgent desire to urinate. I succeeded, on the second trial, in getting the catheter into the bladder. I think the retention at this period was caused by the swelling of the urethra in part, but mainly by the clots of blood.

Sept. 13th. I found that the urethra had been ruptured in two places. Just as the catheter arrived at about the opening in the triangular ligament, it turned to the right, and when introduced about an inch, it would go no further. Next time when I got near the prostate gland, it suddenly turned to the left; its withdrawal was followed by considerable hæmorrhage. It became necessary to hold the instrument in a certain direction, and at each time exactly alike, in order to run clear of these artificial openings and reach the bladder.

On the 16th, an hour after catheterism, I was called in haste to relieve his urgent desire to urinate, when half a pint of blood was discharged by the catheter. I was called twice more during the day, when blood and urine were discharged. He complained of considerable pain in the back and loins.

On the 17th I catheterized him four times, large quantities of blood were discharged with the urine, obstructing the catheter so much that I was obliged sometimes to withdraw it and re-introduce it several times before all could be discharged.

Tonics, anodynes and styptics had been given, and cold applications applied to the perineum. Still the bleeding continued, and the feebleness increased.

Sept. 18th. About as yesterday, only catheterism was attended with excruciating pain, and followed by almost spasms. To-day Dr. Charles was called to assist in determining whether any part of this blood came from the kidneys, &c. Dr. Alba also saw him. We concluded that the blood came from the bladder, and the injury connected with it.

Sept. 19th. He was worse.

Sept. 20th. In the morning the clotted blood filled the catheter and nothing was discharged. At noon blood and urine were discharged.

Sept. 21st. He was some better, the urine was mixed with dark colored blood; appetite improved.

22d. The dark blood and urine continued as yesterday.

26th. Had a return of hæmorrhage.

27th. Perhaps a pint of blood was discharged.

Oct. 1st. The urine again dark, being mixed with blood.

10th. General health much improved. The urine became nearly natural except there was occasionally some blood mixed with it, or found at the bottom of the vessel.

12th. Strength and appetite improving, but catheterism was followed by severe pain, lasting two or three hours, requiring the use of anodynes.

20th. Was able to ride out.

Nov. 1st. Began to void urine in drops, and the pain after catheterism had subsided.

6th. Catheterized him for the last time; since then he has always been able to urinate without help, but sometimes he has been obliged to walk across his room a few times before the water would start.

Dec. 27th, 1854. I saw at North Almond, a male child of James Crausons, two days old. It had never urinated; upon examination I found the glans penis slightly enlarged, and no external opening to be found. Dr. E. W. Robertson, who was present, also examined but found none. The glans penis appeared all solid, there was no urethra there; I thought I could feel the bladder above and behind the pubis; also that I could feel the urethra back or between the scrotum and perineum. I then pushed a narrow bistoury one-third of an inch in the direction of the urethra, withdrew it and introduced a whalebone probe, but it would not go any further than I had cut. I then cut down about half an inch further, again tried the probe and found it passed beyond where I had introduced the bistoury and into the urethra. I removed the probe and introduced a catheter, when the urine flowed freely. We dressed it with a well oiled round tent, to be withdrawn and replaced once in eight hours. On the 10th of January, 1855, the child was well. I saw it again in June, 1857, the child was sound in all respects.

Gentlemen, I will not trouble you longer with the recital of cases. I have given, I trust, a sufficient number to satisfy all, especially our younger medical friends, that retention of urine occurs quite often and from a variety of causes.

Retention of urine in the bladder of old people, indicates, when not brought on by injuries or obstructions, that the vital energies of the system are failing and is generally followed by death in a few months; but aside from this it is curable in the main.

Having already occupied so much of your time I do not feel at liberty to comment upon the treatment of this malady, and will only add a few words upon part of it.

All, I believe, concede that the treatment must be commenced by the introduction of the catheter. To fail in this little operation might prove a sad thing for our reputation, while to succeed will afford us some pleasure and our patient great ease and happiness. But this, like all other operations, requires an intimate acquaintance with the anatomy and position of all the parts connected with it both in disease and health; and no one who values his reputation or cherishes a proper regard for human suffering and life, will attempt it without these pre-requisites; our own interest in general, and that of our patients in particular, demand that we should well understand the rules and modes of introducing a catheter under all circumstances.

I will close by giving a short quotation from Prof. S. D. Gross upon this subject:

"The introduction of the catheter, although apparently very simple, is one of the nicest and most delicate processes in surgery. It requires skill of the highest order, as well the most intimate knowledge of the anatomy of the urinary organs. If I were called upon to state what I considered as the most important operation that a practitioner is obliged to perform, I should unhesitatingly say the introduction of the catheter. It is true, the most untutored and awkward surgeon may occasionally, nay, perhaps not unfrequently reach the bladder without difficulty; but let such an individual attempt the passage of the instrument when there is some mechanical obstacle, as a stricture or an enlarged prostate, and he will sure to be foiled. The moment the catheter is arrested he becomes bewildered, his hand trembles, dismay is depicted in every feature, large drops of sweat stand upon his brow, and his whole frame is paralyzed. If, under these circumstances, he proceed, he will inflict severe suffering upon his patient, if not actually endanger his life. To avoid such an occurrence, as disgraceful as it is unfortunate, the operation should be constantly practised upon the dead subject; the anatomy of the urinary apparatus should be thoroughly studied; and the eye, hand and instrument should be trained to move in concert with each other."

ART. IV.—*Neuralgia of the Inferior Maxillary Nerve, cured by Trephining the Jaw, and Excision of the Nerve.* By FRANK H. HAMILTON, M. D., Buffalo.

Finla Goff, of Addison, Steuben Co., N. Y., aged about thirty years, had suffered from neuralgia in the right side of the face and jaw, for a period of seven or eight years. The pain originated, apparently, in the last molar of that side; the tooth had long since been removed, but no relief to the neuralgia. Only once or twice during this period had he experienced a cessation of pain. During the first few months which he spent in California, he was without pain, but it returned, after a severe exposure, and has never been well since. The paroxysms of pain were brief, but terrible; occurring every few minutes, both day and night.

April 30th, 1858. I operated, assisted by Dr. Boardman and others. Having exposed the bone opposite the angle of the inferior maxilla, I applied a medium sized trephine, and perforated completely the jaw, removing with the section of bone about three-quarters of an inch of the inferior maxillary nerve. Finding that the pain still continued to occur in the skin of the chin, I severed the mucous membrane and the muscles freely.

In removing the trephine, the narrow vinculum of the jaw which remained, was broken, and this I was obliged to close, by perforating the two ends and securing them together with silver wire. No splints were applied.

June 14, 1858. Six weeks after the operation was made, I received the following letter, which I enclose to you because it is an account of his original sufferings and of the amount of relief which he has experienced, given by one who has been a witness of the whole:

CAMERON MILLS, June 14th, 1858.

F. H. HAMILTON, M. D.,

Dear Sir: By request of my brother-in-law, Mr. Finla Goff, I address you at this time to inform you of his present state of health. I am happy to be able to make a good report of his case. Thus far he has been *perfectly free* from *pain*, except a few twinges about the point of the chin, when he first returned. The jaw has united quite firmly; the wire broke off close to the jaw some three weeks since. The wound has closed up within a few days, and Mr. Goff started for Addison this morning to engage in his regular employment, and I can assure you he is a happy man—says he would be willing to endure the same operation, if necessary, every six months, to be as free from pain as he is at present. He has gained very materially in flesh

and feels very cheerful; says he feels quite confident the cure will be permanent.

It must afford you much satisfaction to feel that you have been instrumental in thus relieving one of your fellow men from the most exquisite suffering to which human flesh is subject. I have seen his sufferings until my heart truly bled for him, and I greatly rejoice to see him so perfectly relieved.

Very respectfully yours,

S. MITCHELL.

ART. V.—*Difficult Labor; Monster; Craneötomy without Instruments.* By N. L. NORTH, M. D., Brooklyn, N. Y., Consulting Physician to the Williamsburgh Dispensary, &c.

Mary McVay taken in labor May 13th. Had a midwife.

I was called about 5 o'clock, P. M.; found patient in second stage of labor—probably been so all day; presentation natural; parietal bones far separated, and the fontaneles large and running together.

Careless examination gave the impression that the membranes were not yet ruptured: more care, however, revealed the true condition, as the bones of the head were easily felt far separated, thin and very movable.

Labor pains had been very hard, and expulsive, so that the midwife had supposed for many hours that the child would be born immediately. The mother, whom I find consumptive, having had a "bad cough" for six months, is nearly exhausted; pains decreasing and strength failing fast; is sure she shall die; is willing to have any means resorted to to save her life. Have given ergot in large quantities with no success. Have not craneotomy instruments at hand, apply the forceps and lock them without difficulty, but the head is so soft as to afford no hold to the forceps, but yields to their pressure, and upon traction they slip off; attempt the second and third time with the same result, and then feeling it unsafe to the mother to allow enough delay to obtain the craneotomy instruments, I introduce my right hand so as to grasp a portion of the head containing a parietal bone, and by closing my hand upon it succeed in crushing or breaking it; and then by further manipulation and crushing, I manage to make the spicula of bone cut through the scalp, when an enormous quantity of sanguino-serous fluid escapes with a gush, and the hydrocephalic head is collapsed and thoroughly manageable, allowing me to grasp hold of it with so much ease as to deliver

without trouble; the natural uterine contractions came on in a short time, expelling the placenta, &c., &c. The mother recovered without an untoward symptom.

Tubercular difficulty somewhat relieved after recovery from the exhaustion of the labor and its consequences.

The child was something of a rare sight. My friend Dr. O. H. Smith, examined it with me. It had a double hare lip. With the exception of two slight prominences just above the angles of the month, the upper lip, the whole middle portion of the upper jaw to the malar bones each way, and the whole of the roof of the mouth and the septum nasi were wanting; the nose itself looked like the upper lip, except a slight cartilaginous protuberance in the centre seeming to be an attempt at the formation of the septum nasi. The size of the head, as near as we could calculate from measurement after birth (it being emptied of its contents) was as follows: Occipito mental (10) ten inches; occipito frontal (8½) eight and a-half inches; bi parietal (6½) six and a-half inches; cervico-bregmatic (5) inches.

ART. VI.—*A Case of Injury to the Hand from a Hay-cutting Machine, in which the Index and Middle Fingers of the Left Hand were nearly separated. Reünion of one of the injured members.* By THE EDITOR.

The patient was a bright little German boy, aged about 9 years, who, in playing with a hay-cutting machine, accidentally caught his hand in the knives, nearly cutting off the index and middle fingers. He was immediately carried home and I saw him about three-quarters of an hour after the accident. The hæmorrhage had not been very profuse, and when I arrived, had entirely ceased. On examination I found a clean cut through the middle of the distal phalanx of both fingers, extending entirely through the bone and leaving them attached only by a strip of integument about a quarter of an inch wide. Taking into consideration the small amount of integument which is necessary to sustain the vitality of the end of the finger in such injuries, and the fact that even when entirely detached, the portion cut off will occasionally unite, it seemed advisable to make an attempt to save them. I accordingly brought the ends to their places by three points of the interrupted suture, and supported them by splints of narrow pasteboard, confined by a narrow roller, which was quite loosely applied, the ends of the fingers being left uncovered. The whole hand was then confined by means

of another roller, and placed in a sling, the patient put to bed and the strictest quiet enjoined.

I saw the patient again on the same day, about eight hours after the dressing. The end of the index finger had a good color and was abundantly sensitive; but the middle finger was slightly discolored. The index finger continued the same, and the discoloration of the middle finger progressively increased until the third day, when the dressings were removed and new ones applied. The end of the index finger was then pretty firmly attached and of its natural color, but the middle finger was nearly black, though it also was pretty firmly attached to the stump. Sensation continued, however, to some extent, in the middle finger up to Thursday, when it was amputated at the distal articulation. The stump healed kindly in a few days; the union of the index finger was complete.

This case seems interesting and instructive, as showing how slight a tegumentary connection is necessary in order to sustain the vitality in a part nearly removed from the body. It can soon be determined whether we will be able to save the finger in such a case. In the case of the index finger, which united, the normal circulation and sensation were established in a few hours, while the middle finger soon began to be discolored. In removing a finger at the distal articulation, it is always advisable to make the flap from the palmar surface and be sure to remove every portion of the matrix of the nail, in doing which it is necessary to make the dorsal incision some distance beyond the root.

ART. VII.— *Case of Fissure of Sternum permitting examination of the Heart.* By Prof. HAMERNIK. Translated from the Wiener Medizinische Wochenschrift, (No. 29 to 32), by J. DA COSTA, M. D.

Editor of Buffalo Medical Journal.

I take the liberty of placing in your hands, for insertion in your journal, the accompanying translation which, my friend, Dr. Da Costa, has obligingly made and sent to me, not for publication, but on account of its interest and importance in connection with the studies to which my attention is at present directed. I have presumed upon his well known zeal in behalf of medical science, in assuming the responsibility of handing it to you for publication without his knowledge. In doing so, it is proper that a portion of his letter accompanying the translation should be prefixed.

Yours truly, A. F.

PHILADELPHIA, July 3d, 1858.

MY DEAR DR.:

I send you the long promised paper on a case of malformation of the sternum, which permitted the heart's action to be studied. It is certainly of interest, with reference to the much disputed point of the impulse of the heart.

The translation I send you is not entirely literal; the style of the author, more diffuse than even ordinary German writers, made this impossible. Here and there, I have left out statements and speculations, which had no very marked bearing on the phenomena in question. I cannot lay claim either, to my translation being well expressed, but if it answers your purpose, I shall be satisfied. Should you wish for any further information regarding the case, or rather some of the anatomical statements which are made in connection with it, please let me know; I have marked the passages where the author has introduced them.

Believe me,

Truly and respectfully yours,

J. DA COSTA.

Gronx, Alex.; age 23; merchant; in good health, although delicate; the malformation was observed from his birth.

At each inspiration, the fossa supra-clavicularis deepens a little, and the lower portion of the neck is drawn inwards; at the origin of the sterno-cleido mastoid a moderate sinking in occurs, which disappears again on expiration.

No venous murmurs in the neck.

The thorax has the usual form, but its diameters are proportionately smaller.

At the lower portion of the chest the measure to the vertebral column, (2d lumbar vertebra) shows on the right side 34, on the left 33 centim.; measured across the nipples on the right side 36½, left 38 cm.; under the axilla, right side 37, left 39½ cm.; greater prominence, evidently, also on inspection, between the 4th and 7th ribs near their insertion on the left side. The left nipple is 10½ cm. from the median line, the right 9. * * *

* * * Along the whole length of the sternum at the median line, there exists a fissure, which separates the bone into two portions, a right and a left half. This fissure becomes pointed and very narrow towards the ensiform cartilage, which keeps the two halves tolerably firm in position. The width of the fissure during quiet breathing, is:

Between the clavicles, 3 cm.
Between the 3d costal cartilage, 3½ cm.
Between the 6th and 7th cartilage, scarcely ½ cm.

Expiration diminishes the width of the fissure; a full, forced inspiration increases it, especially between the 3d and 4th ribs; it reaches then, 5 cm. During quiet breathing, the described fissure appears concave; this concavity is increased the stronger the inspiration.

During forced expiration the thorax and the abdomen becomes narrower; the veins of the neck become clearly discernible; the fissure becomes convex, is forced outwards, is several lines above the level of the skin, and has the appearance of a tumor, of oblong shape, pointed at one extremity. The fissure is covered only by skin and, perhaps, the thoracic fasciæ; this covering is very movable and yielding, permitting the respiratory and circulatory phenomena to be clearly witnessed.

The parietes of the front of the chest are very elastic; the cartilages of the ribs, especially of the 3d and 6th, and the corresponding portions of the sternum may thus be bent very considerably inwards, without occasioning, however, any abnormal phenomena or an alteration in the pulsations of the arteries of the upper or lower extremities.

The percussion sound at the thorax, is sufficiently "long" and continuous, (*i. e.*, during an expiration,) and *non-tympanitic.* [Long means, with the German writers, clear or sonorous; short, dull.]

On the right side of the chest the percussion sound becomes "short" near the sternum at the upper portion of the 4th rib, and in the axilla at the lower portion of the 7th rib; the dullness of the liver does not extend quite as far downwards below the rib, as is usual.

On the left side, between the 3d and 4th ribs, the percussion sound becomes shorter, at the upper part of the 4th rib quite "short," whilst there also the resistance to the percussing finger is correspondingly increased. At the 6th rib the sound becomes "longer," and at the lower portion of this rib, is of the usual length.

Between the 4th and 5th ribs the percussion sound is like that of the thigh, also equally dull at the adjoining portion of the left half of the sternum, and does not in the least change during deep respiration.

From the margin of the portion of the sternum just mentioned, the dullness measures outwards, at the 4th rib 6, at the 5th rib 8½, at the 6th rib 9 cm.; where the left lobe of the liver joins the 6th costal cartilage, the dullness measures from the inner margin of the left sternal half outwards,

but it is not possible to determine whether the dull sound is produced by the heart or liver. The upper portion of the lung yield less clear sounds than usual.

The murmurs of respiration are not distinctly marked; at the posterior upper portion of the chest, sibilant sounds may sometimes be perceived, and in expiration a prolonged, rough sound.

The impulse of the heart is rather indistinct between the 5th and 6th ribs; it may be felt from the inner part of the left sternal half outwards, and, at one spot, in the intercostal space just indicated, a point exists, which can be covered with the tips of the fingers, and which during each ventricular systole, is raised and becomes slightly convex and hard. Between the 4th and 5th ribs, exactly at the nipple, a similar point is met with; at the 4th and 5th intercostal space, indistinct movements are felt, and near the nipple, may also be seen.

The sounds of the heart are all normal, except the diastolic sound at the pulmonary artery (2d and 3d ribs, left side) which is markedly increased.

All the arteries are delicate, and their pulsations not very distinct; it is only at parts of the chest and in the neck that the pulsations can be heard; at other arteries they are only felt.

72 contractions of the heart in a minute. Over the fissure the percussion sound, even by forced breathing, is not tympanitic, but like that on the right side of the chest. If the fissure situated between the two halves of the sternum be closely studied whilst the patient is breathing quietly, the following phenomena are witnessed:

At its uppermost part on a level with the 1st rib, the finger may *feel* the sounds of the arch of the aorta, which passes here past the fissure, *i. e.*, the known "tic-tak," or pulsation of the aorta, and the sound of its valves. Further downwards, changes in form, and in resistance can only be felt and seen occasionally, and then only during the systole of the heart. At other times the fissure remains to the touch, soft and yielding, and no changes can be perceived, even if the touching finger is strongly pressed inwards. Shortly before the impulse of the heart is felt (between the 5th and 6th ribs) there appears discernible to the eye and to the finger at the fissure, from the 2d rib downwards, a roundish body of moderate hardness, and producing a movement of the parietes. This body soon diminishes in all its diameters, especially from above downwards and from right to left, and when in its retraction, it arrives from the 2d right costal cartilage to the 4th costal cartilage of the left side, the impulse of the heart in this region becomes perceptible. This roundish body then disappears, at least to the touch,

whilst a slight prominence of the soft parts becomes gradually visible, in the direction of above downwards and from the left to the right; then occurs again, the already described retraction and hardening, producing that roundish body only felt at this time. (It is the systole of the muscular fibres of the heart commencing in the right auricle, and extending to the ventricle.) It can be clearly seen, how this body, becoming at times by its hardness and its movement distinctly perceptible, (it is the right auricle,) still retains after this contraction a considerable extension, and only becomes inappreciable to the touch, because the hardening and the movements of its walls disappear.

During a forced inspiration, the fissure enlarges, loses its concavity, and the just mentioned movements appear less distinct. During a forced expiration, the undulations described becomes also less perceptible, as the skin covering the fissure is forced outwards in a convex form.

A close inquiry proves beyond doubt, that the movements perceived at the fissure are dependant upon a hardening and the vibrations of a spherical body, which diminishes in its diameters, but presents at the end of its contractions a not inconsiderable volume; it also proves that these movements commence before the impulse of the heart is felt, and end with them.

Here the description of the case terminates, but Dr. H. makes some remarks on it, of which the following are the most important: Considering the anatomy of the parts in normal persons, there is reason to believe that there is here no difference, that the two laminæ mediastini are attached to the left half of the sternum, that the portion of the circulatory apparatus lying in the fissure is covered by the edge of the right lung, and that this occasions the clear percussion sound, also that the right costal pleura extends across the fissure to the left sternal half and becomes continuous with the laminæ mediastini.

The fissure would then, in this case be immediately over the right pleura, portions of which and of the right lung would be stretched across the parts of the circulatory apparatus which lie under the sternum, (that is the right ventricle, auricle, the transverse portion of the arch of the aorta, and the ven. anonym. sinistra.)

[Dr. H. cites anatomical and pathological observations to prove the relative positions of the right lung and pleura and heart just mentioned.]

On a level with the first rib the arch of the aorta crosses the sternum, or in this case, the fissure. A finger there introduced finds the pulsation of the coats of the aorta, (systolic sound) and the sound of its closing valves (diastolic sound.)

In the short interval between the two sounds, nothing can be seen or felt at this portion of the fissure.

In the so-called horizontal position of the heart, its convex surface lies against the cartilages of the ribs. During the diastole the heart is larger than during its shortening, or systole, and touches, therefore, more of the thoracic walls. Now the fact that it is not perceived during the diastole, has given rise to the erroneous supposition that it recedes from the parietes of the chest during this act, and again, that by its coming up to the walls it occasions the heart's impulse during the systole. But it is not necessary to suppose that it recedes; it can simply not be perceived, because we cannot distinguish any muscle from the surrounding textures, unless that muscle be in a state of contraction, as in the case of cramps of the muscles of the leg.

The *contraction* thus of the muscles of the heart cause the organ to be felt. These contractions or vibrations are transmitted to the coats of the arteries, and occasions their pulsation.

The body which is distinctly perceived at the fissure between the 2d and 4th ribs, must be the right auricle; it is not felt during the diastole, because no muscles when not in a state of contraction can be felt as distinct bodies. The tolerable clear percussion at the fissure is owing to the margin of the right lung.

If the hand be placed over the seat of the impulse of the heart, it may here be seen how the shortening and hardening of the heart (systole) commences at the uppermost part of the right ventricle, about the 2d rib, and spreads downwards and to the left, until at the 4th rib, and at the left portion of the sternum the finger feels the beat of the heart and pulsation of the aorta.

The "impulse" of the heart is, therefore, the distinct perception of the contraction or systole, and is noticed at an intercostal space, against which the convex walls of the heart permanently lies. The systole begins in the auricles and, this case proves, spreads to the ventricles.

During the rest of the muscles of the heart, they could be perceived in this patient gradually to extend in the direction from the ventricles to the right auricle, then again commenced the systole.

During the systole, Dr. H. does not believe that the slightest twisting or change in position, either upwards or downwards takes place. The ventricles, like the auricles, alter their form; to suit this, the yielding part in front gives way, and we have the vibration best felt in the 5th intercostal space.

The surrounding diaphragm and liver, as well as the increase in the diameter

of the thickness of the heart cause the vibrations to be best perceived there, because room is most easily made there for the encroaching organ. It cannot be downwards, as the adjacent liver puts stronger obstacles in the way.

The great dullness between the 4th and 5th ribs, not changed by forced respiration, is owing, probably, says Dr. H., to extensive and unyielding adhesions of the left pleura. The patient had suffered from fugitive pains in this region, and other symptoms which lead to this belief.

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

TUESDAY EVENING, July 6, 1858.

The Association met.

Present—The President, Dr. Wyckoff, in the chair; Drs. Newman, Flint, Mixer, Nichell, Eastman, Hamilton, Treat, Whitehead, Wilcox, Rochester, White, Rankin, Monahan, and Flint, Jr.

The minutes of the last meeting were read and approved.

Prof. Rochester, chairman of the committee on "the presentation of medical accounts," read the following report:

The committee appointed to report on "the presentation of medical accounts," respectfully submit the following statement:

It has been, and still is, the general but not the invariable usage of the profession in this country, to render their accounts annually or semi-annually only. This custom originated mainly from two causes: First, The sparsely inhabited condition of the new settlements and the inability of the residents to meet their obligations, except at certain seasons of the year; and Secondly, The promptness and cheerfulness with which the pecuniary relations of physician and patient were recognized and discharged. These causes, happily in the first and unhappily in the second place, no longer exist, and there consequently appears to be no other reason for the continuance of the custom, than that of precedent, a precedent that is in reality rather burdensome than advantageous to the debtor, while to the creditor it is always an inconvenience, and not infrequently involves the loss of an entire debt. It is no idle vaunt, that legitimate medicine is not practiced for money; fortunately, the physician has other motives and other rewards; but still it must not be forgotten, that he and those dependant upon him look to his profession as

their livelihood, and his receipts should not be more distant or precarious than those of other persons, particularly as he is expected to pay his own debts as promptly as others, and has no exemption, above his fellows, from pecuniary obligations of every description. It is often stated by those engaged in commercial pursuits, that professional men should not require quick returns for their services, as they have no cash capital at stake. This is an error. Many years usually elapse before the outlay required by three years of pupilage, and the possession of the necessary books and instruments, is once turned. But the absolute amount invested, although necessarily considerable, should weigh little in comparison with the mental anxiety and responsibility that must ever attend the physician; nor does it bear any proportion to the physical hazard involved in exposure to disease and to the elements at any and all hours.

The public are concerned more nearly than they perhaps suppose in the prompt and full compensation of medical men. As has been before stated, legitimate medicine is not practiced for money alone, but the physician who is harrassed and annoyed by debts he has been obliged to contract, although he may have, upon his books, a large surplus in his favor, is in no frame of mind to give that entire and undivided attention to his patients which their condition may require, and which he would wish to bestow. Another reason for ready payment of the physician exists in the fact, that he renders his services where they are required, not when it will be convenient to him; besides he *gives* largely, not only of his time and skill but also of his means; for the pain and need that meets his eye, often make an appeal to the heart, that suffers no delay. He gives, moreover, to every public charity. There is not a hospital, or an orphan asylum, or any kindred institution, to which his services are not rendered gratuitously and cheerfully. To every appeal for private or public benefit, he is expected to respond, and he does so, largely and liberally in proportion to his means.

Such being the position and such the claims of the medical man, should he not receive a fair proportion of an income, that from the nature of its source is of necessity variable and precarious. This he does not do under the present system of collecting. What is advisable? Shall he claim his fee when he makes his visit, as is done in Great Britain, and in the larger towns on the continent? To this there could be no objection, and with certain exceptions it would be best for all parties—but so radical a change your committee do not wish to urge, save in case of strangers and non-residents. They offer, however, for your serious consideration, the following proposition, viz:

Resolved, That it is deemed just and expedient that *all accounts* for medical services, be presented at least as often as every three months.

The financial revulsion of the past year points strongly to the wisdom of such a course. Had this been the usage, many accounts now probably entirely lost, would have been cheerfully and easily settled. A medical bill is always paid more readily, when the remembrance of professional service is fresh in the memory of the recipient. "That short accounts make long friends" is an axiom not less true in medical than in other matters—a bill cheerfully paid is twice paid, while one grudgingly settled, or extracted by force of law, is never discharged satisfactorily to either party. Your committee are fully aware that the resolution they have presented, cannot be made binding, nor would they have it so. They would wish a just discretion to be exercised, but it appears in their judgment, highly desirable that the general usage should be such as advised, and their proposition is, therefore, respectfully committed to the attention of their professional brethren, and to those who are equally interested, the public.

THOS. F. ROCHESTER,
AUSTIN FLINT,
SANDFORD EASTMAN.

On motion, the report was accepted and the committee discharged.

Prof. HAMILTON moved that the sentiments of the report be approved by the meeting, and that the resolution contained therein, be adopted. Seconded and carried.

Prof. WHITE then reported the following case of laceration of the perineum:

Mrs. W., of Niagara county, N. Y., æt. 18 years; primapara. She was confined ten weeks before the operation, with a male child, and delivered, after a difficult labor, with one blade of the forceps. After delivery, the perineum was found to be torn completely through the sphincter ani, dividing also the lower margin of the gut itself. She had no control whatever over fæces or gas.

Her condition before the operation was this: She was exceedingly feeble, and it was necessary to keep the bowels alternately confined with opium and opened by laxatives, in the latter event the contents passing away involuntarily.

On Wednesday, May 10th, she took a dose of castor oil which operated freely.

On May 11th, assisted by Drs. Rochester, Newman and Miner, Dr. White

operated in the following manner: The patient was placed in the position for lithotomy, the knees being bent well upon the abdomen, and the parts denuded of hair. She was then brought completely under the influence of chloroform, by Dr. Rochester, and was kept insensible during the operation. The knees being firmly held by Drs. Rochester and Miner, who in turn held and made tense the labia during the incisions, a deep incision was made with the scalpel equal to the length of the fissure, and extending internally at least an inch upon each labium, completely removing the mucous membrane and laying bare the surface. The membrane was then removed from the rectal surface of the fissure, taking care to leave none of it upon any of these surfaces, as a fistula would then be certain to result. The sphincter ani and intervening tissues were then divided obliquely on each side of the centre, extending the incisions an inch or more, until all resistance of the sphincter was overcome. These incisions were made with a blunt pointed bistoury, which was introduced within the anus and guided by the forefinger of the left hand, and thus carried through all the fibres of the muscle, the skin and sub-cutaneous areolar tissue.

The thighs were then approximated, and three quilled sutures introduced by a strong needle extending an inch upwards into the vagina and commencing internally about an inch from the edges of the fissure. These sutures were of twine and doubled, so as to enclose a piece of gum elastic bougie; by means of which, firm pressure was maintained throughout the opposing surfaces. Four interrupted sutures were then introduced superficially, in such a manner as to keep the skin in close contact and secure union by the first intention. The forefingers of each hand were then passed into the vagina and rectum to ascertain whether any fistulous opening remained. Being satisfied that there was none, the parts were sponged and the patient placed in bed in the flexed position upon her left side, and cold water dressings were applied. Perfect quietude was maintained and opium given at intervals of from two to four hours in 1 to 2 gr. doses, in order to constipate the bowels and secure sleep. The strength was sustained by beef essence, quinine, port wine and ale, and the urine drawn off carefully every four or six hours. The following week, on Saturday, the bowels were moved by warm water injections, having remained closed for ten days.

The sutures had been removed on the sixth day, and a careful examination now showed that union was complete. Drs. Rochester, Newman and Miner, also examined and concurred with me as to the success of the operation.

The following week, fourteen days after the operation, the patient left for

home, feeling greatly encouraged, and I have since heard from a medical friend, that he considers the cure perfect.

Prof. White remarked that the operation which he had described, was essentially the same as that performed by Isaac Baker Brown. When the fissure is so extensive, much relief is not generally expected from an operation. This view is supported by very high authorities. Churchill does not allude to it, nor does Cooper in his surgical dictionary. The old operation, as recommended by Dieffenbach, is of doubtful propriety. Dr. W. meant to be understood as speaking of complete division of the perineum, when the fissure is complete, as in the case which he mentioned. Slight lacerations are not important, and soon heal of themselves; a complete laceration, however, through the rectum, is a most loathesome and disgusting disease. Dr. W. has never before been entirely successful in operations upon patients in this condition. The improvements which he has made in the preceding operation are:

First, The amount of surface made bare by the knife, which was much greater than usual.

Second, The complete division of the sphincter ani, so that the union was not in the least retarded by its contractions. This Dr. W. hesitated to do, being afraid that it would not unite; it did unite, however, thoroughly, and the patient had as perfect control over the contents of the bowels as before the accident. Divide it, and you will escape a great deal of annoyance and injury which would otherwise arise from its contractions.

Third, The kind of sutures employed. Formerly the interrupted suture was employed, and occasionally the quilled suture; but before Baker Brown, the stitches were never as deep as in this case, where the parts were kept in most perfect apposition by equable pressure, and the union of the skin was assisted by the few points of the interrupted suture which were superadded.

Fourth, The keeping the bowels constipated for such a length of time, which is rather a modern idea. It was formerly sometimes recommended to keep the bowels soluble, and sometimes to keep them closed for two or three days, and then move them. It was never customary to keep them confined as long as ten days.

Fifth, Leaving the sutures for a longer time than is common. Dr. White would have been glad to have made trial of the silver wire as recommended by Dr. Sims, of New York, but the case was rather urgent and would not admit of the delay of sending for the wire.

Dr. White also wished to call attention to the treatment likely to prevent laceration of the perineum in child-birth. It has been recommended by a

contributor to one of the Southern Journals, to divide the perineum when there was an danger of rupture. This author divided it in the median line, but it has been recommended by Dubois, Challi, and other eminent authorities, to divide it on one side. Dr. W. thought that a proper degree of support, assisted by the relaxing effects of chloroform would almost always be sufficient to make it dilate. He considered chloroform as an exceedingly useful agent in this respect; but should it not dilate, and should it show no disposition to do so, he thought it was the imperative duty of the obstetrician to divide the parts as directed by Dubois, on one or both sides of the median line. A cut of the perineum is a trivial affair, but an extensive laceration is most serious.

Prof. HAMILTON wished to express his approval of the operation as made by Dr. White; the same suggestion, as to dividing sphincter, or muscles which would by their contraction, retard union, had been made in operations for fissure of the palate. Next to this in the bold and free paring of the edges, which principle will apply to all like operations. In Dr. Hamilton's opinion, it made no difference what kind of ligature was employed, so long as it was unirritating and not absolutely poisonous, and of sufficient size. It is the smallness of the ligature and the amount of strain put upon it which inflicts the injury. He thought that Dr. Sims had never done himself such injustice as when he gave such an immense superiority to the silver suture, condemning all others.

Prof. FLINT wished to inquire in regard to the efficacy of supporting the perineum, and asked in what way rupture could be most certainly avoided. He had thought that the idea of supporting the perineum in every case was rather an antiquated notion.

Prof. WHITE replied, that in a large proportion of cases he believed that it was unnecessary, but in primaparæ much could be done by an upward pressure, preventing the head from impinging too forcibly on the perineum. Challi, De Paul, and others, were right in supposing that the shoulders most frequently lacerated the perineum, after the head had passed through safely. He thought that in a large proportion of cases, too persistent pressure on the perineum was injudicious, but in some cases it had a good influence in making the dilatation more gradual.

Prof. ROCHESTER mentioned a case of labor which he attended when he was a student of medicine. The perineum was exceedingly rigid and unyielding, and Dr. R. supported it continually for about six hours. He was absolutely afraid that the head would be expelled through the rectum, but at last it was safely born, but when the shoulders emerged, the perineum

gave way. He had also seen another case of rupture from the passage of the shoulders.

Prof. HAMILTON inquired if a small laceration was not often made by the head, which was enlarged by the shoulders.

Dr. EASTMAN had a case of labor a few weeks since, in which he gave all the support to the perineum which was possible, and in which the perineum was ruptured by the shoulders. He had a case ten days ago where the head was born sometime before the shoulders, and he made careful examination after the head had emerged, and could discover no laceration; but after the birth of the child the perineum was lacerated.

Dr. FLINT, Jr., mentioned a case of injury to the fingers.*

Prof. HAMILTON presented specimens of what he said he should term "warts," or vegetations removed from the vulva of a female. They had been growing about four years, and covered a large part of the labia. Some of them were of great size. Dr. Hamilton had removed them by the knife and scissors, a few weeks before. As to their character or origin he was willing to say more than Ricord dare say of his Paris patients. He knew they were not of venereal origin. These warts Dr. Hamilton had seen growing in various parts of the body; upon the hands; upon the glans penis; about the anus; upon the vulva, &c. He had seen one instance in which they formed at the angles of the mouth in a child. But wherever they grow their character is essentially the same. They are examples of hypertrophy of the papillæ. No doubt, sometimes, there is something more than hypertrophy, the papillæ undergoing a morbid change of structure; they may, even, degenerate into malignancy. The form of these enlargements of the papillæ is sometimes leaf-like, the leaves being set upon the sides of each other like some species of cactus; at other times they are cylindrical, at others, Dr. H. has seen them like a mass of homœopathic pills.

Dr. Hamilton believes all warts, wherever or whenever, occurring, to be essentially the same, yet some are preceded by, or accompanied with venereal diseases, and some are not. How shall we distinguish them? Ricord says that venereal warts are sometimes contagious. This is true, but then the contagion produces not lues, not a chancre, but a wart. A wart existing on a gonorrhœal female, I have known also, to produce a similar wart upon a male. To assert, then, that the venereal wart is contagious, is only to declare what is equally true of all warts. They all may be, and generally are,

* This case is reported in another part of the Journal.

propagated by innoculation. What, then, constitutes the difference between venereal and other warts? Dr. Hamilton repeated that he believed there was no difference in their character, and yet surgeons said the venereal wart had a broader base, and he knew that such was generally the fact. He had at the college, a number of casts which he had himself obtained from different patients, some of which were venereal and some were not. But this fact does not imply of necessity a difference in the wart, so that one may be called "common," and one "specific," as writers have generally done. A boil occurring in a patient suffering under lues, or who has in him the syphilitic taint, will have a broader base; all sores or wounds even, under these circumstances, are slow in maturing, slow in healing, and prone to the deposit of fibrin and to induration. So, also, the base of the wart occurring in a venereal system is prone to the same expansions and indurations.

It will not follow that we can always make the diagnosis, since, occasionally, from various causes, the wart which occurs in a non-venereal system will have a broader base, but such a fact will found to be the exception and not the rule. This one, for example, has a very narrow pedicle.

In cutting them off we ought to remember that they are exceedingly vascular. If smaller they may be removed by a dry powder, and especially by a remedy much used of late, savine and sulphate of copper in powder.

Prof. WHITE remarked that the observations of Dr. Hamilton were new to him, and struck him with a great deal of force. One case which came under his observation, appeared to militate against his views. Two years since he had a patient who was entirely free from the venereal taint, with warty excrescences, which had existed for thirteen years. These had a *broad base.* The husband had never had venereal disease, and had never suffered from warts. Dr. White removed them at 11, A. M. At 1 or 2, there was hæmorrhage, and they tied some vessels, but it could not be arrested. He applied muriated tincture of iron, ice, snow, nitrate of silver, but could not succeed; at length he ceased his applications in despair, and separated the thighs, allowing the cold air access to the parts, when the hæmorrhage ceased. The same persistent oozing occurred to him in an amputation of the penis.

Prof. HAMILTON said that the rule which he had mentioned was of course not infallible, that warts might have a broad base and not necessarily be venereal.

Dr. NICHELL presented an interesting specimen of a calculus which he had removed from the urethra of a child.

Prof. WHITE reported a case of puerperal convulsions, which he saw at Lancaster. The patient was a primapara, æt. 24; she was delivered June 11th, after a moderately severe labor, of a female child. On the night of the 12th, she was attacked with convulsions, and had nine before noon on the 13th. Her urine was albuminous. She was bled to partial syncope in the semi-erect position, and purged with croton oil. The convulsions increased in severity and frequency, and on the arrival of Dr. White, she had two in the course of twenty-minutes. Pulse 150. Between the convulsions she was entirely comatose with immovable pupils. Dr. W. immediately administered chloroform, with the instantaneous effect of arresting the convulsions and producing sleep. The spasmodic movements ceased, and the pulse began to fall. The administration was continued for five hours, increased at times when she appeared to be restless. At that time the pulse had fallen to 100, and she was able to be aroused for the purpose of taking nourishment. Dr. White then left the patient, directing ¼ gr. of morphine every four hours, and the chloroform to be continued as before, for twelve hours, the patient being kept slightly under its influence, increasing it when she was restless. The urine was also drawn off at intervals of six hours. On the 14th she was much improved; the pulse was 80, and she was calm and quiet. On the 17th the husband called to say that she was convalescent.

Dr. White remarked that the preceding case illustrated the value of chloroform as a remedy in puerperal convulsions. Not that it is to supplant every other mode of treatment, but that it is all-important in connection with them. He did not wish to undervalue phlebotomy in certain cases, or the use of purgatives, especially croton oil; but he wished to insist upon the importance of chloroform. Puerperal convulsions are sui generis, not apoplectic or epileptic. They are almost always associated with albuminuria and dependent upon nervous irritation; this irritation is most effectually counteracted by chloroform; there is no objection to the judicious employment of the other measures which have been mentioned, and no objections to the use of anodynes, but chloroform is always necessary and all-important. Other remedies may be added; anodynes sometimes exert a very beneficial influence in lessening cerebral congestion or irritation.

Prof. ROCHESTER mentioned a case which was relieved by another mode of treatment; this, however, was not so manifestly a case of puerperal convulsions. The patient was in her third pregnancy. Five years ago she was attacked with hemiplegia, which still continued. During the second pregnancy, she was taken with coma and a convulsion in a store, and had a succession of them during the following day. A few days since he was sum-

moned in great haste to see her, in consultation with Dr. Gould, and learned that she had been taken with a sudden pain in the head and had fallen into a comatose condition; the pupils were insensible; pulse 150; great lividity; cold extremities and frothing at the mouth. She could not be aroused from her coma. There was some doubt as to the character of the attack, but on consultation it was determined to bleed, which was done freely, from a large orifice, and in the semi-erect posture. There was immediately a marked change for the better, and the next morning she was able to walk about. She has continued to improve.

Dr. Rochester does not feel absolutely certain as to the character of the seizure; he was disposed to give chloroform to relieve the convulsive twitchings which were present in the case, but was deterred in consideration of the organic disease of the brain which had existed so long.

Prof. WHITE thought that the case was not similar to the one he had described; that there was great doubt as to the precise character of the attack.

Dr. TREAT had recently seen a case of convulsive coma in a man who had been working for a length of time in the sun. This man recovered in a few hours by merely putting his head in cold water, and walking him about.

Dr. WILCOX moved that the report of the committee on "the presentation of medical accounts," which was read by Dr. Rochester, be published in some of the daily papers. Seconded and carried.

On motion, the Association then adjourned.

AUSTIN FLINT, JR., M. D.,
Secretary.

ART. IX.—*A Manual of Medical Diagnosis. Being an Analysis of the Signs and Symptoms of Disease.* By A. W. BARCLAY, M. D., Cantab, et Edin., Fellow of the Royal College of Physicians; Assistant Physician to St. George's Hospital, etc., etc. Philadelphia: BLANCHARD & LEA. 1858.

We have not the space to devote to a critical review of the work before us, the title of which indicates its scope and importance. Too much cannot be said of the importance of correct diagnosis, without which clinical observations are valueless. What, for example, is more satisfactory than the present state of our knowledge in regard to treatment of diseases of the chest, for the reason that we are enabled by means of physical exploration, to know with almost absolute certainty, the extent and nature of pathological changes in that region? This single example shows that both treatment and prog-

nosis are the more satisfactory in any class of diseases, as the means of diagnosis become more reliable. This truth is too evident to be discussed. If a book, then, will aid the student or practitioner a whit in the diagnosis of disease, it will always receive favor, at least from a certain class of the profession.

The scope of Dr. Barclay's work is so great, to be treated of in the space he has allowed himself, that we were prepared to find a few of the diagnostic signs of disease hastily and imperfectly considered. These omissions are fewer, however, than we could have anticipated, and on those subjects which are treated of more in detail, he advances sound and well established views. On the whole, we think it is a work well calculated to improve the element of diagnosis, in our study of disease, presenting many admirable suggestions which have naturally occurred to one of the attainments and large opportunities of Dr. Barclay.

The work has been republished in a neat octavo volume of 400 pages, in the elegant style which characterizes all the publications of Messrs. Blanchard & Lea.

ART. X.— *Report of Mortality in Buffalo for the Month of June*, 1858. By H. D. Garvin, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Accidental,				
Burning,	2	1	1	
Drowning,	10	9	1	
Albuminuria,	1		1	
Apoplexy,	2		2	
Atrophia,	1	1		
Bronchitis,	3	2	1	
Cancer of Breast,	1		1	
Child Birth,	1		1	
Cholera Infantum,	1	1		
Convulsions,	13	7	5	
Congestion,	1	1		
Congestion of Liver,	1		1	
Dropsy,	2	1	1	
Dysentery,	1		1	
Enteritis,	1	1		
Epilepsy,	1		1	
Fever, Typhoid,	4	2	1	
" Scarlet,	5	2	3	
" Puerperal,	1		1	

REGISTER OF MORTALITY—Continued.

DISEASES.	No.	Males.	Females.	No Sex given.
Heart Disease,	2	1	1	
Hæmorrhage,	2		2	
Hydrocephalus,	6	3	3	
Inanition,	2	1	1	
Insanity,	1		1	
Marasmus,	3	2	1	
Meningitis,	1	1		
Old Age,	3	2	1	
Paralysis,	3	1	2	
Phthisis,	23	14	9	
Pleurisy,	1		1	
Pneumonia,	2	1	1	
Pulmonary Apoplexy,	1		1	
Puerperal Convulsions,	1		1	
Peritonitis,	1		1	
Still Born,	6	4	2	
Sun Stroke,	2	2		
Syphilitic-Tertiary,	1		1	
Tabes Mesenterica,	1	1		
Unknown,	1	1		
Total,	126			

SEXES.

Males,	71
Females,	55
Sex not given,	0
Total,	126

AGES.

Still-born,	6	Between 20 years and 30 years,	14
1 day,	2	" 30 " " 40 "	12
1 day and 30 days,	6	" 40 " " 50 "	11
Between 1 month and 6 months,	15	" 50 " " 60 "	8
" 6 months and 12 "	6	" 60 " " 70 "	1
" 1 year " 3 years,	17	" 70 " " 80 "	3
" 3 " " 5 "	3	" 80 " " 90 "	3
" 5 " " 10 "	6	" 90 " " 100 "	0
" 10 " " 20 "	7	" 100 "	0
	68		22
Ages not given,	6		126
Total,	126		

NATIVITIES.

American,	78	Prussian,	0
German,	19	Italian,	0
Irish,	20	French,	2
English,	2	Scotch,	2
Canadian,	0	Isle of Man,	1
Holland,	0	Country not given,	2
Total,			126

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Evidence afforded by the Microscope in a Case of Rape. By A. F. Sawyer, M. D., San Francisco, California.

Last November, I was called to see a child of Mr. H., a little girl about five years of age, on account of suspected violence against her person. After the occurrence, the child came into the house looking very pallid, and complained to her mother of being sick, whilst her clothing was observed to be disordered and stained with blood.

On examination, the inside of the thighs, and the legs of the drawers, were found to be much marked with blood, and evidently some attempt had been made to remove the blood on the thighs by wiping. The external parts of the child were bruised and tumefied. The hymen had lost its natural pale color, and appeared highly congested. Its aperture was about the size of a crow-quill. There was no appearance of laceration in it, or in the surrounding textures. There was also a constant dribbling of urine during our examination.

All her clothing, consisting of Canton flannel drawers, a faded yellow petticoat, and a light outside frock, I caused to be sent to my office. I transferred, also, the little particles of dirt, noticed about her privates, especially in the folds of the integument, to a piece of fresh white paper, and afterward sponged them with a clean rag, and removed the piece of the sheet which had been moistened by the escape of the urine; all of which I preserved for future inquiry. I then visited the privy, where it was supposed the outrage had been committed. There was about half an ounce of fluid blood on the stool of the privy, and on the floor was a piece of newspaper smeared with blood, which had evidently been used for the purpose of wiping.

My attention was afterward directed to an examination of the party suspected of the crime, and who had been arrested in the afternoon of the same day. He wore, at the time of his arrest, an outer red flannel shirt, considerably soiled, covering a bluish-gray woolen shirt, which exhibited three or four small stains in front resembling blood; and a pair of drab colored woolen pants with two or three small suspicious-looking spots along the opening in front. His clothing was also sent to my office for subsequent examination.

From the considerable amount of hæmorrhage that had been noticed at the privy, and from the absence of distinct laceration of the hymen of the

child, I thought it quite probable that the external parts of the accused would exhibit tearing—perhaps of the frænum—to account for the large amount of blood lost; and which, had it existed, would have supplied important evidence of his guilt. This was not the case, however. His yard was perfectly clean, without trace of blood, and bearing no marks of laceration or other injury.

By a microscopical examination of the spots on his clothing already referred to, those on the red shirt, more marked about the wrists, were found to have been caused by blood, as also the smaller stains on the gray shirt; and blood globules were distinctly visible in the field of the microscope, where a selection had been made from one of the stains of the pants that bore indications of attempts having been made to remove it by scraping or otherwise.

On examination of the piece of sheet which the child had wet, an abundance of blood globules was found, mixed with the cell-growth characteristic of semen. The rag used to bathe the privates of the child, exhibited the same appearances. The most important proofs were, however, detected in the microscopical examination of the particles of dirt that had been transferred to the piece of paper. In this was found, besides an abundance of blood globules and sperm cells, *fibres of wool mixed together, of distinct color, some of them being of a bright red, and others of a dirty indigo color, corresponding exactly with the wool fibres of the two shirts which the accused party wore at the time of his arrest.* The contrast of the colors was more marked with the reflected light of a candle, although perfectly distinct when observed by sunlight. After repeating these examinations, to remove every source of fallacy, the flannel petticoat of the child was examined, and its fibres preserved the characteristic color of the texture—a light yellow. This garment had lost its brightness of color by use.

The presence of sperm cells about the person of the child, clearly illustrated the cause of her injuries, and the detection of the wool-fibres from the same source was sufficient evidence to connect the party arrested with the commission of the crime. If the red fibres, or the indigo-colored fibres alone had been discovered, there might have been a wide margin for doubt; but the complete identification of the texture of both shirts afforded the strongest presumptive proof of the guilt of the prisoner, especially when taken in connection with the stains of blood detected on his clothing.

The large amount of blood which the child lost, withou any apparent laceration of the genital apparatus, is remarkable. It is clear to our mind that it came principally from the hymen by the force of pressure, and most probably as a hæmorrhagic exudation similar to what is known to occur with other textures of the human body. It is to be borne in mind that the child was found in a weak and fainting condition. Notwithstanding the external bruises, sufficient force had been applied to create incontinence of urine. We had, also, the presence of blood globules in the urine which washed her parts as it escaped from her, and an examination of the urethra by a probe failed to detect any injury to this canal. The insides of the thighs were stained with blood, and apart from the known vascularity of the hymen, it was in a highly congested state at the period of our examination. There is no doubt that the hæmorrhage came from the child; and if from the child, in all probability from the hymen.

Otherwise, the principal testimony in the case rested with the child, and although given by a person of an age that would scarcely warrant its credi

bility, seems to be entitled to some authority from its consistency. Besides conducting the police to the privy where the outrage was perpetrated, she selected the prisoner, after his arrest, as the guilty party, from a number of others who had purposely dressed themselves similarly to deceive her; and the same identification took place in the court room during the trial, when the prisoner was presented in citizen's dress.

The remaining testimony was but meagre. For some days previously, the prisoner had been playing with the child, who had received from him little presents of fruit, &c. No evidence existed to show that the prisoner had been seen in company with the child on the day this attempt at rape had been committed.

The defence asserted an alibi, which could not be sustained, and the jury found a verdict of guilty without leaving their seats.—*Boston Medical and Surgical Journal.*

A Case of Catalepsy. By Dr. G. BUCHANAN.

This case presents no new facts in elucidation of pathology or treatment, but it affords a well-marked example of a very rare affection.

"On the 28th of May, 1856, I was suddenly called to visit Mr. X——. Proceeding immediately to the house, I found his mother, a widow lady, in great distress. She said, 'My son is very ill; look at him, there he is,' pointing to a bed-room door. Having had no information as to the nature of the case, I was struck with surprise at what met my view. Standing in the door-way of the room indicated was a young man about thirty years of age, stout and well made. He had stripped himself of coat, waistcoat, necktie, and boots; and in that state he was planted with his feet slightly apart and holding the door handle with one hand. Going up close to him, I asked what was the matter, but he paid no attention to what I said, nor answered a word. I now perceived that he was in a strange state. His eyes were wide open, staring straight forward, wholly devoid of expression, motionless, and with the pupils dilated. On taking hold of his arm, I found it was cold and hard as marble, and on asking him to move and trying to take his hand, I found the muscles firm as iron, and clenched tight as in cadaveric rigidity. I felt every part of his body, the muscles of his legs, abdomen, neck, and arms, all were equally fixed, tight, hard, and cold. His face was pale and cold, the lips livid, the jaws fixed; perspiration was visible in drops on his forehead. The pulse was 80, of fair strength, but was apparently soft; this, however, I presently found was fallacious, the apparent softness being caused by the tension of the tendons of the supinator longus and flexor carpi radialis muscles, which bore off the fingers from pressing on the artery. The breathing was subdued, but regular, and was occasionally accompanied with slight stertor, being performed entirely through the nose.

"Being utterly astonished at such a strange appearance, I tried to disengage his hand, with the view of leading him to his bed, which was not far off. With the greatest exertion I succeeded in unclasping it from the door-handle, which I had no sooner done, than with the other he seized the door-post, and with the one now released, grasped my own. It closed on mine

with the force of a vice, and the spasmodic clutch made me wince with pain, but by no effort could I release it. I remained writhing in the gripe of a marble statue, insensible alike of his own state and mine. At last, by use of great force, I got clear, and stood aside a little to recover my breath. When I had arrived at the house, I learned that Mr. R. Connell, surgeon, had been sent for at the first, and had seen the patient; and while I was engaged in the personal struggle above detailed, Mr. Connell was sent for. On his arrival we again examined the patient together, and leaving him standing in his statue condition, retired to consider the nature of the case. The prominent symptom was fixation of the muscles, and every medical man at that time having his attention turned to the trial of Palmer, it is not strange that the idea of strychnine poisoning should have suggested itself to both of us. We, therefore, a second time scrutinized all the symptoms, and as I was at that time engaged in assisting at some experiments on the effects of strychnine on inferior animals, we had little difficulty in coming to the conclusion that the idea first entertained was inadmissible. The attack was evidently of a cataleptic nature. Our first object was to get the patient into the recumbent posture, and for that purpose had a sofa prepared in another room, preferring it to a bed on account of the freer access of air. We now tried to lead the cataleptic into the other other room, but he was planted so firmly that we could scarcely move him. Disengaging his hand from the door-post, we pulled him forward, when he fell over perfectly rigid like a pillar. We pulled him along in this state, but had to place him on his feet again for fear of hurting his toes, which were catching on the carpet. We then tried to carry him, but on getting him nearly level, the knees bent and he slipped from our hands, again assuming the erect posture. After awhile the hands began to twitch a little, and on pulling him, we now got him forward a few steps, soon, however, becoming rigid again. By dint of pushing and pulling, we got him conveyed to the sofa, on which we had little difficulty in laying him. Warmth was immediately applied to his feet and over the stomach, and cold to the head by means of wet towels. In a short time the hardness of the limbs wore off, his face became warm, he became relaxed in all his muscles, and could swallow a few spoonfuls of water. There seemed to be no indication for special treatment, and we left shortly after, with orders to continue application, and give a cup of tea when he appeared able to swallow it.

"Two hours after, in company with Mr. Connell, I again visited him. All symptoms of rigidity had passed off; he was lying perfectly easy on the sofa breathing naturally, his face a little flushed, and perspiring. He spoke sensibly, and said he was pretty well, but felt tired and sore, evidently from the violence we were under the necessity of using to get him to move on our former visit. He assured us he had never had any fit of the kind before, and the only reason he could assign as cause for the present one was, that he had been very much fatigued that day in removing from another house, and had taken almost no food. When Mr. Connell saw him about an hour before my arrival, he found him standing in his bed-room in the half undressed state, with a strange wild look, and the appearance of being tipsy. We found, however, that he had taken no spirits that day, and was not in the habit of indulging. He could answer questions, but was very excitable and obstinate. He was induced to lie down, and had an opiate administered. He told us afterwards that, feeling uncomfortable in bed, he

had arisen to undress, when the attack came on and fixed him in the position in which I found him.

"On visiting him next morning, he seemed quite well. He had slept, and taken breakfast with relish. He was advised to remain at home that day, and take some purgative medicine. The day after he was well, and at his usual avocations.

"On the 22d April, 1857, I was again summoned in haste to see Mr. X. On entering the house, I found him in nearly exactly the same state as on the former occasion. Mr. Connell had again been called in in the emergency, and I found that gentleman supporting the patient, who was standing, stripped of coat and boots, and with one hand clutching at the gas bracket, and by the weight of his body had partially twisted it from its place. The symptoms were precisely those of the former attack, and a description of one will serve for both. What rivited our attention most on both occasions, was the fixed and unchanging attitude, the perfect hardness of the muscles, the pallor of the countenance, the glaring and wild expression of the eyes, and the icy coldness of the skin. Altogether, it would be difficult to conceive a more appalling spectacle. Having seen him during the previous attack, Mr. Connell and I at once knew how to proceed, and using force more promptly than before, we soon had him prostrate on the sofa, although not without considerable exertion. We had most difficulty in getting him into the horizontal posture, for by the time we had dragged him to the sofa, the rigidity had partly gone off, and he was partially conscious. He, however, struggled violently against us, not in the way of attack, but of resisting all our efforts to make him lie down. Mr. Connell, therefore, grappled with him, while I seized his feet, and by a rapid jerk both were precipitated. A little exertion freed Mr. Connell from his grasp, and he then lay quiet and stiff. The same means used as on the former occasion—warmth to the feet and stomach, and cold to the head—were soon followed by entire relaxation, and when we returned in two hours, we found him sensible and able to swallow a cup of tea, but strangely excitable and ill at ease. Next morning all evidence of the seizure had passed off.

"In the present instance, searching for some cause of the fit, I learned that the patient is subject to slight bilious attacks, that at this time his digestive organs were somewhat out of order, and that, meeting an old friend, he had accompanied him to the theatre, where he remained till a late hour; that during the day he had been in a restless state, and being unable to take a proper quantity of food, was much worn out in the evening, just before he was seized. The circumstances were not very dissimilar from those in which he was attacked on the previous occasion, the exciting cause in both being excitement, fatigue, and want of food. On questioning him as to his feelings during the attack, he said that he saw us, and although he did not remember all that passed, he knew quite well that we wished him to lie down, but that he had no control over his limbs, and had no power to assist, and was unconscious of resisting our efforts. As to his state during the day, he felt tired and excitable, and being quite worn out when he came home, he had resolved to go to bed for a rest, and was in the act of undressing, when he suddenly lost the power of his limbs, and would have fallen, he thinks, if he had not caught hold of the gas pipe, and in that position he stiffened, and was unable to move from it.

"I have had opportunities of seeing this gentleman in his ordinary state

of health during the interval of the attacks, and since the last one. He is of a nervous and excitable temperament, and has quite the appearance that one would expect in the subject of some nervous affection.

"Mr. Connell informs me that he has been called to see him on two other occasions, viz: the 3d of July, 1856, and the 10th of May, 1857. On both of these dates he found him in a very restless and troublesome state, very stubborn, and partially insensible, but with no spasmodic or cataleptic seizure. They both occurred after a day of unusual fatigue. This state passed off without any treatment except rest, quiet, and an opiate."—*Glasgow Medical Journal*, from *Ranking's Abstract of Med. Sciences.*

Palpitation of the Heart.—In one of the meetings of the Physico-medical Society at Würzburk, (vide *Würzburger Verhandlungen*, VIII, 2, 1857—*Medic. Neuigk.*,) Prof. Kölliker communicated that he had found a remedy to relieve in certain cases morbid palpitation of the heart. Reasoning from the experimentally established influence of the severe and constantly-returning palpitation, to relieve it by deep inspirations and subsequent holding of the breath. The advice was followed by good effect, a few deep respirations and moderate holding of the breath sufficing to arrest the palpitation for one or two days. Prof. Bamberger remarked that the expansion of the lungs, causing them to overlap the heart more fully, might render the palpitation only less perceptible, without actually arresting it. To this Kölliker replied, that it was improbable, because after a few deep inspirations palpitation had ceased, which otherwise had lasted for hours.—*Medical and Surgical Reporter.*

M. Chas. Robin.—The cultivators of histology and microscopy will be happy to hear that modern researches respecting the intimate nature of normal tissue and pathological products have now, at the Academy of Medicine, for the first time, a representative, in the person of M. Charles Robin, the well-known author of works bearing upon the study of tissue and of the secrets revealed by the microscope. The new academician was elected on the 11th instant, by forty votes, his principal opponent, M. Ménière, obtaining twenty out of the 74 votes which were polled.—*Lancet, May* 22, 1858.

EDITORIAL DEPARTMENT.

Pathology of the Supra-Renal Capsules.—The great interest which the paper of Dr. Addison excited in the profession, and the light which it apparently threw upon an obscure disease, (bronzed skin,) and the function of the supra-renal capsules, induced us to make an analysis of an admirable paper by Dr. Harley, which appeared in the British and Foreign Medico-Chirurgical Review. This analysis appeared in our March number, and we then promised to conclude it, when the second part of Dr. Harley's paper appeared. The first part of this paper was devoted to experimental researches on the function of the supra-renal capsules, and the effect, upon the lower animals, of their extirpation. The second part which appeared in the April number of the British and Foreign, discusses the pathology of these bodies.

Before the publication of Dr. Addison's monograph, little was known or thought about the functions of the supra-renal capsules; they were thought to be organs which exercised their function most actively, if not entirely, during fœtal life; and as a natural consequence of the obscurity of their physiology, almost nothing was known of their pathology. Dr. Addison, however, seemed to establish an invariable connection between a discoloration of the integument, known as bronzed skin, and degeneration of these organs; but subsequent investigations, and especially the observations of Harley, have placed this matter again *sub judice.*

In the discussion of this question, there are two important points to be ascertained: Firstly, "Is supra-renal capsular disease invariably accompanied by bronzed skin? and, secondly, Is bronzed skin always associated with disease of these organs?"

Every one will see, that in order to establish an undoubted connection between disease of these bodies and bronzed skin, both these questions must be answered in the affirmative; and at the time when Addison published his monograph, there were a number of cases which seemed to establish

these facts, and some which tended to disprove them. Now, however, the case is different; and in reply to the first question, Dr. Harley cites twelve examples of extensive disease of the supra-renal capsules without discoloration of the skin:

"Professor Friedriech relates a case of extensive amyloid degeneration of the supra-renal capsules, without a trace of bronzing of the skin. He says that the organs were of normal size, but unusually hard. On being cut into, the brown cortical pigment zone was found entirely absent. On microscopical examination, this part of the organ was seen to be full of fat granules. The medullary substance was even in a still more advanced stage of degeneration; the greater part of the cells being transformed into homogeneous glittering masses — a fact, as the author remarks, of particular importance in connection with the absence of any discoloration of the skin.

"Professor Friedriech in the same paper, mentions still another case, in which the supra-renal capsules were found of twice their hormal size, and extensively affected with amyloid degeneration. The microscopical characters were similar to those mentioned as occurring in the other specimens, and yet there was no discoloration of the skin."

These cases we have copied in full, as being perfect and complete in every particular; the capsule being examined with the scalpel and microscope, and by one whose authority cannot be disputed. Dr. Harley mentions ten other cases of a similar character; one communicated to the Bath and Bristol Association, by Dr. Davis; several by Prof. Vinchow; and cases reported by Drs. Peacock, Bristowe, John Ogle, Rokitanski, and Prof. Martini, of Naples. Dr. Harley mentions a case which he examined himself, the patient having died at the Middlesex Hospital and the capsules being forwarded to him by Dr. Van der Byl.

"The capsules at first sight appeared healthy. On being cut into, however, the sinuses of the medullary part were found all united into one, so as to form a tolerably large cavity, which contained a dark grumous looking fluid. On examining this fluid with the microscope, it was seen to contain a number of blood corpuscles, pigment granules, oil globules, and broken up nucleated cells,—most probably part of the *debris* from the medullary substance, which was found no longer to possess its normal histological structure. The cortical portion of the capsules was of a dingy yellow color, soft, and exceedingly friable; so much so, that on attempting to make a thin section of it with a knife, it crumbled away before the cutting edge. On placing a small portion under the microscope, there was neither the slightest trace of loculi or fibrous matrix visible; nothing but a confused mass of cells, granules, and fatty matter could be detected. In fact, it was almost entirely composed of fat globules and granules."

From notes of this case which Dr. Harley obtained from Dr. Van der Byl,

it was shown that the patient was of an extremely scrofulous habit, and presented fatty degeneration of the heart, liver and spleen; there was no discoloration of the skin.

One cannot fail to agree with Dr. Harley, after a perusal of the preceding cases, that the question, "Is disease of the supra-renal capsules invariably accompanied by bronzed skin?" is emphatically answered in the negative. In pursuing the subject, then, the second question presents itself, *i. e.*, "Is bronzed skin always associated with disease of the supra-renal capsules?"

We have seen, by one of the preceding cases, that in the investigations bearing upon this point, the organs must be carefully examined, and examined microscopically; as in the case which was examined by Dr. Harley himself, in which there was extensive disease. "The capsules at first sight appeared healthy," and this is the case in many other instances which have been quoted. In examining the cases of bronzed skin which are mentioned in this article, we find that they are generally accompanied by headache, nausea, constipation, either constant, or alternating with diarrhœa, and frequently, great derangement of the digestive system; it is by no means uncommon for the patients to be affected with phthisis or some other serious disease. This is a general view of the functional derangements which accompany the disease, which is sometimes named, after its discoverer, Addison's disease. There are other cases of discoloration of portions of the integument which occur without general derangement, and which will be referred to hereafter. We quote a case of bronzed skin without disease of the capsules, reported by Dr. Fricke:

"Dr. Fricke has published a case of an Irishman, aged twenty-five, who, in the latter part of 1856, complained of debility, nausea, headache, and constipation. A month afterwards, this man was attacked with jaundice, from which he gradually recovered. Last January (1857) it was noticed that he had a bronzing of the skin. It gradually became more decided. On the 29th of April last, the man died, and on post-mortem examination his supra-renal capsules were found of the normal size, hue, and consistence, presenting no alteration whatever. There was very marked cirrhosis of the liver."

M. Puech also communicated an analogous case to the French Academy, April 6th, 1857. It was a well marked instance of bronzed skin, which had existed for nearly two years, and on post-mortem examination, no change whatever in the capsules was revealed by the most minute examination. Cases have been reported by Profs. Simpson, Vrichow, Dr. Suton, Dr. Alexander Simpson, Mr. May, and Mr. Hutchinson, of well marked bronzed skin and *no disease of the supra-renal capsules.*

The second question then has been satisfactorily answered. Bronzed skin is not always associated with supra-renal capsular disease. That bronzing of the skin is not the result of a particular disease, or class of diseases affecting the supra-renal bodies, is abundantly shown by the experience of Dr. Addison himself, who has found it to be associated with cancer, tubercle, and a variety of other diseased conditions of the capsule. Bronzing of the skin is not due to a suppression of the function of the supra-renal capsules, as is shown by the cases in which they were absent, or absolutely destroyed, and not followed by discoloration of the skin.

Thus far, Dr. Harley has undoubted proved that the cause of bronzed skin is not invariably a disease of the supra-renal capsules, and now the question naturally follows, WHAT IS THE CAUSE OF BRONZED SKIN?

To this question it is as yet difficult to reply. We shall not follow closely through the remainder of the article. It is occupied by a discussion of the tints of complexion which are peculiar to different races of men, which are changed by the influence of the sun's rays, which we know to be a powerful stimulant to the formation of pigment, and the varied colors of some animals, as the chamelion, the different colors of the fur of animals and the plumage of birds at different seasons of the year. All these are extremely curious and interesting, and in the latter instances difficult to explain, but they throw no light upon the subject under consideration. There are, also, very curious cases on record, where extensive discoloration of the skin has attended gestation, and disappeared some months after delivery. Some cases of discolored skin are classed among the cutaneous diseases, as the melanopathia syphilitica, chloasma, or maculæ hepaticæ. It is sufficiently well known "that partial or even general discoloration of the skin occurs under such a variety of circumstances that it can scarcely be regarded as depending upon any one particular form of disease."

Dr. Harley has examined with the microscope, specimens of bronzed skin taken from a patient whose supra-renal capsules were diseased, and found that it presented the same appearance as the skin of the negro. He also examined bronzed skin taken from a patient with healthy supra-renal capsules with the same result. He is unable to detect any difference between the skin of a sunburnt or freckled person, or that of a patient affected with Addison's disease, except in as far as the quantity of the pigment is concerned.

From the facts of which we have given a sketch in the preceding pages, the author draws the following conclusions:

"Firstly, That bronzed skin may exist without the supra-renal capsules being diseased. Secondly, That complete degeneration or total absence of the supra-renal capsules may occur without any bronzing of the skin. Thirdly, That bronzed skin may be associated with a variety of different morbid conditions of the system, among which a prominent one is disease of the supra-renal capsules. Fourthly, That bronzed skin may be present without any derangement of the other functions of the body being observed. The treatment of the affection must consequently be varied accordingly.

"Upon the anatomical and physiological grounds previously stated, I look upon the symptoms of anæmia, languor, debility, feebleness of the heart's action, and irritability of the stomach, not as the result of the suppression of the function of the supra-renal capsules, but rather as being occasioned either by a diseased state of the solar plexus, *per se*, or by an irritation of the ganglionic system of nerves, caused by the close proximity and intimate connection of diseased supra-renal capsules.

"The investigation is still far from being completed, and as I am not wedded to any hypothesis, if new facts are discovered which show the subject in a different light, I shall not hesitate to mould my views accordingly."

We have made the preceding analysis, under the conviction that these papers take the most rational view of the subject, of any that have been published. These views are in direct opposition to those advanced by E. Brown-Séquard and M. Martin-Magron, but we think that most of them are endorsed by MM. Gratiolet and Philipeaux. Séquard has made experiments intended to demonstrate that the supra-renal capsules are essential to life, and he offers as proof, that animals which have been deprived of these bodies by himself, have died in a few hours. In opposition to this, Dr. Harley states that he has removed the supra-renal capsules from white mice, and they have survived for months with good health. In answer to this, Brown-Séquard makes the unfounded assertion, which is only called out by this particular fact, that in albinos, the capsules have no function. But this is of disposed by the fact that colored animals have also survived removal of the supra-renal capsules.

We fear that we must still confess ourselves in the dark as regards the function of the supra-renal capsules, and that the invariable connection which Addison seemed to demonstrate between disease of these organs and discoloration of the skin, cannot be sustained.

Erratum.—In a report by Dr. Lemon, presented to the Buffalo Medical Association, page 111 of the July number, for "the child remained in this position over *fifteen minutes*, read, "the child remained in this position over *five minutes*."

Buffalo General Hospital.—A knowledge of the futile efforts which have been made to organize an institution of this kind, would give some idea of the work which has been accomplished, now that the "Buffalo General Hospital" is prepared to receive patients. These efforts are tradition to us, but the most prominent men in the profession have labored, and labored in vain until now, for the establishment of such an institution. In the early history of Buffalo, we believe about twenty years ago, land was donated for the purpose of establishing a hospital. This, however, was a failure. In 1847 the necessity of a hospital was too evident to admit of farther delay, and one was organized under a special charter. This met with the most violent opposition from some members of the profession, and an appropriation which was nearly obtained from the State, was lost. The next year, however, the Buffalo Hospital of the Sisters of Charity went into operation. This has gradually been enlarged until it has reached three times its original dimensions, and another addition is now being made. The Charity Hospital was of immense benefit to the city and to the profession. It is situated in the rear of the Buffalo Medical College, and affords ample opportunities for clinical instruction. These facilities, which have been taken advantage of by the faculty of the college, have placed that institution on a par with the colleges of the larger cities, and given it a position which it could never have attained without the advantages of bed-side instruction.

These facilities for the care of the sick, answered the purpose perfectly for a time; but the rapid growth of the city, the immense business which is yearly transacted on its wharves, canals, and railroads, made another hospital necessary. Appreciating this necessity, another attempt was made in 1854. Millard Fillmore was at the head of the head of the board of trustees, which consisted of fifty members. It was thought unadvisable to commence operations, however, without a capital of $100,000 to begin with, and as it was impossible to raise this amount, the project was abandoned.

This brief account will give some idea of the immense difficulty of starting an institution of this kind; but the friends of the hospital, in spite of the discouragement which they had suffered on all sides, and opposition where they could least have expected it, made the effort, the success of which we are proud as a citizen and a member of the profession of Buffalo, to chronicle. Justly believing that the board of trustees in the former instances had been unwieldly from the number of its members, they selected nine men, whose well-known activity and public spirit pointed them out as men who could carry the project through if they would, and being assured personally

of their interest in the matter, appointed them trustees of the Buffalo General Hospital. On the twenty-first of November, 1855, the association was formed, a certificate of which was filed in the office of the Secretary of State, Dec. 12th, 1855, and in the clerk's office of Erie County, Dec. 13th, 1855. Subscriptions were immediately solicited, and in the winter of 1857, the hospital received an appropriation from the State of $10,000. The sum subscribed by our citizens amounted to $20,000.

The board of trustees have done a great work, and the magnificent building which they have commenced, will be a lasting monument to their industry and public spirit. There is yet another reward: the reflection that thousands of poor sufferers will be relieved in this institution, and will here find friends, perhaps in a strange land, will be a sufficient reward to those whose impulses prompted them to engage in this benevolent enterprise.

The building is situated on High street, with a front of 361 feet; a front of 450 feet on Goodrich street, and a depth of 282 feet. The situation is decidedly the finest in the city, having a most commanding view of the lake, the river and the surrounding country, and cooled in the warmest days of summer, by a delightful lake breeze. The west wing of the building has been completed, and is now ready for the reception of patients. It has four large and airy wards, which are much higher than usual, and private rooms, which are all ventilated by an ingenious and effective contrivance. Particular attention was properly paid to this important feature of the building. This wing is capable of accommodating upwards of one hundred patients, and the original design makes the part erected, one-third of the entire building which, when completed, will have a spacious amphitheatre, capable of holding two hundred persons, a room for a library and museum, and every convenience that could be desired. Arrangements have been made for the collection of a pathological museum, and for clinical instruction, and it is designed to extend charity, limited of course by the funds of the association, to all indigent persons requiring medical and surgical relief, irrespective of nation, race or religious creed. The nine men who have accomplished this great undertaking, are Charles E. Clarke, president of the board of trustees, Andrew J. Rich, vice-president, William Wardwell, secretary and treasurer, and George S. Hazard, Bronson A. Rumsey, Roswell L. Burrows, Stephen C. Howell, and Henry Martin. The trustees appointed the following gentlemen as the medical officers of the hospital for one year, dating from the 1st of July 1858:

Attending Physicians, Drs. Jas. M. Newman, Thos. F. Rochester, Cornelius C. Wyckoff.

Consulting Physicians, Drs. James P. White, Geo. N. Burwell, P. H. Strong.

Attending Surgeons, Drs. Chas. H. Wilcox, Sandford Eastman, Austin Flint, Jr.

Consulting Surgeons, Drs. Frank H. Hamilton, C. C. F. Gay, John Root.

The hospital was dedicated on the 26th of June, with interesting and appropriate ceremonies. A large number of prominent citizens were present on the occasion, demonstrating their great interest in the enterprise. The dedicatory poem was written for the occasion by one of our most talented and accomplished ladies, and was one of the most beautiful and appropriate efforts of the kind we have ever heard. The address was delivered by the Hon. James O. Putnam, and was listened to with marked attention. We quote the closing remarks, which contain a flattering tribute to the profession of this city:

"And in this connection it will not be deemed indelicate or invidious to say, that if this hospital, under your patronage, shall grow to its proposed dimensions, and as your city progresses in population, be filled with the diseased and disabled poor, it can never outgrow either the science or the self-sacrificing charity of the medical profession of Buffalo. I think I know something of the spirit which pervades that profession, and I feel that I can say, while they expect, and are entitled to, adequate compensation for services rendered those able to reward them, its heart, its hand, its science, are ever ready to answer the calls of the suffering poor.

"Citizens of Buffalo, the offering we this day dedicate, is yours to cherish and to place upon an enduring basis. It is one of the noblest that can be brought into the Temple of Humanity. That Temple is wide as the heavens, and receives within its portals every child of affliction and sorrow. That Charity which came to earth an angel-attendant upon the babe of Bethlehem, knows no distinction of caste, complexion, or nationality. She asks not at what altar the sufferer worships, and before she relieves, does not stop to inquire whether he even be a worshiper at all. And if she chance to find him without a faith and without a God, poor in soul as he is wretched in body, she delights, so far as comports with delicacy and propriety, in the double office of ministering to his temporal necessities, while with gentle guidance she points the wanderer 'to brighter worlds, and leads the way.' I seem to hear a voice coming up through the vale of the centuries, clear and resonant, 'GO AND DO THOU LIKEWISE.'"

Obituary Notice.—We are again called upon to notice the death of eminent professional men. Dr. Snow, who was so favorably known in connection with the use of anæsthetics, has lately died. We also learn of the death of Baron Boyer, the eminent surgeon of the Hotel Dieu of Paris.

The Mineral Waters of St. Catherines, Canada West.—There is a class of invalids to whom change of air and scene are absolutely necessary, and especially, removal from the cares of active life. Of all cares which oppress them, the cares of a family and a home are the most onerous when the mind is brooding over any real or fancied illness. Our female patients are especially susceptible to these influences, particularly those who are the subjects of uterine disease. To give relief to such sufferers, as well as to furnish a pleasant place of resort for those who are not afflicted, we have innumerable watering places, the very name of which is suggestive of the peculiar mode of life which is enjoyed by the *sardine* in his comparatively commodious tin case. This presents a fearful prospect to the meek *pater familias* who may have the temerity to suggest that an individual weighing two hundred pounds requires a certain quantity of space and a good proportion of oxygen, in order to sustain life through the eight hours which are allotted to sleep, and also that as "continual dropping wears away stone," so the persistent efforts of the active mosquito and the more stealthily, though not less terrible, *Acanthia Lectularia* (*Anglais, bed-bug*) will have an appreciable effect upon the above mentioned two hundred pounds. In spite of all these terrors, crowds of people yearly spend their summers at watering places, where they "suffer and are strong," that is, stronger than they would be at home.

This is decidedly the dark side of the picture, and physicians have always been disposed to attribute any benefit which is derived from a visit to a medicinal spring, to freedom from care, change of scene, air, etc., and not to the virtues of the water. There are, in Europe, however, waters which are acknowledged by the highest authorities to possess decided medicinal qualities, and whose curative powers in certain diseases, are beyond question. An analysis of the St. Catherines' waters, with remarks on their curative qualities, appeared in the January number of the New York Journal of Medicine, and a similar article was published in the number of the Buffalo Medical Journal for Sept., 1856, showing a great similarity between this spring and the European spas which enjoy such a wide-spread reputation.

We copy the qualitative analysis by Dr. Mack, and the quantitative analysis by Prof. Henry Croft, of Toronto.

Qualitative Analysis. Taste intensely saline, giving the smell of sea-water. Neutral to test paper. Sp. gr., 1036. Temp. 60°; temp. of air 67° Fahr.

Results of Analysis.

Chloride of Sodium.
" " Calcium.
" " Magnesium.
" " Soda.
Iodide of Magnesium.
Bromide of Magnesium.
Carbonic Acid.
Alumina.
Silica.
Organic Matter.

QUANTITATIVE ANALYSIS OF PROF. HENRY CROFT.

	In 1.000	In Pint, 7,680 gr.
Sulphate of Lime,	2.1923	16.8368
Chloride of Calcium,	14.8544	115.0818
" " Magnesium,	3.3977	26.0944
Iodide of Magnesium,	0.0042	0.0322
Bromide of Magnesium,	a trace.	
Chloride of Potassium,	0.3555	2.7302
" " Sodium,	29.8034	228.8901
		388.6655
" " Ammonium, } Silicic Acid, }	a trace. 50.6075	
Loss,	1.0670	
	51.6745	

The following is an analysis of the mother water by Prof. CHILTON, of New York. Sp. gr. at 60° Fahr. Quantity examined, one pint.

	Grains.
Chloride of Calcium,	2,950.40
" " Magnesium,	1,289.76
" " Sodium,	781.36
Proto-chloride of Iron,	13.76
Sulphate of Lime,	16.32
Carb. of Lime and Magnesia,	2.08
Iodide of Magnesium,	2.11
Bromide of Magnesium,	2.01
Silica and Alumina,	2.47
Total grains,	5,060.27

It is unnecessary to give the analysis of the Kruznach mother water or other springs, as given by Dr. Mack in his article in the New York Journal; it is sufficient to say that in the most important particulars, the St. Catherines water resembles closely these celebrated springs, which have been recommended by men of no less eminence than Prof. Locock, and Simpson of Edinburgh, and the highest authorities in Paris. In looking at the analysis of Prof. Croft, we cannot but be struck with the pains which nature has taken in making up her alterative prescription. It is composed of the same ingredients as those which are now embodied in the prescription of the enlightened practitioner. The iodides, bromides, and chlorides, are now established as the most reliable remedies in the diseases which are so much benefited by these waters, and nature certainly can here claim priority over science, as it has furnished for thousands of years, what science has only just discovered.

Dr. Mack very properly remarks that it is necessary to take the baths and drink the water in an intelligent manner, and to associate with it a suitable regimen and course of exercise. The diseases, also, to which such treatment is applicable will suggest themselves to every physician. Among the first, we place the gouty and rheumatic diathesis. We had an opportunity of witnessing the good effects of the waters upon such difficulties, in a recent visit to the spa, and are compelled to say that they are such as we rarely produce by artificial combinations of similar drugs. Cutaneous affections requiring constitutional treatment, and tumors of every description, which we can hope to disperse by the internal use of remedies, are immensely benefited by a judicious course of the waters. Lastly, uterine diseases are very much benefited, and we conceive, especially by the baths. The practitioner will readily see that we have mentioned but a few of the diseases to which such a course of treatment applicable, and will be able to supply those which we have omitted; as we did not intend to go into a minute account of all maladies which are advantageously treated by the iodides, bromides, chlorides, &c.

The effect of the internal exhibition of the St. Catherines water is of course variable in degree in different persons; it always, however, has a cathartic and diuretic effect; and we are assured by Dr. Mack, that the concentrated water, properly diluted, is one of the most certain diuretics he has ever employed. The beneficial influence of the water is greatly increased at times by a judicious use of other remedies in connection with it: especially those of a tonic or alterative character as, for example, ferruginous or iodurretted preparations. Dr. Mack also gives a favorable account of the joint

use of the oleum morrhuæ. The baths are constantly used, and at a variety of temperatures, from the very hot to the cold bath at the temperature at which the water is drawn from the well. The hot bath is exceedingly stimulating in its effects, and is not followed by sedation, and the tepid and cold baths are peculiarly refreshing, and soon followed by the specific effects of the waters.

With such testimony to the beneficial influence of the water, and a knowledge of its chemical composition, we cannot but believe in its good effects, and from personal observation we can say, that in the classes of diseases to which it is applicable, we are certain that it is of great benefit.

In concluding our article on the medical properties of the water, a subject which should receive most careful consideration at the hands of the scientific man, we must say a word in regard to the facilities which are provided for its use, especially as at the beginning of the article we give vent to our indignation at the manner in which one's sense of comfort is frequently outraged at watering places. It would hardly pay to leave a comfortable dwelling in the city or country for a room six by six and three companions, to say nothing of invertebrata, to be able to drink the elixir of life. The proprietor of the St. Catherines well has fitted up a commodious bathing-house, and erected a comfortable hotel, presenting as striking a contrast as possible, to the picture we have drawn. With all these advantages, we know of no place where sufferers from gout, rheumatism, &c., could be more benefited, and we considered it our duty to let our readers know of its existence and advantages.

Meeting of the American Medical Association at Washington, May, 1858.—A Delegate from Massachusetts in a recent number of the Boston Medical and Surgical Journal, makes the following remarks: "Unless some means can be taken, the association will become simply an arena for the display of private pique or public denunciation, or for arguments on constitutional questions." In reference to the recent meeting, aside from the pleasure of meeting former acquaintances and friends, and of partaking of the hospitalities of the committee of arrangements and citizens of Washington, how much was there of interest pertaining to the legitimate business of the association? Much time was spent discussing the subject of discipline, and considerable time in discussing and reconsidering the recommendation of Dr. Bailey as Inspector of Drugs, a subject which should never have been

brought before the association. Whilst the reports of several committees were crushed out, the authors not having the poor privilege of presenting them.

Many of my associates think the discussion on the subject of discipline was called for, and will prove useful; my own view is, that matters of discipline should be left to the local societies, and should never come before the association except on appeal, and should then be referred to a committee to obtain the facts and report at a special meeting of the association. It is certainly poor encouragement to spend much time and labor in preparing a report, with no certainty that when prepared the author will be permitted to present it to the association.

Much of the difficulty of the recent meeting, it is true, might have been prevented by a strict adherence to the established regulations of the association. There are, however, certain reforms, the necessity for which seem so self-evident, that no one could object:

1. The election of president should be at the close and not at the opening of the meeting, to take his seat the next year, he would thus have time to prepare himself for the duties, and the members would have an opportunity of comparing views before being called upon to vote.

2. The practice of always selecting the president from the place of meeting should be abandoned.

3. Every committee having a report to make, should have an opportunity of presenting it, and if desired, of briefly stating the contents.

4. Matters of discipline should never come before the association except on appeal from the local society, and should then be referred to a committee to report at a special meeting of the association.

5. The regular order of business should be strictly adhered to, and no miscellaneous business be permitted to interfere with the reports from the several committees. If there is miscellaneous business that cannot be deferred, let a specific time, at some extra hour, be assigned for its consideration so that those who did not wish to listen should not be compelled to attend; whilst I would give every one who desired it an opportunity of displaying their eloquence, I would not compel unwilling listeners to attend under the penalty of missing the regular business, or consume the time which should be devoted to the regular business.

No change in the constitution is needed to effect these reforms. A vote of two-thirds to change the time of electing the president, and a strict adherence to the established regulations of the association, is all that is required.

A DELEGATE FROM N. Y.

Philadelphia Alms-House or Blockley Hospital.—"We have room merely to announce that Dr. R. K. Smith has been reëlected Chief Resident Physician to the Philadelphia Hospital, Blockley—thus effectually redeeming that institution from the disgraceful position which it has for some time occupied."

We copy the above announcement from the Medical and Surgical Reporter for July, and join with the editor most cordially, in rejoicing that Blockley Hospital is at last redeemed from quackery, or what is worse, renegade quackery. In our July number, 1857, we merely made the announcement that Dr. Jas. McClintock was appointed to a post so honorable and responsible as that of Chief Resident at Blockley, stating the probable occasion of his repentance and return to the legitimate practice, and nothing more. During the war which was waged against Drs. Reese and Bryan we said nothing, willing to think that the kindly feelings of the man overruled what was certainly the duty of the Vice-president of the American Medical Association, and perfectly satisfied to allow the matter to be settled by that body. Though we certainly did not approve of the venomous mode of defence which Dr. Reese adopted, and would have been much better pleased with an explanation not followed up by personal attacks upon others, yet we could not but approve of his course before the American Medical Association, and thought that the action of that body ought to be satisfactory to all parties. Dr. Reese has been an ardent and successful worker in the profession, which fact those who denounced him so violently did not appear to recollect, and it was certainly due to him to believe that his heart was stronger than his head.

We had intended to let the matter pass entirely, but have been led into these few remarks by the unexpected announcement which heads the paragraph. The governors of institutions like the Philadelphia Almshouse, will find that it is impossible to do anything so directly in the face of the profession, as the appointment of a quack, or a reformed quack, to an important post. Let him live in the practice of his profession as before; we do not wish to crush a fellow-man, especially when he appears before us as a penitent, no matter how shallow we may think his repentance; but do not let us support him for a responsible and lucrative position, in justice to our brethren who have been firm and steadfast. We know that it is hard to live in a large city by the legitimate practice of medicine, but the way of the transgressor is harder. The consciousness of an unblemished honor, the respect of good men, and a love for true science, are necessary to support the physician through the trials and sorrows which surround him.

"*The Physician's Charitable Fund Association.*"—A benevolent society has lately been organized in this city under the above name. The first suggestion in regard to such an organization, was made a few years ago by Dr. James P. White, in his address as retiring president, delivered before the Erie County Medical Society. Taking up this suggestion, a committee was appointed to examine the matter and report. The committee, at the time their report was due, did not think it a favorable time for such an enterprise, and made only a partial report. This committee, however, was continued, and made a report last spring recommending an organization, which was accordingly made, and the following officers were elected: James P. White, President; Austin Flint, Vice-president; Geo. N. Burwell, Treasurer; Jas. M. Newman, Secretary. Eleven of our most prominent medical men were elected trustees.

This association was modeled, in a great measure, after a similar organization in the city of New York. It has for its object the relief of the indigent widows and orphans of medical men, who are members of the association, and of physicians who are poor and disabled. The initiation fee is five dollars, and the yearly dues five dollars. This entitles the family of a member who has paid his dues regularly for two years, to relief from the association, with certain restrictions. We have not the by-laws at hand, and can only state in general terms the more important articles.

We cannot too ardently commend such an association; the labors of the medical man are severe and unremunerative, and it is almost invariably the case that he lives entirely up to his income, and frequently a little beyond it. The anxieties to which a man of feeling is subjected in the practice of medicine, and the all-absorbing nature of his pursuits, leave him but little time to attend to pecuniary matters, and beget an indifference to money which has made physicians proverbially the most improvident class of the community. The families of physicians, then, are peculiarly in need of such an association. They are seldom left in affluence, and not often in comfortable circumstances, and the dangers which surround the path of the doctor, and from which he never shrinks, may deprive his family at any time of their protector, rendering them the more desolate from being reduced often to actual want. It is not probable that the funds of this society will soon be adequate to an extended relief, but it is also improbable that demands will soon be made upon it. The cause is a noble one, and those who have enlisted themselves in it, will not allow it to fail. Every physician should become a member; though he may never expect to be in need of its bene-

fits, yet he will have contributed something to the relief of some one who is not so fortunate, and will have helped to build up an association which will reflect lasting honor on the profession of Western New York.

AURORA, Illinois, June 8. 1858.

PROF. AUSTIN FLINT, M. D.,

Dear Sir: I notice a communication in the June number of the Buffalo Medical Journal, from A. M. Leonard, of Lockport, describing a singular occurrence of tumors on the elbow joints. Prof. Hamilton says that symmetrical diseases are known to occur often in erruptive affections, and occasionally in rheumatic and syphilitic affections, but that the case reported is the only example which he has known where an encysted tumor or a true tumor of any kind, has illustrated this curious law of affinities between opposite portions of the body. I have now under treatment the following case, that may have some bearing upon this point:

Was called to see Martin Sort, a stout and healthy German, whom I found with a tumor on the outside of the right thigh, just below and anterior to the trochanter. The tumor was quite painful, and after a few days' use of fomentations, suppurated, after which I lanced it, when it discharged freely and soon began to heal. As soon as this one began to heal, he had another come on the other thigh in exactly the same locality, which acted in every respect just as the first, and is now healing rapidly. He is not aware that he has received any injuries whatever. He is a man of good habits, and free from all constitutional disease.

If you deem the above worthy, you may have it inserted in the Journal, at all events I should like to have it brought before your society, and have the question of sympathy discussed.

Yours in haste,

D. W. YOUNG.

Books Received.—From Blanchard & Lea: Bucknill & Tuke on Insanity, Lallemand & Wilson on Spermatorrhœa. From Wiley & Halsted: Reid on Ventilation in American Dwellings, Ruskin's Political Economy of Art. From Lindsay & Blakiston: Carnochan, Contributions to Operative Surgery. These publications will receive a more extended notice as soon as we have the space.

The North American Medico-Chirurgical Review.—Prof. Richardson, the able associate editor of this valuable periodical having resigned the professorship of anatomy in the Pennsylvania Medical College, and removed to New Orleans to accept a similar chair in the University of Louisiana, has necessarily dissolved his connection with the above-mentioned Journal, and his place has been supplied by Dr. Samuel W. Gross, a son of the eminent senior editor. We have known Dr. Gross, jr., long and well, and it gives us most unfeigned pleasure to welcome him to the editorial fraternity. His writings, which have occasionally appeared in the Review, have given abundant proof of his qualifications for the position which he has assumed, and we predict for him a career not only of usefulness, but eminence in his profession. The public position of the son of so eminent a man as Prof. Gross, while it enjoys the advantage of the reflection of a great name, calls forth all the talent and industry of a more than ordinary mind. We are confident that the new associate editor is in every way capable of sustaining himself under such circumstances, though much will be expected of him, he will be able to do much. He carries with him our warmest congratulations and wishes for his future success.

Appointment of Prof. Flint in the New Orleans School of Medicine.—It will be perceived on reference to the advertising sheet, that Prof. Flint has been honored by an appointment to the chair of *Clinical Medicine and Auscultation and Percussion*, in the New Orleans School of Medicine. The duties of this chair will commence on the fifteenth of November. In the mean time, Prof. F. will remain at Buffalo, and he expects to return from New Orleans in February. His connection with the school at Buffalo is not dissolved, although his abscence during the greater part of the winter will preclude in a great measure, if not entirely, his participation in the courses of instruction in the latter institution.

A new medical journal has just appeared at Athens, Greece, entitled in Greek, "Journal of Medicine." It is to appear once a week, and is edited by Drs. Anagnostakis and Aphendoulis. This makes three medical publications which are now printed in Athens, the two others being monthly in their issue, and are called "The Medical Bee," and "The Esculapian."—*American Medical Monthly.*

Corrections.—In the reports of the proceedings of the last meeting of the American Medical Association, as contained in the different medical journals, the motto affixed to the prize essay on the "Clinical Study of the Heart-sounds in Health and Disease," is quoted as follows: *Clinica clinice demonstrandum.* The author of the essay desires us to say that he is not responsible for the bad Latinity of this quotation. As affixed to the essay, it is *Clinica clinice demonstranda.*

We wish to apologize for an oversight in sending bills to some subscribers who were not indebted to us, but had paid Prof. Hunt for the whole or part of Vol. XIV. Those who have paid are duly credited, but bills were made out for all subscribers, not recollecting that there were any on the advance list.

The Ohio Medical and Surgical Journal.—We notice that the July No. of this valuable journal appears with another name on the cover, Dr. Dawson having associated with him Prof. J. W. Hamilton, Prof. of Surgery in the Starling Medical College.

Medical Society of South-Western New York.—This society will hold its next meeting at the Jamestown House, Jamestown, on the 4th inst. A good address may be expected from Dr. Hazeltine, and a good time generally.

Not too Late.—We have yet a few spare copies of Vol. XIII, which we offer to any one gratis, who will send us his name and $2.50. We are not quite exhausted, but soon it will be too late to take advantage of this offer.

What may Happen.—We are afraid that we shall have to dun in our next number. It will be only dire necessity which will drive us to the alternative of asking for our due, therefore we beg those indebted to us to communicate with Mr. E. R. Jewett, Buffalo, and spare us the humiliation.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. SEPTEMBER, 1858. NO. 4.

ORIGINAL COMMUNICATIONS.

ART. I.—*Death of the Lower Extremity from a Tight Bandage.* Letter from Dr. DALTON, of Mississippi, addressed to Dr. HAMILTON.

ABERDEEN, Miss., Sept. 23d, 1856.

F. H. HAMILTON, M. D.,

Dear Sir: Your letter of the 9th inst., requesting me to favor you with all the facts in the case of a negro slave of Mr. A. B., of S. C., Ala., whose thigh I amputated after fracture in March, 1838, has been kindly forwarded to me by the postmaster at L., where I resided at the time. I regret that I have no record of the case at this time, and must, therefore, rely on memory alone for such facts as I shall be able to state.

The boy was about 16 years old, well grown and of good constitution. His thigh had been fractured about three or four inches below the great trochanter, say fourteen or fifteen days before I was called to see him. A young physician, a graduate of Transylvania University, was called in and applied the *bandage* as taught at that time by Dr. Dudley. My impression is that no splints were used, and that the bandage reached from the toes to the groin, until a few days before I saw him, when that part embracing the upper part of the thigh was removed. I do not recollect whether the bandage was on when I arrived; but the whole extremity was found in a state

of dry gangrene with the exception of the upper two-thirds of the thigh, which was enormously swollen and partially gangrenous as high up as the groin. The negro was greatly emaciated; countenance stupid and dejected; pulse exceedingly feeble; and he seemed to be totally indifferent as to his fate. After a careful examination of the case, I stated, as my opinion, that nothing could be done; that if amputation were attempted, the patient would die during its progress; and in that opinion I was sustained by the late Dr. Robert L. Hunter, of L., Ala., who then resided in a neighboring town, and was present to assist me. The owner, however, insisting that the limb should be amputated, even at the hazard of death, and assuming the whole responsibility of the result, the boy was placed upon a table and the operation commenced with a scalpel, Dr. Hunter compressing the femoral artery on the ramus of the pubis by his thumb, there being no room for a tourniquet. The section was made as near as possible to the ramus of the pubis, inasmuch as the gangrene seemed to occupy the whole thigh. The cutting was done as boldly and rapidly as practicable, for the purpose of avoiding exhaustion; but much time was consumed in securing the numerous arteries which were necessarily divided in passing through such a bulk of muscle, occupied as they were by large recurrent vessels. Great care was taken to avoid hæmorrhage, but when the femoral artery was divided, a gush of blood was nearly fatal to the patient. It was instantly arrested, however, by additional pressure, while the ligature was quickly applied. At this stage of the operation, the pulse at the wrist ceased, and some moments were lost in administering brandy to the patient. Resuming the knife, the bone was reached about two inches above the end of the upper fragment. This was sawed through, and then the operation was completed by pressing through, from above downwards, the large mass of swollen flesh. The great trouble in the operation was in securing the many arteries which gushed forth at almost every cut of the knife, seeming to be much enlarged by the diseased condition. No care was taken to provide a flap, nor was it possible to prepare one. The ligatures were left hanging long, and were brought together in a bundle, while the vast extent of cut surface was contracted as much as possible by very long strips of adhesive plaster drawn over from every direction. Lint and a plaster of simple cerate completed the dressing. The patient was pulseless at the wrist for some time, but reacted in the course of the evening. I left him next morning tolerably comfortable, after a long sleep induced by opium. Living at a distance of thirty miles, I saw him no more; but he was visited frequently by Dr. Hunter, who afterwards informed me that he recovered rapidly and is now probably living.

Your special question I will answer as well as I can from memory: His age I have stated; his habits I know not, but suppose he was a healthy, well grown boy at the time of the accident. The fracture, I think, was caused by the fall of a tree or branch in the field, and was simple in its character. When the physician was called, if I mistake not, he applied a bandage from the toes to the groin, which remained on till the death of the limb. After the operation, it was carefully examined, and found to be as dry and in as perfect a state of preservation as an Egyptian mummy. The muscles when cut were as hard as wood, and presented the appearance of dried beef. The veins and arteries were entirely obliterated. Altogether, I regarded it as a perfect specimen of dry gangrene, caused by the pressure of the bandage. I have given as faithful a statement of the facts as memory enables me to do, and you may use them according to your judgment.

I am, very respectfully,

Your obedient servant,

R. H. DALTON, M. D.

The following letter, as will be seen, was written subsequently in reply to certain inquiries:

ABERDEEN, Mississippi, Oct. 22d, 1856.

Dear Sir: Yours of the 3d instant, has just been received, and I hasten to reply. The time has been so long since the case of Mr. A. B.'s boy occurred, that I may not be exactly correct in some of my statements, as I am altogether dependent on memory for their correctness. But I am certain that he was not more than sixteen or seventeen years old at the time of the amputation. Five or six years after I operated on him, I saw him by accident, and was surprised to find him grown up a large, athletic man, and working at the bootmaker's trade. Another physician being with me, we examined the stump, or rather the scar. Dr. G., who bandaged the limb, was the partner of Dr. H., and I understood that H. only visited the case as G. had left for Virginia. How long the bandage remained on, I do not now recollect, nor am I certain that I heard anything said about a straight splint; the impression, however, on my mind, is that the bandage was not removed for many days after its application, and not till Dr. H. was called in after G.'s departure. The exact position of the fragments, I do not now remember, nor do I suppose that it was possible at that time to have observed it very accurately, for this reason, the integuments were immediately swollen, and no time could be allowed to induce them to subside; hence it

would have been difficult to inspect the position of the bone. Having heard the history of the case carefully stated, observing the leg and the lower part of the thigh to be in a state of dry gangrene, and seeing the marks of the bandage visibly impressed on the surface, my opinion was made up at the time (and I so expressed myself) that the gangrene had resulted from pressure of the bandage. The femoral artery at the groin was in a sound and natural state, and, if I mistake not, after the limb was removed, it was traced to the point of obliteration where the gangrene commenced, and where the impression of the bandage was observed; thus far, I think, it was of natural size and calibre. Hence the conclusion is inevitable, that the death of the limb resulted from the pressure of the bandage, and not of one of the fragments. It was a curious specimen of dry mortification, and I regret that I did not use the means of preserving it. I was then engaged in a very laborious practice, thirty miles from home, on horseback, and consequently could not conveniently spare the time to attend to it as an object of surgical curiosity. (Dr. Hunter and myself cut into the leg in various places in order to witness the muscles, arteries, nerves, etc., but found the integuments so hard that it was really difficult to penetrate them with a knife; the resistance to the knife was more like that of dry hickory wood than anything else.) The limb, I suppose, was buried not far from Mr. C.'s house, and the bone, probably, may be found there now, though eighteen years have elapsed since it was removed from the body.

I am yet a practitioner, and take as much interest in the profession, or more, than I ever did, and would be pleased at all times to confer with my brothers on all subjects pertaining to our science, or the art in which we are engaged.

ART. II.—*Report of Cases of Poisoning by Corrosive Sublimate.*

By JOHN BOARDMAN, M. D.

Perhaps the followjng cases of poisoning by corrosive sublimate may interest, although the description of the first is not perfect, the notes which I made from day to day having been lost:

CASE I. April 29, 1856. M. B., Irish, aged 21 years, about 1, P. M., while assisting a family to move, thinking a bottle contained brandy, swallowed one mouthful of the contents, but spit out the second because the first burnt his mouth and throat. In about twenty minutes he learned from the

lady of the house that he had taken "bed-bug poison." In the meantime he had thrown off a portion of his dinner, by irritating the fauces with his fingers. He immediately came to my office, but I not being in, nearly one hour passed before he called upon Dr. Newman, who produced free and copious emesis by the use of zinci sulph., administering to him from time to time the white of eggs. He remained in Dr. N.'s office for about one and a-half hours, and then left for home.

I saw the patient about 7, P. M., and found that he had vomited three or four times on his way home; also his bowels had moved three times that afternoon, and that the family had called a German doctor, who, at 5, P. M., gave him a large dose of salts and senna which had not operated.

The patient appeared very comfortable, although anxious and exhausted, which I attributed to the fright and the copious operation of the emetic. The pulse was rather feeble, about 100 per minute; no tenderness over the abdomen on pressure; mouth and fauces looked as if they had been seared. He had some thirst and complained of a slight soreness in the throat, which he located opposite the sup. ext. of the sternum.

I ordered milk, also an infusion of ulmi cortex, to be used as drinks, and that no other nourishment should be given till I saw him.

April 30. This A. M. I found that the salts had operated very freely last evening. He had passed a quiet night. There was increased thirst, and the soreness of the throat was more marked; the back part of the mouth was a little swollen; pulse soft, about 75; no tenderness of the abdomen. He seemed doing so well, that ordering him to use nothing but the milk and ulmi cortex, I left him for a few days.

May 3. Was called this A. M. to see him. Found patient with a slight fever; pulse about 84, a little harder than natural; tongue thickly coated with a white fur; back of mouth swollen; deglutition painful; stomach irritable; bowels costive; no pain or tenderness in the abdomen; had been troubled a little with hiccough. The patient had passed but a few drops of urine since the 29th, and this was the reason of sending for me. He had remained in bed, but had not suffered except from his throat, since I was there. The bladder was empty and I could not discover any trouble from suppression.

I continued his drinks and ordered spr. nit. dulce, ʒj. every 4 hours, also pulv. opii, gr. ss., if the hiccough returned.

May 4. Has not passed any water; pulse more frequent and rather feeble; mouth and throat much swollen and painful; stomach quite irritable, could not retain the spir. nit.

May 5, A. M. Has not passed any water. Had six watery movements of the bowels during the night; stomach irritable; appeared quite weak; deglutition quite difficult.

Sulph. morph., gr. $\frac{1}{6}$, at 4 hours.

5, P. M. Patient's general condition much the same. Has passed no water; bowels had not moved since morning; slight tenderness over the abdomen on pressure. I passed a catheter into the bladder but found it quite empty.

Sulph. morph., gr. $\frac{1}{6}$, at 6 hours; also port wine, ℥ij, at 6 hours.

May 6th. Has not passed any water; complains much of his mouth, throat, and of the difficulty of swallowing; has spit up some blood; no pain or tenderness of the abdomen; pulse about 130, feeble; complains of a sense of general prostration; bowels have moved two or three times since last night. The wine burnt his throat even when diluted.

Suspend wine; continue sulph. morph.; give freely of beef essence.

May 7th. Patient died at 8, A. M., while sitting on the vessel, quite unexpectedly to his friends, who had not seen any particular change in his condition for a number of hours.

Case II. April 7th, 1858. G., aged 22 years. About 9½, A. M., after a moderate breakfast, took a large swallow of a strong solution of corrosive sublimate with the intention of self-destruction, but suffering caused by the burning in the mouth and throat induced him to inform the family almost immediately of what he had done. He was given freely the white of eggs, also mustard and warm water, and Dr. Hamilton and myself were sent for.

We saw the patient together about 10, A. M. Then the pulse was about 90, irritable; countenance haggard and anxious. He complained of great pain in the stomach, also in the throat, which he located opposite the sup. ext. of the sternum, and of some difficulty in deglutition. Part of the time he was walking about the room, occasionally vomiting, and part of the time writhing as one with a severe attack of colic.

We continued the use of the white of eggs and warm water till the stomach appeared thoroughly washed out. Spr. rhei, ℥vi, was administered, but almost immediately rejected by the stomach, and a warm mustard poultice was applied to the abdomen. His bowels moved once moderately about 10½, A. M. Gave him milk and infusion of ulmi cortex as drinks.

His pain remained severe in the throat and abdomen, till about 12, M., from which time he gradually became more comfortable.

April 8th. Found the patient partly dressed. He had passed a quiet

night and felt comparatively well. There was slight tenderness over the abdomen and a very little soreness in the throat.

Ordered him to remain quiet in bed, and to use nothing but the milk and ulmi cortex that day.

April 9th. Found patient still better; his mouth was slightly ptyalized. Let him get up.

He continued to improve, and in one week was as well as before.

I have given this account in the hope of hearing from others who may have met with like cases in their own practice, for I think but little is known as yet of the symptoms and treatment of such cases.

Death seemed in Case I, not as I had at first expected, to approach from inflammation of the throat and stomach, but from the effects of a peculiar poison. I did not find at any time, symptoms that called my attention to any organ, save the urinary, and the fault there seemed to be more a want of action than anything else. The general system did not seem to suffer from the suppression of urine. I know, that at the time, I was led to doubt whether the want of action of the kidneys might not be on account of not finding material to work upon.

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

TUESDAY EVENING, Aug. 3, 1858.

The Association met.

Present—The President, Dr. Wyckoff, in the chair; Drs. Wilcox, White, Flint, Nichell, Newman, Strong, Gay, Hutchins, Nott, Miner, Ring, Lemon, Flint, Jr., and Drs. Ham, of Williamsville, and Rogers, honorary members.

The reading of the minutes was deferred until the next meeting.

On motion, the following gentlemen, whose names were presented for membership at the last meeting, were declared members of the association, *i. e.*, Drs. Butler, Lockwood, Jansen, Stevens and Richards.

Dr. HAM, of Williamsville, then read the following report on "Hæmorrhage from the Ear as a Diagnostic Sign of Fracture of the Base of the Skull."

Much having been said, of late, by authors and in the journals, upon hæmorrhage from the ears as diagnostic of fractures of the base of the skull,

I will in short give my views and experience upon the question. As a basis upon which to found the present observations, I will give a case and illustrate the points as they come before us.

On the 16th day of July passed, N. I., æt. 24, farmer, of good general health, robust, and of good habits, received a violent kick from a powerful young horse, upon the left temporal region. The injury was inflicted at 6 o'clock in the morning.

He was in a pasture, some half mile from home, when the blow was received. He was carried to his residence upon a litter, in a helpless and senseless condition. I saw the patient with D. W. Horshey, M. D., my business partner, at 10.30, A. M. He could then speak; could give no connected account of accident; was much confused; staring look; surface pale and cold, the extremities very much so. Blood had discharged very freely from the external wound, from the left ear and from the throat. The soft parts were much bruised and greatly tumefied. A deep cut was found in front of the ear, into which a probe could be passed to the bone in front of the external meatus, but could not be passed into the meatus; hence our opinion was that the hæmorrhage was from the deep seated parts of the internal ear, and this opinion was confirmed by the free discharge of blood through the eustachian tube into the throat. No fracture or depression was to be found. A paralysis of the left side of the face showed itself.

The patient vomited at intervals, which was looked upon as a favorable symptom, showing that reäction had already taken place. I chose to neither bleed or to give strong stimulants, lest the powers of life should be still further depressed by the former, or my patient strangled by the use of the latter. Recommended mild stimulants and gentle frictions, till reäction should be fully restored.

Saw the patient at 6 o'clock, P. M. Breathing better; pulse more full; extremities warmer; surface less pale; reäction considerably restored; hæmorrhage from the ear still less.

July 17, 9 o'clock, A.M. Reäction fully restored; pulse full. Gave cath.

℞ Cal., 10 gr.
Jalap, 10 gr.

Also,

℞ Tart. ant., 4 gr.
Spt. nit. dul., 1℥.
Syrup ipecac, 1℥.
Water, 1℥. M.

Dose — teaspoonful every two hours.

Directed cold to the head; warmth to the feet; enjoined perfect quiet.

During the night of the 17th, there was a free discharge of blood from the right ear.

July 18th. Cath. had operated well.

Treatment continued.

More pain in the head; intolerance to light. Applied ice to the head.

At 4.15, P. M., a small quantity of coagula was vomited, which was probably taken into the stomach in the early part of the injury. Patient moans and is quite restless; much pain in the head; pulse full and bounding; paralysis of the face much increased.

Bled 16 oz.

At this visit there was discovered great difficulty in closing the left eye. From this time forward the eye constantly rolled upward and inward.

July 19th. Patient had a good night, and in all respects appears considerably improved. There was no discharge of blood, from this time, either from the ear, nose or the throat. Hope and courage for a favorable termination on the increase.

Treatment continued.

July 20th. Patient had a restless night. Before my daily visit, my friend W. Van Pelt, M. D., was going by, was called in and very properly bled again to the amount of 16 oz., which had the effect of relieving the patient of present urgent symptoms. At my afternoon visit, found subsultus and great restlessness. Put the patient upon fluid ext. hyoscyamus, and caused to give alterative doses of hydr. sub. mur., and applied a large blister to the left arm.

July 21st. Same.

Treatment continued.

July 22d. All the symptoms aggravated; the case from this time became urgent and alarming; the mouth draws far to the right side; the tongue paralyzed, and protruded with great difficulty, is thrust far to the right side; the uvula drawn much to the right, and insensible to the touch. Active inflammation is present. The patient failed; became typhoid; and died at 11 o'clock, Wednesday P. M., the 28th ult., and the thirteenth day after the injury. No post-mortem could be had.

Here are all the material facts in the case. Here is the blow; the insensibility; the bleeding from both ears and from the mouth; paralysis of the face, the eye, the tongue, and the uvula. No external fracture.

The question now comes up,—Was there fracture of the petrous portion of the temporal bone, or elsewhere?

No greater truth in surgery is, now better understood and established, than that the bad symptoms very frequently accompanying a broken skull, are not produced by the breach made in the bone, nor do they indicate such breach to have been made.

Sir Astley Cooper, (*Lectures, &c., page* 289,) remarks, "The danger of fractures of the skull depends upon their being united with concussion or extravasation; there is also a remote danger of inflammation." This was also the opinion of Pott, who observes, "The sickness, vomiting, and loss of sense and motion can only be the consequence of an affection of the brain as a common sensorium. They may be produced by having been violently shaken, by a derangement of its medullary structure, or by unnatural pressure made by a fluid extravasated on its surface, or within its ventricles; but never can be caused by the mere division of the bone, which division in a simple fracture, can neither press on nor derange the structure of the parts within the cranium."

Should we assume the hypothesis that the base was fractured in this case, the query then arises, how was it done? You will observe, *there was no external fracture or depression.*

M. Aran, (*Med. Gaz. for* 1845, *p.* 364,) combats, *in toto*, the ancient and still prevailing opinion of fractures of the cranium, by what are called *contre coups;* where the base, for example, is fractured by a blow on an opposite or distant part.

M. Aran classes all these fractures by *contre-coup* under two heads, viz., 1st. Those that are *independent, i. e.*, where the part struck as well as the distant one, are both fractured; 2d. Where the fracture is produced by *irradiation* or prolongation from the place struck, and fractured to the base of the cranium.

M. Aran has made a great number of experiments on the heads of dead subjects, striking them with hammers, or precipitating them from certain heights *head foremost.* These are his principle conclusions. He has never known a fracture at the base without one at the point struck, also. He has seen no fractures of the base by *contre-coup.*

Fractures of the base of the cranium usually arrive there by irradiation and by the shortest curve. Fractures by irradiation constitute ninety-nine out of every hundred at the base.

Cormack's London and Edinburgh Journal, June, 1855, page 461, gives a case which came under the treatment of M. Blandin, of a man, aged thirty, who, in a fall, fractured the petrous portion of the temporal bone, causing hæmorrhage from the left ear and from the mouth, with slight defect in

hearing; paralysis of that side of the face, with paralysis of the uvula to such an extent that it was drawn to the right side of the base of the tongue, by its muscles of that side now having no antagonists. This case, in all its main features, is in point with that of my own. M. Monteau conceives that this case has apparently established an important, but hitherto obscure point in anatomy, and thus furnished a new diagnostic mark in pathology in such injuries.

It is known that the uvula receives its nerves from the spheno-palatine ganglion by three filaments, which go from this ganglion to the uvula. But the ganglion itself also receives a filament from the intra-cranial portion of the facial nerve, as has been clearly shown by M. Blendin. Our author says: "This, however, has been *erroneously* supposed to be a filament *sent from* the ganglion to the vidian nerve; whereas, it is now found to be a distributor of nervous influence from the vidian nerve to the uvula. From whence we have the key to the condition of these parts in the fractures in question, and the explanation why lesions of the intra-cranial trunk of the facial nerve must produce paralysis in the filament which goes to the spheno-palatine ganglion, and afterwards leaves it as the motor nerve of the uvula." From the foregoing anatomical fact, M. Blendin argues that (*see Velpeau's Operative Surgery, by Mott, vol. 2, p. 934,*) the uvula is only paralyzed when the cause of the paralysis of the face is within the cranium, close by the petrous portion of the temporal bone. Therefore, we have this valuable diagnostic: when there is paralysis of the face alone, without accompanying paralysis of the uvula, we may affirm that the lesion is external, or in the peripheral branches of the nerve. He considers hæmorrhage from the ear, the nose and the mouth, in such cases, as unequivocal signs of fracture of the petrous bone. He thinks the blood emanating from the internal ear, where it is extravasated and escapes anteriorly by the external ear, and posteriorly by the eustachian tube, through which it finds its way into the throat. M. Blandin has verified these conclusions by numerous dissections.

On the other hand, Dr. Lawrie has recorded *twenty-two* cases of cerebral concussion, (Cormack, page 462, also page 673, for 1843,) at the Royal Infirmary, at Glasgow, in which there was hæmorrhage both from the ear and the mouth, and yet *twenty* of those cases recovered; and in *one* only of the *two* fatal cases was there fracture of the base of the skull to be found on dissection.

Dr. Cormack speaks of other similar cases which recovered, which places in great doubt the opinion that hæmorrhage from the ears and the throat is conclusive evidence of fracture of the petrous or any other bone.

M. Gordy, (*Lond. and Edin. Journ.* for 1845, p. 463,) is stated to concur also in the opinion that the hæmorrhages in question do not always indicate fracture.

Again, (same Journal, 1845, p. 634,) we have three illustrative cases, two by Gordy himself, and one by Velpeau, all of which recovered.

The editors of the Paris Journal, in which all these and many more cases are given (*Annales de Therap.*) conclude from all the above facts, that in the present state of science, hæmorrhage from the ear under the circumstances, even though the hæmorrhage may by accompanied by paralysis of the face and the uvula, does not permit us to pronounce that a fracture exists.

Prof. WHITE related a case which had occurred in this city, and which had excited a great deal of interest, from its peculiarity, and the fact that the patient instituted a suit against the person who had injured him. As he was passing along the street, a brick, falling from the top of a four story building, struck him on the top of the head. On examination, no fracture was discovered in that situation, and the skin even was not broken; but there existed a fracture of the skull on both sides of the head. He was taken up senseless, and had hæmorrhage from the throat. The man recovered from the injury, and subsequently died of cholera. The case is interesting as illustrating the fracture by *contre-coup*.

Dr. NOTT remarked that he had made a post-mortem examination in a case where there were external bruises of the scalp, but no external fracture of the skull. On opening the head, however, a fracture of the inner table of the petrous portion of the temporal bone was discovered. Death resulted by hæmorrhage from the meningial artery. In this case there was no external fracture or injury to the bone.

Dr. MINER then read the following report of a case of Traumatic Tetanus:

March 2d, 1858. Mr. Harris, of this city, aged 45 years; robust and healthy; received an injury of the hand by being caught in a mill used in grinding charred bones; by this means the integument was mostly removed from the palmar aspect of all the fingers to the hand; the muscles were much lacerated, and the flexor tendons of the third finger were completely removed, leaving the bones bare, yet producing no fracture.

In consultation with Drs. Hamilton and Newman, after placing the patient under the influence of chloroform, removing the fragments of torn flesh and tendon, ligaturing some small vessels which kept up continual hæmor-

rhage, and cleaning the wound of the coal which had been ground into it, giving the appearance of a gun-shot wound, desiring to save, if possible, the hand entire, and also wishing to give the patient opportunity of choice between stiff and imperfect fingers and no fingers at all, it was decided to place the hand in a poultice, with the view that subsequent amputation be made, should the injury be found so great, or the supply of blood so much obstructed, as to render repair impossible.

March 18th. Sixteen days after injury. Up to this date, nothing of importance had occurred which would not have been anticipated. The pain, though severe, was not greater than would be expected in such an injury; rest had been obtained by use of morphine; hand had been in poultice most of the time; granulations healthy in appearance; the wound in all respects progressing favorably. The strength had been supported by sustaining diet, quinine, and brandy.

When about to leave, after dressing the hand, Mr. H. remarked carelessly, "Dr., I cannot open my mouth so *quick* as common." *This* was all he complained of, after careful inquiry, and accounted for this, even, in having taken cold while sitting up the day previous, to himself quite satisfactorily, but to me quite the reverse.

March 22d. Dr. Hamilton in consultation. For the past four days, tetanic symptoms have been gradually increasing in severity; jaws, open a little with great effort, are for the most part firmly closed; muscles of the whole system somewhat rigid, and lost to the ready control of the will; pain in the epigastric region extending through to the spine, at times very severe; skin cool and bathed in perspiration; pulse 120 per minute, and quite feeble; mind clear when fully awake, with much talking when asleep; hand still looking very well; healthy granulations have nearly filled the deepest excavations, the slighter injuries completely healed; bowels readily moved by common physic or injections, with offensive discharges.

March 28th. The disease has now reached its acme. Pulse 130 per minute, very feeble; skin bathed in profuse perspiration, with cold hands and feet; urine scanty, and passed with great effort and pain; tongue moist as far as may be seen; mouth filled with viscid mucus; epigastric pain very severe, with nausea and vomiting, causing great distress, on account of the impossibility of discharging the contents of the stomach through the mouth; patient greatly disturbed by slightest causes; still no delirium, but much talking when asleep; electric-like shocks of spasmodic action convulse the whole system upon the least effort to move, or when moved, and at intervals of from fifteen to thirty minutes when perfectly unmolested, sometimes

drawing the patient backward so as to rest upon back of head and heels. This condition of spasm continues but a moment, yet is complained of as producing great pain. The third finger, which for a few days has been enlarged and inflamed, now discharges unhealthy pus by two fistulous openings near both the first and second joint; by probing, I discover caries of the bone, or bone denuded of periosteum.

April 20th. For the last twenty days there has been gradual improvement. The muscles of the trunk and abdomen more relaxed than those of the legs. The legs are kept firmly extended and held by attendants, lest the heels be drawn against the nates, as is often the case when great care is not used to prevent it. Pulse reduced in frequency and increased in force; skin more natural, with extremities warm; expression of countenance cheerful, yet very characteristic of the disease; desire for food, which has never been wholly absent, is increased: it is now sometimes placed in the mouth, though mostly taken through a tube.

The opening at the first joint of the finger has become so large, the bones so separated, from attachments, and the system of the patient so much improved, that with strong forceps I removed the two last phalanges through the opening, an operation I have had a desire to make for several days, delayed by the fears of suffering in my patient, and my own fear that the spasms be renewed.

April 28th. From the time of removing the diseased bones, there has been the most improvement. The finger is assuming its natural size, the openings are closed, and the patient is proposing a journey to the country to-morrow.

I have reported the condition of this patient in a few representative days, desiring to show the appearance, progress, and termination of a case of disease, interesting from the usual obscurity of its causes, the great infrequency of its appearance, at least in our own climate, and from its almost unequaled fatality, rather than for the purpose of showing by what new or wonderful treatment my patient has recovered from this formidable disease; perhaps, however, I should say, that tonics, stimulants, and sustaining diet, with anodynes, constituted the main reliance. During the severity of the disease, two grains acetate morphia, every four hours in injection, *seemed* to be attended by the happiest effects. Chloroform was only administered at the first dressing, on account of the absence of continuous violent spasm, and the low depressed state of the system.

There is no disease in which prophylactic and curative measures have been so extensively used as tetanus; and none in which it is more difficult to

determine what influence they have exerted. When our ignorance of the pathology of tetanus is taken into consideration, we need not be surprised that the treatment in many cases is strictly empirical; neither need we wonder that the most opposite remedies have been occasionally used with apparent success, and each in turn been rejected as unworthy of confidence.

The exciting cause in this case is very manifest; constitutional pecularity, or other predisposing influences may have acted upon the nervous system, yet nothing was visible in the least indicating tetanus or violent constitutional disturbance, until about the time when the finger commenced swelling and giving indications of diseased structure within. When the inflammatory action had reached its height, and discharge was fully established, the violence of the spasms commenced gradually to subside; and when all the diseased bone was removed, the rapid subsidence of all diseased action indicated most unmistakably the cause of the disturbance.

This is worthy of note, since most cases of tetanus arise from inappreciable causes, or follow injuries or operations, when dissection reveals no uncommon source of irritation. Had death taken place very early, it might have been so even in this case.

Four months after injury, I have examined the finger, and much to my surprise find the second bone of the finger has been reproduced, the first only is now absent. The new one is about two-thirds as long as the one removed.

Prof. WHITE reported an interesting case of tetanus which had occurred in his practice. The following is an account of the case taken from the note book of Dr. Flint, who saw the patient with Dr. White:

August 21, 1857. Visited yesterday with Dr. White, a child on Michigan street, aged 7 years. About a fortnight ago, he was attacked with his present affection, and the disease has remained ever since about stationary. About every half hour, he is seized with opisthotonic spasms; the body is curved backward; the penis is erected; muscles of abdomen rigid; the arms rigid with the thumbs pronated; and the jaws firmly closed. No embarrassment of respiration apparent. The paroxysms last two or three minutes and gradually pass off. They recur spontaneously every few minutes; oftener during the night than during the day. They can always be brought on by raising the body. When the opisthotonos occurs, the entire body can be lifted by raising one lower extremity. A certain amount of trismus is constant; he cannot open the mouth so as to protrude the tongue or to take food freely. The face grimaces with the angles of the mouth depressed,

presenting an aspect of intense distress. He appears to suffer severe pain during the paroxysms. The mind is clear. He obtains but little sleep. Pulse not accelerated. The surface of the body presents numerous red papules. The frequency and severity of the paroxysms have neither increased nor diminished in a notable degree, but continue about the same.

The affection cannot be distinctly traced to any cause. He has not received any wound, and before this, seemed well. The mother is inclined to attribute it to a fright—a neighbor telling him shortly before that he would kill him, and showing a butcher knife. The boy, however, says he was not much frightened. The mother is an ignorant Irish woman, and it is not easy to obtain a clear account of the manner in which the disease was developed.

The remedies given by Dr. White were quinia, valerianate of zinc, and morphia. It was proposed to-day to try the effect of chloroform.

August 25th. The chloroform was given for two or three hours with the effect of tranquilizing the patient; relaxing partially the trismus and prolonging the intervals between the paroxysms. The mother was to have sent word the next morning how the child was: she failed to do so, and Dr. White did not see the patient or hear from him since the evening of the 21st.

September 8th, 1857. The patient has nearly recovered. He still occasionally has slight opisthotonic spasms when excited, but is up and about, and evidently convalescing. Since the trial of chloroform on the 21st ult., no treatment has been employed. The mother has contented herself with simply giving the child nutritious diet. No physician had seen it after the 21st ult., until Dr. Flint, Jr. called a few days since to ascertain the result.

Dr. NEWMAN had seen the case reported to the association by Dr. Miner. He saw a fatal case of the same disease four years ago. In this instance, death took place instantaneously during a spasm. The patient was being raised up for the purpose of taking some medicine, and just as he was about to swallow, he had a spasm and died immediately. The disease had been developed for forty-eight hours. When he first saw the patient, Dr. Newman thought it was a case of mania potu, as he had been drinking hard, and the symptoms resembled that disease. He accordingly gave opiates and stimulants. On the next morning he found difficulty of swallowing and pain at the pit of the stomach. The patient had run a nail in the ball of the great toe some weeks before, but the wound had healed kindly.

Prof. ROCHESTER had seen two cases, one of which was lost in the man-

ner described by Dr. Newman. This case occurred in a middle-aged man, who was suffering from a cancer in the groin. The spasms were exceedingly severe. In an effort to swallow a dose of laudanum, he died instantaneously. The other case recovered. The patient received a severe injury between the thumb and forefinger. Tetanus was developed in two weeks. The cicatrix was laid open, and the patient treated with opium and brandy. The symptoms began to yield when free suppuration was established.

Dr. WYCKOFF had seen a case which proved fatal. The treatment consisted of tonics, stimulants, etc. Great relief was experienced from smoking tobacco. He would smoke a pipe for hours, having it refilled and relighted without removing it from the mouth. The disease was attributed to a slight injury to the foot. The patient died after two or three weeks' sickness.

Prof. FLINT moved that Dr. Miner be appointed a committee to report on the cases which had occurred in this city. Seconded and carried.

Prof. WHITE then reported an interesting case of obstetrics. Mrs. ——, a German woman, æt 45 years. In her thirteenth pregnancy. Dr. White in consultation with Dr. Devening. The patient was very œdematous, with the legs very much swollen. The abdomen was excessively large and pendulous, hanging down some distance over the thighs. The uterus could be felt through the fat and effusion, hanging over the pelvis. She had expected her labor some weeks since, and had had pains for thirty or forty hours. Dr. Devening had made an examination but was unable to reach the os. She suffered greatly from pains, but the uterine tumor did not descend into the pelvis. On making an examination, Dr. W. was unable to reach the os without introducing his entire hand into the vagina, when he found it high up and pointed backward over the promontory of the sacrum. The os was dilated fully, and the membranes were protruding. Dr. Devening had applied a bandage so as to support the pendulous belly, and had placed the woman upon her back, as is recommended in such cases; still the uterus and its contents were so anteverted as to direct its axis upward and backward.

The membranes were now ruptured and the waters were copiously discharged. Dr. White then pulled forcibly upon the anterior lip of the os with his right hand, sitting between the woman's legs, her feet being supported by chairs at the side of the bed; at the same time he depressed her head, and Dr. Devening with both hands, assisted by the left hand of Dr. White, elevated the fundus. The cord descended into the vagina and Dr. W. introducing his hand into the uterus, passing by the head, which pre-

sented, seized the feet and delivered. The child was a female, medium size, and partially asphyxiated, but was revived by alternate dashes of hot and cold water.

Upon examining the abdomen, it was found still large and pendulous; and upon carrying the finger into the os, another bag of waters was discovered, which was ruptured and the arm of the second child descended into the vagina. Upon carrying the hand up to search for the feet, Dr. W. was obliged to pass it anteriorly, over the pelvic brim, and down into the sac in front of the pelvis; the arm being in the vagina. The fundus was again elevated in the same forcible manner, and with great difficulty the feet were brought into the vagina, and the child (female) delivered in a partially asphyxiated condition. It was soon restored, however, by dashes of hot and cold water.

The placenta was then delivered, and the patient placed in bed, and ergot given to procure uterine contraction. Both children together, weighed seventeen and one-half pounds.

Obliguity of the uterus is quite common, and is usually corrected merely by position. The case above reported was one of most extraordinary anterior flexion, and one which could never have been remedied by bandages and the supine position. The uterine tumor occupied a sort of a pouch over the pubes, and extended below the genital fissure and upon the thighs, with the fundus directed downward, and the os upward and backward, so that the contraction directed the bag of waters against the back, above the sacro-vertebral angle. In this case, it would have been impossible for delivery to have taken place, with this relation of the parts. The cause was probably the number of children which the woman had borne, the great weight of the tumor, and relaxation of the abdominal muscles.

Prof. WHITE also presented a case of vascular tumor of the female urethra. Rigby asserts that it is most common in young females, but Dr. White has seen two cases in persons over 60 years of age. The case which he presented was a female, æt. 54 years, a patient of Dr. Wilcox. She had a small vascular tumor, about the size of an apple seed, situated at the orifice of the urethra. It is of a bright red color, and exceedingly sensitive; every act of micturition being accompanied with excessive pain. Occasionally a drop or two of blood escapes with the urine. The patient was exceedingly sensitive and averse to an examination, but was at last forced to consent. Dr. Wilcox made a vaginal examination and discovered nothing; but on withdrawing his finger, it came in contact with this tumor, the existence of which he had not before suspected, causing intense suffering. She had complained of pain with micturition, accompanied by a thrilling sensation,

and had used a syringe and a wash, but with no good effect. Dr. Wilcox then insisted upon an ocular examination, but it was two or three weeks after the vaginal examination, before it was permitted. He then discovered the tumor which has been described. Dr. White was called in, who administered chloroform, and removed the tumor by torsion. The patient was seen a month after and reported herself cured. Dr. White remarked that these tumors were not very common; the effects are entirely local, but they produced a great deal of distress. They can be cured by removal by torsion or caustics. Dr. West recommends the actual cautery, which is probably the most efficient means of treatment.

Dr. RING stated that during a visit in the country, he had visited a patient, with several practitioners, in that neighborhood, that was of much interest to them. The patient was a gentleman nearly sixty years of age, of sanguine-bilious temperament, and above medium height and weight. The prominent symptom was *dyspnœa*, which was much increased by bodily or mental exercise. Physical exploration showed dullness on percussion over the entire right lung, where bronchial respiration was present. That side of the chest was somewhat flattened, and the intercostal spaces depressed, and not much movement during respiration. There was no effusion in the cellular tissue, or abdomen, and he was able to lie in the horizontal position without inconvenience. Heart and pulse natural so far as we could discover. In fact while the patient was so troubled with dyspnœa as to disqualify him for business, and to put him in dread of sudden death, and had been confined to his room for over six months, his appearance was nearly that of health, except that he was somewhat emaciated. On the same side, commencing about one and a half inches from the sternum, and over the fifth, sixth, and seventh ribs, is a fleshy, lobulated tumor, extending backwards and downwards on the ribs for three or four inches. This tumor first made its appearance about twelve years ago, after an attack of sickness, and since that time, the patient had difficulty of breathing after over exertion. In the absence of any *marked* symptoms of aneurism, of disease of the heart, effusion in the chest, or inflammatory hepatization of the lung, it was suggested that the solidification of the lung and consequent dyspnœa, was probably caused by the growth of the tumor internally. He inquired if any gentleman of the association present had ever had a case of mediastimal tumor under observation.

Dr. MINER had seen a case of fibrous tumor of the mediastinum, in a child. It enlarged so as to extend up to the neck, and the patient died by suffo-

cation. A post-mortem examination was made, and the tumor was discovered.

Dr. MINER mentioned a case of the birth of a child without pain. Mrs. F. A. Strong, a robust and healthy woman, called upon him to attend her on July 12th, at 5, A. M; the waters having been discharged, and a little uneasiness felt in the back. The os uteri was found well dilated, but there were no labor pains. Dr. M. then left the patient till 12 o'clock, and as there were no pains then, gave Thayer's fluid extract of ergot in full doses, without effect. He saw the patient at 6, P. M., and found the child born and the placenta just discharged. In trying to turn in bed, the mother found that the contents of the uterus had passed from her with absolutely no pain. There was no hæmorrhage; the uterus contracted in the usual manner, and the recovery was complete. She had been delivered two years since with the forceps, by Prof. White, of a child which soon died.

Dr. Miner had known of one case like the preceding. He had attended a lady twice in an abortion at six months. The first time there was almost fatal hæmorrhage before he saw the patient. In both instances he removed the fœtus with the hand, and in neither case was there any pain.

Prof. WHITE recollected the patient referred to by Dr. Miner. He had applied the forceps on account of atonicity of the uterus.

Prof. FLINT thought that some allowance should be made in regard to such statements from patients. He had had two cases where the women said that there was no pain.

Prof. WHITE presented another interesting case. Mrs. W., æt. 26, good constitution; in the sixth month of her third pregnancy. In her second confinement in June of last year, she had severe puerperal fever, from which the convalescence was gradual. This was succeeded by mental depression, constipation, headache, &c., but last month she was better than usual. On the 26th of May, she had breakfasted as usual, and was ironing, when she became suddenly sick and faint. She immediately lay down upon a lounge, vomited and complained of severe pain in the head. Dr. White saw her at 9½, a half hour after the attack. She was then semi-conscious; countenance flushed; pulse slow and labored; pupils alternately dilated and contracted. He then bled her, with the effect of increasing the frequency of the pulse; applied cold to the head and mustard to the feet. At 11, A. M., she was in profound coma and had not spoken since 10. Treatment continued, with one drop of croton oil every hour until operation. At 12½, Dr. Rochester

was called in consultation. Pulse unsteady; pupils fixed; breathing stertorous, and capillary congestion of the surface. Continued the treatment and applied a mustard cataplasm to the neck. The patient died at 1½ o'clock, four and a-half hours after the first attack.

Post-mortem examination twenty-two hours after death. Examination confined to the head; vessels of scalp much congested with venous blood. Membranes also congested. The external surface of the cerebrum was firm. The cerebellum was soft and contained a coagulum of blood, (about 1½ℨ.) The substance of the cerebellum was discolored and pulpy. The lateral ventricles were filled with coagula.

Dr. White thought the case extraordinary in consideration of the existence of pregnancy and the age of the patient, (26 years.) It was a question whether the puerperal fever of last year had any agency in its development. The cerebellum had long suffered considerable organic change, yet the general health was but slightly disturbed.

The Association then adjourned.

AUSTIN FLINT, Jr., M. D.,
Secretary.

ART. IV.—*The Institutes of Medicine.* By Martyn Paine, A. M., M. D., &c. New York: Harper & Brothers. 1858. pp. 1095.

This able and interesting work was first issued in the year 1847, and "respectfully dedicated to the medical profession of the United States." That it has not met from the profession a reception such as its merits justly deserve, is very evident from the fact that more than ten years elapsed before a fourth edition was called for. It first saw the light at a time when the humoral and chemical doctrines of life were in the ascendancy, and when vitalism was scouted as an obsolete relic of by-gone ages. But now, when the opinion begins very generally to prevail that the physical doctrines of life will not suffice for the satisfactory solution of the varied phenomena of organic being in health and disease, nor for the explanation of the *modus operandi of remedies*, there is evidently a commencing reäction in favor of the doctrines of vitalism; and this, with the "commentaries" of our authors, begin to be sought for with avidity, and perused with an interest strikingly in contrast with the indifference with which they were at first received. This must be greatly gratifying to Prof. Paine, who, with far-reaching foresight, saw very clearly that a system of medical philosophy based on the laws of

the inorganic world, could not stand when brought to the test of observation and experiment. On reading the "Institutes," we cannot but be struck with the admirable consistency of the author's views throughout the entire work; the same principles, the same philosophy from the foundation and substratum of the whole. There is no inconsistency, no contradiction, not even the shadow of any clashing throughout. Taking up each topic in its natural order, as each successive one emanates from, or depends upon the preceding, there is a lucid order every where displayed — a chain, with no broken link; as in a mathematical demonstration, each step prefaces the way, and is necessary for the succeeding — the demonstration proceeds with logical exactness and unbroken sequence, till the conclusion rests on a basis impregnable as truth itself.

As the author truly remarks, this is the first effort that has ever been made to present the natural relations of the whole subject of the institutes of medicine, including physiology, pathology and therapeutics, in their just order — to paint out the affinities, and to exhibit throughout the important laws and essential foundations of vitalism and solidism, and to maintain throughout a consistency of facts and of laws that shall stamp the whole as the *philosophy of medicine;* and this has been most successfully accomplished; and the zeal, learning, and genius, displayed in its accomplishment, will ever stamp the author as a leading spirit in our profession — as one of the great masters in our art. If the work bears something of a controversial aspect, it was unavoidable in carrying out the great design of the writer. A simple expression of facts, of experience, and of philosophical doctrines, would not have sufficed. It was necessary to expose and refute the errors with which the subject was environed. Obstacles were to be removed before the truth could be fairly reached, inasmuch as "the establishment of truth in medical philosophy, can only be effected by a simultaneous refutation of the errors which surround it."

As our object is not an elaborate review of this work, but only a brief notice of the subjects discussed, with special reference to the author's views regarding the operation of remedies, through the reflex function of the nervous system, we pass on to remark that the physiological portion, embracing 400 pages, treats of: 1st. The composition of organic beings; 2d. Their structure; 3d. Their properties; 4th. Their functions; 5th. Modifications of properties and functions, which arise from sex, temperament, climate, habits, age, &c.; 6th. The relations of organic beings to external objects; 7th. Death.

Passing over the chapters devoted to the composition and structure of

organs, we find in the "Third Division," embracing the consideration of the properties or powers of life, "the great focal point from which all emerges that is embraced in medicine; the bond which unites every branch of the science." The author takes as his point of departure, the great and important law, that morbific causes, external or internal, determine disease upon the tissues of one compound organ or another, according to the particular instances of the morbific causes, and in accordance, also, with the natural modifications of the vital properties in every part, and the perceptibilities they may acquire from other causes. He demonstrates, also, with great force and clearness, the great fundamental law, that a general coincidence exists between the natural perceptibilities of the properties of life to their ordinary stimuli, and to those of a morbific and of a remedial nature, according to the natural modifications of the vital properties, both in a general sense and in their relation to particular parts. He shows that it is through this law that the natural stimuli of life maintains all parts in their precise conditions —that morbific agents alter those conditions in certain uniform ways, and remedial agents establish certain other changes which enable the properties and actions of every part to return spontaneously to their natural states; thus embracing an immense range of facts in physiology, pathology and therapeutics, and grouping together many fundamental principles.

The particular mechanism through which these results are brought about, is the nervous system; through the medium, chiefly, of reflex influence, or, as more particularly pointed out in a subsequent chapter on counter-irritants, through those "sympathetic processes which take their origin in cerebro-spinal nerves, *along with the sensitive fibres of the sympathetic, and terminate in the motor fibres of the ganglionic system.*" (Chap. 643.) The author next proceeds to demonstrate the existence of a *vital principle*, as the fundamental *cause* of growth, nutrition, and all other phenomena of organic beings, and in connection with this, the *vital properties*, *irritability*, *sensibility*, *mobility*, *vital affinity*, *vivification*, and the *nervous power*, (substituting the latter in connection with sensibility, for *sympathy*, which is regarded as a *function* and not a property.) These properties of life are represented as the fundamental cause of all healthy and morbid phenomena, —liable to be more or less diverted from that natural state by a variety of causes,—these new conditions constituting the most essential part of disease, —and this instability of these properties lying at the foundation of all disease and of therapeutics. Our aim in the administration of remedies, according to our author, is by acting on these morbid conditions of the vital properties, to change them in such a way as to contribute to their restora-

tion to the natural standard. "The recuperative tendency of the properties of life, when they are driven by morbific causes from their healthy state, enables them to recover spontaneously from the artificial conditions which are substituted by remedial agents for the more intensely morbida."

Irritability belongs to all tissues, and is the property upon which all vital agents, external and internal, physical and moral, natural, morbific and remedial, produce impressions in organic life, except as sensibility is concerned in the function of sympathy—mobility may be roused by such impressions when motion follows, either by the direct action of the agent, the indirect or reflex action of the nervous power.

Thus, remedial agents may act directly on the irritability of parts to which they are applied, affecting their functions in a direct manner, or they may call into action the nervous power by their action upon sensibility, thus giving rise to reflex action or sympathy. The same holds true in relation to volition, mental emotions, &c.

In addition to the *common and specific sensibility* of authors, Dr. Paine makes a third kind, *sympathetic sensibility*, which, like specific sensibility, belongs to certain parts only of the nervous system, and is the medium through which impressions are transmitted to the cerebro-spinal axis; in the function of sympathy, perception and sensation being rarely attendant phenomena. This sympathetic sensibility is described as appertaining to what are called the sensitive nerves, and the sensitive fibres of compound nerves, which are, in part, the instruments of common sensibility; but he alludes particularly, as an important anatomical fact, to the existence of sensitive fibres in the sympathetic and pneumogastric nerves, which possess in the most exalted degree, the power of transmitting organic impressions to the nervous centres, though nearly destitute of common sensibility. Through this system of sensitive fibres, Dr. Paine maintains that the whole organic department maintains the specific relations of its several parts, and this sympathetic sensibility, like specific sensibility, being variously modified in different parts, becomes adapted to the reception of impressions from agents of particular virtues, (as different medicinal substances,) and their transmission to the cerebro-spinal axis for the production of true sympathy.

Passing by what is said of *mobility, vital affinity and vivification*, we come to the *nervous power*, which is treated in a highly original and masterly manner, opening up the whole philosophy of the operation of the nervous power in producing motion, under all its aspects, in the phenomena of sympathy induced by morbific and remedial agents, or disease, &c. These views, here presented, had already been brought before the world in the

author's "*Commentaries*" and his essay on "*The modus operandi of remedial agents*," but they have not attracted that attention to which they are justly entitled, as they lie at the foundation of physiology, pathology and therapeutics, as taught by the author, and cover the whole ground recently claimed by others, a brief exposition will not be out of place.

The nervous power, we are told, appertains to the vital principle and resides exclusively in the nervous systems, giving rise to results in organic as well as animal life, being far more important in the former than in the latter. Perception is not necessary to its operations, nor does it require a continuity of the nerves with the brain for the function of sympathy, especially in organic life. This nervous power is constantly in operation throughout the organic mechanism, maintaining all parts in harmonious action, and is exerted especially through the motor nerves and the motor fibres of compound nerves, which are mainly dependent for nervous power on the brain and spinal cord. This power, there is reason to believe, is implanted in the motor nerves as well as the brain and spinal cord, though less pronounced in the former; which serves to explain some of the phenomena of contiguous sympathy. Like the other properties of life, sensibility, irritability, &c., this nervous power is capable of being acted upon by external and internal causes, both moral and physical, of being *increased*, or *diminished*, or *altered* in kind, according to the nature of the causes. This power acts as a vital agent to irritability, and is liable to artificial modifications from the operation of physical and moral causes upon the nervous system; its influences upon irritability corresponding with the nature of its modifications, being thus rendered a *vital stimulus*, a *vital depressant*, or a *vital alterative*. The nervous power is brought into universal operation in various ways, according to the seat of the exciting cause; it may be excited in a direct manner by irritants, &c., applied to the brain, spinal cord, or motor nerves: or directly by cerebral or spinal disease, the passions, emotions, imaginations, will, intense reflection, &c., and in all cases will be rendered stimulant, depressant, or alterative to the organic properties and functions, and variously energetic according to the nature of the operating cause, and the intensity and suddenness with which it may operate. In blushing, the power is rendered stimulant; by fear, depressant; by grief, anger, hope, &c., alterative. These effects, whether physical or morbific, are often almost instantaneous. The operation of the nervous power is excited through the medium of sympathetic sensibility, and this complex function results in the true function of sympathy. Impressions are made by physical and moral causes, disease, remedies, &c., upon the foregoing varieties of sensibility, and according, also, to its different mod-

ifications in different parts, and the nature of the operating causes. These impressions are then communicated to the cerebro-spinal axis, or to other central parts of the nervous system, and there bring into operation, and variously modify the nervous power. The power thus developed, thus influenced, or so modified in kind that it partakes of the nature of the transmitted impressions, which are more or less coincident with the virtues of the remote causes, is then exerted, through the moter system of nerves, upon the organic properties of distant parts, or of the nervous system itself, by which those properties, and their resulting functions and products are variously effected according to the foregoing circumstances. From this fact, it also results, that the modified conditions which are brought about by the nervous power, when the preternatural operation of this power depends upon external causes, whether morbific or remedial, are more or less analogous to those changes in the organic conditions which are wrought in parts by the direct operation of the same causes. It thence follows that there is imparted to the nervous power, by the foregoing means, more or less of the characteristic virtues of the remote causes, *but under the influence of its own nature*, by which the nervous power is substituted for those causes, and thus reaches, with its acquired attributes and their various effects, every part of the organization.

Upon those directions as a basis, the author erects his entire superstructure of the modus operandi of all remedial agents, whether excitants, depressants, or alteratives; whether they act on the *secretory* and excretory function, or any other function of the body. The term "excito-secretory" is not employed, inasmuch as the term is partial, and refers only to a part of the phenomena thus produced, and does not regard the depressing and alterative influences of the reflex action, as set forth in various parts of the work. This function, "excito-secretory," is, hower, repeatedly described, as one of those embraced within the operation of reflex nervous power, or sympathy, and was distinctly pointed out in the author's essay "on the modus operandi of remedial agents," published as an introductory lecture, in 1840. This reflex function is the leading doctrine and the guiding principle through the whole 299 pages devoted to a consideration of the *functions*, as well as the 109 pages of the pathological portion. We have only space for a very few quotations and references:

"When made upon distant parts, the impression is transmitted to the nervous centres through nerves of sensation or the sensitive fibres of compound nerves, and brings the nervous power in those centres into unusual operation; from which this power is reflected through nerves of motion or the motor fibres of compound nerves, upon the irritability of other parts, or

the part which sustained the primary impression, and thus gives rise to those various results which are the prominent phenomena in this complex function." (Page 323.)

Among these results, the therapeutical are always mentioned as among the most important, and they are every where and invariably ascribed to this reflex action. The operation of *emetics*, *cathartics*, *diaphoretics*, *diuretics*, *olteratives* (as mercury, iodine, &c.,) all of which excite secretions, is every where explained on this principle. Indeed as the author does not admit that medicines operate through absorption, there is no other mode, but reflex action, to explain their operation, except in cases where the medicine is brought directly in contact with the tissue affected; but even here, reflex action is supposed to be influential in producing the given result.

No one can read Dr. Paine's Institutes, without being satisfied that "excito-secretory" is every where comprehended in what is set forth as to the general organic influences of the reflex action.

The general doctrine is again and again reiterated in every part of the work, as on page 661, where the author remarks:

"In approaching again the *modus operandi of remedial agents*, I may again repeat the most essential points,—that the vital principle is a real substantive agent, of which the vital properties, irritability, mobility, &c., are elements superadded to organic beings after the creation of their structure; that the nervous power was superadded only to the animal kingdom; that all organic functions are carried on through their instruments of action, by the four vital properties, which are common to all animated beings; that all vital agents, whether stimulant or sedative, whether natural, morbific, or remedial, operate directly upon these properties, when the nervous power is not concerned in developing motion or changes; that all disease consists in a modification of these properties, and a consequent change of function, and is, therefore, only a variation of the natural states; that the vital property, sensibility, possesses a modification which I have denominated sympathetic sensibility; that the nervous power is a vital agent, and, like other agents, develops motion and induces changes by acting upon the organic property, irritability, and is exclusively the exciting cause of motion in animal life; that this power or property of the vital principle in animals may be called, in a direct manner, into increased or preternatural operation, by direct impressions, physical or moral, upon the nervous centres, or upon the trunks of nerves; that this power is the efficient agent of remote sympathy, is brought into operation by impressions made upon sympathetic sensibility, *which are transmitted by this property of animal life, through sensitive nerves, to the nervous centres, and these develop the nervous power, which is repeated through motor nerves, upon the irritability of such parts as may be determined by the various influences hitherto expounded, and thus become the exciting cause of motion, of morbific or* THERAPEUTICAL CHANGES, &c., *in those parts upon which its impressions are made;* that the nervous power

is susceptible of modifications by the causes which bring it into universal operation, whether physical or moral, and thus, perhaps, *under the influence of its own nature*, of the special virtues of each exciting cause, to which principle is due its alterative effects according to the nature of the exciting causes; and, finally, that a common principle is at the foundation of the philosophy, whether the manifestations of the nervous power be displayed in maintaining the concerted action of the healthy organism, or in deranging that action, *or in restoring disordered movements*, or as the power may be concerned in developing motion, voluntary or involuntary, when propagated immediately from the nervous centres, and without, of course, the sensitive nerves."

We give this long quotation, inasmuch as it embodies the general doctrines, and indeed the fundamental principles and entire philosophy of the Institutes, embracing "excito-secretory," "excito-motory," and every other known function of the nervous system. Nor is reflex, "excito-secretory" action only referred to in general terms; it is set forth by specific facts and illustrations through the whole portion of the work devoted to therapeutics, as in the following passage, which, if we mistake not, also takes in the whole philosophy of the subject and all its most important illustrations:

"When vomiting springs from the operation of tartarized antimony, and often from ipecacuanha, it is only one of the consequences, and a minor one, of the peculiar irritation of the gastro-mucous membrane. Other and far more powerful influences are determined, simultaneously, upon the organic properties and actions of distant and diseased parts (perhaps as distant as the most remote extremity,) by the same nervous power that shook the respiratory organs during the act of vomiting. And often, indeed, does it happen, that those influences are propagated with the most profound effect, when the act of vomiting fails of being consummated, and nausea alone shall send with prostrating effect the modified nervous power over the whole system; when we shall see it simultaneously bathing the whole surface with perspiration; pouring the saliva from the mouth; breaking down a tumultuous excitement of the heart and arteries; starting on the instant a torrent of bile, and an equal effusion from the intestinal mucous membrane; and at the next moment, calling up a magnificent play of sympathies for the evacuation of the fluids, after the manner of an active purgative: these very effusions, also, instituting other circles of sympathy, which join in the great work of curative movements," &c.

It is, however, unnecessary to elucidate this subject at any greater length. It will be recollected that these views were brought before the profession by the author as early as 1842, in his essay "*On the modus operandi of Remedies.*" The connection of the nerves with the function of secretion, was fully demonstrated in the experiments of Wilson Philip, more than thirty years ago, and more recently by those of Bernard; but to Dr. Paine belongs

the entire credit of applying these experiments and their results to illustrate the functions of the nervous power as a vital agent, profoundly interested, not only as an "excito-secretory" power, and as a modifying cause of all secreted products, nutrition, &c., but in deducing from them a universal agency of the *reflex action* of the nervous system, through the "double nervous arc" in the production and cure of disease: and it is not too much to claim for our author and countryman, that with unsurpassed acumen and ability, he has abundantly established the fact that secretion in animals is conducted by powers implicated in every part, but that it is constantly influenced physiologically, pathologically, and therapeutically, by reflex action of the nervous system. L.

ART. V.—*Silver Sutures. The Anniversary Discourse before the New York Academy of Medicine. Delivered in the New Building of the Historical Society, on the* 18*th November*, 1857. By J. MARION SIMS, M. D., Surgeon to the Woman's Hospital. (Published by order of the Academy.) New York: SAMUEL S. & WILLIAM WOOD, 389 Broadway. 1858.

Among the medical societies which have been instituted for the advancement of science, the New York Academy of Medicine occupies, perhaps, the most dignified position, and anything which emanates from that learned body, carries with it a weight which is recognized by the profession of this and other countries. In addition to this passport to favor, the reputation which Dr. Sims has attained by his novel and successful treatment of the diseases arising from difficult or obstructed labor, led us to expect a valuable contribution to science, when we read that he has chosen this interesting theme for the subject of his anniversary discourse. This discourse, therefore, will be, or has been, very generally read, and demands attention from the journalist, whose duty it is to keep the profession *au courant* in matters of scientific interest.

We have read, and carefully read the paper of Dr. Sims, and in spite of the endorsement of the Academy and the reputation of the author, we would have been tempted to shrink from the disagreeable task which we have before us, were it not for the malignant and uncalled for attack upon a fellow-worker in this department of reparative surgery.

This is the only part of the discourse which inspires in us anything but sympathy for the ridiculous and pitiable position in which the bombastic inflation of the author has led him to place himself before the profession;

and in pity then, we would have left the criticism of his paper to its readers; and those who were so unfortunate as not to have seen it, we would have left in ignorance of the extent to which prosperity could annihilate the common sense of an intelligent man.

We have spoken strongly, and we intended to speak strongly; but our editorial conscience will not permit us to pass over such a production, containing as it does gross and unfounded imputations against the character of one who has done much for science, and whose reputation, every one acquainted with the literature of vesico-vaginal fistula must respect. We shall speak in its proper place, of the charges which are brought by the author against Dr. Bozeman, and must now say something in justification of the remarks which we have felt called upon to make.

The oration commences, as many orations have commenced before, with an expression of diffidence in following in the footsteps of those to whom this duty had been assigned on the preceding anniversaries. Then follows a laudation of his predecessors, which, though we all know it to be most amply merited, could not have failed to have called a painful blush to their cheeks. After which he proceeds to the proper subject of his discourse, "the use of silver sutures in surgery."

All surgeons are familiar with the operation described by Dr. Sims in the American Journal of Medical Sciences for January, 1852. Could not Dr. Sims have been satisfied with the favor with which his discovery was received by the profession? Kollock, the author of an able report on this subject, Wood, Mettauer, Williams, of this country, and Isaac Baker Brown, Druit and Spenser Wells, of Great Britain, with many other eminent surgeons, bear testimony to its excellence, and have used it with success. Baker Brown, who is one of the highest English authorities on this subject, in his work on "SURGICAL DISEASES OF WOMEN," places the operation described by Dr. Sims before *all others*.

We all give honor to Dr. Sims, and claim for our country the credit of having taught the world a mode of relief for these disgusting maladies, after such men as Desault, Roux, Dieffenbach, Baker Brown, and the host of eminent surgeons, have for centuries acknowledged that vesico-vaginal fistula was almost without a remedy. Men cannot but admire the talent and industry which have wrought such an improvement in any department of science, and especially one which brings relief to the horrible sufferings which so loathesome a disease entails upon its victims; but his admirers cannot be the less mortified that he has descended so far from what they would have expected, and must deplore the ridiculous egotism and intolerance which in-

dicate so clearly that, while Dr. Sims had the strength to achieve a great work, he is too weak to bear the credit and prosperity which are the result of his labors.

The operation of Dr. Sims we can describe in a few words. The edges of the fistula are to be freely pared, a point to which he properly attaches a great deal of importance, and brought together by sutures of fine silver wire, fastened to leaden clamps. The ends of the wires are made to perforate the clamps, and are held in their places by perforated shot compressed upon them. The whole is then allowed to remain until union by the first intention becomes firm, and is then removed by clipping off the shot with cutting pliers.

We will now quote from the oration the passage which refers to Dr. Bozeman's alleged piracy of his laurels:

"The city of Montgomery, Alabama, was the theatre of my early operations. Bad health compelled me to leave them in 1853. I then gave Dr. Bozeman a partnership in business, and indoctrinated him in my peculiar method of operating for vesico-vaginal fistula, instructing him in my various modes of using silver wire as a suture, not only in this class of affection, but in general surgery. Not understanding its principle of action, and therefore failing in its practical application, he was quite disheartened with his ill-success, when by mere accident he fell upon a plan of fastening the wire, and so modifying my method, that in awkward and inexperienced hands it became easier of application. Instead of passing the wires through the leaden bars on each side of the fistula, he passed them through a concave disk, or 'button,' which rests upon the surface of the parts to be united.

"Notwithstanding the fact that the doctor lived in Montgomery for years, without any professional position till I gave it to him, that he is indebted to me for what he never could have obtained without my aid, he appropriates to himself every step of the operation that resulted from my own individual and unaided efforts—even my silver wire and perforated shot, the only things of any real value whatever, and publishes it as his operation by a 'new mode of suture,' making strenuous efforts to place my labors entirely in the back ground.

"I do not complain of modification, but I do complain of a disingenuousness which would be dishonorable, even under widely different circumstances."

Here, in the first place, the author states that "not understanding its principle of action, and therefore failing in its practical application, he was quite disheartened with his ill-success." It does not seem to us possible that any person of common intelligence could mistake the "principle of action" of the clamp suture; and it also seems to us that it was because Dr. Bozeman understood fully the "principle of action" of the new method, and appreciated its deficiencies, that he was led to invent the button modification. By

referring to an able review of Sims, Bozeman, and Kollock, in the October number of the American Journal of Medical Sciences, 1857, by Dr. Storer, it will be seen that the profession at large have "*not understood its principle of action;*" that the wires will cut themselves out in certain instances; and Dr. Sims himself acknowledges that

"The clamps, burrowing in the vaginal surface, leave a deep sulcus by the side of the new cicatrix, which, when they are removed too soon, fill up by granulation. It is a law of all granulating wounds, to contract as they heal, and this contraction on each side of the new cicatrix is often sufficient to pull it gradually apart. Accidents of this sort have happened repeatedly in my hands from a too early removal of the suture apparatus. Great judgment, which experience alone can give, is necessary to determine the length of time that the sutures ought to remain intact, for no positive rules can be laid down that will answer invariably in every case. I have also seen serious mischief result from leaving the clamps too long embedded in the parts. Their burrowing and ulceration may extend entirely through the vagino-vesical structure, thereby substituting new fistulous opening for the original one. This complication is by no means incurable, but only prolongs the treatment and postpones ultimate success. In two or three instances I have witnessed a still more serious accident from an undue pressure of the clamps, viz., a strangulation of the enclosed fistulous edges which unfortunately resulted in a sloughing of the tumefied parts, and a consequent enlargement of the opening.*

Other difficulties have been shown to occur, by Dr. Kollock, in his report before the State Medical Society of Georgia; and Dr. Storer states that Colles, of Dublin, and Spencer Wells, of London, have endeavored to devise means of avoiding these accidents. Their plans, indeed, have been published, but Dr. Storer gives the palm to Dr. Bozeman, *who had not the intelligence to understand the "principle of action" of Dr. Sims' method*, and who repaid the benefits which Dr. Sims' had heaped upon him, by daring to give to science an improvement of the clamp suture "so that in awkward and inexperienced hands" the operation could be made successful.

"It is to Dr. Bozeman, of Alabama, to whom it accidentally suggested itself, that we are indebted for the long looked for discovery now known as the button suture. His first paper was published in the spring of 1856, and he has lately made known the results of a more extended experience, by diagrams, accurate descriptions, an elaborate classification of all possible vari-

* Dr. Sims' article in the American Journal of Medical Sciences, January, 1852, page 70.

eties of fistula, and directions for perfectly adapting his apparatus to each and every one of them."*

The same reviewer states that Dr. Sims has judiciously combined the stitch of Hayward, and the metal thread of Mettaner; which suggestions he gives not the slightest credit to Dr. Hayward, and merely mentions that lead sutures had been used by Mettaner and Dieffenbach; he had tried them, "but fortunately for science, the clumsy lead wire was unsuccessful in my hands." Yet, when Dr. Bozeman publishes his improvement, the only original point which he claims, being the button, because he does not state in so many words that he uses the silver wire and perforated shot, *recommended by Dr. Sims*, a fact which is sufficiently well known to every surgeon, he is accused of the blackest literary piracy, and every epithet is heaped upon him which could be tolerated by the august body before which the oration was delivered. Dr. Sims then reports seven cases in which he has tried the button suture of Dr. Bozeman, and which seemed to him particularly favorable for the operation, six of which was unsuccessful. The *animus* with which the improvement of Dr. Bozeman is discussed, would be a sufficient argument against the fairness of this test, if we did not have *twenty-four* operations reported by Dr. Bozeman, in which he had used the button suture, which were successful in *twenty-two* instances, and the two which were not entirely successful were only partial failures. In addition to this, we have the testimony of such men as Gross, Storer, Kollock and others, in favor of the superiority of the button suture.

In this connection, though we have already noticed Dr. Bozeman's article in a former number of this Journal, we cannot refrain from speaking of a surgical achievement, not even mentioned by Dr. Sims, which was conceived, but not executed, by Jobert; that of paring and suturizing the cervix uteri. To Dr. Bozeman alone, is the credit due, of having performed successfully this novel and bold exploit.

We conceive that we have said enough, and more than enough, to defend Dr. Bozeman from the unprovoked assault of Dr. Sims, and will now endeavor to follow the author through the remainder of his discourse, as closely as our limits will permit.

The style in which our author indulges is unheard of in scientific literature; and though it may fix the attention more closely, from its novelty, yet we should be sorry to see the example followed by others who may have

* Review by Dr. Storer, loc' citat'.

anything to present to the profession. The simplicity of the truly scientific writer gives an additional charm to a valuable production. Such a charm is not lent to the paper before us by the flaming capitals which head each page, as "EFFORTS TO SUPPLANT AUTHOR," "PROVIDENTIAL INCIDENT," "WOMAN'S MORAL COURAGE," "NEW HOPES SUDDENLY INSPIRED," "PERSONAL NARRATIVE," etc. These striking headings are the first that meet the eye of the reader as he opens the pamphlet, and are a truthful indication of what he finds beneath them. The most "thrilling" story in a Sunday newspaper could hardly compare, in graphic description, with some passages of Dr. Sims' oration. For example, take the following, which is on the page headed by "NEW HOPES SUDDENLY INSPIRED."

"*Full of thought I hurried home—and the patient, (with vesico vaginal fistula,) who was to have left the next day, was placed in the position described,* with an assistant on each side to elevate and retract the nates. I cannot, nor is it needful to describe my emotions, when the air rushed in and dilated the vagina to its utmost capacity, whereby the whole surface was seen at one view, for the first time by any mortal man. With this sudden flash of light, with the fistulous opening seen in its proper relations, seemingly without any appreciable process of ratiocination, all the principles of the operation were presented to my mind as clearly as at this time. And thus, in a moment, in the twinkling of an eye, new hopes and new aspirations filled my soul, for a flood of dazzling light had suddenly burst upon my enraptured vision, and I saw in the distance the great and glorious triumph that awaited determined and persevering effort. I thought only of relieving the loveliest of God's creatures of one of the most loathsome maladies," etc. etc. etc.*

The author then goes on with his "personal narrative," relating how he was occupied from the 9th of December, 1845, to the 10th of January, 1846, in procuring the proper instruments; and on the latter date, the first operation was performed. The first was a simple case, but what was his surprise and mortification to find it a failure. These failures were repeated until all his professional friends, who had previously encouraged him in his efforts, deserted him. We have not time to follow the orator through all his sensations, etc., until he discovered the application of the perforated shot and the silver wire; suffice it to say that he finally made the operation in the manner we have hastily described in the beginning of this article, and "having contracted the chronic disease of a warm climate which is almost universally fatal, and struggled hard for more than two years, and, as it seemed,

* On her elbows and knees, with the pelvis elevated and the thorax depressed.—ED.

hopelessly against my fate, thus seeing death was inevitable, and fearing that I might die without the world's reaping the benefit of my labors, I determined to give my experience, crude as it was, to the profession that I loved so much," like Napoleon the First, "Je désire que mes cendres reposent sur les bords de la Seine, au milieu de ce peuple Français que j'ai tant aimé."*

Here we have depicted the trials and persecutions of a Jenner or a Harvey; the hopes, fears, and labors which a vivid imagination would connect with the establishment of a startling and almost incredible discovery, with a dash of the "Little Corsican" worked in at the end. But no, Dr. Sims has not been oppressed! He has not been persecuted! His discovery has met with a favor which is not often conceded, immediately, to a new thing, and while he has shown that he could conquer adversity, he is not proof against the more subtle dangers of prosperity.

But we cannot close this review without again expressing our sense of the value of the labors of Dr. Sims, which we have no intention to underrate, though we deplore the errors of style into which he has fallen, and are compelled to censure his attack upon his more unassuming fellow-laborer, who, we are confident, has made an important improvement in his admirable operation. As we have before remarked, Dr. Sims has all the credit, as the first man who treated vesico-vaginal fistula with success, and it is not usually given to one man both to originate and perfect an important invention. That Dr. Bozeman has made an improvement by the use of the button, we have the testimony of the highest authorities in this country; but this improvement in no wise detracts from the merit of the original invention. The strictures which we have made, were actuated by no prejudice or personal feeling, and we have simply said what we thought to be the right.

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* I desire that my ashes may repose on the banks of the Seine, in the midst of the French people I have loved so much.

ART. VI.—*Report of Mortality in Buffalo for the Month of July*, 1858. By H. D. GARVIN, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Abdominal Tumor,	1	1		
Abcess,	1		1	
Accidental,	6	5	1	
Anemia,	1		1	
Apoplexy,	1		1	
Atrophia,	1		1	
Caries of Spine,	1	1		
Cholera Infantum,	14	7	7	
Cholera Morbus,	1		1	
Convulsions,	8	4	4	
Coup de Soleil,	1		1	
Delirium Tremens,	4	3	1	
Disease of Liver,	1	1		
Disease of Brain,	3	3		
Drowning,	6	4	2	
Dropsy,	2	1	1	
Dysentery,	11	6	5	
Enteritis,	1		1	
Fever, Typhoid,	3	3		
" Scarlet,	4	3	1	
" Puerperal,	2		2	
" Congestive,	1		1	
" Remittent,	1		1	
Hæmorrhage,	2	1	1	
Heart Disease,	1	1		
Hooping Cough,	3	1	2	
Hydrocephalus,	3	2	1	
Intemperance,	1	1		
Marasmus,	7	5	2	
Old Age,	3	2	1	
Peritonitis,	1	1		
Phthisis,	7	4	3	
Pneumonia,	3	3		
Premature Birth,	2	1	1	
Puerperal Convulsions,	1		1	
Rheumatism,	1		1	
Salt Rheum,	1		1	
Scirrhus,	2	1	1	
Scrofula,	2	1	1	
Still Born,	4	2	2	
Syphilis,	1	1		
Teething,	2	1	1	
Thrush,	2	1	1	
Typhoid Pneumonia,	1		1	
Ulceration of Bowels,	1	1		
" " Stomach,	1		1	
Unknown,	7	3	4	
Total,	134			

SEXES.

Males,	77
Females,	57
Sex not given,	0
Total,	134

AGES.

Still-born,	4	Between 20 years and 30 years,	15
1 day,	2	" 30 " " 40 "	10
1 day and 30 days,	5	" 40 " " 50 "	9
Between 1 month and 6 months,	17	" 50 " " 60 "	6
" 6 months and 12 "	23	" 60 " " 70 "	6
" 1 year " 3 years,	15	" 70 " " 80 "	2
" 3 " " 5 "	5	" 80 " " 90 "	1
" 5 " " 10 "	4	" 90 " " 100 "	0
" 10 " " 20 "	6	" 100 "	0
	81		49
Ages not given,	14		13
Total,	126		

NATIVITIES.

American, (colored, 2,)	92	Prussian,	0
German,	14	Italian,	1
Irish,	18	French,	1
English,	4	Scotch,	0
Canadian,	2	Switzerland,	1
Holland,	0	Country not given,	0
Total,			134

Contributions to Operative Surgery and Surgical Pathology. By J. M. CARNOCHAN, M. D., Prof. of Surgery in the New York Medical College; Surgeon-in-Chief to the State Emigrants Hospital, etc.

This is the first number of a series of contributions to operative surgery, consisting in a full account of some rare surgical cases. These are illustrated by admirable drawings from nature. The first number contains a case of "Amputation of the entire Lower Jaw," and cases of Elephantiasis Arabum treated by Ligature of the Femoral Artery.

Dr. Carnochan has published several remarkable cases of surgical disease, which he has operated upon with excellent success, and we are glad to see them presented to the profession in a collected form.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Report of a Case of Inversion of the Uterus Successfully Reduced after Six Months, with Remarks on Reduction in Chronic Inversion. By JAMES P. WHITE, M. D., Professor of Obstetrics in the University of Buffalo, and Accoucheur to the Buffalo Lying-in Hospital. (With four wood cuts.)

The following report of a case of inverted uterus was made at a meeting of the Buffalo Medical Association, February 12th, 1856, and appears in its published proceedings:

"On Monday, 28th January, Dr. Storck called at my office requesting my attendance, with himself and Dr. Dupré, upon a young female at No. 9 Huron street, who had been delivered of her first child upon the Tuesday previous.

"Accompanying him, I found the patient, 19 years old, exsanguine, with quick pulse, and greatly exhausted from loss of blood. I found that she had been attended, at the time of her delivery, by a German midwife, who stated that, after a brief labor, she had given birth to a male infant, weighing ten and one-half pounds. She also stated that the after-birth soon came away, accompanied by a large tumor, which descended into the vagina. This tumor she supposed to be a mole or false conception, and she stated that it was as 'large as a cannon-ball.' The flooding, at the time, she described as terrific, producing protracted syncope.

"A day or two previous to my first visit, whilst making an effort to evacuate the bowels, the tumor had descended through the os externum and became suspended between the patient's thighs. All her efforts to remove the tumor proving unavailing, the midwife had sent for the gentlemen above mentioned for that purpose, and they now associated me with them in the treatment of the case.

"The tumor was immediately recognized as the inverted uterus, as large as at the fourth month of pregnancy, which, with the external organs, was inflamed and tender. The uterus felt hard and inflexible, the body being apparently distended with blood from the ligated condition of the neck, and the parts had been rendered exceeding irritable by manipulations for the removal of the supposed 'false conception or tumor.'

"By grasping the uterus gently and firmly with both hands, which it completely filled, compression was continued until the organ was relieved of its engorgement and considerably diminished in bulk. By continuing this firm but gentle compression, I was at length enabled to carry it up into the vagina. At this time the patient, having lost some blood during the effort, became very faint, in consequence of which, and the sensitiveness of the vulva, it was deemed prudent to omit further efforts at restoration of the organ until the following morning.

"Meanwhile the bowels were moved by an enema, followed by an anodyne, and fomentations were applied to the abdomen and external genitals. The patient was also directed to take freely of broths and stimulants.

"*Tuesday 29th*, 12, M. Slept pretty well during the night; the hypogastric and vulval soreness is considerably diminished; the uterus lessened in size, and manifests some susceptibility to indentation upon pressure. The hæmorrhage has continued during the night; pulse 144, and feeble; has had a severe chill, and is greatly prostrated. During the last three hours Dr. Storck has, at my suggestion, applied extract of belladonna to the neck of the uterus. At 12 o'clock, placed the woman across the bed, her pelvis resting upon its edge and her feet being supported, one in the lap of Dr. Dupré, the other in that of Dr. Storck. Prof. S. B. Hunt, who was kind enough to visit her, upon my invitation, gave her chloroform so as gradually to bring her moderately under its influence. This effect was maintained throughout the succeeding operation.

"I now placed myself upon my knees between the limbs of the patient, a position admitting of free motion on my own part, giving complete control of the pelvis of the woman, and which could be maintained for a considerable period without unnecessary fatigue to the operator. Introducing the entire right hand into the vagina, the whole body and fundus of the organ were firmly and continuously compressed for some time. At length, keeping up the pressure, it was found, upon applying the thumb to the fundus, that a slight depression could be made. Having succeeded in dimpling the fundus, pressure was maintained with the thumb at that point until the hand became so fatigued as to be nearly powerless. To preserve this depression whilst the muscles of the hand were permitted to relax, a rectum bougie, about twelve inches in length and one in diameter, was carried along its palm fixed in the dimple, and pressure unintermittingly continued through it by the left hand outside the vulva. So soon as the intra-vaginal hand was sufficiently rested, pressure by it was recommenced and the bougie withdrawn.

"Whenever these progressive efforts were resumed, the left hand was placed over the uterine tumor, which could now be distinctly felt in the hypogastrium. By means of the counter pressure above the pubis, a much greater degree of pressure could be made upon the depression in the fundus of the uterus without lacerating its vaginal connections. At length the fingers of the left hand being pressed well down into the abdomen, seemed to fasten upon or hook over the anterior uterine lip and aid in its reflexion over the organ. Thus securely held between the two hands, one within the vagina and the other upon the hypogastrium, these efforts at reduction were continued until I became nearly exhausted from fatigue. Gradually the concavity of the fundus was found to be deeper and deeper, until it finally became completely restored. The bougie was now passed up to the fundus, penetrating twelve or more inches beyond the vulva, and gently maintained

there by Prof. Hunt, whilst the patient was placed in bed. My fingers were benumbed and nearly deprived of sensation by the long-continued unremitting pressure, and at my request, he also examined to ascertain whether the organs now occupied their normal relations. This being determined by him affirmatively, the bougie was gently withdrawn, and the patient left with directions that an anodyne be administered, quietude preserved, and stimulants and nourishment given freely. It may be added that she seemed more comfortable than before the operation, and expressed herself as feeling better than since her confinement. The hæmorrhage was, from this moment, completely arrested.

"On the 30th, at 11, A. M., upon visiting her, with the same medical gentlemen who were present the day before, found her feeling better, with less pain and much more hopeful. The pulse had, however, but slightly diminished in frequency (140) or increased in force, and she still looked exsanguine.

"Continued the treatment of the day previous, giving as much beef essence and brandy as the stomach will retain.

"On Thursday, 31st, at 11, A. M., Dr. Storck informs me that the irritability of the stomach, which had been troublesome from her delivery, was now greatly increased, and it was with difficulty that she retained the smallest quantity of fluid. The pulse is more feeble, and she is evidently sinking. Notwithstanding the free use of quinine and brandy, she expired at 5, P. M. on the same evening.

"Feb. 1st, at 12, M., the *post-mortem* examination was made by Dr. Lemon, in the presence of Drs. Storck, Dupré, Hauenstein, and Prof. Hunt, the last of whom, at my request, furnishes the following report of the condition of parts as they were found upon examination:

'The examination was held eighteen hours after death. Only the abdominal cavity was opened. All the tissues were extremely bloodless. The stomach and intestines were fully inflated with gas, but almost without any liquid contents. The walls of the intestines were white and translucent, and no trace of inflammatory injection could be found either upon them or any portion of the peritoneum. There was, however, a little serous effusion within the peritoneum, and between some of the convolutions of the intestines a very little lymph was exuded. The uterus was drawn up and removed with as little of the vaginal canal as could be reached from within. Externally the uterus presented its normal shape and position, there being no trace of its recent inversion. The vaginal mucous membrane and the os uteri presented the dark color usual to the organ at this period after labor. The tissues were not softened, nor was there any laceration of them at any point. Upon section through the posterior wall, the same pale, bloodless appearance, noticed elsewhere, was presented. The uterine cavity contained a little altered blood. Upon washing the surface it presented no unusual appearance. The situation of the placenta was marked by the usual rough, flocculent surface.

'The examination revealed no cause of death, unless the anæmic condition of the tissues may be considered as such. I have never before seen so bloodless a subject, with one exception: that of a girl who died from purpura hæmorrhagica.'

"The uterus and its appendages were then submitted to the association for inspection.

"This case is regarded as interesting in many respects. It will encourage

the growing belief among accoucheurs, that reduction may be undertaken, with reasonable hope of success, at a period much later than most writers have heretofore advised. Denman, Dewees, Velpeau and others, believe any effort at restoration useless after a very few hours. In a valuable paper upon this subject from the editor of the *Buffalo Medical Journal*, to be found in the November number, 1853, sixty-seven cases are collected, and all the facts pertaining to their reduction, so far as they could be obtained, are given. Most of the cases which were successfully treated were operated upon very soon after the accident. Thirty-two of the sixty seven were not reduced, and a few 'exceptional cases' at various periods after the first day. By this table Dr. Hunt has shown that treatment has, though very rarely, resulted in success at a later period than was formerly supposed practicable, and the above case furnishes another instance in support of the same position.

"I have witnessed but three cases of inversion of the uterus. The history of one is given above. One of the others was seen and reduced soon after the accident; whilst the third was not visited until the fifteenth day—no effort at reduction being attempted. With my present views upon this subject, I should abandon such a case as hopeless only after a prolonged effort at reposition. The accident occurred in 1842, and the female, then but 19 years old, now enjoys tolerable health, though the uterus still remains inverted in the vagina. The case is referred to, and the course of treatment pursued given in part by Prof. Hunt at page 335, in the paper already cited.

"The position in which the patient was, in the present instance, placed for the operation, is deemed worthy of note. It will be perceived that it gives complete control of the pelvis, permits free motion of the person and arms of the operator, and may be maintained for a long time without fatigue. In this position he is able to render important assistance in the most difficult stage of the operation, with the left hand over the hypogastrium. Nor was the use of the bougie unessential; by its assistance continuous pressure was maintained, whilst the hand was relieved for a short period, thus, as it were, tiring out the circular fibres of the neck. How much of the success of the operation was due to the relaxation of the neck from the application of the belladonna, if, indeed, any beneficial influence was exerted by it, I cannot determine. The moderate anæsthesia, continued during the efforts of manipulation, doubtless saved the patient much pain, and lessened involuntary resistance. Whether the patient's chances of rallying were improved by the reposition, may, by some, be deemed doubtful. There were no lesions of the utero-vaginal connection found, indicating that such a degree of force had been used as to impair the integrity of, or excite inflammation in those tissues. The hæmorrhage, which had been considerable during the previous twenty-four hours, ceased with reduction, and the woman was much more comfortable the day following than the one preceding. The patient doubtless died from loss of blood immediately attending the delivery of the placenta and inversion of the uterus, the disturbance of the system occasioned by the unnatural position of that organ during eight days, and the continuous drain by hæmorrhage during the same period. I believe it to be the opinion of all present, that the shock of the operation was fully compensated for by the increased comfort of the patient and arrest of flooding. She had, however, lost too large an amount of blood; reäction could not be established, though nature was aided in her efforts by all the resources of art."

Fully convinced, from the result of the efforts made in this instance eight

days after inversion, of the feasibility of restoring the uterus in many cases heretofore considered irreducible, I did not meet with any opportunity of putting my convictions again to the test until the month of March last. The infrequency of the occurrence of this accident among careful practitioners is apparent from the fact, that many largely engaged in practice pass their whole lives without meeting with a single instance. On this point we may cite the reliable statement of Dr. West, in his work on the *Diseases of Women*, that "in the annals of the Dublin Lying-in Hospital, and those of the London Maternity Charity, it was not once met with in a total of more than 140,000 labors."

On the third of March, Dr. C. D. Robinson, of Hornellsville, wrote to me stating that he "had been called in consultation with a neighboring physician, and found a patient with an inverted uterus of more than five months' standing." My opinion was desired as to "the possibility of returning the inverted organ and the propriety of extirpation." In my reply the impropriety of removal, unless as a last resort, was insisted on, and the hope expressed that a prolonged and well directed effort might succeed in reduction; and that, in my belief, it was due to the poor woman that the attempt should be made before she was abandoned to the evils of chronic inversion. A few days subsequent to this date, I was requested to visit her at my earliest convenience.

Engagements in the city prevented my complying with this request until the twelfth of March. On accompanying Dr. Robinson to the residence of the patient, Mrs. Amelia Miller, I found her extremely anæmic, confined to her bed, and suffering greatly from the loss of blood.

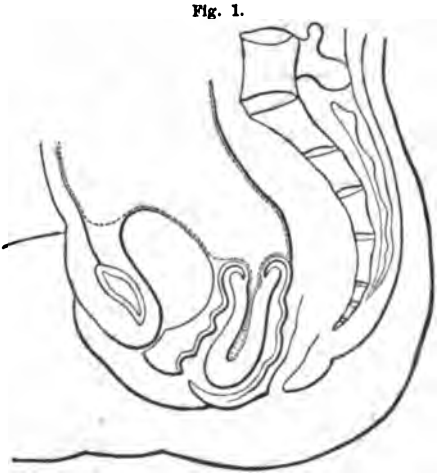
The history of the case, as furnished by herself, her husband, and the medical gentlemen who had been in attendance, is as follows: At the age of 30 she was taken in labor at the maturity of her second pregnancy, on the 22d day of September last, Dr. Batten in attendance. This labor was natural to the conclusion of the second stage, when she gave birth to a large male child. Placenta adherent, but removed at the expiration of about thirty minutes, and its delivery followed by copious flowing, severe pain, and faintings. The prostration was so great as to require the constant use of stimulants during the succeeding forty-eight hours, and for three weeks she continued extremely weak and faint. At about this time she took an aloetic cathartic, which occasioned violent efforts at stool, accompanied by pains resembling those of labor. Profuse hæmorrhage followed these straining efforts and a large pear-shaped tumor made its appearance through the os externum. The neck or smaller extremity of this body was at the vulva, and the larger extremity down between her thighs. By the assistance of her husband, she was enabled to return this tumor within the vulva, when a messenger was dispatched for Dr. Batten. Dr. B., upon his arrival, introduced his hand into the vagina and carried the uterus high up into the pelvis, and resorted to astringents and cold for the purpose of arresting the flow of blood, which continued profuse and difficult to control. The prostration being at this time very great, the horizontal posture was enjoined, stimulants and tonics given, and the bowels moved by enema.

During the succeeding three months she had occasional hæmorrhages, which were severe, with constant discharge of muco-sanguinolent matter. Two or three times during this period she so far improved as to walk about her room and partially supervise her domestic affairs, though looking very

pale and being very feeble. About the middle of January she had another severe attack of hæmorrhage, the tumor again presented externally, and was again returned as before; that is, pushed back within the vulva. Dr. B. again visited her, and prescribed such remedies as seemed necessary to control the flowing. Since about the first of February she has been compelled, from the debility consequent upon the exhausting sanguinolent and leucorrhœal discharges, to preserve the recumbent posture. Lactation, doubtless, added to the exhaustion, and being confined to her bed she had little appetite, the stomach was irritable and the bowels costive. Ever since the patient took the aloetic cathartic and the tumor made its first appearance between the thighs, she has been aware of the existence of something unnatural in the vagina. This body has occasionally made its appearance externally, requiring the assistance of her husband to replace it, and she has had frequent attacks of a "straining sensation" described as accompanying its first complete descent. She has suffered greatly from all the symptoms arising from exhaustion and sympathy with the uterine irritation decessarily developed by its malposition. The pulse now numbers 130; she is blanched or wax-colored, and grows dizzy and faint when raised to the semi-recumbent posture, and cannot be moved without producing a sense of prostration. It should have been stated, that on the 25th of February Dr. Robinson, of Hornellsville, and Dr. Reynale, of Downsville, visited the patient in consultation with Dr. Batten, when inversion of the uterus was diagnosed, and measures resorted to, calculated to ameliorate her condition.

Upon making a careful examination (nearly twenty-five weeks having now elapsed since confinement,) the fundus of the uterus is found just within the os externum, and about one inch and three-fourths in its transverse diameter, and scarcely exceeding an inch in its antero-posterior diameter, Fig. 1. The body and neck of the organ occupy the vagina, and the neck is not more than one inch in diameter, and feeling like the pedicle of a polypus. The inversion is recognized as complete, and the organ scarcely, if at all, larger than when in its natural position six months after delivery. Introducing a large cylindrical speculum into the vagina, the fundus of the uterus passes readily into its cavity, thus demonstrating the complete involution of the uterus, and bringing distinctly into view the rough mucous membrane of its now outer covering, which bleeds upon the slightest touch with the finger or sound. It is seen to be covered with muco-purulent matter also, and not susceptible of indentation by pressure with the point of the sound.

Fig. 1.



The bowels having been freely moved by an enema, I proceeded to the operation of reduction in the presence of Drs. Robinson, Reynale, Batten,

Dimick, and Mr. J. W. Robinson, medical student. The patient was placed for the operation, as before, upon an elevated, firm bed, with the hips brought quite to its edge, the knees separated, the feet resting in the laps of Drs. Reynale and Robinson, with directions to each to support a knee and hand of the patient, and prevent her from moving about. Dr. Batten brought the patient moderately under the influence of chloroform, which was continued throughout the operation, whilst I placed myself upon my knees, between the limbs of the patient, her pelvis being at a convenient elevation for manipulation. I introduced my right hand completely into the vagina, and firmly grasped the entire body and neck of the uterus. It may here be remarked that the parts were so firmly contracted as to render the introduction of the hand difficult. At the same time that the entire uterine tumor was grasped by the right hand, the large rectum bougie described in the first operation, was carried up, and also received into its palm, and held firmly in contact with the fundus of the uterus, the hand being sufficiently large to receive both, and keep them in apposition. Continuous, gentle pressure was now made upon the external extremity of the bougie with the left hand, whilst the right compressed the uterine tumor, and kept the upper extremity of the instrument directly upon the fundus, and with the dorsum of the hand in the concavity of the sacrum, directed the force in the axis of the pelvic cavity, putting the vagina completely upon the stretch, Fig. 2. This pressure was exerted, and this position unintermittingly maintained, although the force was not to such a degree as to endanger laceration of the utero-vaginal connection, until my strength was nearly exhausted from continuity of effort. At length, and when about to relinquish the task, the uterine tumor began to shorten *at its neck*, and the mouth of the organ to push upon the upper surface of the hand. No depression or dimpling of the fundus was at any time perceptible.—Ascending more and more rapidly as the neck diminished in length, Fig. 3, the fundus finally

Fig. 2.

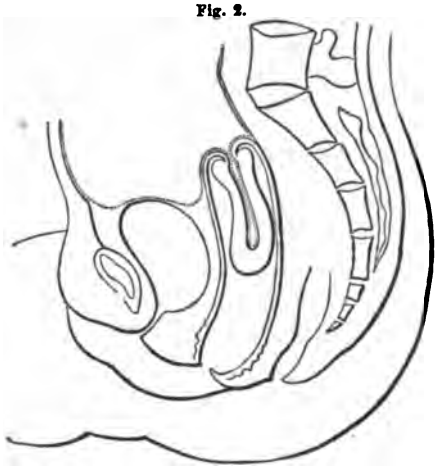
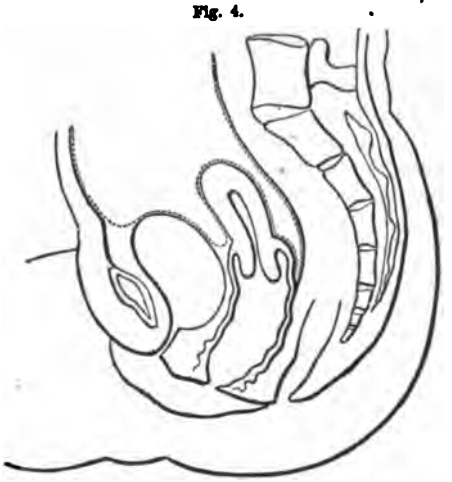


Fig. 3.

passed out of the hand, and was easily pushed by the bougie through the mouth and neck of the organ up to its proper position, Fig. 4.

Fig. 4.



In order to verify the restoration, Simpson's sound was introduced alongside of the bougie, and was found to enter a little more than two and one-half inches above the os, which could now be distinctly felt. The large speculum, already referred to, was now slipped up around the bougie, when the os was brought distinctly into view, surrounding also the bougie. The sound was again carried through the os to the fundus, through the speculum, and all the medical gentlemen present saw that it passed easily beyond the mouth to the shoulder of the sound, and could not, without force, be carried further. Thus was demonstrated not only the reduction of the uterus, but that the organ was accurately measured, and found scarcely, if at all, enlarged. The speculum and sound were now withdrawn, the patient carefully removed to the bed, and the bougie retained in place by the hand, to prevent reïnversion. Meanwhile, stimulants were given to sustain the patient, and ergot in such doses as were deemed likely to excite the tonic contraction of the uterus. The patient soon recovered from the effects of the chloroform, and expressed herself as feeling quite as comfortable as before the operation. The patient suffered but little during the operation. The discharge of blood was slight, and when the effects of the chloroform had passed off, and she had taken a little brandy and water, she expressed herself as feeling comfortable. Pulse not sensibly changed in quality, and numbering the same as before the operation.

Drs. Robinson and Batten remained with the patient during the succeeding night, alternately maintaining the bougie in the uterus, supporting it gently, and rendering such other attention as the patient required. Continuing the pressure upon the fundus of the uterus was, perhaps, unnecessary; but it was thought safe not to withdraw the bougie until the next day.

March 13, Dr. Robinson writes: "The patient is quite comfortable; pulse 108. Free from pain. Withdrew the bougie this morning, and found the os uteri embracing it pretty firmly."

Tonics, with nutritious diet, were continued, and quietude in the horizontal position enjoined.

On the 15th, he writes: "The patient is quite comfortable this morning. Made a digital examination, and found the uterus perfectly *in situ*, and mouth well contracted. Has some appetite. Pulse 100."

March 28, he again writes: "She is improving; has been much annoyed by neuralgia and sickness of stomach, but both are giving way, as is the leucorrhœal discharge. The treatment has been sustaining (porter, wine, quinine, iron, &c.,) with nutritious diet." In conclusion, Dr. R. adds: "She

will get well, and I feel gratified in the success of the effort of restoration, not only on account of the patient being relieved of a loathsome malady, but also that I have been instrumental in contributing to the professional reputation of one for whom I feel a deep friendship,—as your success in this case will relieve obstetrical surgery from the opprobrium which has hitherto been attached to it in cases of chronic inversion of the uterus."

In reply to a letter of inquiry from me, Dr. Robinson writes, April 22d: "I visited her yesterday and found her very cheerful and able to sit at the table and take tea with us. Her final recovery is now beyond all doubt. In short, the operation has been as successful as its most sanguine friends could desire. Her convalescence has been protracted; slow, perhaps, but when we take into account the great prostration from the long continuance of the malady, and the exhausting hæmorrhages and leucorrhœal discharges to which she had been subjected, the only wonder is that she recovers at all."

I am aware that the history of this case may, to many, seem to be unnecessarily minute; but I have desired, at the risk of being thought tedious, to establish, so far as one case can do, the practicability of the operation of reposition at so late a period after inversion. In order to show the importance of having every step in the procedure as well as its result, and the condition of the organs, when it was undertaken, fully proved, it may be well to cite the language of Dr. Meigs, who doubtless speaks the sentiment of the profession upon the subject, relative to a case of similar duration.*

"It was inverted at the time of her confinement, six months ago. Mrs. Lucina inverted it by pulling at the cord before the placenta was detached, and either did, or did not know what she had done. The hæmorrhage was terrible. The woman ceased to bleed, and did not die, because she fainted so badly, that the vascular injection by the heart was too feeble to kill her by hæmorrhage. She slowly recovered in a measure, but bleeds still upon the smallest excess of exercise or labor.

"Well, now, my young friend, you have made your diagnostic. What are you to do for your patient? Will you reposit or reinstate this womb? You can't. You might as well try to invert one of the non-gravid uteri on my lecture-room table as to reposit this one. The time is gone by. You have no art or skill nor no power equal to the performance of such a miracle of surgery as that."

It may, perhrps, be contended that in the instance of Mrs. Miller the inversion was incomplete until the administration of the aloetic cathartic, when the "pear-shaped tumor first appeared between her thighs accompanied with pains like those of labor and terrible hæmorrhage." This may be true, although the flowing after the delivery of the placenta was so great as to produce "faintings which continued for two days, requiring the constant use of stimulants," showing that incomplete inversion was probably present. Grant, then, that this incomplete inversion existed from the 22d September, the day of delivery, until the 10th of October, eighteen days after, when she took the purge, and when, by her efforts at stool, the inversion was completed. Concede that the os remained dilated, and that the body and neck did not during that period undergo any diminution in size, there is yet more than five calendar months remaining between the 10th of October and the 12th

* Letters to his Class, by Chas. D. Meigs, M. D., pages 231 and 232.

of March—ample time for the complete involution of the uterus before she came under my care. Besides, the measurements of the uterus, accurately taken before and after reduction, show that it was not larger than the standard dimensions of this organ in the multipara, when diminished to its smallest size in the child-bearing period.

Dr. West, in his recent treatise on uterine disease, says that, "unless checked by inflammation, the process of involution, by which the womb is restored to the size and condition which it presented before pregnancy, is *complete in a few weeks.*" Nearly all authorities now, I suspect, agree that, when not interrupted by disease, it does not require more than three months completely to effect this change. Here, then, we have the uterus nearly six months after delivery, and more than five after all doubt of the existence of complete inversion, presenting all the appearances, upon careful examination of having undergone complete involution, yielding to the long continued manipulations, and completely restored by a single effort.

We are all aware that the os and neck of the uterus may, by sponge tents and other mechanical contrivances, be widely dilated when the womb is in its natural position and of ordinary size. This dilation is frequently made by those who are extensively engaged in the treatment of uterine affections for the purpose of perfecting diagnosis or instituting treatment. Of the susceptibility of these parts to be thus dilated, and that, too, without much risk of injury to the tissues involved, or the general health, no one at all familiar with the subject will deny. What is the relation of parts in inversio uteri? Is not the vaginal sheath, which, in the normal arrangement of parts, was attached to the outside of the uterus, now, in the inverted state, firmly attached *within* the cavity of the canal of the neck of the uterus just at its orifice? The vaginal canal is securely attached at its lower extremity at or near the outlet of the pelvis, and whilst it is very elastic, is less yielding in its longitudinal than transverse diameter, and not easily lacerated or detached from its connections, unless irregularly pressed as by a pointed instrument. Force or pressure applied to the fundus of the inverted uterus, is resisted by the upper extremity of the vagina, which is now fastened upon the inside of the neck. The lower extremity of the vagina being firmly attached, cannot yield, and the inevitable result must be the pulling open the mouth of the uterus, unless the tissues are lacerated before that part dilates. Can there be any greater difficulty or danger in *pulling* open this outlet than in *pressing* it open, if performed with the same gentleness?

The uterus and vagina in complete inversion represent a continuous bag or sac, doubled or reflected upon itself, with the open extremity of the sac securely fixed. Pressure upon the closed end of the bag will, it is plainly perceived, under such circumstances, result in straightening the bag by completely turning it the other side out. So with the parts concerned in inversion. Pressure upon the fundus, if well directed, pulls open, first its mouth, then its neck, and finally, if persevered in, doubles the body upon itself also, and carries the fundus through the os and neck and body to its normal position.

Does any uterine pathologist believe it would be impossible safely to dilate the os and bring down the fundus of the uterus—completely inverting the organ—if carefully and perseveringly undertaken? If affirmatively answered, then why may we not pull open the neck by means of the vagina in the same gentle manner as we would press it open when in a normal position, and

thus carry the fundus up through it by means of pressure upon that part when it is in a downward direction? Perhaps I may be too sanguine, but I am inclined to believe that well-directed pressure upon the fundus, if continued long enough, will in all cases, where there are no adhesions, result in restoration or reposition, no matter how much time may have elapsed since inversion occurred.

The case of Mrs. M. may indeed be said to establish this point so far as it can be established by a single instance. I am familiar with a case of chronic inversion which occurred sixteen years since, and is described in the article on inversion by Dr. Hunt, already referred to in this paper, and the most careful examination does not enable me to detect any obstacles to its reduction more formidable than had to be overcome in the instance just related. Her general health and her ability to withstand the shock of an operation are greatly superior to the condition of Mrs. Miller. Indeed, I do not despair of inducing this patient to consent to a trial for reduction, which I should undertake with far greater confidence of success than I did the one described above.

When the tissues will not yield to a single effort, some apparatus can easily be adjusted to the fundus of the uterus and retained there, keeping up pressure for several hours or days if necessary. In anticipation of failure to reduce the uterus by a single manipulation, I had provided myself with instruments with which pressure could be continued for a long period without removal from the vagina. Success in the treatment of chronic inversion would be less sanguinely predicted were not the result in this case a mere confirmation of previous opinions formed after much reflection upon the subject. It will be recollected that at the time the inversion of eight days was reduced, the hope was expressed that success would attend the effort of restoration in many cases at a period much later than most writers have heretofore advised the effort to be made.

In relation to the manner in which reduction was effected, it may be well to say one word. There can be no doubt that the os first commenced to yield and pressed down upon the intra-vaginal hand, which, it will be recollected, inclosed the entire uterus and the upper extremity of the bougie and kept them in contact. This part gradually dilated and passed down upon and over the neck, which in turn dilated and doubled down upon itself. The fundus did not perceptibly dimple, or was not reflected upon itself during the operation. The organ was too firm and the cavity too small for any depression to be made upon the walls of the fundus. In recent cases, on the contrary, judging from the one restored within an hour after delivery, and even in that of eight days' standing, it seems to be returned by doubling in or dimpling the fundus, and using it as a wedge to dilate the neck and os. In recent cases much assistance may be rendered by opposing the upper extremity of the uterine tumor with the left hand placed over the hypogastrium. In the chronic case, although the patient was greatly emaciated, the upper extremity of the uterus was too small and obscure to permit counter support to be made available in the operation.

That the administration of chloroform lessens the shock to the nervous system occasioned by the operation, seems highly probable; but it is by no means certain that it renders the reduction any more easily accomplished. Nor am I able to arrive at any satisfactory conclusion relative to the influence exerted by the local application of belladonna.

BUFFALO, April 25, 1858.—*Am. Journ. Med. Sciences.*

Complete Inversion of the Uterus of nearly Twelve Years' Duration.
By Dr. TYLER SMITH.

Dr. Tyler Smith read before the Royal Medical and Chirurgical Society' April 13th, 1858, a case of this.

The author commenced his paper by referring to two cases of inversion of the uterus, published in the Medico-Chirurgical Transactions, in one of which extirpation was practised with recovery of the patient, while in the other, treated by palliative measures alone, death ensued eighteen months after delivery. He brought forward the present case as illustrating a new principle of treatment. Hitherto the cases in which reinversion has been accomplished have been chiefly limited to cases of recent origin. It has been held that unless the inversion could be reduced soon after the accident, there was little hope of accomplishing it, death generally occurring at periods varying from a few months to five or six years. The operation of extirpating the uterus by ligature is a very serious one. Of thirty-four cases of extirpation, twenty-seven recovered and seven died; in nine of these cases the inverted uterus was mistaken for polypus. The subject of the present case was delivered at the age of eighteen, of a first child, and inversion occurred at that time, but was not suspected by her attendant. When at length an examination was made, a tumor was found in the vagina, but the opinion of those who saw the case was divided between polypus and inversion. Flooding continued to a greater or less extent for nearly twelve years, during which time she was never for a single day free from sanguineous discharge. All attempts at replacing the uterus by those who considered it a case of inversion failed. The patient was sent to the author of the paper in September, 1856, by Mr. Griffith, of Port Madoc, North Wales, under whose care she had been for a short time. The symptoms of anæmia existed in the most marked degree. She was subject to epileptiform convulsions, and frequent faintings. The drain of blood seemed to replace the other secretions to a considerable extent. She passed very little urine, and frequently went twenty-four hours without micturition. On examination, the uterus was found to be completely inverted, the neck of the uterus and the os uteri being very small and rigid. The author determined to attempt its reduction by continuous pressure, with the intention of dilating or developing the os and cervix uteri. With this object the right hand was passed into the vagina night and morning, and the uterus squeezed and moulded for about ten minutes at a time. Chloroform, which had been found so useful in cases of inversion of shorter standing, was not used, because of the feeble state of the heart and circulation, and the comparative absence of pain. In the intervals between these manipulations, in which the author was assisted by Dr. Vernon, the vagina was distended, and firm pressure exerted upwards by a large air pessary. These means gradually dilated the os uteri to such an extent as to allow of the partial return of the uterus, and on the eighth day from the commencement, complete reinversion took place. The subsequent recovery of the patient was perfect. She has since menstruated regularly, and is in excellent health. The author combats the prevailing notion as to the immobility and unyielding condition of the os uteri in long standing cases of inversion, alluding to the readiness with which the uterus increases, diminishes, and alters in size, under appropriate stimuli. No amount of force will suddenly reduce a case of chronic

inversion, but he believes that by air or fluid pressure, so as to convert the fundus and body of the uterus into a wedge, the os uteri may be slowly enlarged in any case so as to admit of reïnversion. Since the presentation of the paper, the author has been informed that the patient is now in the fifth month of pregnancy. The paper concluded by a reference to other conditions, in which air or fluid pressure had been of service, such as the arrest of flooding in abortion, placenta prævia, the expansion of the pelvis in cases of high deformity from mollities ossium, and the induction of premature labor.

The President said the author had observed in his paper that, owing to the condition of the patient, he did not think it prudent to use chloroform. He was evidently aware that cases had been recently recorded in which inversion of the uterus of long standing, though not so long as in the present instance, had been completely cured by pressure with the hand, under the influence of chloroform. He wished to ask the opinion of the author as to whether the use of chloroform would not cause the pressure to be effected in a much shorter space of time, with much less distress to the patient, and perhaps, even with more safety.

Dr. Tyler Smith said his reason for not using chloroform was, the extremely feeble state of the circulation. He should have been afraid to keep the patient under the influence of chloroform for the time necessary to manipulate the uterus. Besides, the os uteri was so small that it would have been impossible to have done it at one or even at several sittings. At first, he could make no impression whatever, and he believed he could not have returned the uterus by pressure with the hand alone. It was only after the continuous use of the air pessary that he found the tumor receded at all. The reason why the pessary was forced through the os uteri, he believed was, that by the influence of the pressure, the os uteri was developed. It was by the process of development, rather than by the operative pressure, that the uterus was reïnverted. Then, again, the operation not being painful, there was no bar to the use of considerable efforts to reïnvert the uterus. The process of reïnversion had often been tried in her case.

The President: With chloroform?

Dr. Tyler Smith: Without chloroform. The use of chloroform, he conceived, would be in permitting the relaxation of the os uteri; but in this case the os uteri was so small, that dilatation at any one sitting, would not, he believed, have effected the object.

Dr. Snow did not think that the slow state of the circulation need have been any bar to the administration of chloroform for ten minutes or so during manipulation. He had given chloroform to several patients, in operations for hæmorrhoids, who were reduced to the lowest state from previous hæmorrhage, and anæminated to the greatest degree, and he never saw any ill effects from the chloroform in those cases.

Dr. T. Smith asked Dr. Snow if he would use chloroform for a patient subject to repeated faintings. He once saw chloroform used for the extraction of teeth in the case of a lady who had lost a very large quantity of blood by abortion, and he certainly feared she would die. From what he had seen in that and in other cases, he should fear the use of chloroform for a patient who had lost blood to such an extent as to be frequently subject to fainting. The patient whose case he had described scarcely passed a day without fainting.

Dr. Snow believed that a patient who was liable to fainting, would get

through an operation better with chloroform than without it; but of course there was a limit to what might be done either with or without chloroform, when the patient was in an extreme degree of faintness.

Dr. Mackenzie said the author had described the case as one of complete inversion, but it appeared to him (Dr. Mackenzie) that it scarcely came within that category. The late Dr. Hamilton, of Edinburgh, published a case of complete inversion, in which, upon simple treatment, the patient was enabled to live fourteen years with little or no inconvenience. The distinction he laid down between partial and complete inversion was, that partial inversion was attended with hæmorrhage, while complete inversion was not necessarily so attended. The history of the case, as detailed by Dr. Smith, brought it within the category of cases that he (Dr. Mackenzie) had seen, in which the inversion was partial, in which the body or cervix of the uteri was constricted by the os, and in which hæmorrhage necessarily occurred. He had lately met with a case of inversion that ended fatally. He was not at the time aware that inversion or reposition had been effected after a lengthened period; but he found on consulting various journals that from periods averaging from three months to eighteen months or two years, reposition had been effected under chloroform without difficulty by mere manipulation.—*Medical Times and Gazette*, from *Am. Jour. Med. Sciences.*

On the Proximate Cause and Specific Remedy of Tuberculosis. By Dr. JOHN FRANCIS CHURCHILL.

The following is the abstract of a paper which was laid before the Academy of Medicine at Paris, on the 21st of July, 1857:

The total number of cases of phthisis treated by the author, amounts to 35. All were in either the second or the third stage of the complaint—that is, they had either softened tubercles or cavities in the lungs. Of these 9 recovered completely, the physical signs of the disease disappearing altogether in 8 out of that number; 11 improved considerably, and 14 died; 1 still remains under treatment.

The proximate cause, or at all events, an essential condition of the tubercular diathesis, is the decrease in the system of the phosphorus which it contains in an oxygenizable state.

The specific remedy of the disease consists in the use of a preparation of phosphorus, uniting the two conditions of being in such a state that it may be directly assimilated, and at the same time at the lowest possible degree of oxydation.

The hypophosphites of soda and lime are the combinations which hitherto seem best to fulfill these two requisites. They may be given in doses varying from ten grains to one drachm in the twenty-four hours. The highest dose which I have been in the habit of giving to adults is twenty grains.

The effects of these salts upon the tubercular diathesis is immediate, all the general symptoms of the disease disappearing with a rapidity which is really marvellous.

If the pathological deposit produced by the dyscrasy is of recent formation, if softening has only just set in and does not proceed too rapidly, the

tubercles are absorbed and disappear; when the deposit has existed for a certain time, when the softening has attained a certain degree, it sometimes continues in spite of the treatment, and the issue of the disease then depends upon the anatomical condition of the local lesion, on its extent, and upon the existence or non-existence of complications. The author has made numerous attempts to modify the local condition of the lungs by the inhalation of different substances, but has never obtained any satisfactory result independent of what was to be attributed to the specific treatment. The hypophosphites of soda and lime are certain prophylactics against tubercular disease.

The physiological effects which he has observed to be produced by the use of the hypophosphites of soda, lime, potash and ammonia, show these preparations to have a twofold action. On the one hand they increase the principle, whatever that may be, which constitutes nervous force; and on the other, they are the most powerful of hæmatogens, being infinitely superior to all medicines of that class hitherto known. They seem to possess in the highest degree all the therapeutical properties formerly attributed by different observers to phosphorus itself, without any of the danger which attends the use of that substance, and which has caused it to be almost forgotten as a medical agent. The different preparations of hypophosphorous acid will, according to these views, occupy one of the most important places in the Materia Medica.—*Dublin Hospital Gazette*, from *Ranking's Abstract of Med. Sciences.*

On the Various Tests for Saccharine Urine, and on the Varieties of Diabetes. By Dr. A. Becquerel.

Dr. Becquerel draws attention to certain fallacies that may arise in the employment of the potassio-cupric liquid of Barreswil, the solution of Trommers, or caustic potash, as tests for sugar in the urine. The following method, he states, prevents all fallacy: To a measured quantity of urine, say thirty parts, add a smaller quantity of solid acetate of lead in crystals, say two parts; heat being applied, a dirty-white precipitate is at once obtained; this liquid is to be filtered, and the filtrate treated with the sulphate of soda in excess, say four parts. The second mixture is to be again heated; the sulphate of lead is precipitated, and a clear, transparent liquid remains, which contains the sugar, if any was present, the urea, and some saline matter. The potassio-cupric solution is not reduced, nor liquor potassæ turned brown, unless sugar is present in this liquid. If albumen is present in the urine, the acetate of lead carries it down with the other organic matter contained.

After various remarks on the purely chemical aspects of the question, Dr. Becquerel passes to the consideration of diabetes; which he regards either as idiopathic or symptomatic. The former is characterized by the presence of a notable amount of sugar in the urine, which is increased in quantity; there is excessive thirst and hunger, with other morbid phenomena. In the latter the presence of some sugar in the urine is an accessory symptom following upon other diseased conditions; like albuminuria, it is associated with a great variety of diseases. In these cases, the sugar is never very consider-

able, though it may amount to as much as 25 or 26 per 1000; while in idiopathic diabetes it rises to 60 and even 80 per 1000. In symptomatic diabetes neither the quantity nor the density of the urine is materially increased.

Dr. Becquerel divides the conditions with which symptomatic diabetes may be associated into five categories:

1. Diseases of the brain and cord.
2. Diseases of the liver.
3. Diseases accompanied by dyspnœa.
4. The presence of lactation.
5. Various diseases.

Among nearly two thousand patients, whose urine the author has caused to be examined at the Hôpital de la Pitié, he has found five cases belonging to the first category; they were respectively:

1. A case of myelitis in a woman, aged thirty-seven, who died tetanic, and had sugar constantly in her urine.

2. A case of general paralysis in a woman, aged fifty four, with temporary convulsive affections, during which the urine was saccharine.

3. Amaurotic amblyopia, with a paralytic condition of the lower extremities, in a man, aged fifty-one; urine permanently saccharine.

4. A man, aged sixty-two, closely resembling the last case.

5. A young woman, aged twenty-two, with meningo-cephalitis, during which there were 8 to 12 grammes of sugar per 1000 in the urine. Recovery: five weeks later, return of the same symptoms, when there was no sugar or albumen in the urine. Death ensued, and the diagnosis was confirmed by the autopsy.

Dr. Becqueral reports three cases of liver disease accompanied by diabetes.

1. A man, aged fifty-three, with chronic gastritis and chronic hepatic congestions, had 20 to 28 grammes of sugar per 1000.

2. A man, aged fifty-four, with pulmonary emphysema, and consecutive chronic congestion of the liver; the sugar was detected for six months, and then disappeared.

3. A young man, aged nineteen, with slight enteritis and blennorrhagia (there is no further statement about hepatic disease;) being a sugar refiner, he consumed nearly a kilogramme of sugar (about 1¼lb.) daily. Sugar was found in his urine during the whole time of his stay in the hospital.

Dr. Becquerel expected to find sugar frequently in diseases accompanied by embarrassed breathing, but failed to do so entirely.

He found sugar in the urine of nine women recently delivered, in whom the lacteal secretion was established. It was also met with in the two following cases, which do not come under any of the preceding heads:

1. Female, aged thirty-five, affected with cancer of the neck of the womb, not ulcerated.

2. A man, aged fifty-four, affected with extreme anæmia, the result of poverty.—*L'Union Médicale*, and *British and Foreign Med. Chir. Rev.*, from *Southern Med. and Surg. Journal.*

Remarkable Case of Malformation. Reported by Wm. A. Green, M. D., of Starkville, Ga.

Was called to Mrs. L., Monday, January 5th, 1858. Had been in labor with her second child. Nothing unusual occurred during gestation or parturition. She gave birth to a child, over the average size, which cried lustily, seeming to indicate every function was regularly and properly performed. Upon a close examination, the following deformities were found to exist:

The spine began a curvature at the superior third of the cervical vertebræ, in a direction towards the right hypochondrium, to the top of the sacrum. The concavity of this curvature was filled with two or three sac like appendages, containing, apparently, a fluid and gas, movable and compressible. "A want of the spinous processes of three or four contiguous vertebræ, is not a very uncommon species of monstrosity." "This constitutes *spina bifida.*" "There is, usually, a soft fluctuating tumor in the situation of the malformed bones, caused by water, contained within the sheath of the spinal marrow."—Vide Ramsbotham's Obstetrics. (Keating.) Appendix M. p. 622. Below, upon each side of the sacrum, were two appendages, resembling the mammæ of woman. In front, between the point where the umbilicus was attached, and the symphisis pubis, was a protrusion of intestines, within the peritoneal sac, reducible by pressure, but returning when removed. Immediately under this hernia, the urine trickled, continuously, from two or three small openings, which could not be entered by the smallest probe. Below this, and hanging pendent from the *middle of the symphisis pubis*, were the testicles, *perfectly* formed. There was no trace, nor any portion of the penis. Behind the symphisis pubis, in juxta-contact, and at the extreme *anterior* portion of the perinæum, was an anus, well formed, through which the fæces passed. About an inch and a-half behind this, at the point of the os coxcygis, was another anus, that, upon examination, proved to be imperforate—a cul de sac.

The face of the infant, when first born, was perfectly black, but is changing to a mulberry hue. Numerous marks are upon its body, such as are frequently seen upon children. Every other portion of the child seems perfectly and symmetrically developed. Its bowels are regular, it is healthy, and rapidly growing. The complete, entire, absence of the penis, or *any portion of it*—the unusual, unheard-of-positions of the anus, testicles and anomalous passage of the urine, are extremely remarkable and interesting. The bladder has no urethra, through which to pass its urine, so these apertures must come in direct contact with, and even enter the fundus of the bladder.—*Southern Medical and Surgical Journal.*

EDITORIAL DEPARTMENT.

Criminal Abortions.—The periodical medical press, which usually meets the eye of the medical man only, is the sole organ of defence which is used against this terrible crime which is now so rife in what is considered an enlightened and virtuous community, and seems lately to have thrown off even the decency of concealment. Why are we thus left alone to exclaim against this burning outrage? Why is it that the daily press, which assumes to be the guardian of the public welfare, and the religious press, which assumes to be the custodian of the public morals, are silent on this revolting theme? We need not ask the reason why, when we take up any of the daily papers which come into the heart of every family, and are read at the fireside of of every home. They are filled with the iniquitous advertisements of quacks, who, not contented, like our "consumption cures," and scrofula exorcisers, with a traffic in the health of a credulous public, must attack its moral, as well as physical integrity. On us, then, devolves the sole duty of fighting against this fearful evil; and so rapidly is it spreading, that we must awake and do something. Let the matter be brought before our City, County, State, and National Associations! Let our legislatures be memorialized, if we have no laws which can touch these money-thirsty and blood-thirsty scoundrels; and let laws be made so that they may be exterminated, root and branch!

We shall have nothing to say in this article in respect to quacks of an inferior degree: ignorant and money-getting men, who are always as ready to impose upon the public, as the public are ready to be imposed upon. We will always have them in one form or another. The credulity of the masses, and frequently of men of sense and education, is proportioned to their ignorance of a subject. About medicine they know nothing; and are as ready to believe in a "natural bone setter," as in the most eminent surgeon. This we can never be free from; but we *must* be free from quacks whose business is to procure abortion, and whose flaming advertisements are under-

mining the strongest element of a Christian and enlightened society — female delicacy and purity.

In nearly every newspaper in our land, and even some of a *religious character*, we have advertisements of female pills for producing and regulating the menstrual flow, "*these are never to be taken during the first three months of pregnancy, as they are sure to produce abortion.*" What female could mistake the intention of this advertisement! Few do mistake it, as is shown by the unparalleled success of these nefarious compounds. This, however, is not all; we as physicians, know that there is no absolute certainty of producing abortion by any article of the materia medica; and while these medicines have their success, their reputation suffers from repeated failures. The unblushing effrontery of these knaves has now carried them so far as to actually publish advertisements of INSTRUMENTS *avowedly for the purpose of "regulating or limiting offspring without injuring the constitution," vide* the following quoted from a daily paper by the Oglethorpe Med. and Surg. Journal:

"PRIVATE HOSPITAL.—*Ricord's Practice.—Dr. Wm. E. Hoyt's old Established Private Hospital, located in the Arcade, opposite the Post Office, Syracuse, N. Y.*

"Where he will introduce to the notice of those afflicted with any form of private disease, the French System of Cure. This class of complaints he has made a specialty for the last fifteen years, and the knowledge he has of the New Method of Treatment, now in operation in Paris, and the Hospitals of this country, warrants him in saying that none of the forms the disease is wont to assume is without a Sure, Quick and Permanent Remedy. The remedies employed by the Doctor are free from taste or smell, contain no mercury, and require no change of diet, business, or pleasure. Persons can be cured at home by stating their case and addressing Dr. Wm. E. Hoyt. Males or Females who have Spermatorrhœa or Nocturnal Effusion, lose no time, but consult the Doctor and get his Specific, which has saved thousands from the grave, and which is warranted to cure this disease in from three to six weeks, or the money refunded.

"Dr. Hoyt is also agent for Dr. Dumas' Female Monthly Pills. No female should be without them; they can truly be called the 'Female's Friend.'

"A desideratum has been gained in the practice of Medicine hitherto unattained by the medical faculty. Dr. Dumas has used these in his practice, in Paris, (which is the largest of any physician in that city,) for years, and never during thirty years' practice has he been known to have a failure. These Pills have been approved of by the Ecole de Medicine; fully sanctioned by the M. R. C. S., of London, Edinburgh and Dublin, as a never-failing remedy for producing the Catamenial or Monthly flow. Though perfectly harmless to the most delicate, yet ladies are earnestly requested not to mistake their condition, (if pregnant,) as miscarriage would certainly ensue. Price $1.00 per box, sent by mail.

"Dr. Dumas' Female Protecting Instrument, patented and protected by Dr. Dumas, of Paris, and sanctioned by the College of Physicians and Surgeons of London.

"This instrument enables those whose health or circumstances do not permit an increase of family, to regulate or limit offspring without injuring the constitution. The instrument is perfectly safe, no metallic substance entering into its composition; it will last a lifetime without getting out of order, and cannot fail. It can be carried about the person, and used without interference to the conjugal relations of the married state. Those who do not find it as represented, can have the amount of its cost returned. Sent by mail to any part of the U. S. and Canada on the receipt of $5 00. Don't mistake the name or place.

DR. WM. E. HOYT, Syracuse, N. Y."

This is an outrage on which we can no longer be silent; and every man should know and appreciate the blow which is here aimed at the moral sense of a community. Females have now come to regard the production of abortion as one of the most innocent and natural things in the world; and our indignation cannot be unmingled with pity, when we are coolly asked to assist in getting rid of an embryo, with as much "*sang froid*" as we are asked to vaccinate. Our horror and indignation is not in the least understood, and the fair petitioner goes away entirely unconvinced of the nature of the crime which she wishes to commit. Nor is this feeling confined to females in the lower walks of life, or to those unfortunates who are suffering the consequences of the villany of our own sex, who have before them a hopeless gulf of shame, sin and misery. We cannot but compassionate the misfortunes of this latter class, and many a time has the heart of a good man been wrung with the recital of a tale of distress and wrong; and the human feelings have been almost willing to excuse the vile crime which the good physician can never commit. A fair fame blasted; a happy, innocent life changed to a wild and almost unavoidable career of crime and remorse; is a horrible picture to view with firmness. Yet we must look with firmness upon these consequences of frailty, and we must refuse to do the act. which seems alone able to rescue and give back the penitent. There may be an excuse for this; but where is the excuse for those who wish to interrupt the *legitimate* processes of nature. Heretofore it has been thought sufficiently wicked to smother the maternal instincts with the whirl of fashionable gaiety, and to leave one's own flesh and blood to the custody of servants. But now we have ladies, yes, *educated and refined ladies*, who patronize those persons who advertise to prevent an undue increase of family! Who use this instrument which does not interfere "*with the conjugal relations of the married state!*" In charity we must suppose that they know not the crime of which

they are guilty. They certainly do not appreciate the extent of disease to which such abuses almost inevitably lead. Nor is it probable that they will ever know it; the daily press utterly ignores the subject, and contents itself with inserting these advertisements, and occasionally calling attention to the card of Dr. So and So, of Paris, "who gives particular attention to the treatment of female diseases."

Let us glance for a moment at the moral-wrong of criminal abortion. It is murder; and an unnatural murder which finds no parallel even in the brute creation. The innocent victim, has a circulating, a nervous system, muscles, and all which constitutes life. In a moral point of view there is no difference between the offences of taking the life of a fœtus at three months, and a newly born infant, and even a mature human being; though in the former case the crime is the more heinious from the entire helplessness of the victim. We can sometimes sympathize with the man who has revenged a great wrong by taking the life of a fellow-being. The sudden and uncontrollable passion which sometimes leads to murder, we can explain. Even the necessities of a poor man, or the cupidity of an avaricious one, which prompt the crime of murder, make it excusable in comparison with the killing of helpless infant, which the mere animal instincts of nature, never violated by brutes, though so often annihilated in the human race, teach us to cherish and protect; the deed actuated by an unwillingness to perform those maternal duties, which should contribute so much to the happiness of every virtuous woman.

This picture, which might seem exaggerated to the unprofessional reader, is known by the physician to be plain and truthful; and few there are who do not know of such occurrences, even in the highest walks of society.

Great as this evil is, we think that something can be done to remedy it, and it must be by us that the initiatory step be taken. The matter should be presented to every Medical Association throughout the land, which should appoint a committee of investigation, to consult with the public prosecutors and ascertain of there be at present any means of reaching the difficulty by the law. If there be, let it be tested! If there be not, let the profession, *en masse*, demand of our legislative bodies, a law to prevent this horrible destruction of human life and public morals. A united and powerful movement will effect the end, and the sooner it is done the better. We cannot believe that the proprietors of respectable newspapers, and that respectable druggists who sell the medicines, view the subject in its proper light; and must think that when they do, they will aid us in our endeavors at reformation.

We are confident that editors of medical Journals hold the views which

we have expressed, and hope that they will not consider the evil hopeless, but make a strong, a united effort to remedy it. The task will be difficult; but our enlightened age will not suffer the shame of acknowledging that it is impossible.

Inversion of the Uterus successfully Reduced after Six Months.
By Prof. JAMES P. WHITE.

We have the gratification of reproducing in this number, an article with the above title, from the American Journal of the Medical Sciences, of which it is not too much to say that it will mark an important epoch in the history of obstetrical surgery. We cannot introduce the few remarks which we propose to make, better than by quoting a passage from a letter written by one of the most eminent of the obstetricians of this or any country. The name of our correspondent is withheld, inasmuch as the letter was not written for publication. He says: "I see by the last number of the American Journal, that our friend, Dr. White, has performed almost a miracle of obstetric surgery, by replacing an inverted uterus of six months standing." Our readers need not be told that, hitherto, when inversion has taken place, and the process of involution, or restoration of the normal size, has ensued, reduction has been deemed impossible. The process of involution is completed after a few weeks; consequently, nothing remains for the unfortunate patient who has suffered this accident, but the hazardous alternative of extirpation on the one hand, and, on the other hand, continuance of the distressing evils incident to inversion, during the remainder of her life. And of physical ills, few are more truly distressing than this. A constant source of annoyance and irritation, giving rise to frequent hæmorrhages and unceasing leucorrhœa, the affection renders the unhappy woman loathsome alike to herself and to others. Exhaustion and anæmia soon render her incompetent for the active duties of life, and its enjoyments. This condition has been regarded as hopeless; and yet, there may be, at least at the outset, no actual disease, the only obstacle to the recovery of comfort and strength, and even of the uterine function, being the supposed impossibility of reduction. Thanks to the case reported by Prof. White, reduction, after the lapse of an indefinite period, is no longer to be considered as impossible, but in a large proportion of instances practicable. If this be true, the occurrence of inversion henceforth does not necessarily expose the patient to the terrible calamity of a permanently irreducible uterus, even if, from any cause, the reduction be not effected prior to the completion of the process of involution. We repeat,

then, that the case reported by Prof. White will mark an important epoch in the history of obstetrical surgery.

The number of the American Journal which contains Prof. White's article, also contains an account of complete inversion of the uterus of nearly twelve years' duration, successfully treated by Dr. Tyler Smith, of London. The account of this case, published originally in the London Med. Times and Gazette, may be found in the eclectic department of the present number of this Journal. The report of the case by Dr. Smith, nearly simultaneously with Prof. White's report, is a striking coincidence. Dr. Smith's case was reported to the Royal Medical and Chirurgical Society, April 13th, 1858. Prof. White communicated an account of his case at a meeting of the Buffalo Medical Association, April 6, 1858. The latter has, therefore, here, the priority by a week. The report by Prof. White was embraced in the abstract of the proceedings of the Buffalo Association, published in the number of this Journal for June, 1858; that by Dr. Smith was published in the Medical Times and Gazette, April 24th, 1858. So far as concerns the inception and completion of the undertaking, each acted, of course, independently of the other, and to both belongs the merit of originality. We propose, however, to direct attention to several points relating to the theory and practice of the operation in the two cases, in view of which we think that we may fairly claim in behalf of the article of our countryman and colleague, an importance, beyond the mere fact of success, which does not belong to the report of Dr. Smith.

The difference as regards the time that had elapsed after inversion in the two cases, is a point which will be likely to strike first the attention of the reader. This point, however, in reality, is of small importance. After involution is completed, and the uterus has remained for some months in an inverted condition, it matters little, so far as the success of the operation is concerned, whether the reduction be undertaken at the end of half a year or twenty years.* The uterus undergoes no change with the lapse of time, provided there does not occur superinduced disease resulting in adhesions which render the inversion irreducible. Prof. White, in his article, distinctly avows the belief that well-directed efforts, when there are no adhesions, will succeed, no matter how much time may have elapsed since inversion occurred.

The mechanical principles relied upon in the two cases, are quite different. Dr. Smith resorted to preparatory steps, consisting of the introduction of the hand into the vagina night and morning, squeezing and moulding the uterus

* *Vide* postscript to this article, p. 254.

for about ten minutes at a time. In the intervals between these manipulations, the vagina was distended and firm pressure exerted upwards by a large air pessary. The reinversion was accomplished on the eighth day from the commencement. Dr. Smith asserts that "no amount of force will suddenly reduce a case of chronic inversion." He reiterates this assertion, repeatedly saying that "the os uteri was so small that it would have been impossible to have done it at one, or even at several sittings." He adds that "He believed he could not have returned the uterus by pressure with the hand alone." He accounts for the successful result by what he terms "a process of development, rather than by the operative pressure." He believes that by the air or fluid pressure, the fundus and body of the uterus were converted into a wedge, and thus the os uteri was slowly enlarged so as to admit of reinversion. Prof. White, on the contrary, proves by the successful result in his case, that the reduction of chronic inversion may be suddenly effected: in other words, effected by properly directed efforts, in a short time; that pressure with the hand alone will effect it even at a single sitting. His observation shows conclusively that the reduction does not take place by the body and fundus acting as a wedge. Operating with the hand, he was able to determine with respect to this point, and he states that no depression was made upon the fundus; it did not dimple, and was not reflected upon itself during the operation. He accounts for the success by the effect of well-directed pressure in everting or pulling open, first the mouth, then the neck, and finally, causing the body to double upon itself. We would commend to the careful attention of the reader the explanation given in Prof. White's article, and illustrated by the diagrams introduced. As it can be at once referred to by turning to the article, it is superfluous to dwell upon it here. That it is not only philosophical, but the correct explanation, we think the reader can hardly doubt. It is important as furnishing a key both to the understanding and the proper performance of successful manipulations for the reduction of chronic inversion of the uterus.

The use of chloroform is a point in which the two cases differ. It was resorted to in Prof. White's case, but he is by no means certain that it renders the reduction more easily accomplished. Dr. Smith did not employ chloroform, owing to the feeble state of the circulation in his case. In the discussion, however, which followed the report of his case, he expresses himself unfavorable to its use, inasmuch as he had no confidence in reduction being effected except by mechanical pressure continued for several days. The importance of this agent in the present application, is to be determined by farther experience. During the discussion of Dr. Smith's case, Dr. Mc-

Kenzie stated that cases had been reported in various medical journals, in which reposition had been effected, under chloroform, without difficulty, by mere manipulation, after periods averaging from three months to two years. We think that Dr. McKenzie, in making this oral statement, was bound to make it good by citing the journals in which these cases are reported. Till this is done, we must regard the statement as indicating a loose manner of speaking, which is too common in medical discussions.

In conclusion, we congratulate the profession of this country, and especially our brethren of this city, on the article by Prof. White, which will secure for its author well-deserved and lasting distinction, and, what is of much more consequence, enlarge the humane applications of the art of medicine. *

P. S.—Since the foregoing article was in type, Dr. White has reduced an inverted uterus of fifteen years' standing! We had the pleasure of being present at the operation. The reduction was effected, under chloroform, in forty minutes. This case, a report of which will hereafter appear, confirms the correctness of the statement made in the foregoing article, that the long duration of the inversion is no obstacle to the reduction. The case also shows, conclusively, the correctness of Dr. White's views as to the rationale of reduction, in opposition to the views of Dr. Tyler Smith. We renew our congratulations on the successful result in this case. *

Pamphlets Received.—We have been compelled to do injustice to the authors of a number of interesting essays which we have received, in not giving reviews or analyses of their contents; but our original department has been so overflowing, that such reviews have been necessarily excluded. In despair of ever being able to give more extended notices, we mention a few that have been lately received:

A Report on Diseases of the Cervix Uteri. Read before the Medical Society of the State of Georgia, at the Annual Meeting in Augusta, April, 1857. By JOSEPH A. EVE, M. D., Prof. of Obstetrics and Diseases of Women and Children in the Medical College of Georgia.

We received this essay some time ago, as the date indicates, and expected to be able to give it a more extended notice than we can now give. The author takes the only rational view in regard to the use of the speculum; the charge of indelicacy which is brought against it so ardently, will apply

as well to a multitude of operations which are absolutely indispensable. The only question is, is it a valuable means of diagnosis? and that it is so, we conceive is now generally conceded.

Dr. Paine's Essays on Vitality and Remedial Agents. 1842.

We tender our acknowledgments to the author for this valuable essay; the doctrines of which are discussed in the review of "*Paine's Institute of Medicine*" in this number.

Lectures on the Sulphate of Quinia. Delivered in the Regular Course of the Medical Department of the University of Michigan. By A. B. PALMER, A. M., M. D., Prof. of Materia Medica, Therapeutics and Diseases of Women and Children. Published by the Class.

This is a pamphlet of sixty pages, containing four lectures, delivered before the students of the medical department of the University of Michigan. The subject is treated in an able and masterly manner, and does credit both to the author and the appreciation of the class who desired their publication. We cannot, however, agree with Dr. Palmer as to the necessity of preparatory treatment in the administration of quinia in malarious fevers; we have seen the best effects produced by its immediate administration, and are confident that preparatory treatment is entirely unnecessary.

Pathology and Treatment of the Paralysis of Motion. By J. P. BATCHELDER, M. D., New York.

The author reports eleven cases which he treated at the New York Hospital, all of which were considerably improved, and five entirely cured. Dr. Batchelder lays great stress upon judicious and regular exercise, which he has always found to be of benefit.

We have also received "A Valedictory Address to the Medical Graduates of Harvard University," by Prof. OLIVER WENDELL HOLMES, M. D. This is written in the pleasing familiar style which is so characteristic of its author, and inculcates some most admirable lessons for the young physician.

An Essay on Prolapsus of the Funis, by T. GALLIARD THOMAS, M. D. This is a paper read before the New York Academy of Medicine, in which the author recommends the postural treatment for falling down of the cord. He places his patients on their knees with the thorax depressed, precisely

reversing the direction of the inclined plane of the uterus. It is certainly reasonable to suppose that, in this position, the cord would be retained when returned within the uterus. Dr. Thomas supports his views by two cases successfully treated.

We would also express our thanks to the authors, for a copy of "The Anatomy of the Placenta, by JOHN C. DALTON, M. D., Prof. of Physiology and Microscopical Anatomy in the College of Physicians and Surgeons of New York," which is extracted from the American Medical Monthly, and "Medical Opinion in the Parish Will Case, by PLINY EARLE, M. D., formerly Physician to the Bloomingdale Asylum for the Insane." These papers we will probably discuss in a future number of the Journal; now we have space merely to mention them.

The Medical Journal of North Carolina.—This is the title of a new Journal which has been started in North Carolina, edited by Edward Warren, M. D. It is a bi-monthly of a hundred pages, and presents a creditable appearance. The first number is a good one, and with the resources which North Carolina must have, the Journal will be well sustained and will succeed. We welcome it most cordially.

Resignations and Appointments.—Dr. J. B. McClellan has been elected to fill the vacancy in the Pennsylvania Medical College, occasioned by the removal of Dr. Richardson to New Orleans.

Dr. S. G. Armor has resigned the chair of Pathology and Clinical Medicine in the Missouri Medical College, and Dr. McMartin, of St. Louis, has been appointed to fill the vacancy.

Dr. Austin W. Nichols having been compelled, by ill health, to resign the lectureship of Descriptive Anatomy, in the medical department of the University of Buffalo, Dr. Sandford Eastman, of this city, has been elected by the Faculty, to fill the vacancy. Dr. Eastman will bring to the duties of the chair, zeal and industry, and we have no doubt will render himself most acceptable as a lecturer, and in all the relations of teacher and pupil.

Nos. 1 and 2 of Vol. XI, June and July, 1855.—We will cheerfully credit 50c. to any one who will send us these two numbers.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. OCTOBER, 1858. NO. 5.

ORIGINAL COMMUNICATIONS.

ART. I.—*Note relative to the Existence of a Sexual Generation in Infusoria.* By Dr. E. G. BALBIANI, Member of the Society of Biology. Presented to the Academy of Sciences, Paris, March 29th, 1858. Translated from the "Journal de la Physiologie de l'homme et des Animaux," by the EDITOR.

The discovery of the propagation of infusoria by the production of embryons or internal germs, already established in a certain number of varieties belonging to several different groups, has opened a new field for research in the history of the development of these animalcules. It has shown, in fact, that besides the two modes of reproduction plainly agamous, by spontaneous division and by gemmation, till then alone admitted into that class, there existed a third, susceptible of an entirely different interpretation, and which had at least this point of resemblance with the reproduction by embryons of the higher sexual species, that in the same manner as these last, the young are formed in the interior, if not in a special cavity, of the parent which gives them birth. But no one, up to the present time, has yet shown that the formation of embryos, in the infusoria, was accompanied by any of the circumstances which characterize, in an indubitable manner, generation accomplished by the aid of distinct sexual organs. Stein, one of the first, has called attention to the part which the nucleus plays in this production; but he thought that the germs developed themselves on the surface of this

body, by a process of budding, which made them resemble more the caducous buds or elevations, than embryos coming from fecundated eggs.

My personal observations have led me to view the origin of these bodies in a different light; I hope to be fortunate enough to demonstrate that the phenomena which accompany their formation, bring them completely in the order of those which essentially characterize sexual generation in the higher animals. Not being able to enlarge much in this "Note" on the facts which it has happened to me to observe, and which relate to six or seven species representing different groups, I will content myself with giving here a rapid sketch of the phenomena relative to the production by embryos of that one among them, where I have been able to follow them most completely, the green Paramecium, Paramecium bursaria of Focke *(Lexodes bursaria, Ehrb.)*

As in almost all the infusoria, there exists in this species a nucleus which is accompanied by a small lenticular body, ordinarily situated in an excavation of the nucleus near one of its extremities, and described generally under the improper name of nucleolus.

For several generations, the Paramecia multiply by spontaneous segmentation, each of the two new individuals obtaining a half of the primitive nucleus. Such is the very simple process of this mode of reproduction; but under the influence of conditions yet unknown, the species propagate in an entirely different manner, accompanied by phenomena much more complex than those which were apparent in multiplication by fissuring. In this new mode, we will see indicated, indeed, the real anatomical signification of the nucleus and nucleolus; the office of which, if we except the breaking of the first of these two organs in the act of the spontaneous division, has been till this time, entirely passive. It is, in fact, from them that the male and female reproductive elements, which characterize this mode of reproduction, go to form themselves.

When the time has arrived when the Paramecia must propagate by a concourse of the sexes; we see them collecting in certain parts of the vessel, either near the bottom or in the sides. The copulation is always preceded by certain preliminaries, quite curious to observe, but of which we cannot treat in this article. Very soon we see them coupled two by two, joined laterally, and as it were enlaced, their corresponding extremities directed in the same way, and the two mouths closely applied the one to the other. In this state, the two individuals joined together continue to move actively in the liquid, turning themselves constantly around their axis. Nothing announces, before copulation, the great changes which come to pass in the nucleus, and in the nucleolus which accompanies it. It is during this same

copulation, the duration of which is prolonged for from five to six days and more, that their transformation is effected into sexual reproductive organs.

The nucleolus has undergone a considerable enlargement, and is transformed into a kind of capsule of an oval form, the surface of which is marked by longitudinal and parallel lines or striæ. Almost always, it divides without delay, following its long axis, into two, or more frequently, into four parts, which continue to grow independently of each other and in a very irregular manner, and constitute as many secondary pouches or capsules. At a time yet near this division, these last (capsules) show that they are composed of an extremely delicate membrane enveloping a bundle of small curved lines extending from one extremity of the pouch to the other, swelling near their middle and much diminished in size at the extremities. It is these which, seen through the enveloping membrane, give to the capsule the striated appearance which characterizes it, and which already exists in the nucleolus at almost all the other epochs of the life of the infusorium. It encloses, in addition, a perfectly colorless and homogenous liquid. What has become, during this time, of the nucleus? This has also changed its form and appearance; it has become rounded, enlarged; its substance, now softer, has lost its refracting quality, and presents, near its borders, curved fissures, which, penetrating deeper and deeper into its substance, separate one or more fragments in which there is an opening sufficient to show a certain number of small transparent spheres with a central dark point. At other times almost the entire nucleus presents this aspect, and then appears, as it were, stuffed with these small bodies, which are, without the least doubt, analagous to ovules. The evolution of the nucleus and nucleolus being identical, taking the same course in the two copulating infusoria, it results, (considering at this moment, the first as an ovary and the second as a testicle or seminal capsule) that not only each of them possesses the attributes of both sexes, but that they fecundate each other and act at one and the same time the part of male and female. As to this fecundation itself, every thing appears to show that it operates by means of an exchange which is made by the two individuals, of one or more of their seminal capsules, which pass from the interior of one of the infusoria to the other, through the closely applied orifices of the mouths; for we are often able, if not to see the very passage, at least to find a moment when one of the capsules, already engaged in one of the mouths, is on the point of going through the opening. Does the exchange from which the fecundation results, take place for all the capsules at one and the same copulation, in as many successive copulations with different individuals? We have here a question, the solution of

which is not easy, and which, toconfine ourselves to the field of our observation, we will not here seek to solve.

Whatever it may be, each capsule, after its transmission, continues to enlarge in the interior of the individual which has received it, for we have never found any which had attained the extent of its development in infusoria yet coupled together. They then often attain a greater volume than the nucleus itself, but never arrive at maturity more than one at a time. When we examine one arrived at that state, after having pressed it from the body of the infusorium to disengage from it granules which always more or less obscure it, it appears in the form of a large ovoid-body, the surface of which presents a multitude of parallel striæ directed in the long diameter, and which result from a series of rows of corpuscles in its interior. Compression, pushed to the point of rupture, plainly shows it to be formed of a membrane of extreme tenuity, and the enclosed contents, an immense quantity of small fusiform corpuscles, the extremities of which are lost completely from our view by reason of their exceeding fineness. As soon as they are free, these little bodies are animated by a vibrating and propelling movement which leads very soon to their dispersion in the surrounding liquid. Evidently, we have here, the spermatozoids of the *Paramecium bursaria.* Iodine, alcohol, acetic acid, stop these movements instantaneously; they are insoluble in the last reagent in its concentrated form, which on the contrary, rapidly dissolves all the other elements of the body, excepting some green granules.

It is ordinarily from the fifth to the sixth day which follows copulation, that we see the first germs appear, in the form of small rounded bodies, composed of a membrane which is well brought to view by acetic acid, and greenish contents, pale, homogenous or almost imperceptibly granular, in which we can yet distinguish neither a nucleus nor contractile vesicle. It is not until later that these organs appear. The observations of Stein and of F. Cohn, have shown how the embryons left the body of the mother in the form of particles furnished with button shaped processes, real suckers, by means of which they remained adherent to her for some time, nourishing themselves from her substance; but these researches have not demonstrated the final separation of the young. I have been able to follow them sufficiently long after their detachment from the maternal body, and have been able to convince myself, that, after having lost their suckers, which are transformed into vibratile cilia, and a mouth being developed, which commences to show itself in the form of a longitudinal furrow, they finally came to the same form as the mother, containing the characteristic green granules of

the Paramecia, without having undergone any more complicated metamorphoses.

NOTE.—We made the preceding translation from the excellent Physiological Journal of Brown-Séquard, in the hope that this new development in the physiology of generation would be of interest to all our readers. The study of generation is one of the most interesting, if not the most interesting department of physiology, and one which has excited the attention of the greatest men that have ever lived in the profession. The opinion has been that infusoria were developed originally by spores, floating about in the atmosphere in the form of a fine dust, which became developed into these little creatures, whenever they found a suitable receptacle. This is undoubtedly the fact, and it is also well known that infusoria multiplied themselves by spontaneous division, or what is called fissiparous generation, and gemmation or budding. It happens to every one who is in the habit of using a microscope, to see infusoria partially divided, especially the Paramecia, which are exceedingly common. The researches of Balbiani were made in this variety, which are of the first order of infusoria. His observations seem to have established an absolute sexual concourse, and he even states that he has discovered the spermatozoids. We know that in agriculture, vegetables which are propagated by gemmation, require a renewal of the original stock, or they will run out; and it has always seemed probable that the infusoria would likewise require a generation by ovulation from time to time, though they might most frequently multiply by spontaneous division or budding. These researches open a new field for investigation, which we hope will be occupied, and the observations carried to other classes of infusoria.—*Editor Buff. Med. Journal.*

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

TUESDAY EVENING, Sept. 7, 1858.

The Association met.

Present—The President, Dr. Wyckoff, in the chair; Drs. Gould, White, Newman, Rochester, Flint, Rogers, Stevens, Treat, Ring, Butler, Lemon, and Flint, Jr.

The minutes of the July and August meetings were read and accepted.

On motion, Drs. Rathbone and Coventry were invited to participate in the proceedings of the association until they could become members.

Prof. ROCHESTER presented the following interesting case of dislocation of the sternal extremity of the clavicle:

The patient was a laboring man 44 years of age, who was injured on the 28th of August, in the following manner. He was seated on a load of wood which he endeavored to drive under a bar; but miscalculating his distance, he was caught between the bar and the wood. The force which produced the dislocation was applied to the shoulder and was directed downwards and slightly backwards. This occurred about 5, P. M., and Prof. Rochester saw him shortly after. He then complained of pain, great difficulty of respiration and loss of speech. On examination it was found that the sternal extremity of the right clavicle was completely dislocated and thrown upwards and forwards, pressing against the pomum Adami. Reduction was immediately effected without difficulty, and a dressing was applied like that for a fracture of the clavicle. Prof. Hamilton saw the patient, and thought that there might be a dislocation of the lower extremity of the sternum from some of its cartilages; but it was impossible to determine exactly, whether this were the case, or the lower extremity of the sternum projected on account of the want of support by the clavicle at its superior extremity. The next day, Prof. Rochester was called to see the patient whom he found with a tumid abdomen, suppression of urine, and complaining of pain in the left sternal region. This at first led him to suspect more serious injuries, but he improved and is now doing well. Prof. Rochester employed a modification of the ordinary dressing for fractured clavicle, which was suggested to him by Prof. Moore, of Rochester. It consisted in a yoke of gutta percha accurately moulded, while warm, to the clavicle, and held in place by broad strips of adhesive plaster; he also employed a very broad and long strip of plaster extending around the body, to confine the arm in the desired position. This dressing answered the purpose exceedingly well. On measurement, the distance of each acromion process from the median line appears the same, and it is hoped that the cure will be as complete as we can hope for in such cases. A roller was applied over the adhesive straps, more with the object of protecting them, than in the hope that they would materially assist in keeping the parts in position.

Prof. ROCHESTER mentioned a pathological observation which he had made in making an autopsy. The patient was delivered twenty days before after a difficult and protracted labor. She had suffered from diarrhœa for two or three days before her confinement, and afterwards was attacked with dysentery, which terminated fatally on Sept. 6th. On post-mortem examination

the uterus was found much larger than is usual at that time after delivery, and its cavity was occupied by a portion of adherent placenta, about three inches long by one inch broad and one in thickness. This was very closely adherent and it required considerable force to tear it away. There were no evidences of decomposition in the mass. The observation seemed interesting as showing the length of time a portion of placenta could be retained without undergoing disintegration. The portion of placenta which came away after delivery, was extruded spontaneously, and it seemed as though it had all been discharged.

Dr. NEWMAN made an inquiry in respect to the dietetic treatment of dysentery. This disease had lately been prevalent in a certain section of the city, in an epidemic form. It had been the experience of Dr. Newman that ordinary broths and soups exerted a laxative effect. Beef essence even sometimes acted in the same way, but were better borne.

The subject was then discussed at some length by Drs. Wilcox, Wyckoff, Treat, Flint, Rochester and Newman. It was the general sentiment of of these gentlemen, that weak broths were apt to exert a laxative effect, but they all agreed in the propriety of sustaining patients reduced by dysenteric discharge, by beef essence, milk porridge, etc.; in different instances, of course, some of these forms of diet agreeing with the patient better than others.

Prof. FLINT mentioned a case which had lately come under his observation, where there was no existing disease, but merely adhesions of the pericardium from an inflammation three years before. Last spring he was troubled with a little dyspepsia, and his attendant (an eclectic) reduced his diet to the lowest possible point. He was very much emaciated, having lost thirty pounds. The patient was 17 years old. Dr. Flint, finding no evidence of disease, recommended generous diet, much to the horror of the patient and friends, who, however, made the trial, with the most marked benefit. The patient has now been under this treatment for about a week, and is very much improved.

Dr. TREAT mentioned a similar case. The patient was an old man who was thought to have heart disease, an apoplectic tendency, and a variety of disorders. He had been under homœopathic treatment, and was very much reduced by a rigid diet amounting to starvation. As soon as Dr. Treat had examined him, he was convinced that he was laboring under no disease, and ordered a venison steak; this treatment was followed up, and the patient recovered.

Prof. WHITE reported a case of inversion of the uterus of over fifteen years duration, which he had succeeded in returning. The patient was 32 years of age, and suffered the inversion when she was seventeen years old, after labor with her second child. Fourteen days after the accident, she was seen by Dr. White and inversio uteri was diagnosed. She has since been subject to repeated hæmorrhages and constant leucorrhœa, and is much reduced and anæmic. Reduction was effected on the 24th of Aug., in the presence of Drs. Flint, Rochester, Flint, Jr., and Mason. The time occupied in reduction was about fifty minutes. The patient was placed in the position before described, and chloroform given to moderate anæsthesia. The manipulations were the same as in the cases previously reported by Prof. White, and the difficulty of reduction was little, if any, greater than in the case of six months' standing. After the operation a speculum was introduced and all present saw the mouth of the uterus; the reduction was verified by measurements. She was then put to bed, and the fundus gently supported by a small rectum bougie for four hours. She improved rapidly, with no untoward symptoms during the succeeding eight days, and at the end of that time considered herself perfectly well. On the morning of the ninth day, however, after returning from breakfast, she imprudently strained considerably at stool, and was suddenly seized with violent pains in the abdomen. She was at the same time startled by the coming in of a friend while she was on the vessel. The mother and husband had left her a day or two before, considering her perfectly well. She immediately went to bed, seized with excruciating pain, and sent for Dr. White. She died on the seventh day, however, of peritonitis.

A post-mortem examination was made, six hours after death, in the presence of the gentlemen who were present at the reduction. A considerable quantity of liquid effusion, turbid and containing flocculi of lymph, was contained within the peritoneal cavity. The liquid was not measured; it would probably amount to from two to three pints. No fœcal odor, nor much fœtor on opening the abdomen. Collections of recently exudated lymph at different points between the convolutions of the intestines, and within the pelvic cavity. The intestines moderately tympanitic. Appendix vermiformis normal.

The uterus, with its appendages, having been removed, the exterior surface of the organ presented a few patches of soft, loosely adherent lymph; otherwise the appearance was normal. The organ was that of a normal uterus from the body of a person who has borne children. The os presented nothing abnormal. There was no trace of laceration anywhere. The struc-

ture of the organ and its inner surface, presented a healthy appearance. The ovaries were normal in size and exterior aspect.

Other organs not examined. No morbid appearances were observed exclusive of those which denoted recent, acute, general peritonitis.

Prof. FLINT, was present at the reduction of the uterus by Prof. White. This was effected with great ease and under the moderate influence of chloroform. He regrets equally with Dr. White, the unfortunate accident which resulted in the death of the patient. The connection between the peritonitis and the operation did not seem to him to be very close; otherwise it would have supervened sooner. He did not think that it at all invalidates the success or propriety of the operation. The result will, perhaps, be thought to have more connection with the operation from an ordinary perusal of the case, than really exists. But a careful review of all the circumstances seems to show that the peritonitis was merely an unfortunate accident.

Prof. ROCHESTER thought that there were some points which had not been sufficiently dwelt upon by Dr. White or Dr. Flint. The appearance of the uterus on examination after death, plainly indicated that no undue amount of force had been used in the operation. The exertion being exceedingly tedious and painful to the operator, Prof. White requested him to hold the uterus in place in the middle of the operation, to permit him to take a little rest. A very slight amount of force was necessary to accomplish this, and it seemed that a very little more, if applied for a short time longer, would be sufficient to reduce the organ. In regard to the occurrence of peritonitis, he also thought that it was a most unfortunate accident. Three-fourths of the cases which he had seen, occurred at this season of the year. There was no doubt but that the exhausting nature of the difficulty under which the patient had labored for so long, made the system more susceptible to the disease, and much less able to resist it. There was nothing in the appearance of the parts which would lead to the suspicion that the peritonitis commenced on the uterus; that it appeared to be a simple case of the disease. The greatest pain was referred to the epigastric region, and it was probable that this was its point of origin.

Prof. WHITE mentioned a case of midwifery, in which he had applied the forceps on account of deformity of the pelvic bones. The patient was twenty years old, and in her third labor. In her previous confinements she had been delivered by the perforator. The pelvis was deformed by a narrowing

of the pubic arch. Dr. Storck was in attendance and had applied the forceps, making all the traction he thought advisable. Dr. White thought that there was a possibility of delivery by carrying the head far back upon the perineum and os coxigis. He applied the instrument, and making traction downwards and backwards succeeded in delivering the woman of a large (about ten pounds) living male child. He had previously satisfied himself by auscultation, that the child was living. There was no laceration of the perineum, though it was put very much upon the stretch.

Prof. WHITE referred to the leading editorial article in the Buffalo Medical Journal, entitled "criminal abortions," making some remarks expressive of his concurrence in the views therein expressed, and offered the following resolutions, which he wished to lie on the table until the next meeting of the association.

Resolved, That the Association fully concurs in the sentiments expressed in the editorial article, entitled "Criminal Abortions," in the Sept. number of the Buffalo Medical Journal, relative to its frequency and criminality.

Resolved, That a committee of three be appointed from this Association to confer with the county and city authorities as to the laws now existing, if properly enforced, and whether further legislation is necessary for the abolishment of this great and growing evil.

Resolved, That this committee invite the coöperation of the Medical Societies and Associations in this State, in any measure which may be deemed necessary and expedient to lessen these horrible offences against the morality of the community.

On motion, these resolutions were laid on the table till the next meeting.

The Association then adjourned.

AUSTIN FLINT, JR., M. D.,
Secretary.

ART. III.—*Fracture of the Astragalus, with an Analysis of the Recorded Cases of this Injury.* By BERNARD MONAHAN, M. D.*

CASE I. "I. York, aged thirty-two years, being pursued by some bailiffs, jumped from the height of several feet to avoid them. The tibia and a part of the astragalus protruded at the inner ankle. I immediately returned the parts into their natural situation. Suppuration ensued, and in

* This paper was an inaugural Thesis presented to the Faculty of the Buffalo Medical College, 1858, and recommended by the Faculty for publication.—ED.

five weeks a portion of the astragalus separated, and another piece a week afterwards, which, when joined, formed the ball of that bone. For three months the joint was filled with granulations; it soon afterwards healed, and the man recovered with a good use of the limb."—*Astley Cooper on Dislocations and Fractures, p. 259, 2d Amer. Ed.*

CASE II. *Complicated with Fracture of the Femur, &c.*

"On June 21st, 1792, Mr. Tolson, aged forty years, was thrown from a curricle, on Gerard's-cross Commons. The injury he received consisted in a compound dislocation of the tibia and fibula at the outer ankle of the left leg, with a fracture of the astragalus (the superior half of which was attached to the dislocated bones of the leg), and likewise simple fracture of the os femoris on the same side. He was conveyed to a friend's house on the common, where he had the advantage of an airy, healthy situation, with every kind of domestic attention. I saw him two hours after the accident, and found the bones protruding at the ankle through a very large wound, with the foot turned inwards and upwards, and the integuments beneath the wound exceedingly confined by the dislocated bones which descended nearly to the bottom of the foot. A considerable hæmorrhage had taken place, but was stopped by spontaneous contraction of the lacerated vessels.

"From such a formidable accident in so large a joint, there appeared very little probability of the patient's recovery without immediate amputation; I therefore requested that a consultation with some other surgeons might be held on the case, and expresses for this purpose were accordingly sent to Mr. Peason, surgeon in London, and to my brother, Mr. Henry Rumsey, surgeon, Chesterfield. While I was waiting for their arrival, the patient requested me to examine his thigh, when I plainly discovered an oblique fracture of the os femoris at its superior part. This additional evil appeared to me a great obstacle to an amputation. My brother, when he arrived, being of a similar opinion, I attempted to reduce the fractured and dislocated joint into its natural situation. This I found very difficult without first separating that part of the astragalus which was pendulous to the tibia, having its capsular ligament lacerated half way around the joint. This portion of the astragalus consisted of the broad smooth head by which it is articulated to the tibia; and of almost the whole of the inner and outer malleoli; and of about the upper half of the posterior cavity on its under surface, by which it is united to the os calcis; so that the bone was divided nearly horizontally, and the part left behind consisted of the lower half of the last-mentioned cavity, of the whole of the other or anterior cavity which connects it with the os calcis, and of the anterior portion or process by which it is articulated to the os naviculare; I therefore removed it without hesitation, being persuaded that if it had been practicable to reduce it into its original situation, so large and movable a portion of bone would have been a source of pain and irritation, and have rendered the cure more difficult and painful. I then divided that portion of the integuments of the foot which was confined by the protruded end of the tibia, and was thus enabled with ease to reduce it and the fibula into their proper situation. I applied some dossils of lint dipped in tincture of opium to the wound, and covered the whole with a poultice of stale beer and oatmeal. We then reduced the fractured femur, and

placed the limb in a bent position, expecting that our greatest success would be in procuring a complete anchylosis, the failure of which I concluded would leave a useless foot. The under splint was a firm excavated piece of deal, of the shape of the leg and foot, with a hole opposite the ankle. Mr. Pearson arrived in the evening and approved of the preceding treatment, giving it as his opinion that it would be safer to attempt the preservation of the limb than to amputate, under such complicated circumstances. The wound was concealed as much as possible from the external air, and the cataplasm removed no oftener than the discharges rendered necessary."—*Astley Cooper, op. cit., p.* 298.

Case III. "In the month of September, 1797, a gentleman lodging in Duke street, Smithfield, in a fit of insanity, threw himself from a two pair of stairs window into the street, his feet first reaching the ground. He rose without help, knocked violently at the outer door of the house, and ascended the stairs without the least assistance, bolted the door after him and got into bed. He refused to open the door and it was obliged to be forced. A neighboring surgeon was sent for who, on viewing the case, proposed an immediate amputation, which was not acceded to by his friends; but Mr. Cooper and myself were requested to take charge of the case. On examination, it was found that there was a compound dislocation of the ankle-joint. The tibia was thrown on the inner side of the foot, and when the finger was passed into the wound, the astragalus was discovered to be shattered into a number of pieces. The loose and unconnected portions of bone were removed, and the tibia replaced; after which, lint dipped in oozing blood, was was wrapped around the lacerated parts, and the limb was placed on its outer side, with the knee considerably bent. The parts were ordered to be kept cool by the frequent application of evaporating lotions."—*Astley Cooper, op. cit., p.* 259.

Case IV. "July, 1818. A bricklayer, aged thirty-up, of slender make, but of good constitution and of sober habits, fell from a height of between thirty and forty feet, upon loose materials for building, and alighting upon his feet, received a very severe shock, attended with comatose symptoms, a fracture of the right thigh, a considerable contusion and laceration of the left ankle-joint, accompanied with a dislocation of the bones inwards, the tibia resting upon the inner side of the astragalus; a portion of the lower extremity of that bone was fractured; the fibula was broken about three inches above the malleolus externus, and the surrounding ligaments of the joint were lacerated; little difficulty was found in reducing the dislocation and in replacing the fractured bones; but in consequence of the violent injury done to the joint, a question arose on the propriety of amputation. As the man had enjoyed good health, and was of the constitution and habits least liable to the attack of inflammatory affection, I ventured to give him a chance of saving the limb. A union by the first intention of the external wound, as far as practicable, was attempted, and the limb was laid in the most convenient, yet relaxed and easy posture. Evaporating lotions were applied, and the strictest antiphlogistic system enjoined."—*Astley Cooper, op. cit., p.* 275.

Case V. "I was requested to see a lady, thirty-four years of age, who, on August the 9th, 1819, had, in a fit of insanity, jumped out of a two pair

of stairs window, and produced a compound dislocation of the tibia and fibula at the outer ankle. At the lady's residence I met Mr. Stephens, a surgeon residing in Hunter street, Brunswick-square, who had been called immediately after the accident. As she appeared almost insensible, and Mr. Stephens feared an injury to the brain, he took away twelve ounces of blood. When he examined the ankle, he found the malleolus externus of the fibula projecting through the wound, but unbroken, the tibia dislocated and broken, and the foot very much turned inwards. He extended the foot, and thought that the bones had exactly returned into their natural situation; adhesive plaster was applied upon the wound, and its edges were nicely adjusted. She was placed in a mattress with the limb upon the heel, and with a splint on each side of the leg. For seven days she complained of little pain, and had but slight constitutional disturbance. On the day week from the accident I was requested to see her, and finding little local or constitutional irritation, I recommended that the limb should not be disturbed, and the dressings were not removed.

"On the tenth day from the accident, Mr. Stephens finding her in more pain, examined the wound and found that it had not adhered.

"On the twelfth day, a considerable discharge issued from the wound.

"On the sixteenth day, a slough had separated and exposed the bones, which appeared shattered and projecting. On this day I again saw her, and upon examining the ankle found the astragalus projecting, and a portion of it broken; and as the surrounding parts were dead, I removed the projecting bone. Introducing my finger into the wound as soon as the astragalus had been separated, the tibia was found to be shattered, and the os calcis broken into many pieces. As her pulse was 100, and small, and her strength was failing, I immediately recommended her to submit to the operation of amputation, to which she consented.

"On the Monday following, the stump was dressed by Mr. Stephens, and the greater part was adhering. Two of the ligatures separated on the tenth day, and the other came away on the sixteenth day.

"September 29th. The stump was healed, excepting about the size of the section of a pea, and she had no complaint remaining excepting a sore upon her back, and pain in her left foot.

"It is proper to mention that she had her spine and kidneys injured by the fall, so as to discharge urine tinged with blood, for three weeks after the accident.

"Upon examination of the amputated limb, the tibia split up from the malleolus internus to the length of three inches; the fibula was unbroken; the astragalus was broken and detached; and the os calcis was broken in several pieces.

"I have lately seen another of the same kind, in which I was obliged to amputate."—*Astley Cooper, op. cit., p.* 321.

CASE VI. *Compound Fracture, with Dislocation of the Ankle-joint, successfully treated.* By JAMES MITCHEL, Surgeon, R. N., Willer.

"On my passage from New South Wales to Batavia, in the latter part of 1820, during a dreadful gale of wind, we were obliged to strike top-gallant mast, in doing so a seaman of the name of Robert Smith, aged 23, and of a

phthisical habit, was precipitated from the main top to the quarter deck, and fell on his feet. The result of this fall, as may be expected, was dreadful. On examination I found a compound dislocation of both ankle-joints. The left ankle-joint was in a peculiar helpless state. There was an extensive lacerated wound of four inches in length, at the outer ankle, through which protruded the lower part of the fibula, with the major part of the astragalus attached to it, and showing the joint with lacerated tendons and muscles. The fibula of the left leg was fractured in its centre. The right ankle was dislocated inwards.

"Several of the tarsal bones were displaced. At the inner part of the right foot, under the ankle-joint, there was a small wound through which a tendon protruded, and from which there issued a considerable quantity of arterial blood. Both limbs were pale and lifeless.

"I reduced the right ankle joint as completely as circumstances would admit of, and applied spirit fomentations, &c.

"As for the left ankle-joint, it was in such a dreadfully shattered state that by the rules of surgery I was not warranted in attempting to save the limb, even on shore with every advantage of rest, accommodation and regimen, far less on board a merchant ship, where those comforts were wanting, and where the ship was rolling and agitated by a succession of dreadful storms that seemed to have no end, and that did not terminate for three weeks after the accident. Under these circumstances I proposed amputation, but he entreated me in so piteous a manner to make an experiment (to use his own words) to save it. After explaining to him the dangerous state of his limb, and the possible consequences resulting from such an accident to the constitution, I determined to accede to his request, and I was the more inclined to do so as I thought he would not survive the shock given to his frame. I then dissected away the broken astragalus attached to the fibula, and returned the latter bone into its place, judging it quite useless to return the broken astragalus into its situation, as I supposed it would act as a foreign body in the joint. After this, I dressed the wound, placed the whole in a proper posture, applied the many-tailed bandage, and placed long splints, hollowed out from the thigh downwards to the outer and inner part of the foot; secured his foot by tape to the bed, so as to obviate, as much as possible, the rolling of the ship. I then kept both feet wet with spirituous embrocations. After the system had rallied, and the blood began to circulate freely in the vessels, very alarming inflammation came on in the extremities with strong febrile symptoms, I combatted these with very large bleedings, saline laxatives, antimonials, and large opiates to relieve pain. When this inflammatory state had subsided, symptoms of gangrene came on, which I was enabled to remove by topical applications of cold water dressings, spirituous fomentations; and, internally, by bark, opium, wine, and a generous diet. With the latter he was most amply supplied throughout his cure by captain McKissock, who commanded the ship, and was exceedingly kind to him, administering to his wants from his own table, both in the way of viands and wine; and, indeed, it gives me great pleasure in paying a just tribute to the liberality and humanity of this gentleman."—*Edinburgh Medical Journal*, *vol.* xxvii, *p.* 305.

Case VII. "A stout young lad fell from a height of fifty feet, with a hod on his shoulder, and received a compound luxation of the astragalus

inwards. He was immediately conveyed to the hospital above mentioned, and put under the care of Dr. Stephens. He lay trembling and agitated, but his skin was warm and his pulse good.

"The integuments and capsular ligament over the inner side of the ankle-joint were rent, and the surface of the astragalus, where it articulates with the os calcis, occupied and rather protruded from the wound. Dr. S. endeavored to push the bone into its place; but failing in this, he tried to pull out the bone, which was also impracticable. Extension was made, and as the bone could not be reduced into its proper site, it was extracted by dividing the ligaments that held it, with a scalpel, though not without considerable suffering on the part of the patient.

"Upon minute examination of the bone, the processes to which the ligamentum inter-fibulam anterin is attached, were found broken off. The limb was laid flexed on its outer side on a splint, and pillow, and the wound dressed with lint and roller. We had not detailed the after treatment, which appears to have been judicious; there was ultimately some flexibility of the ankle-joint, with a little deficiency in the length of the limb."—*New York Med. and Phys. Journal. Copied into the Medico-Chirurgical Review, vol.* vii., *New Series, p.* 757.

CASE VIII. *Dislocation and Fracture of the Astragalus.* With Remarks by GEORGE W. NORRIS, M. D. (Journal of Med. Sci., vol. xx, p. 378.)

"William Summerill, ostler, aged 30, was admitted into the Pennsylvania Hospital, September 26, 1831, and came under my immediate care under the direction of Dr. J. R. Barton.

"An hour previous to admission, while descending a ladder, he slipped and fell in such a manner as to throw the entire weight of his body upon the outer part of his left foot. Upon examination, the foot was found to be turned inwards and nearly immovable. A slight impression existed immediately below the lower end of the tibia, and there was a considerable hard and rounded projection on the outer part of the foot, a little below and in front of the extremity of the fibula. The skin covering this projection was reddened, but not excoriated. There was no fracture of either bones of the leg.

"These appearances rendered evident that the injury was a dislocation outwards and forward of the astragalus; and a short time after admission efforts were made by Dr. Barton, to reduce it.

"This was done after relaxing in as great a degree as possible, muscles of the leg, by fixing the knee and having assistants to keep up extension, by seizing the heel and front part of the foot; same time the bone being pushed inwards and towards the joint by the surgeon. These efforts were continued for a considerable time, but had no effect in changing the position of the bone.

"Six hours afterwards, Drs. Huston and Harris saw the patient in consultation, when efforts were again made at reduction, which not proving more effectual than in the first trial, the excision of the joint was determined on.

"The patient being properly placed, an incision was made through the integuments, parallel with the course of the tendons, commencing a short distance above the projection on the foot, and extending down far enough

to expose fairly the astragalous and its torn ligaments. The bone was then seized with a forceps and easily removed after the division of a few ligamentous fibres, that continued to connect it to the adjoining parts.

"Very little hæmorrhage occurred, two several vessels only requiring the ligature.

"After removal, it was discovered that about one-half of the surface which play in the lower end of the tibia, had been fractured, and remained firmly attached to the extremity of that bone, and as it was judged that the efforts to remove it would be likely to produce more injury to the joint, than would arise from allowing it to remain, no attempt was made to extract it.

"The joint being carefully sponged out, the sides of the incision were brought accurately together by means of sutures and adhesive straps, after which simple dressings and a roller were applied, and the foot restored to its natural situation, and placed in a fracture box."

CASE IX. *Compound inward Dislocation of the lower end of the Tibia, with Fracture of the Tarsal Bones.*

"Elizabeth Sales, a German immigrant, aged 78 years. Accident occurred from being knocked down and crushed when passing under a canal bridge. I saw her three weeks after the injury was received, in consultation with Dr. Sprague. Over the inside of the ankle there existed a large wound communicating with the joint, exposing the astragalus and calcanium, both of which bones were broken. The patient had been exceedingly feeble since the accident, and Dr. Sprague had not judged it proper to amputate. The bones remained unreduced, but they were as comfortable as possible with pillows. Dr. Sprague had never hoped to save the limb, but he had only waited a favorable opportunity to make the amputation, which did not seem yet to have arrived.

"She died two weeks from the day which I saw her, and about four weeks from the receipt of the injury."—*Report on Dislocations with especial reference to their Results. By Frank H. Hamilton, of Buffalo. Transactions of the State Medical Society of the State of New York*, 1855, *Case* XVI, *p.* 84.

CASE X. "The astragalus may be broken singly without any of the other bones being injured, by the tibia being forcibly thrust against it, as when a person jumps from a height, and comes to the ground with the tibia placed vertically on the astragalus. The shock may be sufficient to split the bone. I once saw a case of the kind produced in the above manner; there were no symptoms to indicate the nature of the accident, as there appeared to be only swelling of the joint. The patient was treated for a severe sprain, there being reason, however, to suspect a fracture. The inflammation of the joint became so great, and the man's constitution so much affected, that he died on the twelfth day. The case was considered peculiar from the severity of the symptoms. On opening the joint, however, after death, the astragalus was found to be split in two or three directions, which fully accounted for the constitutional symptoms and the other serious effects produced by it."—*Amesbury on Fractures.*

Remarks. Fracture of the astragalus is of very rare occurrence; of 461 cases of fracture of different bones, seen by Dr. Hamilton, only one was a fracture of the astragalus. Fracture of this bone almost always occurs, judging from the few cases that we find on record, as the result of the two following accidents: either a fall from a height, or a general crush of the bones of the foot from external violence, as when some heavy object falls upon or passes over them, such as a loaded wagon, or a railroad car. It occurs more frequently from the former accident than the latter, that is, from falls from a height. Of the ten cases of fracture of this bone, which I have collected, nine were caused by falls from a height, while only one was caused by a general crush of the bones of the foot. This latter example occurred in the practice of Dr. Hamilton, and is reported in his article on Dislocations, in the Transactions of the State Medical Society for 1855, Case XVI, p. 87.

Malgaigne, in his Treatise on Fractures, when speaking of the astragalus, says, that in a general crushing of the bones of the foot, when all the other bones are crushed or fractured, the astragalus generally escapes unharmed. How far this is true, is perhaps a question to be determined by future observations. Of simple fracture of the astragalus not complicated with fracture of the other bones of the tarsus, we have found recorded two cases, one of which was not recognized as such during life. The patient was treated for a severe sprain. The injury done to the joint was accompanied with such an intense degree of inflammation, that the man died on the twelfth day of its occurrence. In the other case, the astragalus was displaced to the outer ankle, a little below and in front of the extremity of the fibula. The skin covering this projection was reddened, but not excoriated. An incision was made parallel to the tendons through which the fractured bone was extracted.

Fracture of the astragalus is almost always compound, and accompanied with dislocation of one or more bones of the leg, thigh, or foot. Case I, was complicated with a compound dislocation of the tibia. Case II, with a compound dislocation of the tibia and fibula, and also complicated with a simple fracture of the femur. Case III, was a compound fracture of the astragalus, complicated with a dislocation of the tibia inwards. The astragalus was broken into a number of pieces. Case IV, complicated with compound inward dislocation of the tibia, fracture of the femur, and also fracture of the fibula, three inches above the malleolus externus. Case V, the tibia was found split from the malleolus internus to the extent of three inches, the fibula being unbroken; the astragalus was broken and detached, and the os calcis broken into a number of fragments. Case VI, complicated with compound

dislocation of the ankle-joint, and fracture of the fibula on the same side through its centre. Case VII, complicated with compound dislocation of the ankle-joint. Case VIII, simple fracture of the astragalus with the fragments displaced outwards. Case IX, complicated with fracture of the os calcis. Case X, simple fracture not recognized as such during the lifetime of the patient.

We see by the foregoing analysis, that two were complicated with fracture of the femur through its middle: both cases occurring on the same side with the broken astragalus. Two were complicated with the os calcis. One was complicated with fracture of the tibia; two with fracture of the fibula; one occurring three inches above the malleolus externus, and the other in the centre of that bone.

Fracture of the astragalus may occur in almost any direction; it may happen antero-posteriorly, laterally, or horizontally. We find only two cases in which the direction of the fracture was described. In Case I, it occurred anterio-posteriorly, and also horizontally, breaking off the articulating portion of the bone, which joins the tibia and fibula, and also dividing it into two portions, which, when joined, formed the ball of that bone. The other example, Case II, was fractured nearly horizontally; the part left behind consisted of the portion which connects with the os calcis, and the anterior portion consisted of the part by which it is connected with the os naviculare.

The diagnosis of fracture of the astragalus is always easily made, when it is connected with an external wound communicating with the joint. But in cases of simple fracture I cannot imagine how we can determine its existence positively, unless the fragments are displaced. In such a case we might possibly make out the diagnosis; yet it would be extremely difficult, owing to the swelling and laceration, which would necessarily result from such an injury done to the joint. In case we are in doubt, we should treat it as a case of severe sprain, for probabilities are greatly against the occurrence of such extraordinary accidents, to which class these injuries certainly belong.

The treatment in accidents of this character when associated with an external wound, and where the bone is shattered and displaced from its natural situation, consists in extracting the loose and shattered fragments, by dividing any remaining attachments which may exist, with a scalpel. As a general rule, this is not followed by any considerable amount of hæmorrhage, since we rarely have to tie more than one or two small vessels. After having extracted the bone, or bones, we should sponge out the joint, bring the edges of the wound together, by means of sutures and adhesive straps, and cover the part with lint and a roller, then place the limb on its outside, on a

splint, hollowed out and properly padded, having, at the same time, returned the foot to its natural situation. Evaporating lotions should be applied for some time to keep down inflammation. If symptoms of gangrene supervene, we should use warm fomentations applied frequently to the part, such as warm spirit lotions, &c. We must support the patient's strength by the administration, internally, of bark and wine, conjoined with a generous diet.

In simple fracture we can do very little except to keep the parts at rest, use cooling lotions, and combat inflammation by bleeding, saline laxatives, and antimonials.

The strictest antiphlogistic regimen should be enjoined. But when there is a simple fracture, with considerable displacement of the fragments, we should, I think, cut down to the bone, making the incision parallel with the course of the tendons, and extract the loose and displaced fragments. After which, the edges of the incision should be brought into as perfect apposition as possible, by which practice we may expect the greatest part of the wound to unite by first intention.

After extracting the astragalus, it must not be expected that the patient will recover with a perfect use of the joint, for we see by the results of the foregoing cases, that the joint usually remained stiff for a long time, a result which we should anticipate from the commencement. In such cases we have mobility commencing gradually in the joint until in the course of time the patient has a pretty good use of it. There is, in fact, a new articulating surface formed by the consolidation of the tissues in the immediate neighborhood of the joint, which comes at length to be almost as useful as before the occurrence of the injury. A slight amount of shortening of the limb, however, always remains, which can hardly be noticed in the gait, but may be shown by accurate measurement.

ART. III. — *Transactions of the Medical Society of the State of New York, for the Year* 1858.

In many respects the volume of the Transactions of the New York State Medical Society for the present year, presents a favorable and agreeable contrast with the volumes of previous years. Its general typographical appearance is good, and the semi-white paper which has, under Legislative sanction been so long paid for by the people of the State of New York, at the

price of a first rate article, is replaced by an article of unsullied purity. Moreover, the six hundred and fifty-five pages of this volume, are clothed in a decent garb; the poor apology for a covering which has heretofore been confined to the "fig leaf" of yellow paper covers, has given place to the full dress of a neat and tasty cloth binding, so that it is fit at once for full companionship with the most select of the company upon one's library shelves.

We much regret, however, that the sense of general satisfaction which is felt when one first takes the volume in hand, and turns over its pages, is sadly marred and gives place to poignant disappointment upon perusal, in encountering the almost innumerable and certainly gross typographical inaccuracies and blunders which deface nearly every page of the volume. The page of "Errata" at the end of the volume, does not compass a tithe of the errors of the book. Bad spelling, wrong words, misplaced and transposed sentences and paragraphs, meet you upon every side.

There has yearly been grounds for just such complaints. The State Society owes it to itself and the profession of the State, to devise some means by which its transactions shall not be perpetually sullied by these errors of the printer, and the negligence of the proof readers. If the other volumes emanating yearly under the sanction and seal of our legislature are as full of errors, we would give but little for their legal, historical, or scientific accuracy, or worth.

In commenting thus upon the verbal inaccuracies of the volume, we do not wish to be understood that the value of the book is to be judged alone by its mechanical execution. Far from it. Its contents have an intrinsic value of their own. But to meet these errors in the perusal, jars upon the nerves of the reader, as do discords in music upon the ears of the musician. Besides, these errors are not always free from the danger of lamentable results. For instance, take the prescription upon page 281, in Dr. Brinsmade's paper, where *one drachm* of the alcoholic ext. nux vomica, is substituted for *one scruple*, and *an ounce* of aloes for from *one* to *two drachms*. A corrected formula of the above, distributed we presume, by Dr. Brinsmade, we accidentally saw, and we presume we shall do the profession an acceptable service in aiding to disseminate the correct recipe:

℞ Alcoholic ext. nux vomica, 1ʒ.
Aloes (best quality), ʒj to ʒij.

Mix and divide into sixty pills.

There are other errors in the prescriptions given in the volume, occasioned by substituting wrong signs of quantities.

To turn from these mechanical blemishes to the consideration of the contents of the volume, is a task more within the appropriate sphere of the reviewer, and where there is so much to commend, a more agreeable duty. The contributions consist of twenty-six distinct articles, and furnish a large range in the subjects communicated. Twelve plates are added as illustrations to the contents of the papers.

Many of the articles scarcely admit of criticism; some are biographical sketches of departed members of the profession; others are the report of cases and make no other pretension than the legitimate one of recording medical or surgical phenomena, keeping clear of the regions of theory, or fancy.

The volume opens with the *Annual Address* of the President, Dr. Augustus Willard, upon *Air, Exercise and Sunlight*, a well written, earnest paper, the object of which is to exhibit the influences exerted over human health by the free use and enjoyment of a plenty of pure air and sunlight, conjoined with exercise, and the suffering occasioned by their want. He regards these as exerting as important influences upon human health and life, as any of the causes which develop diseases known under the classification of zymotics. A disregard of the laws of nature imposed upon us for the preservation and security of health, gives rise as frequently to diseases of a chronic character, whose progress towards a fatal termination is just as certain and just as inevitable as from causes commonly regarded as epidemic, and that the results of one series of causes is as truly fatal and terrible in their consequences as the other; with this advantage upon the side of epidemics, that there is a chance for escape from an attack of even the most fearful of them, but from many of the diseases engendered from a want of pure air, sunlight, and exercise, the escape is certainly hopeless after they have once become fixed in the system; sooner or later the foundations of life are undermined, and the doomed victim falls a sacrifice.

The three succeeding papers contain biographical memoirs of the late Prof. Thomas Spencer, and Drs. Sumner Ely, of Otsego county, and Henry Reynolds, of Saratoga. They are grateful tributes to the memories of faithful men in the profession, who have performed well their duties in the warfare of life and died with their armor on. It is fitting thus to gather the memorials of the worthy dead of our profession, and thus to place upon

tant of the volume, being descriptive of a new, and terribly fatal epidemic, which suddenly developed itself in the central and southern portions of this State, during the winter of 1857, and for the fatality accompanying it, and the suddenness of its termination, the cholera scarcely furnishes a parallel, some of the cases terminating in two or three hours from the time of seizure.* The date of the outbreak of the epidemic seems fixed in the month of February, 1857, although Dr. Squire reports a case occurring as early as the 23d of December, 1856, and another on the 1st of January, 1857; and Dr. Kendall reports a fatal case on the 8th of the same month; but the cases accumulated so rapidly and were so marked by their peculiar characteristics in February, that their diagnosis was no longer involved in doubt, and the terrors of a severe and fatal epidemic encompassed the inhabitants of these several localities, or more properly, districts.

Dr. Thomas' paper is more strictly confined to the description of the symptoms, and the pathological conditions accompanying them than the other two, he does not enter into any description of individual cases.

From his historic account of the advent of this disease in an epidemic form, we learn:

"It appeared in various garrisons in France, in 1837, and continued until 1842. In 1838 it prevailed in Lamollé and Leipsic; in 1839 in Versailles, Avignon and Strasbourg. It was epidemic in Gibraltar in 1844, and was not confined to the garrison, but prevailed extensively among the civil population. In 1846–7, it prevailed in England and Ireland. In March, 1848, it was epidemic in Alabama, Missouri, and Arkansas. About the same time it suddenly broke out in Sutton and Millbury, Massachusetts; and in several localities in central New York, in 1850–51. It made its appearance in Elmira, N. Y., during the warm weather of February, 1857, and prevailed during the two succeeding months extensively in the western and central parts of the State.

"Wherever it has prevailed in an epidemic form, it has been evident that an agent of uncommon power was sapping the fountains of life. Its usual ratio of mortality has been from seventy to eighty per cent. It is true that in some places the ratio has been less than seventy, while in other localities the mortality has been more than eighty per cent. The first nineteen cases treated in Sutton, Massachusetts, all died; thirteen cases in the French garrison, at Doesia, all died; and in the epidemic in Boon county, Missouri, five-sixths died."

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* Reference may also be appropriately made in this connection, to the article by Dr. J. W. Craig, of Churchville, N. Y., in the Buffalo Medical Journal for July last, page 65.

Dr. Squire says:

"It occurred in Sydenham's day, and he describes it as typhus petechialis novus. It occurred in many parts of New England, in 1807 and 1808, at which times Dr. Elisha North, of Hartford, published an interesting monograph upon the subject, under the title of Spotted Fever. Many of the physicians now residing in Cortland and the adjoining counties of this State, will remember an epidemic which prevailed there about ten years ago, and was generally called cerebro spinal-meningitis."

Our contributors agree in ascribing to the disease a malarious origin, and in evidence upon this point, Dr. Thomas quotes authorities. Without stopping to quote his foreign proof, we copy only his statements that

"Its ravages continued in Alabama during wet weather, when there was an unusual degree of moisture in the atmosphere, the wind most of this time in the south-west. In the spring of 1844 the Missouri river overflowed a large section in the county of Boon, depositing a layer of sand over a large growth of vegetable matter. During the next three years this section, covered with the deposit, was unusually healthy, while beyond its limits it was sickly. In 1848 this disease appeared with fearful malignancy, but confined entirely to the country covered with the deposit from the river. In Alabama two hundred and forty cases occurred in low moist localities, to ten on the slopes and tops of hills. It broke out in Elmira during the warm weather of February. The place has no sewerage, and the surface water and filth was exposed to an unusual high temperature for the season. It has almost invariably prevailed during the damp weather of March and April, or a warm February, but few cases occurring after the first of May, and appearing again in the month of November and a warm wet December."

There is a very marked uniformity in the description of the symptoms detailed by these several contributors. Dr. Kendall, however, describes with the greatest care, the successive steps by which the disease makes its inroad upon the system, and the minute differences of symptoms as developed in individual cases, and relates seven cases of the disease. In the effort to condense our notice into a reasonable brevity, we shall, however, make use of the more synoptical description of Dr. Thomas, and as he has evidently employed the force of condensation to his description, we shall quote his language entire:

"Its mode of attack is not uniform. In some cases, its approach is accompanied by some disturbance of the stomach and bowels, as slight nausea and vomiting, and moderate diarrhœa. This state is accompanied with slight chills and pain in the head and back, sometimes very severe. After a short time, perhaps a few hours, these slight disturbances of the system

will be followed by delirium, an anxious countenance, great restlessness, cool or cold skin, and a frequent *irregular* pulse. As the disease progresses, their muscles become affected with spasmodic contractions, and especially those of the back and neck, which often assume a permanent rigidity, confining the body or neck to one position for days, and sometime even weeks. The above is one of its modes of attack; but, in the strongly marked congestive form, the irregular pulse, the cold surface, and coma more or less profound usher in the disease. In the course of a few hours, reäction becomes established, the pulse becomes frequent and strong, and not unfrequently retains its irregular action; the skin hot and dry, urgent thirst, severe pain in the head and back, local and general spasms, torpid bowels, irritable stomach ejecting green morbid secretions, delirium, head drawn to one side, or fixed firmly backward, *petechiæ*, and an irritable and excessively tender surface. The morbid condition of the tongue varies with the progress of the disease; in the early stages being slightly covered with a white, or yellow brown fur, and later in the disease, dry and red, or a dark brown coat is found to cover it."

Dr. Squire has detailed the symptoms and termination of forty-three cases, and contents himself with the recitation of the symptoms and peculiarities of each individual case, without entering upon a more systematic description of the disease.

The petechiæ accompanying the disease, or developed in its course, form a marked feature among the other symptoms, and are worthy of a separate notice. Dr. Kendall says:

"Sometimes as early as the second day, but later, if not a very severe case, petechial spots appear, first upon the face, neck and breast, and extending more or less over the whole surface. These spots are very various in their appearance. In size they are from a mere point to three or six lines in diameter, and even larger in some instances. In color, from a scarlet to a dark purple—I had almost said black. In frequency, from a few scattered spots to one-fourth of the whole cutaneous surface. Where they are few and scattered, they are more generally of a scarlet or rose-red color; when more abundant and larger, of a darker hue. These remain upon the surface but a few days if the patient live, gradually fading, and in a week they are all gone. If the patient continue to sink, the petechiæ continue, and continually grow darker till death.

"Probably a majority have no petechiæ at all, at least not discernible by the naked eye; even some of a fatal character have not exhibited them."

The term "spotted fever" has been applied by some to the disease from the accompanying petechiæ.

"The post-mortem examinations," according to Dr. Thomas, "in all the localities where it has prevailed, show great similarity. The serous membranes of the spinal cord and brain are more or less congested, and effusion

of serum, of coagulated lymph, and if the inflammation has had time to pass through its different stages, sero-purulent matter and pus—a layer of plastic purulent matter covering the whole inner surface of the pia mater of the brain, and collections of the same about the base of the brain, the pons nasali, and the medulla oblongata. Beneath the spinal arachnoid is found the same kind of purulent matter, and often pus is found opposite the third and last dorsal vertebræ. The spinal marrow, cerebellum and cerebum, have sometimes been found softened, but they are not usually affected; when they are, the disease assumes a remittent or an intermittent form."

There is nothing peculiar in the modes of treatment adopted. They were such as were generally indicated by the type and symptoms of the disease, and may be generally described as counter-irritants, and supporting means. Bleeding was illy borne, except in a few exceptional cases. Calomel was beneficial, but the chief reliances were opium, quinine, counter-irritation to spine, cold to head, and supporting the powers of life.

The Report on the Comparative use of Ergot and the Forceps, in Labor, by Dr. B. Fordyce Barker, is a concise statement of the relative value of these two obstetrical aids in retarded labor, and the points are so succinctly stated, and follow each other in such regular order, that we should be compelled to give the report nearly, if not quite, entire, were we to attempt to follow it. He first speaks of the action of ergot, and its use and abuse in labor, and then of its value for other purposes, connected with parturition; and passes to the use of the forceps in labor.

We extract the following from his third paragraph upon the use of ergot in labor, "The exhibition of ergot is safe only in those cases, where the presentation is natural, the pelvis is well formed, the os uteri well dilated, the vagina and vulva lax and moist, and in short *every thing is prepared for delivery, nothing being wanted but efficient action of the uterus.*" The dangers from its use, he gives as rupture of the uterus, laceration of the os uteri, rupture of the perineum, also prolapsus and procedentia of the uterus and bladder. Injurious effects upon the mother's system are at times attributed to its use; and fatal effects upon the child when its delivery is not accomplished within a limited period of time, are results now established beyond all controversy.

He evidently favors the use of the forceps as a means of delivery in retarded labor, and regards the dangers from their employment as the results of their abuse, or ignorance in the mode of applying them. He thinks laceration of the perineum more frequently results from sloughing caused by

pressure of the impacted fœtal head than from rupture from the employment of the forceps.

The paper is disfigured by numerous faults of the type setter. We may instance one, where what should be the first line of page 118 is inserted as its last line; and again, on page 127, "within *one year*," is put down as one of the periods of the duration of labor! Nor are these all the reader will find.

Osseous Union of Intracapsular Fracture of the Neck of the Femur, is a paper contributed by Prof. Alden March, in which he advocates "the doctrine of complete fracture within the capsular ligament, and union by ossific deposite, without impaction." He gives a case which he substantiates by the testimony of eye witnesses of the accident, or persons conversant with the history of the patient. The patient, a negro, was about sixty years of age, at the time of his death, the accident occurring when he was twelve or fourteen years old. An illustrative plate accompanies the article.

Certain we are that a shaft (*of bone?*) in the report is aimed at a professor of surgery in our midst, of no mean reputation, and who is building up for himself an enduring monument of fractured and dislocated bones. The reference, we think, to the "American Professor of Surgery," might have been more gracefully made, without detracting from the merits of the report.

Prof. March also contributes an *Interesting Case of Urinary Calculi*, occurring in a lady aged eighty-seven. She voided upon one day, after suffering from pain in the lower part of the body, fifteen calculi. The symptoms continuing, five and a-half months afterwards, Dr. M. discovered a calculus in the bladder, which he seized in the jaws of a small sized dressing forceps, and endeavored to deliver through the urethra, but upon traction, the calculus gave way and the instrument was detached. By introducing the forefinger of his right hand into the vagina, and pressing upon the bladder behind the location of the calculus, and introducing the broad or scooped extremity of a common pocket case director, he succeeded with the finger and instrument, in bringing the calculus into the urethra endwise. Maintaining it in this position, with a straight probe-pointed bistoury introduced flatwise on the upper and outer face of the calculus about an inch and a-half, he cut upwards and outwards towards the groin. The anterior extremity of the urethra was divided from a third to half an inch, which was amply sufficient to enable him to bring the calculus forward, and to extract it by the aid of the finger and grooved staff. The patient speedily recovered her health perfectly.

Prof. March mentions incidentally in his contribution, that he has operated for lithotomy twenty-one times, for lithotripsy three times. His youngest patient was two years and ten months old, his oldest the subject of this report. His oldest male patient was seventy-two years of age.

He makes a fitting notice, as a conclusion to his paper, of Prof. Benjamin W. Dudley, of Lexington, Kentucky, now over seventy years old, who has operated for lithotomy two hundred and seven times, and with a success unparalleled in the annals of capital surgical operations, having lost but five or six patients out of this large number.

Dr. Franklin B. Hough, in a brief paper *On the Registration of Births, Marriages and Deaths*, urges the importance of collecting these statistics, from their value to science, and their important bearing upon numerous questions of the highest interest in the social economy. Questions of sanitary and quarantine regulations are not alone among the problems to be wrought out by such statistics, but questions in life insurance and other financial affairs, dependent upon the contingencies of life; the determination of the numerous legal points connected with consanguinity, descent and inheritance; the application of mathematics to the solution of the great problems of vital statistics, are to be solved by the data thus obtained, and these subjects ought to be only named to enlist the sympathy and claim the attention and support of every member of the community.

Poisoning by Arsenic from Absorption, is contributed by Dr. C. V. Barnett, of Windham Centre, and is the recitation of twenty-one cases, several of which he details at length, where unequivocal signs of poisoning resulted from the external applications of this mineral, the work of a so-called "cancer doctor;" the application made use of was in every case a mixture of arsenic and nitric acid, applied liberally with a swab, and all, with two exceptions, occurred within the short period of one year.

The long continued use of the hyd. per-oxide of iron, with anodynes and mucilaginous drinks, was the treatment employed, and with the most marked benefit. He regards the doctrine of the books, that such cases are to be treated upon "general inflammatory principles," and that "blood-letting is our principal remedy," as unsound and unsafe.

An interesting case of *Accidental Nigrities*, occurring in a female at the age of sixteen years, next follows, from Dr. W. H. Gardiner, of Whitesboro.

The paper entitled *Human Longevity*, inserted on page 245, omitted in the numbering of the series of papers, but which finds a place twice in the table of contents (for some unexplained cause,) appearing at last as Art. 21, must have been inserted as a matter of personal compliment to its author. For although the address is profusely ornamented with *italics* and SMALL CAPS and *quotations* of poetry, and is the annual address of its president, we cannot discover the points of interest about it, which led the Albany County Medical Society "to communicate" it to the State Society for publication in its Transactions. If there are any, we should be most happy to have them pointed out. If it is designed to establish this as a precedent, there are doubtless other county societies in the State, which will desire to compliment their presidents in a similar manner. Such a rule we cannot but think would be as often honored in the breach as in the observance, judging by the present example.

Although we have noticed so many distinct articles, and omitted some others, for our space will scarcely permit us to give a synopsis of each paper, we have only so far indicated the contributions which furnish comparatively a small portion of the entire volume. *Two hundred and ninety-nine* pages of the six hundred and fifty comprising the volume, are the contributions of Dr. Thomas C. Brinsmade, under the title of the *Vice-President's Address.* At the previous meeting of the society, by resolution, it was made the duty of the Vice-President hereafter to deliver an address at the annual session of the society. While complying with the requisition of the society, he avails himself of the opportunity afforded, to present a series of elaborate tables, being a record of his practice for a period of twenty-one years. The cases are arranged and classified according to the nosology proposed by Dr. Wm. Farr, of England, and are extended until they cover two hundred and fifty pages! fourteen pages more are occupied with a "Statistical Nosology."

These tables are preceded by the *Address.* Referring to the action had from time to time in the American Medical Association, and in the New York State Medical Society, relative to the collection and preservation of medical statistics, he adopts the subject as the theme of his discourse, and urges with all the earnestness of which he is master, the great importance to medicine as a science of the daily record by physicians of their cases, and making the results of their observation and experience available to the profession. The enthusiasm which he himself feels upon the subject, and the importance which he attaches to the results to grow from such records, can, perhaps, be no better exemplified than by a reference to the immense

amount of time and labor which he must have devoted to the preparation of these tables. Few men would have had the nerve to undertake such a work, extending back for so great a length of time, and but very few in the State, we opine, have any record of their practice for twenty-one years which could be worked up into any such form.

In the contemplation of such labors, prompted by an undoubted love for his profession, and stimulated by a noble enthusiasm to contribute to its advancement, it is an ungracious task to say aught which may be construed to their disparagement, or which may seem to detract from their value.

Notwithstanding the sympathies we naturally have for all statistic gatherers, for we know full well from our little experience, of the tread-mill character of the toil involved, and how few realize the tedium of the task which is imposed upon him who attempts to collate such facts as are presented in the tables of Dr. Brinsmade, we feel constrained to inquire into the practical utility of so many figures.

What we shall have to say, we promise will be less in disparagement of the labor of Dr. B. than for the purpose of instituting the inquiry as to the real utility of these laborious records when carried out to the full extent which they cover in the tables before us.

The profession for years has been lectured upon the importance and absolute necessity even, of collecting statistics for the purpose of developing the laws concerned in the production and propagation of disease, and the final termination in health, or death. The State Medical Society has committed itself fully to the task of endeavoring to obtain such statistics, and to work out the problems involved. A system of State medical registration has been proposed, and the results are waited for by those interested especially, with no little interest. It may not be unprofitable to inquire into the probable value of some, if not all, of the figures collected by such a widely diffused system of registration, which contemplates that every regular physician in the State shall keep a daily record of all the cases, medical and surgical, which he meets in practice.

In his enthusiasm, upon this subject, Dr. B. says:

"According to the census of this State for 1855, there are more than six thousand physicians in the State, and if but one in six of them would register, as proposed, we should have one thousand doing something every day, to a greater or less degree valuable. If they saw but four new cases a-day, four thousand facts would be daily placed in a tangible shape, ready for future use."

Well! suppose that one thousand medical men were heartily enlisted in

this cause in the State, and that each at the next meeting of the State Society should present, as has Dr. B., his three hundred pages of printed statistics, what would we have?—why, *three hundred thousand pages*, or *five hundred volumes* of the same size as the present volume of Transactions! Truly the profession would have occasion to exclaim, "in the making of books there is no end," and the revenues of the State would groan beneath the taxation. We admit that this is a result no ways to be anticipated, but, while protesting against any desire to turn the subject into ridicule, we could not refrain from the opportunity thus afforded of showing how really impracticable would be the results of these record-takings if his anticipations or his desires could be once carried into effect.

We have stated that the State Medical Society has committed itself to this system of the individual registration of cases; its committee has prepared and sent out, designing to reach every member of the profession of the State, blank forms to be filled during the year, and to be returned in time to arrange and present at the next annual session of the Society. The plan is the carrying out of the suggestions contained in Dr. Brinsmade's address.

It is proposed that every physician shall daily register every case coming under his eye: not only all diseases, including epidemics, endemics, constitutional and local affections, but everything surgical, including accidents the most severe as well as the most trivial, from the dislocation or fracture of a femur, to the getting of a pepper-corn or bean into the nose, or a splinter in the toe. Look at Dr. B.'s paper and tables and see if we misstate the range of subjects.

Registration is the popular topic of the day; it is the theme of every convention; and the profession seems expectantly waiting for the revelation of some new and great truths from amid the chaos of recorded facts, to lead it out from the fogs and darkness which envelop it upon so many sides, into the brightness of a perfect day. The subject is a popular one, and not the least so with those who will never make a note, or attempt to arrange a table.

Notwithstanding the popularity of the subject, and the vast results expected to be achieved by this general system of registration, it may not be unprofitable upon the threshold of the enterprise to pause and inquire, whether there is any probability of all these grand results ensuing from this heterogeneous collection of heterogeneous facts.

We desire to ask these questions:—What good results are likely to flow from this collection of figures involving every conceivable form of lesion of function, or of organ, medical or surgical? What laws are to be deduced

from the collection of a list of accidents, many of them of the most trifling and puerile character which can come under the eye of the medical man?

There is no difference of opinion as to the knowledge to be learned from the record and comparison of cases of disease which spring from epidemic or endemic causes, or such as impress the system from influences from without; but what laws are to be deduced from the register of cases of diseases constitutional in their character,and which spring from causes inherent within the patients themselves? What laws are to be deduced from the simple record of the fact of disease, when the record stands simply as the statement of a fact, isolated from any of the concomitant circumstances upon which the disease may be supposed to be dependent, or owe its origin? Again, what laws are to be deduced from the record of simple and pure accidents? Is there any connection between the months of the year and the frequency of the fracture of a clavicle, or the dislocation of a shoulder, or a thigh? Is a child more likely to swallow a button, or get a bean in its nose, or a pin in its ear at one season of the year than another?

That we do not seek to depreciate the value of this form of statistics, by stating suppositious records, we refer to the tables of Dr. Brinsmade, and which we take as our text in these remarks, where he has recorded all these cases, and elaborated them through all the tables comprising his twenty-one years record.

Will such daily records if preserved and published by the profession of the State, or any considerable portion of them, give us a true approximation to the real number of cases of disease? In acute diseases, running rapidly to a termination, they may, and most probably will. But how will it be with chronic and incurable diseases? It is not probable than any considerable number of persons suffer any length of time from any form of disease of a chronic, or incurable character without consulting more than one, or even two medical men. It is notorious that such cases "run the rounds" of the doctors of the neighborhood, and when their skill is exhausted go abroad for advice to whomsoever they may deem capable of aiding them in their extremities. If every one to whom they apply for advice record them among their daily observations, and return them in their yearly reports, you have a number of cases whose aggregate is formed by multiplying the patients by the number of doctors consulted. If the case terminate fatally, you have the record of one death only, against your swollen list of cases, and how are you to account for the balance? are they to be put down as cured, and ascribed to the advance of medical science?

Let us quote, by way of illustration, some of the cases of constitutional

disease, with their recorded terminations, from Dr. B.'s tables, (pages 511 and 530.) In twenty-one years, he had 164 cases of dropsy, 18 fatal; cancer, 25 cases, 4 fatal; schirrus, 8 cases, 1 fatal; cancer of uterus, 6, *none* fatal; cancer of stomach, 7, fatal 4. But we have quoted sufficient. Now what is the inference from the records? that these most fatal forms of disease all recovered? The true explanation undoubtedly is, that the well-known reputation of the reporter brought these cases within his notice during some period of the disease, but that long before their termination they had passed from beneath his observation. Was he the only physician consulted by these patients during the period of their hopeless sufferings? We doubt it much. Suppose they were seen but by three others, a small number, and all recorded in their daily record of cases, and you have four cases to every actual patient affected. The disproportion to the actual reality destroys at once all value of the records. The mortuary list alone would furnish a true state of the case. We have selected these forms of diseases simply from their marked characters, but any one need but cast his eye over the long list of chronic diseases, to discover how many are contained therein, in which the same causes would operate to destroy the reliability of any tables.

We have intimated that the knowledge of the laws of disease deducible from such records as are here contemplated, has reference almost entirely to such as impress the system from influences from without, and that we shall derive little aid in our study of constitutional diseases.

In proof of this we can have no better evidence than Dr. Brinsmade's own paper. Turn to the really interesting and valuable charts, or tables which precede the address, and you will find but two classes of diseases as put down as being controlled by atmospheric, thermal, or terrestial causes—the zymotici and pneumonici. And as farther evidence upon this point, let any one carefully and studiously turn over the numerous tables of the book, and note the recurrence of cases month after month, and year by year, as they follow each other in succession, and mark the entire independence of the diseases not included in these two classes, from any relation to time or seasons. The only possible points upon which information can be gained, is in reference to the influence of age and sex in tho development of disease, and upon many of these points our knowledge is now a certainty, but at any rate, to learn these facts is not necessary, or desirable, to be embarrassed by a vast amount of superfluous matter, although dignified by the name of statistics.

We can scarcely refrain the remark, that these tables of Dr. Brinsmade

are invaluable to the profession, in exhibiting how really limited the field of observation is, when you come to measure it in this manner by rule and line.

We are fully impressed with the conviction that some rational bounds and limits must be placed to this passion for statistic gathering which now pervades the profession. It is not sufficient to add figure upon figure, and to accumulate table upon table, to work out the problems of health and disease, of life and death. An intelligent discrimination must be made in the facts recorded, and those only presented upon which you can predicate some reasonable grounds for supposing that the relation of cause and effect exists. To simply record that you have visited "four new cases" of disease to-day, teaches nothing. If you visit four more to-morrow, teaches nothing. You may be very busy, and your neighbor very idle; your families may be accidentally all sick at a time; his, all well. And if the visits are to some such cases as these tables exhibit, they serve no possible purpose or use,—except to advertise the extent of your business!

With the full consciousness of the fact, that medical-statistic-gathering is the popular hobby of the day, and that the expression of an opinion of doubt only, of its utility, is heterodox, we reiterate our conviction, that some rational bounds and limits must be marked out within which these labors must be confined, or else the whole subject will become a stench in the nostrils of the profession, and be banished as a nuisance beyond the pale of legitimate medicine.

The Report of the Committee of the King's County Medical Society on "*The Statutes of the State of New York, regulating the Practice of Physic and Surgery; the Rights, Duties and Immunities of Physicians; and their relation to the Medical Societies of the Counties in which they reside*," we commend to the careful perusal and attention of every physician of the State, who claims to be regular; and to those without the pale of a County Medical Society, it has especial claims upon their attention.

In passing, we may remark, that the legislature of this State, for 1857, stultified itself beyond any of its previous efforts in *leveling down* the guards previously placed around the public as protection against quackery, by enacting at the heel of the session a law authorizing the formation of homœopathic societies, and basing the powers thus conferred upon the act of 1813 in reference to the organization of medical societies. How two bodies can exist in the State with equal powers upon such matters, we will leave for our courts to decide, premising, however, that we presume no greater con-

tempt exist in reference to the decision of our courts among medical men, than among lawyers.

But we have extended our notice of the Transactions far beyond the limits we first designed, and exceeded the space legitimately belonging to us, and we must bring our remarks to a close. There are several other papers which we have not indicated by their titles, interesting in themselves, and adding to the value of the volume; the greater portion of them, however, call for no especial notice. We think we have sufficiently indicated the range of subjects embraced in the volume.

It should be a subject of congratulation with the profession, that there is such an apparent evidence of vitality in the State Society as is betokened by the volume before us. It is evident that the profession is at work despite the want of appreciation upon the part of the public, of the value of these continuous labors in its behalf, and the chilling, blighting influence of the support given to quackery in every form and degree. It is some consolation, however, that in its hour of greatest need, the public turns to the regular profession for deliverance from the evils which beset it, and redemption from prospective ills. To whom does it look for the working out of the laws concerned in the development of epidemics, or the production of ordinary diseases, — to the regular practitioners, or to the innumerable horde of irregulars who overrun the land?

We have felt constrained, however, from our desire to behold our profession at the summit of professional eminence, to question the value of some of the contributions to the present volume. And had it not been from a desire to avoid the charge of being hypercritical, we could have extended our criticisms to other points, and other papers. We would much rather commend than condemn, and it is ungenerous by an excess of criticism to repress any aspirations towards a laudable ambition to contribute to the advancement of our science.

We cannot, however, in conclusion, withhold the expression, that we think that there is a conviction, and a growing one too, in the minds of the profession of the State, that there is a tendency in our brethren of Albany and immediate vicinity to centralize the advantages of the society about themselves, and to convert what influence it exerts to their individual and collective glory, forgetful of the great mass of the profession outside of the capital of the State, composed of living, active men, fighting manfully the battles of the profession, without the prestige of the glory reflected from the State House.

N.

ART. IV.— *Ventilation in American Dwellings, with a Series of Diagrams presenting Examples of Different Classes of Habitations.* By DAVID BOSWELL REID, M. D., F. R. S. E., Fellow of the Royal College of Physicians, Edinburgh; Honorary Member of the Imperial Medico-Chirurgical Society of St. Petersburgh; formerly Director of the Ventilation at the Houses of Parliament, London, etc., etc. To which is added an Introductory Outline of the Progress of Improvement in Ventilation. By ELISHA HARRIS, M. D., Late Physician in Chief of the N. Y. Quarantine Hospitals; Fellow of the College of Physicians and Surgeons of the State of N. Y.; Fellow of the N. Y. Academy of Medicine; Member of the American Medical Association, etc., etc. New York: WILEY & HALSTED, 351 Broadway. 1858.

One of the most important, and perhaps the most important subject which can engage the attention of those interested in sanitary reform, and one which is regarded with the least attention by the ordinary medical practitioner, is the subject of ventilation. Its importance and its necessity to the health of large cities, is sufficiently apparent to every one; and yet in few libraries do we find any systematic work on the subject. If there be any which treats of this subject as elaborately as the one before us, it has never been very generally known.

The work before us is prefaced by an "introductory outline of the progress of sanitary reform," by Dr. Harris, of New York, who has lately been physician in chief to the N. Y. Quarantine Hospitals, and whose studies and experience have admirably fitted him for a review of the subject and of the labors of Dr. Reid. This introductory sketch gives an interesting account of the subject of ventilation in the times of Celsus, Hippocrates and Pliny; the memorable London plague and the absolute redemption of the city by the immense conflagration on the following year; the efforts to improve the atmosphere of the British Houses of Parliament, by Sir Christopher Wren and Desaguliers; and various pestilences which have manifestly arisen from defective supplies of air. The improvements instituted by our own Dr. Franklin, by Sutton, Hales, Howard, Romford, and numerous distinguished men of their age, are passed in rapid review, showing that though the subject has always been much neglected by the people at large, it has excited the interest and called forth the earnest efforts of some of the most distinguished names which are handed down to us.

The remainder of the introductory article is rather a review of some of the points of Dr. Reid's work, and we regret that our space will not permit us to make copious extracts from it, as our notice would then do much better justice to the work. The enthusiasm of Dr. Reid led him to construct a

model lecture room and practical class room, which he made to illustrate his views on the subject of ventilation, we extract from the remarks of Dr. Harris, a brief description of the building:

"The principal part of the roof was supported by fourteen pillars, which, being arranged in two rows, formed a great central colonade. Each of these pillars being hollow, constituted a fire and ventilating flue that could command four or more furnaces at its base; while the upper portion of each was perforated with a series of aparatus provided with valves, which afforded a ventilating power at any required level.

"Below the floor, flues traversed the ground in every direction, the action of many of which could be combined, whenever increased local ventilation was desired. Larger shafts or chimneys with a cupola, a steam engine, a forge, with metallic furnaces, and ventilated sand baths were added to all the peculiar apertures used in chemical experiments, and to the experimental tables provided for students.

"The lecture table was forty feet long; it was furnished with furnaces at the centre, and in the wall at each end. Steam, gas, a red heat, and ventilating power with descending currents could be secured whenever they were wanted. Behind the lecturer, on a more elevated platform, another range of furnaces and apparatus, forty feet in length, was also provided, which illustrated all the principal operations in the chemical arts, and gave great power and resources in chemical investigations. These works contributed materially to the greatly increased attention that was soon afterwards paid to ventilation and sanitary improvement."

The above is the description of a model lecture room indeed, and those who can look back to their sufferings in the crowded lecture rooms of some of our large schools, will be able to appreciate the difference such an apartment would have made in their health and comfort.

We have been thus full in noticing the introductory remarks of Dr. Harris, because it gives a key to the contents and design of the work. A close analytical or critical review, we have not the space to make; and in fact it is a work so succinct and practical in its details, that it would be impossible to do so, without repeating most of its facts and doctrines. In brief, the author goes into the subject of ventilation in all its bearings; every condition which can possibly bear upon the quality or quantity of air "necessary for different individuals in any appartment;" the arrangement of windows, doors, fireplaces, etc., in every variety of habitation; all being clearly illustrated by diagrams.

We hope that this volume will be received with the favor it deserves, both by the unprofessional as well as the professional reader. Though of great interest to us as guardians of the public health, it will be as useful to those out of our ranks, and was intended, indeed, for the general reader. We are

confident that the bills of mortality, especially in our large cities and among the lower classes, would be much smaller if its precepts were more generally diffused and carried out.

It is issued in handsome style in an octavo volume, bound in muslin, by Wiley & Halsted, New York, and will be mailed to any address, prepaid, on receipt of its price ($2) in current funds or postage stamps.

ART. VI.—*Report of Mortality in Buffalo for the Month of Aug.*, 1858. By H. D. Garvin, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Accident,	3	2	1	
Apoplexy,	1	1		
Asthma,	1			4
Cholera Infantum,	53	30	19	4
Congestion of Brain,	6	3	3	
" " Lungs,	3	1	2	
Convulsions,	27	13	14	
Coup de Soleil,	1	1		
Croup,	3		3	
Dentition,	2	2		
Diarrhœa,	18	10	7	1
Drowning,	8	7	1	
Dropsy,	2		2	
Dysentery,	22	9	8	5
Epilepsy,	1	1		
Fever, Typhoid,	5	4	1	
" Congestive,	1		1	
Hooping Cough,	3	1	1	1
Hydrocephalus,	4	1	1	2
Inflammation of Stomach,	1		1	
" " Liver,	1			1
Intemperance,	1	1		
Insanity,	1		1	
Laryngitis,	1	1		
Marasmus,	6	1	5	
Meningitis,	2		2	
Nursing Sore Mouth,	1		1	
Old Age,	8	5	3	
Paralysis,	3	1	2	
Phthisis Pulmonalis,	16	9	7	
Pneumonia,	1	1		
Scarlatina,	4		3	1
Scirrhus of Uterus,	1		1	
" " Liver,	1	1		
Scrofula,	1		1	
Still Born,	7	3	3	1
Suicide,	1	1		

REGISTER OF MORTALITY—CONTINUED.

DISEASES.	No.	Males.	Females.	No Sex given.
Syphilis,	1		1	
Ulceration of Bowels,	2	1		1
Unknown,	15	11	3	1
Total,	238	122	98	18

SEXES.

Males,	122
Females,	98
Sex not given,	18
Total,	238

AGES.

Still-born,	7	Between 20 years and 30 years,	13
1 day,	0	" 30 " " 40 "	12
1 day and 30 days,	19	" 40 " " 50 "	12
Between 1 month and 6 months,	36	" 50 " " 60 "	5
" 6 months and 12 "	39	" 60 " " 70 "	3
" 1 year " 3 years,	53	" 70 " " 80 "	9
" 3 " " 5 "	11	" 80 " " 90 "	2
" 5 " " 10 "	9	" 90 " " 100 "	0
" 10 " " 20 "	6	" 100 "	0
	180		56
Ages not given,	18		180
Total,	238		

NATIVITIES.

American, (colored, 2,)	187	Prussian,	0
German,	22	Italian,	0
Irish,	17	French,	2
English,	5	Scotch,	1
Canadian,	3	Switzerland,	0
Wales,	1	Country not given,	0
Total,			238

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Case of Aneurism of the Arteria Innominata treated by Pressure on the Distal Side. By Mr. EDWARDS, Demonstrator of Anatomy in the University of Edinburgh.

The mode of treatment which was employed successfully in the following case, does not appear to have been tried on any previous occasion:

CASE. In September, 1856, Mrs. L., æt. 50, was recommended to my care by Professor Simpson. She was a sallow-complexioned woman, with hanging, flabby cheeks; her lips, which were always apart, were livid and drawn down at the angles, and she breathed rapidly. Her countenance presented the peculiar anxious expression of one suffering from a fatal disease. On examining her neck, I found on the right side, above the sterno-clavicular articulation, a tumor, the size of an apple, situated between the sterno-mastoid muscle and the middle line of the neck, which pulsated violently, was soft and compressible, giving to the fingers much the same feeling as a vulcanized India-rubber ball, which, though easily compressible, expands again immediately the pressure is withdrawn; and with the expansion of this tumor, fluid seemed rapidly to fill the interior, and to be separated but by a thin partition from the fingers. Another pulsating tumor rose in front of the trachea. They were, though apparently distinct, evidently bulgings out of the same aneurism, as pressure on the one was followed by increase in size of the other. The patient had remarked these tumors about two months before I saw her, and they were, according to her account, increasing rapidly. Any pressure upon them was attended with pain and an increase of cough. She suffered from constant dyspnœa, had entirely given up her ordinary household occupations, and had frequent fainting fits; she rarely ventured even at night to lie down in bed, as, after falling asleep, the laryngeal spasm became so violent that an attendant had to be on the watch ready to administer restoratives. The ordinary internal remedies were tried but without much benefit.

As I considered that the aneurism was one of the innominate artery, I thought of placing ligatures on the vessels, according to Wardrop's method; but Dr. Laycock, who at my request examined her chest with the stethoscope, considered that the arch of the aorta was also aneurismal, so I gave up the idea of a cutting operation. But it struck me that Mr. Wardrop's

principles could be applied to compression, and Mr. Young, of Prince's Street, constructed for me an instrument which I shall endeavor to describe.

A broad leathern belt to go round the chest, and fasten in front with three straps and buckles. On its left posterior and right anterior upper margins are brass buttons. In the middle of its posterior aspect is an iron plate perforated with several holes to admit screws, which attach to it an upright steel rod about eighteen inches long. This rod supports an arc of steel, which is attached to it by a screw allowing a certain amount of motion. In front, this arc is perforated by another screw, about an inch long, with a small cross handle; this projects backwards, and bears a conical piece of cork covered with wash leather. When the instrument is applied, the upright is at the back and right side of the neck, which rests in the arc, and, by shifting the lower end of the upright, pressure with the cork can be regulated and efficiently maintained upon the common carotid artery, the conical shape of the cork enabling one to confine the pressure to the artery. A strap is carried over the right shoulder from the bottons behind to those in front; on it slides another cone of cork, which can be adjusted over the subclavian. It will be seen that in principle this instrument resembles Bourgery's tourniquet for subclavian pressure.

Mrs. L. had worn this instrument for several hours for two days, when I was alarmed by observing that the tumor had visibly increased in size. Its walls felt thinner, and the contents were distinctly fluid. The *bruit de soufflet* was very loud, and the pulsation violent. The treatment, however, was continued, and the pads adjusted so as to stop all pulsation in the branches of the external carotid and in the right wrist. On the fourth day the tumor, though larger than when the instrument was first applied, was much harder and less compressible. The tracheal portion still, however, pulsated violently. Every morning, for the first two weeks, I adjusted the apparatus, at the same time manipulating the tumor rather roughly, with the view of breaking up the fibrin in the sac. But she soon learned how to apply it for herself, and, finding decided benefit from it, bore the treatment cheerfully. She said it was irksome, but never complained of pain.

After the first week the laryngeal symptoms entirely disappeared, and did not return, and she had no more fainting fits; but she complained of some impediment in swallowing, as if some hard body stopped the food in its passage down the gullet. I now feared that the apparent improvement was deceptive, and that the tumor was increasing towards the œsophagus; but as this symptom disappeared with the gradual decrease in the bulk of that part of the aneurism which we could judge of by external examination, I now conclude that it arose from the solidification of the contents of the sac in close apposition to the gullet.

By the end of three months she was well enough to lay aside the instrument and resume her former household duties. She repeatedly walked a distance of three miles and back to my house, and passed tranquil nights. The external part of the tumor was then, and is now, the size of a nut, and hard; the tracheal portion has entirely disappeared; the aortic aneurism seems to have made but little progress, and, with the exception of attacks of neuralgia in the face and head, and a chronic cough which troubles her every winter, she has been in good health since. She gave up the instrument more than ten months ago. Before she began to use it, a surgeon of great experience told me he expected the external tumor would burst in a

day or two, and Dr. Laycock was of the same opinion. Of course, I cannot hope to avert the fatal termination we must always expect in thoracic aneurism; but I am convinced, and so is the patient, that the compression of the vessels beyond the aneurism was attended with marked benefit, and was the direct cause of its hardening and subsequent rapid decrease in its size.—*Ranking's Half-Yearly Abstract of the Med. Sciences.*

Experiments with "Bibron's Antidote." By A. M. SABAL, M. D., Riceboro, Liberty County, Ga.

1*st Experiment.* This dog was bitten just at the sacro-lumbar articulation—was quite thin in flesh and weak. In four minutes from the reception of the wound, he staggered and fell—from that time he could no longer support himself—twelve minutes after he vomited blood freely. I now administered a dose of "Bibron's Antidote." He seemed to revive almost immediately and attempted to regain his feet, but his efforts proved abortive—fifteen minutes from the administration of the first dose, I exhibited a second (10 drops) of the mixture. He again revived for a few minutes but could not move. Twelve minutes afterwards six drops of the mixture was given him. He died in taking it.

This dog died in forty-three minutes from the time he was bitten; there was little or no swelling; his eyes became perfectly green several minutes before death; his tongue contracted to one-half its normal size and became of a dark, purplish color.

2*d Experiment.* This dog was fine, fat and hearty. He was caused to be bitten three times in the flank; did not show any symptoms of uneasiness for fifteen minutes, when all at once he began to swell rapidly, whine, and stretch himself, as if much distressed—ten drops of the Bromine mixture was administered and he seemed much better. Fifteen minutes after he began to be quite sick, froth at the mouth, &c.; a second dose was administered in same proportion as the first, he revived the moment he took it and has been well ever since with the exception of a swollen leg, which lasted twenty-four hours and gradually disappeared.

3*d Experiment.* This dog was caused to be bitten in the leg, in two different places, severely. He immediately became sick and vomited freely the contents of his stomach; subsequently he vomited frothy blood and bled at the nose. The antidote was administered twenty minutes from the reception of the wounds, in six drop doses and repeated every ten minutes until four doses were taken. This dog became perfectly well, but was quite sick for six hours, at the end of which time a fifth dose was given him. His leg remained swollen for two days.

4*th Experiment.* A dog, thin in flesh, but old, caused to be bitten in the side and foreleg. The medicine was administered as in all other cases—he lived thirty hours and died. This dog was enormously swollen after death; not so with any of the others that died.

5th Experiment. A young dog bitten in the neck. The dog lived five hours under the administration of the medicine, but being called off, I neglected him, and was informed he died apparently of suffocation.

6th Experiment. This dog was bitten in the flank, received all attention, and died in an hour and a-half.—*Savannah Journal of Medicine.*

A Case of General Anæsthesia. By Dr. KLAATSCH.

CASE. Dr. Klaatsch relates the case of a widow, æt. 58, who applied to him on account of severe pains in the extremities, and a powerless state of the upper ones, which prevented her from grasping any object firmly. She also complained of an unrelievable sense of hunger. In other respects, with the exception of occasional headaches, she was quite well. She had had nine children, still menstruated moderately, and exhibited no symptom of hysteria. A charwoman by occupation, she attributed her present symptoms to chills. An examination exhibited no appearances of paralysis, but the sense of feeling was lost over the entire skin and orifices of the mucous membranes, and could not be excited by pricking with needles. No unpleasant feeling was excited by irritating the nares, the conjunctivæ, or the mucous membrane of the mouth, and the fumes of ammonia produced no effect upon the respiratory organs. Boiling water and a prolonged application of the electrical pencil alone induced some feeling on the surface. The sense of contact was retained, and she was enabled to exactly indicate the spots at which she had been pricked. The power of distinguishing between differences of temperature was abolished, but the muscular sense remained, as she was conscious of the position of her limbs, and could determine the weight and size of a body by grasping it. The senses of taste and smell were lost, and both hearing and vision were somewhat defective, although she had not before observed diminution in their power. The reflex excitability was very slight, the rapid application of hot sponges exciting but slight movements; tickling the fauces did not induce any disposition to vomit.

After the patient had remained some time under observation, and her condition was found to be stationary, the Russian vapor-baths were tried, but without any avail. The electrical pencil was next applied to the two forearms and the left side of the face; and after three *séances*, not only was feeling restored to these parts, but it was recovered also by the remainder of the surface and the mucous membranes; taste and smell were restored, and the sense of unappeasable hunger disappeared.

Most of the analogous cases on record have been observed in hysterical subjects; but in this one no symptoms of hysteria whatever were present.—*Deutsche Klinik*, 1856, and *Med. Times and Gaz.*, from *Ranking's Abstract of Med. Sciences.*

The Medical Uses of Wines.—This is a subject thickly clouded with all sorts of prejudices and prepossessions, as is the discussion of most substances used equally by the sick and the healthy. Persons argue that what is good for themselves must be good for their patients. We have known a plethoric dietician, who himself loved lobster-salad and champagne in the small hours, advise a starveling dyspeptic to follow his custom of taking no breakfast till noon. So a hearty rough-stomached doctor will declare one diluted alcohol just as good as another; the ascetic, or the reformed rake, will pronounce all equally bad; the gouty will dread all that is thin and acid; the aguish will have a predilection for Port.

It is very possible that prime wines may be made of all kinds, which may be equally and perfectly wholesome; but their rarity will always put them out of the reach of our patients, and what we have practically to think of in naming a wine for use, is at best a second or third-rate article. We must also choose those which are capable of being grown in quantity proportioned to their popularity, or the chances of adulteration are exaggerated. When Maderia was on everybody's table, it could not be recommended to patients, for, in nine cases out of ten, it was either an inferior sort or a sour imitation. But now that it has gone out of fashion, a wholesome and often a very perfect wine is to be bought of that kind, and the adulterators expend their ingenuity upon sherry. What we want is a liquor which is either produced in very large quantities, or is not sufficiently known to the million for it to be worth imitating.

The medical questions concerning the employment of wine will be put in the clearest light for exhibiting our real knowledge and ignorance, by considering separately the physiological effects on the human frame.

The effects may be practically included under the following heads: Exhilaration, Nutrition, Arrest of Destructive Metamorphosis, Inebriation, Degeneration of Tissue, Derangement of Digestion. The three first are good —the three last bad; and the object is to secure the former, while avoiding the latter.

Exhilaration is not merely a minor degree of drunkenness. It may be produced by many things besides alcohol, and which do not inebriate—such as, for example, the essential oils, peppermint, onions, valerian, assafœtida, tea, coffee. Even eating, and the increased circulation of blood, produce the effect to some extent. Alcoholic fluids truly do exhilarate with the greatest certainty and rapidity, but not in direct proportion to the alcohol they contain. A glass of wine will raise the spirits of a healthy person as much as a glass of gin; a glass of fine claret as much as one of strong tavern port; and this is not merely from the pleasure of taste or association, for the same may be observed in fever patients, whose gustatory nerves are blunted by a thick coating of sordes.

The distinction is not only a subjective one, evident to the mind of the recipient, while it is incapable of demonstration to others. There is a real physiological difference in the effects which follow exhilarating and intoxicating doses—a difference which, in its ultimate results, amounts to a complete contrast. The former *in*crease the amount of vital powers rendered available in a given period, and the latter *de*crease them. Can there be a more perfect antithesis?

This is too important a matter to rest solely on the unassisted senses of

patient or observer, and it does not do so, for the admirable experiments of Dr. Böcker have submitted it to the proof of chemical analysis. Though the whole series of his investigations into the action of alcoholic stimulants bear directly on the present subject, they are too mutually dependent on one another, and too lengthy for quotation. The general results, however, may be stated as follows:

1. The special action of alcoholic drinks is to arrest destructive assimilation—to stop the over-active processes of life in the effects upon the organism; so that, for a certain period during the stay of the alcohol in the system, less urea, less phosphates, less water are excreted by the kidneys, less carbonic acid by the lungs, and less digestion goes on in the alimentary canal, showing that the muscles, bones, nerves, &c., are not getting rid of their effete tissue, but retaining it, and making use of it as far as possible.

2. But, at the same time, they give rise in the body to a defensive *reäction*, which is prominent, first, immediately after taking the dose, then gives place to the special action, and on this ceasing, is again manifested to a greater extent.

3. So that if a suitable quantity be taken, and if both action and reäction are allowed to exhaust themselves before the dose be repeated, more manifestation of life, represented by more excretion and more consequent renewal of the body, takes place in a given time with the alcoholic drink than without. There has been a positive gain in vitality.

4. But if such a large quantity is taken at once that the reäction is overpowered, or if it is arrested by a continuous repetition of the dose, the manifestation of life is kept down; the body is not renewed, because its effete particles are not removed, and the amount of vitality must certainly be reekoned at a loss.*

The first-named state is Exhilaration, in which the alcohol may be fairly called a food or medicine, a medicinal food or dietetic medicine, for body and mind. The second state is Intoxication, when it is a poison to both.

Now, the exhilarating effects of diluted alcohol are very much increased by its admixture with sugar, extractive, vegetable essential oils, ethers, and the allied substances which have been described as producing the aroma and bouquet of wines. With a quantity of alcohol which taken alone would be inefficient, a delicate wine is able to produce a decided impression upon the nervous system. When, then, this is mainly sought, as in cases of mental depression, hypochondriasis without bodily ailment, nervous exhaustion, over-anxiety, hysterical fainting, vomiting, and the like, or when wine is wanted merely to smooth down the roughnesses of daily toil, we must remember that the good result may be obtained without the evil; and we can obtain it with least chance of the evil by selecting liquors richest in their peculiar scented constituents. Bordeaux, Champagne, Rhine, and Moselle wines offer a variety of choice, the first being the most perfect, and suitable to the greatest number of these cases; whilst the others have certain inconveniences, hereafter to be mentioned, which often forbid their use in the special case to be prescribed for.

* Beiträge zur Heilkunde, von F. W. Böcker, vol. i., sect. 6. Weingeist. We have introduced the name of this author again in our heading list, because he, and indeed all physiologists of the Schultz-Schultzenstein school, are much less known in England than they deserve. A collection of translations and abstracts would make an admirable volume for the Sydenham Society.

The beneficial effects on the nervous system are increased by effervescence; thus, sparkling Champagne will sometimes have a most magical effect in stopping vomiting in cases accompanied with much nervous depression. And even in health, the greater exhilaration caused by genuine effervescing wines is notorious. The physiological explanation of this result is not very clear. It cannot be due to the carbonic acid alone, for the inhalation of this gas tends to completely opposite consequences. Perhaps the sudden physical change in the liquid during the extrication of the fixed air develops others which in a nascent state are more potent than at other times. Perhaps other gases are generated, whose properties are in themselves exhilarating. In the Champagne sent into Wurtemburg from Rheims, Baron Liebig found that for every volume of carbonic acid there were two volumes of protoxide of nitrogen* (laughing gas); and it was assumed, without absolute proof, to have been artificially introduced for the purpose of augmenting the joyous results of the bottle. The subject demands chemical investigation on purely scientific grounds; and it would, moreover, be useful to know if we could thus at will increase the required exhilaration, while decreasing the quantity of alcohol or carbonic acid.

The gladdening effects of alcohol are augmented by its mixture with other constituents of wine, but its intoxicating or poisoning effects are diminished, and thus more may be taken, with its advantages and without its evils. So that, for example, if a man drinks a pint of Mr. Brande's Marsala, he gets a somewhat larger dose of spirit than there is in half a pint of gin,† but, it is unnecessary to say, without the same bad consequences. This is partly to be attributed to the presence of the ethers‡ and sugar, but also in a great degree to the intimate combination of the alcohol with extractive and albuminous matter, so that it is not absorbed immediately by the membranes, but gradually and during a process of digestion. It is obvious that its local effect on the mucous surfaces and viscera must be thus much modified, and a powerful argument is afforded in favor of the use of wine instead of brandy for invalids.

Nutrition is an indirect effect of wine. There is shown by chemical investigation to be very little substance in it capable of building up the body. The phosphates and albumen are more readily found elsewhere, as Franklin has imprinted on our memories by his comparison of a penny roll and a gallon of beer. But alcohol seems to render the alimentary canal more ready to absorb nutriment. Farmers find this, and always try to put some waste beer or fermenting grains in their pig troughs. Physicians find it, too, and give their patients cod-liver oil in a glass of sherry when they would have it fatten quickly. The effect, however, is probably confined to oleaginous food and the adipose tissue, for the digestion of albuminous matter by the gastric juice is certainly impeded by alcohol.

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* Medical Times, Nov., 1850.

† Marsala contains 26.03 per cent. of absolute alcohol (Brande); Geneva, 49.4 per cent. (Jones).

‡ The disinebriating influence of ether is shown by its being actually a remedy for drunkenness. Twenty or thirty drops taken neat on a little oil will restore to temporary sobriety. The knowledge of this fact has been popularized in France, by its forming a point in a wicked railway novel (Le Trou de l'Enfer), the author of which perhaps owed it to M. Batilliat (Traité sur les Vins de la France, p. 190).

Hence we gain the following rules concerning the administration of wine as an aid to nutrition:—1st. That the alcoholic contents are those of principal importance, and that the amount of solid or nutritive matter in the wine makes but little difference. 2ndly. That we may hope help from it in increasing adipose tissue, but not muscle. 3rdly. That, as its agreement with fatty food is the prime object, we must avoid those wines which are likely to make such food unassimilable, as, for example, by making it rancid; and therefore, 4thly. That sound wines with a small proportion of acid to their alcohol, and but little body to cause re-fermentation, should be selected; the types of perfection may be considered the dry Spanish wines, Amontillado and Manzanilla. And, 5thly. They should be taken along with the fatty food itself, or immediately after it.

The *arrest of destructive metamorphosis*, or what has been picturesquely called "the moulting of the tissues," is unquestionably the most important of the medical uses of alcoholic liquids. By them we are enabled to stay the progress of interstitial death in low fevers, till the period of the zymotic poison's virulence is passed, and it has either been evacuated or become inert. By them we can check the exhaustion of the body through excessive secretion, as in cases of chronic catarrh, ulcers, abscesses, amputations, &c. By them we can diminish, in ordinary dietetics, the wearing out of the body by the over-worked mind, which, in this busy metropolis, throws so many into the hands of the physician. But in the wielding of this two-edged sword, the greatest judgment is requisite, lest we carry the effect too far. The destruction of effete tissues is part of life, and necessarily precedes constructive renewal; if, then, we check it too far, interstitial life is diminished, and the system is overloaded with matter incapable of vitality.

It is better, therefore, to give alcohol in a diluted form, even when we wish to produce its most decided action, as in typhus fever, for example. And it is better to give it combined, as it is in wine, with other substances of partially corresponding action, than to administer it merely diffused in water, as is sometimes done for economy's sake. Sugar, we know from Dr. Böcker's experiments, has a special effect in limiting the destruction of tissues containing phosphates, tissues of no less importance than the bones and nerves. And it is likely that similar investigations into the physiology of ethers may show some special effects belonging to them. The acids, too, and the extractive in wines, seem to prevent, better than water, those injurious effects upon the mucous membranes which spirituous liquors exhibit. There is, then, no extravagance in preferring wine to brandy and water in the management of low fevers in hospital and parish practice.

This is not the place to discuss details in the mode and period of administering wine in acute complaints. But one reminder may be deduced from the view taken of its physiological action—viz., to allow intervals to elapse, during which its effects may subside, and the system recover for a time its metamorphoses, so that the effete tissues may have a due exit. The night is a convenient time for this in general; but if, from any cause, that is considered expedient, some hours of corresponding duration should be selected, during which the administration of stimulants may be discontinued.

The wine chosen for fever cases is usually Port; but the rarity of really good Portugal wine, and the excessive badness of all low-priced imitations now in the market, render it daily more and more incumbent upon us to

have substitutes at hand. The best in the London market seem to be the red Spanish wines, Beni Carlo, and Cadiz; especially the former, which, indeed, is often mixed with spoiled Portuguese wine, and sold as port. It may be had in the wood at a low price, considering its strength, and is highly to be commended for hospital use in a diluted state.

Poor people, however, are not the only patients supplied with port wine unfitted for the sick room. The prepossession in favor of antiquity causes many cellars in wealthy houses to furnish nothing but a damaged article. To find fault with a bottle that cost a great sum a great many years ago, is flat heresy; and the better way is to give it up at once, and order your patient a good full-bodied wine of a different nature, such as Maderia, Burgundy, or Hermitage.

Inebriation is a terrible word to meet with in periodical literature.—It opens up a prospect of so many social and political questions, that the reader is apt to close the page in despair. He shall be let off here with a simple remark derived from wayside observation—viz., that in all countries where wine is plentiful and cheap, drunkenness is almost unknown; where it is most expensive, that vice is at its maximum.

Degeneration of tissue, as a consequence of drinking, appears to be a chronic state of that arrest of metamorphosis which has been already discussed as a remedy for disease. The effete tissue remains as a useless burden mixed up with the healthy, and is finally converted into the least vitalized of all the organic constituents of the body, oil or fat. Careful and valuable observations have been made by Dr. Böcker, on the abnormally retained blood-discs in the circulating fluids of habitual spirit-drinkers, and the appearance of the degenerated hearts, livers, and kidneys of these miserable suicides is familiar to us all.

Degeneration arises from the arrest of metamorphosis being too long and continuously kept up. Hence, there is little danger of it in acute cases, where the large quantity of alcoholic remedies we find it expedient to administer is necessarily diminished as the disease recedes, and during convalescence is reduced to the ordinary allowance of health. But in chronic cases it is often a matter for serious consideration whether we shall employ an agent capable of doing, along with the good we intend, an evil greater than that originally to be combated. If the dose of a stimulant be repeated before the arrest of metamorphosis has ceased and the reäction of the system has begun, a second arrest indeed takes place as before; but the postponed reäction is augmented in force each time it is delayed, and when it occurs at last, it is so painfully depressing that it becomes more and more difficult to resist the instinct to put it off, and in the end it is really dangerous to do so suddenly. This is the short history of confirmed tippling; and often we fear it may be traced in its origin to the carelessly worded advice of some medical man. Science or practice has taught him that alcoholic action will alleviate certain morbid phenomena, and he recommends it without due warning. The patient knows no harm in alcohol except drunkenness, and so long as he avoids that vice, thinks he cannot keep up too steadily the agreeable relief he experiences.

Alas! much safer for him would be the occasional debauch of a man he despises as a profligate, than his own continuous steady course towards death. A drunken bout brings its own cure, and is usually allowed to be followed by reäction afterwards; but the most alarming symptom in a

tippler is that he *cannot* get drunk. Day by day there is a little less and a little less life in his system, till at last his degenerated body is fit for burial.

Now, the results above described are, practically speaking, unknown as the consequence of wine; it is spirit-drinking that leads to them. There are several reasons for this, independent of the chemical differences of the liquors. Wine is rarely used except at the principal meal, or as a sort of medicine in measured quantity at other hours, so that the effects have time to pass away before another dose becomes due, and no craving for increased quantity is experienced. In fact, men go on taking daily for quarters of their life the same identical number of glasses, feeling daily the same comfort, and never finding it necessary to increase the quantity. But the spirit bottle is opened when its owner "feels to want it,"—nay, it is very often carried about the person under the appropriate name, as regards its deadly results, of a "pocket pistol."

We have been in the habit, in insurance practice, of omitting the usual inquiries about "sobriety" and "temperance," &c., which give offence and elicit no information, and substituting for them the simple question—"Do you ever take spirits *between meals?*" This is something definite, not to be shirked, and if answered in the affirmative should lead to rejection.

The subject of spirit drinking takes up more space in this article than our promise of avoiding temperance common-places perhaps led the reader to expect. But we have two excuses: one is, that it occupies quite distinct ground from the question of drunkenness, has much more to do with the production of disease, and is therefore much more the province of a medical reviewer. The other excuse is (we blush to write it), that no class of persons who have received a liberal education are so often addicted to it as medical men. Londoners were shocked two or three years ago at the suicide of a highly moral and intellectual surgeon, who left a paper attributing his despair to the habit of secret tippling; but they would have been less astonished had they known how many practitioners all over the country suffer from the peculiar dyspepsia of alcoholism. The long robe and her majesty's uniforms are occasionally disgraced by inebriation, clergymen may sit too long at the bottle, but spirit tippling seems left to medical men and the classes below them. They have many temptations: hard mental and corporeal toil, sudden calls for exertion when tired, broken rest, irregular exposure to cold and wet, weary waiting in lone farm-houses for lingering labors, the dull company of ill-educated persons, the wish to be sociable and not seem proud, are a few of them. Into these temptations they do fall, and that on a large scale, especially in rural districts.

To require of an unfortunate patient and brother practitioner that he should give up at a blow that alcohol, which instinct and science agree in teaching him to be necessary, is too great a demand. If he became a teetotaller, he would probably die all the sooner. Hard common-places about the virtue of temperance and the evil of its opposite, produce no more effect than schoolboy's themes. What he wants is—first, kind sympathy with his *misfortune*, and second, a rational means of getting rid of it. Now, nothing contributes more towards the latter than a clear sketch of the chemistry and physiology of the subject, and a belief that the advantages of alcohol may be had without its disadvantages. He should reflect how wine differs from the spirits which are in it; and again, how it is not so

much the quantity, but the frequency of the dose, which is hurrying him to the grave and his children to poverty. The most complete relief is the substitution of wine for spirits. The very economy which was perhaps the first origin of the habit, will prevent excess in the dearer liquid. If that cannot be accomplished, let at all events drams between meals be avoided as poison; and let the addition of sugar, and flavors in the shape of lemon, fruit, or a few drops of nitric ether, make the drink approach a step nearer to the juice of the grape, and be daily more and more diluted.

Among the *Derangements of Digestion* arising from wine, it will not be necessary to dwell long upon the immediate consequences of a debauch. It is usual, in army medical returns, to report it as "febris," as indeed there is, truly enough, an ephemeral fever; but, like other fevers, it works its own cure, and civilians are not in the habit of applying to it the same euphemistic nomenclature. But, without being taken in such quantity as to be considered an excess as regards alcohol, wines will sometimes cause a disturbance of digestion, which prevents our sanctioning their use in cases where otherwise we might be willing or anxious to do so. This is always accompanied by the presence of a large quantity of acid in the alimentary canal.

In some instances this excessive production of acid follows equally all sorts of wines, and even spirits. Then it is due to the mucous membrane of the stomach being so morbidly sensitive that it becomes irritable and temporarily inflamed, so that it refuses to secrete its solvent juice, and to perform with sufficient activity the peristaltic movements. Hence, the alimentary mass undergoes the acetous and lactic fermentations, instead of being digested. These patients ought to abstain from all alcoholic drinks whatsoever, till cured of their morbid condition.

More commonly it follows only wines, and some sorts of wines more than others. These cases deserve much thought, because they are in danger of falling into the snares of spirit drinking, and also, because very often the patient's system specially requires a stimulus which yet he cannot take without inconvenience. When we reflect on the large quantity of free acid existing in wine, we cannot be surprised at its causing some trouble in the stomach. If a man drinks half a bottle of hock, he swallows one hundred grains of acid, equal to five table-spoonfuls of lemon-juice; in a pint of claret, eighty grains; in sparkling champagne or Madeira, the same amount; in port, if he takes even this comparatively large allowance, he does not get above sixty grains; but then in the three last there is nearly an ounce of sugar, which, mixed up with the food, has a strong tendency to ferment, and turn into a fresh portion of acid at a more advanced period of digestion.

Here chemistry steps in with valuable aid. In the simple instrument of a standard solution of caustic soda, we possess a means of testing rapidly the whole acid contents of wines, and rejecting any which are thus declared unfit for our patient.

But it makes some difference what sort of acid is contained in the wine. Acetic is to many stomachs much less injurious than tartaric, and it is found that the proportion of these to one another varies very much in the products of fermentation. Thus, in Madeira nearly one-third of the acid contained is acetic; in port, only one-fourth; in claret, one-fifth; in champagne, one-seventh; and in hock, not one-eighth, whilst the rest is the least digestable,

tartaric, or its ally, racemic.* Besides these, the tannic must be allowed for, small indeed in quantity, but powerful in operation, as its use in medicine shows.

Of course, both the quantity of acid and the proportions of the several acids vary, within certain limits, in different specimens even from the same vineyard, and still more in growths classed under a common name in the market. So that to give an opinion as to the fitness of a particular wine for drinking, we must carry our investigation rather farther than merely the application of the soda test.

The acetic acid may be estimated by distilling it off from the wine slowly, at a moderate temperature, so as not to decompose the extractive, and measuring it by the standard alkaline solution.

Sugar in wine, which is to be taken by itself as a medicine, is beneficial by making the acid and alcohol less immediately irritating to the mucous membrane; but in that which is to be mixed with food it is very apt to increase the generation of acid in the stomach or cæcum to an injurious extent, generally two or three hours after meals. If an examiner of wine is disposed to reckon the absolute quantity of sugar, he will have to go to the expense of Soliel's saccharometer (which costs, with its accessories, not much under £20), and even then may have his analysis doubted by a chemist;† but a fair comparative valuation may be made by first neutralizing the acids with lime, and estimating the sweetness which remains by the taste. This is done by measuring the quantity of water which requires to be added before all trace of it cease to be perceptible to the palate.

The injurious effect of ill-prepared effervescing wines is easily explained by the large quantity of undecomposed ferment they contain. This is set in action by the warmth of the alimentary canal, and can hardly be overcome even by the strongest digestive powers. Flatus and acidity are its normal consequences.

The proverbial unwholesomeness of "mixing wines" is not explained by chemistry. In most cases the evil may be traced to the temptation to increased quantity, or to the taking of some sorts which, even if adhered to throughout the meal, would be equally hurtful. In fact, the precept of keeping to one wine seems to rest on the same principle as keeping to one meat.—*Brit. and For. Medico-Chirurg. Review.*

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* See Mulder, p. 202. In 100 grammes of wine there were—

	Milligrammes of acetic acid.	Milligrammes of tartaric, racemic, &c.
Madeira	167	310
Rhine wine	66	480
Port	95	283
Bordeaux ordinaire	86	390
Champagne	64	408

† The fallacy in Soleil's polarizing saccharometer as a quantitative test is, that uncrystallizable sugar rotates the ray to the left, whilst glucose and cane-sugar rotate it to the right. So that a sample of sherry, for example, with its usual allowance of the uncrystallizable, might be so adulterated with white lump, molasses, caramel, or malt, as exactly to balance and appear to contain no sugar at all.

EDITORIAL DEPARTMENT.

Criminal Abortions.—We have been much gratified with the response to the article on this subject which appeared in the September number of this Journal. We conceive that all the feelings of humanity which should animate every man and every Christian, must burn at the contemplation of the extent to which this abuse has been carried. The opinions of the medical press have been sufficiently well indicated by articles which have appeared from time to time in our exchanges, but none of them have suggested any mode of remedy, though they have all joined in indignant and energetic condemnation. Some of the daily papers of this city have noticed our editorial in the last number, agreeing with us in the culpability of such advertisements, but not bringing the matter definitely before the public. It is true indeed, that this is an extremely delicate and disagreeable subject, and one which must be handled with a great deal of care in a secular journal. The necessity is so urgent, however, that we cannot but regard the daily press as unfaithful to the public in not aiding us in our efforts at reformation. There is one exception to this apathy on the part of our daily newspapers; our esteemed correspondent, Dr. N. L. North, called the attention of the editor of the Brooklyn Daily Times to the subject, who has lately devoted to it an able and earnest editorial article, where the subject is handled with great delicacy and judgment, yet bringing the outrage boldly and plainly before the public. Could this example be followed by more of our influential papers, much could be effected which is impossible to us, who appear only before the eyes of the profession. We desire publicly to express our thanks to Dr. North for his kind endorsement of our sentiments, and his coöperation in our labors; with a few more co-workers of his energy and feeling, the task which we know to be so difficult to the conductors of Medical Journals, unaided, though not unapproved in their efforts, by the profession at large, would be comparatively easy. We extract in full the editorial from the Brooklyn Daily Times:

Criminal Abortions.—We have been requested by a medical friend, to call attention to an article which appears in the current number of the *Buffalo Medical Journal*, under the above caption. The subject is a delicate one for a family paper to allude to, much less discuss; yet if the allegations of the Journal are true—and our friend assures us that his practice and that of every member of the profession furnishes evidence of their truth—then assuredly no mock delicacy or prudery should be suffered to stand between error and crime, and their needful exposure. No one doubts the propriety of medical journals treating on such a subject; but if the evil is so wide spread as is stated, the medical press, unaided by the newspaper world at large, cannot remove it. It is the family newspaper alone, which reaches the class whose moral sense needs to be awakened on the subject—and therefore it is the general newspaper which must grapple with the evil and strive to overthrow it.

The Journal asserts that the daily, and even the religious press, insert advertisements of professed abortionists; of pills which "are sure to procure abortion," from which "miscarriage will certainly ensue," &c. That in consequence of the continual and unchecked publicity afforded to this class of announcements, females have "come to regard abortion as one of the most innocent and natural things in the world"—so that it is no uncommon thing for medical attendants to be as coolly and unconcernedly asked to produce abortion as a dentist would be requested to draw a tooth. Nay, it is asserted, and advertisements are extracted from popular journals to prove the fact, that instruments are openly announced, and largely used, which are warranted to "regulate or limit offspring, without injuring the constitution." Still further, the Journal does not hesitate to assert that neither the poor, the abandoned, or the ignorant, patronize these infernal inventions so much as the "educated and refined" ladies of fashion and social position.

We cannot but regard the extensive publicity given to advertisements of the class we have referred to, as a conclusive proof that the crime which they facilitate is of frequent commission. No article is largely advertised, for which there is not a large demand—for it is the extent of the demand which warrants the seller in producing his goods and placing them before the public. If, then, abortion is thus practised—extensively and with hardly the thinnest veil of disguise—it would ill become the conductors of the press, who claim to be the guardians of public morals, to conceal the fact, as to squeamishly hesitate in denouncing this class of advertisers as atrocious scoundrels, and any publisher who inserts their advertisements as *particeps criminis.*

Both in law and common sense, infanticide is regarded as murder, and it needs little knowledge of physiology to be aware that abortion is but a form of infanticide. Unless our boasted civilization is to sink to the level of Chinese barbarism, our women, of every class and degree, must be convinced that to deprive their inchoate offspring of life, is to commit murder, and that under circumstances of aggravation which make the foulest of crimes more atrocious.

The "Times" says well, that it is the general newspaper which must grapple and overthrow this evil. This fact is too evident to need discussion. The ridiculous, so-called delicacy which would exclude such a subject from

the public gaze, which would whiten this foul and pestilential sepulchre which exists in our midst, its noisesome emanations tainting the moral health of every female, should find no place in the heart of the high-minded guardian of the public morals. While our clergy are denouncing from the pulpit the vice of licentiousness, we have brought to the very heart of every family, and sometimes, as we remarked in our former article, brought there in the columns of papers devoted to religion, flaming announcements of drugs which profess to remove one of the barriers to the indulgence of criminal passions, the fear of *unfortunate consequences*. That this is a safeguard, and at times the only thing which preserves from crime, there can be no doubt; and undesirable as it is that virtue should be preserved by fear of consequences alone, and not by the high moral sentiment which we have been accustomed boastingly to attribute to the American female in a greater degree than to the female of any other nation, we cannot but wish it to be preserved, and pray that it may save those who have ceased to heed the promptings of a more elevated sentiment.

It is useless for us to dilate at greater length upon the effect, on the moral sense of a community, produced by the impression that nothing is more easy than to procure an abortion by the use of internal remedies, and that, too, without danger of life and health; it is our duty to set this matter right in as far as is possible. Every physician knows the hazard of such drugs; and every one has met with cases in his practice which exemplified this fact. It is in this country, however, that such abuses are carried to their greatest extent, and it is not at all improbable that that is one of the causes of the difference in aspect which is frequently noticed between the ladies of our country and of Europe, especially the English ladies. The diseases of the uterus to which the use of "abortion medicine, is so apt to give rise, are much more common here than abroad, and give to the sufferer that peculiar languid aspect and appearance of premature age of which the American women have been accused." We extract the following communication in support of this view from our friend Dr. North to the editor of the *Brooklyn Daily Times:*

Mrs. Harriet Beecher Stowe, in speaking of American and English ladies, says, "How is it that our married ladies dwindle, fade and grow thin—that their noses incline to sharpness, and their elbows to angularity just at the time of life when their Island sisters round out into a comfortable and becoming fullness? If it is the fog and sea coal, why then, I am afraid we never come up with them. But perhaps there may be other causes why a country which starts some of the most beautiful girls in the world, produces

so few beautiful women. Have not our close heated stove rooms, something to do with it? Have not—"

But I need not quote further. Mrs. Stowe proceeds to speculate as to the probable causes of this difference, which, evidently are, to a great extent, errors in regimen, diet, &c., &c., &c. Nevertheless allow me to suggest, Mr. Editor, that the subject which you so carefully, yet fearlessly and plainly brought before your readers, in a leader of Saturday last, to wit—Criminal Abortions—may have something to do in producing this alarming degeneracy of our American married women. Permit me to say, that as a medical man, I *know* this to be a fact, and more, that while the physical frame is undergoing premature decay, the natural delicacy, the moral purity and moral integrity are fast ebbing out, to be replaced by a *false* delicacy, an *assumed* modesty, a *prudery* in fact, which is intended to cover up the whole subject, and the legion of Demons—male and female—who advertise their "never failing" pills and instruments are careful to *encourage* this depraved delicacy, and first and foremost to join in a shriek of holy horror at the idea of mentioning the matter under *any* circumstances whatever, and at the utter impropriety and inconsistency of discussing the subject in a sterling family journal. MEDICUS.

We have almost made another long article upon the subject, which we fear will fatigue some of our readers. If our enthusiasm has led us to extremes, we must be forgiven an account of the good cause in which we are engaged. Some of our professional brethren may not join with us in our opinion of the criminality in killing a fœtus. In our first article, we said that there was really no difference between the crime of taking the life of a fœtus at three months, a newly born infant, or even an adult human being. The first offence seems to us as henious as the last; but there is an unnaturalness about the production of abortion, which inspires a disgust which we feel for no other crime. In a purely philosophical point of view, it is impossible to say that the destruction of the life of an ovum even the very hour after impregnation, is less a sin than to destroy it at the second or third month, for, in the natural course of things, the one is as capable of becoming a being endowed with an intellect and a soul, as the other; and yet, even *we* cannot but see a difference here, if not in a physiological, at least in a moral sense, and we could never, at all events, be able to convince the public that there was any great amount of crime in destroying the vitality of a newly impregnated ovum. As it is not alone to the physician that we appeal, we will not discuss this point. But true it is, that when the mother begins to feel that she has a living being within her, that is of her own flesh and blood; when instead of the feelings of fond anticipation which we should expect, and which is so natural, we have the time looked forward to with horror, when the *pleasures of a gay life* will be interrupted by maternal

duties; then, when the child is thought of as a human being, when its development and vitality cause sorrow instead of joy, we should need no argument to convince the learned or the unlearned that the takirg of life is a crime.

In accordance with the plan which was suggested in the Sept. number, for the suppression of abortion advertisements, Prof. White offered the following resolutions at the regular meeting of the *Buffalo Medical Association* with a wish that their consideration should be deferred until the next meeting:

"*Resolved*, That the Association fully concurs in the sentiments expressed in the editorial article, entitled "Criminal Abortions," in the Sept. number of the Buffalo Medical Jonrnal, relative to its frequency and criminality.

"*Resolved*, That a committee of three be appointed from this Association to confer with the county and city authorities as to the laws now existing, if properly enforced, and whether further legislation is necessary for the abolishment of this great and growing evil.

"*Resolved*, That this committe invite the coöperation of the Medical Societies and Associations in this State, in any measure which may be deemed necessary and expedient to lessen these horrible offences against the morality of the community."

This is precisely what we desired, and nothing can be more certain, than if every medical society should have similar resolutions brought before it, and act with unanimity on this subject, that great good would be effected. We here entreat the coöperation of medical societies in this State, and are sure that their example will be followed by others. Let not the profession look on this subject with apathy, but one and all make a strong effort to root out this evil, and they *will* root it out. We do not advise a Quixotic attempt to have abortionists hung, drawn and quartered, but merely wish to begin the matter by keeping their vile announcements out of respectable daily papers; and if this cannot be done we are powerless indeed; if it can be done, and we have the most enduring faith in its possibility, are we men, are we Christians, are we good physicians, if we fail to make the effort?

Suit for Damages for Using Sulphuric Ether.—We learn that Dr. W. T. G. Morton, one of the discoverers of the use of ether as an anæsthetic agent, has commenced a suit for damages against Dr. Davis, surgeon of the U. S. Marine Hospital at Chelsea, for an infringement of his patent, laying

his damages at $5000. The discovery of anæsthesia may have taken place before the time of some of our readers, who may, therefore, be unfamiliar with the war which was waged between Drs. Jackson and Morton, who both claimed priority in its discovery. This occurred as long ago as 1846, and at that time, a joint patent was taken by Drs. Jackson and Morton. Their course was censured at that time by most medical journals, but most surgeons and dentists made use of it as an anæsthetic agent without leave or license, and had no trouble. It strikes us then with astonishment, that at this late day, Dr. Morton should commence a suit for infringement. If he succeed, what will be the result? Will every hospital and every surgeon or dentist who has been in the habit of using the agent be liable to Dr. Morton for damages? This becomes an exceedingly knotty question, and one upon which we are not qualified to give an opinion. Some would take the stand that a man has no moral right, according to our ideas as regards discoveries which alleviate human suffering, to keep it from the world; while others would consider that the discoverer of so important an agent would be entitled to compensation of a tangible character, and be justified in getting it as he could. It would seem to us to be a matter of doubt whether a medicinal agent, which has been long known, could be patented in this way for a particular mode of use; but we have no opinion, as we before remarked, as to the merits of the case, and merely give to our readers the item of news.

We learn also from a communication signed "W. E. C.," to the Boston Journal, that Dr. Morton had made a proposition to a "medical gentleman, high in public office, to enter into an amicable suit against him, in order to establish a prestige for him (Morton) under which he could more successfully and effectually carry on his operations in Congress. This offer was spurned with a scorn and contempt commensurate with the high honor of the man to whom it was made." The same correspondent also notices an announcement in the daily prints, that the suit against Dr. Davis is an amicable one, and calls upon Dr. Davis for an explicit denial. In justice to Dr. Davis, we publish the following note which appeared from him in the next number of the same journal:

NOTE FROM DR. DAVIS—REPLY TO W. E. C.

United States Marine Hospital, Chelsea, Sept. 18th, 1858.

Messrs. Editors,—I was amazed to find in the Journal of Thursday, Sept. 16th, which came to hand only this morning, a communication, signed W. E. C., containing charges of the gravest nature against my professional character, in connection with the suit brought against me in the Circuit Court of

the United States, by W. T. G. Morton, for an alleged infringement of his patent for the use of ether as an anæsthetic. I was not before aware that I had been charged by a public print, or otherwise, with "disgraceful collusion," and I seize the first moment, after it is brought to my knowledge, to deny *in toto*, as utterly groundless and false, not only this charge, but the various insinuations and imputations so wantonly thrown out by W. E. C. If the writer of the communication, or any gentleman of the profession, will call upon me, I will show him, with pleasure, what I have done, "what I am doing, and what I mean to do;" and moreover satisfy him that, thus far, I have acted under the best legal and medical advice that I could command.

CHARLES A. DAVIS,
Physician and Superintendent.

Every physician will of course feel a deep interest in the result of this suit, especially as ether is now becoming more generally used than chloroform, particularly in hospitals. We will keep our readers advised of its progress.

Syrup of the Hypophosphates.—We have lately seen some very elegant forms of these preparations, at the Drug Store of Mr. Wm. H. Peabody, of this city. Their value in tuberculosis has been very much vaunted by high authorities, and without doubt they exert a beneficial effect upon the disease; like all other new remedies for consumption which possess any virtue, they seem to have been overrated. In this connection we would call attention to the advertisement of Mr. Peabody; he is a young man who has had much experience in the compounding of prescriptions, and who devotes his personal attention to this department exclusively; he was for several years in the store of Mr. Mathews of this city, who has long been known to our readers as a most excellent and reliable druggist. We wish him all success, and he well deserves it.

A New Belt Truss.—We wish to call attention to a communication to the profession, from Dr. H. H. Reynolds, which is in our advertising department. Dr. Reynolds has long been a sufferer from hernia, and has been led to invent this form of truss, which he has found more comfortable and effectual than any other. Since his former advertisement in this Journal, he has made some important improvements, for a detail of which we refer to the advertisement.

Buffalo Medical College.—The regular lecture term in this institution, will commence on the first Wednesday in November, (3d.) The college will be opened from the first Wednesday in October to those who wish to pursue practical anatomy in advance of the lecture session. From this date, also, the attendance at the hospital by the officers of the college commences, and clinical instruction is given.

So far as an opinion can be formed in advance, the class for the coming session will be larger than last year. Ample provision has been made for those who, from motives of economy, are constrained to go to institutions where instruction is gratuitous or the fees merely nominal. While the faculty of the college do not hold to the doctrine of free teaching, they are willing to receive students who, from circumstances beyond their control, feel obliged to resort to schools which hold out this inducement. They who would elect the Buffalo school on equal pecuniary terms, will find it to their advantage to address the Dean on this subject.

The opportunities for clinical instruction in this school are so well known, that it is unnecessary to present them to our readers.

Burning of the Quarantine Buildings at Staten Island.—We read with the most lively indignation and horror the accounts which appeared in the New York papers of this savage outrage, and had intended to express our feelings on the subject in the pages of the Journal. We forego this, however, and copy an article from the New York Journal of Medicine, the editor of which of course has better opportunities of judging of the prevalent feeling in regard to the matter.

YELLOW FEVER—QUARANTINE: *Destruction of the Quarantine Buildings by a Mob.*—The New York Quarantine—its uses, abuses, and the ruthless burning of all hospital and other buildings pertaining thereto, have suddenly become the exciting topics of the day. As this number of the Journal is going to press, the last combustible structure at Quarantine is being burned to the ground.

By these barbarous acts of incendiarism it is possible that the citizens of this metropolis, and the people of the State of New York, may be aroused to some proper sense of the importance and the practical bearings of the various and vexed questions relating to our Quarantine system. "It is an ill wind that blows no good," and if this daring act of the people of Staten Island could be the means of rectifying the abuses of Quarantine at this great entrepôt of American commerce, and could such riotous proceedings

become the means of procuring the establishment of a rational and efficient *sanitary system* for the port and city of New York, this terrible experience were cheaply earned, though it is likely to cost the State nearly a half million dollars.

We have not time for comments on this unparalleled and inhuman firing of hospitals. With pain we have looked upon the strange scene of fever patients dragged forth from their comfortable wards and exposed without shelter in the open air, while the edifices which were erected for their benefit, and for the protection of community from infectious maladies, were smouldering in ruins from the torch of American citizens. With shame for the medical profession, and humiliation for the boasted intelligence and social and civil superiority of the Empire State, are we compelled to acknowledge that these high-handed, unrestrained and unparalleled outrages against the laws and the dignity of the State are the direct result of the shameless prostitution of the most important responsibilities, executive and legislative, to the basest purposes, while Legislators, Governors, and Boards of Health have found ample apology, and sheltered themselves behind the ignorance and dissensions of medical writers on infectious diseases and quarantine.

Difficult as it may be to determine certain questions relating to the sanitary protection of a great commercial city like New York, the time has come when our Quarantine regulations must be established upon some clearly-defined and rational basis which will command the respect of the people, and *actually* guard the public from imported infection.

The events affecting the question of the imported origin of yellow fever in the port of New York, and in the vicinity of the Quarantine station, this season, as in past years, have been peculiarly definite and instructive. The cases in New York and Brooklyn, thus far, have occurred only in persons employed on the cargoes of vessels from infected ports, or in the work of cleansing and repairing such vessels.

On the eastern shore of Staten Island the infection of the fever is believed to have become localized at two or three distinct and widely-separated points. Some twenty cases have occurred, and about one-third the number have died with black vomit.

The number of sick seamen admitted to the hospital from infected vessels has been usually large, and several stevedores, shipkeepers, and other employees on such vessels in Quarantine, have been brought into the fever wards. The U. S. steamer "Susquehanna," which arrived with yellow fever from the Gulf of Mexico, early in the season, has visited death upon a large proportion of all unacclimated persons who have visited that vessel since her arrival; and other vessels, without cargo, have proved to be similarly infected.

No other port in the world presents equal facilities for the successful study of those laws that govern the great scourge of the American topics as a transportable infection. Here at the periphery of that variable zone, within which the infection of yellow fever may be reproduced and yield its fatal fruits, all the facts relating to introduction and diffusion among us are replete with interest, and from them may eventually be evolved the laws which govern the etiology of the disease that has baffled the closest study from the days of Chisholm, Rush, Pym, and Bayley.

Obituary Notices.—We glean from our exchanges and the public prints, the following obituary notices of medical men:

A meeting of the Medical Society of the county of Erie, was held at the rooms of the Buffalo Medical Association on Saturday afternoon, the 18th Sept., to pay the respect due to the momory and services of Dr. H. H. Bissell.

The society was called to order at 4 o'clock, by the President, Prof. Flint, who stated the object of the meeting.

After appropriate remarks, on motion of Dr. Strong, a committee was appointed to draft resolutions appropriate to the occasion. Drs. Strong, Wyckoff and Gay were appointed such committee, and reported the following resolutions, which were unanimously adopted:

Whereas, by an afflictive Providence, Dr. H. H. Bissell, one of our senior practitioners, and for more than a quarter of a century a member of this society, has been suddenly stricken down and removed from his earthly labors and associations by death, as an expression of the sentiments of this society,

Resolved, That by this event our profession loses and mourns one of its most extensive, laborious and widely respected practitioners.

Resolved, That we hereby respectfully tender to the stricken widow and family an expression of our condolence and sympathy in this hour of bereavement and sorrow. In further token of which,

Resolved, That we will attend the funeral of our deceased associate and fellow member in a body.

Resolved, That a copy of our action herein be transmitted by the secretary to the bereaved widow, and one likewise be furnished for publication.

The committee on resolutions were directed to select from among the members of the society, the usual number of pall bearers.

The society then adjourned.

Dr. Robert Hare, Professor of Chemistry in the University of Pennsylvania for nearly thirty years; discoverer of the oxy-hydrogen blow-pipe; author of "Compendium of Chemistry," written as a text-book for his students, died on the 16th of May last, at the advanced age of 77 years.

Shelby Medical College.—We have at last received the announcement of the Shelby Medical College, Nashville, Tennessee. This new institution goes into operation in the fall, and with the following gentlemen composing the faculty, viz: Dr. John F. May, Professor of Surgery; Dr. E. B. Haskins, Professor of Theory and Practice; Dr. John P. Ford, Professor of Obstetrics, etc.; Dr. S. L. Maddin, Professor of Anatomy; Dr. John H. Callender, Professor of Materia Medica; Dr. R. O. Curry, Professor of Chemistry, etc.; Dr. D. F. Wright, Professor of Physiolgy, etc.; Dr. H. M. Compton, Demonstrator of Anatomy. The faculty announce that they will be thoroughly prepared to teach medicine properly, and we wish them the fullest success in their enterprise.—*New Orleans Med. News and Hospital Gazette.*

Professorial Change.—Dr. Daniel F. Wright, of Memphis, Tenn., desires to announce his resignation of the chair of Physiology and Pathology in the Memphis Medical College, and his acceptance of the same chair in the Shelby Medical College, at Nashville. Dr. Wright was editor of the Memphis Medical Recorder, and now that he becomes a colleague of Dr. Richard O. Curry, the respected editor of the Southern Journal of the Medical and Physical Sciences, we should not be surprised soon to find on our table a fusion journal. Two such editors would create a stir amongst rivals.—*Ibid.*

Thayer's Fluid Extract.—These preparations have now become almost indispensable to the practitioner, from their elegance and reliability, and Mr. Henry Thayer, whose advertisement appears in this number, is now acknowledged to be surpassed by none in their manufacture. Mr. Thayer was kind enough to give us an opportunity of testing his extracts practically, and speaking from actual experience, we can say that they are as reliable as could be desired. The fluid extract of belladonna was used for a time by Prof. Flint at the Buffalo Hospital of the Sisters of Charity, with excellent effect, and we now have a patient under our charge who is taking the fluid extract of Gentian with the same results. In the latter case we omitted the remedy for a day, but were compelled to come back to it immediately. We are glad to add our testimony to the excellence of Thayer's Fluid Extracts, which we can do from our own experience.

Tilden's Pharmaceutic Sugar Coated Pills and Granules.—We have received from the manufacturers, by the politeness of Mr. A. I. Mathews, specimens of these preparations. If we can ever be able to obtain disagreeable remedies disguised in this way, we will have made a great point against our milk and sugar enemy, the homœopathic quack; Mr. Tilden is giving us valuable aid in this respect by means of his sugar-coated pills. We have made trial of some of them, and find them quite as effectual as the remedy in any other form, without any disagreeable taste. For sale by A. I. Mathews, No. 220 Main street, Buffalo.

Medical and Surgical Reporter.—We see by an announcement in the last number of this Journal, that it will be hereafter issued as a weekly. We congratulate the editors upon their good judgment in this regard. There are now quarterly, bimonthly and monthly Journals in Philadelphia, and there seems to be a much more favorable opening for a weekly than at any other point. We wish it all success in its new form.

To our Subscribers, Paying and Delinquent.—We will commence our dun to the delinquents by expressing our thanks to those subscribers who appreciate that a Journal of sixty-four pages cannot be issued without cost, and have so kindly sent us the amount of their subscription; but some are not yet aroused to this fact; and to such we must make an appeal of some kind. We are now asking merely for enough money to pay expenses, but if every delinquent would take this to himself, and mail immediately $2.50, we should have enough and more. The small amount of our subscription, can certainly be sent *immediately by every subscriber;* and if we can touch your conscience kind reader, when we call to your mind our *gratuitous* labors in your behalf, made the more weighty by anxiety in regard to meeting the actual cost of issue from the subscription list, send us our money before your sense of justice becomes more obtuse. One and all, owing for back subscriptions or not, send us the price of vol. XIV.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. NOVEMBER, 1858. NO. 6.

ORIGINAL COMMUNICATIONS.

ART. I.— *On the Clinical Study of the Heart-Sounds.* By Professor Austin Flint, M. D.

Letter No. I.

Prof. Fenner:

Dear Sir, — In compliance with your request, I will endeavor to give in this and a succeeding letter, prepared for publication in the Medical News and Hospital Gazette, a *résumé* of the results of the study of the heart-sounds in health and disease — a subject on which I have of late bestowed some attention. The modern history of auscultation is to be dated from the epoch of the application to the chest of a quire of paper rolled into a cylinder, by Laennec, in the case of a patient affected with disease of the heart. But the illustrious founder of physical exploration at once directed his researches to the phenomena pertaining to the respiratory system, and, although he was the first to observe adventitious sounds, or *murmurs*, in certain cardiac affections, he accomplished, in behalf of the diagnosis of the latter, little

Note. We extract the above letter from Prof. Flint to the distinguished senior editor of the New Orleans Medical News and Hospital Gazette. This Journa being seen by few of our contributors in this section, the article will have as much interest as if it had not before appeared.—*Ed. Buff. Med. Journal.*

in comparison with the results of his investigation of pulmonary disease. This was in a great measure owing to his holding false notions respecting the production of the normal sounds of the heart. The correction of these errors by means of the investigations of Hope and others, prepared the way for a better knowledge of the physical signs referable to this organ. The importance of an accurate acquaintance with the heart-sounds in health, as regards their sources, their relations to the cardiac movements, and the mechanism of their production, is obvious to any one who has given attention to the subject. But the importance of the *clinical* study of these sounds, with reference to these points, has not been sufficiently appreciated. A dependence too exclusive has been placed on experiments by means of vivisections, and on the few instances of ectopia which have fallen under observation. From these experiments valuable results have been obtained, more particularly as regards the movements of the heart, but also, to some extent, with respect to the normal sounds. There is still scope for experimental researches with the heart exposed to view. But it must be apparent, on a little reflection, that, so far as auscultation is concerned in these experiments, it involves difficulties and incidental circumstances which render it, in a measure at least, unsatisfactory and unreliable. Suppose that in an animal of large size we have succeeded in opening the chest and pericardium, so that the heart may be seen and handled for a considerable period, its movements being maintained by artificial respiration, one important normal condition is necessarily wanting, viz., contact with the thoracic parieties; nor have we a right to assume that, after such an operation, the conditions as respects the quantity of blood within the cavities, the contractions of the walls and the flap of the valves, are such as to render the sounds faithful types of those incident to the normal state. But, irrespective of these considerations, auscultation must be practiced by applying the stethoscope immediately upon the heart, a muscular organ in almost unceasing activity. How can the sounds as thus heard, represent fairly those obtained by auscultation with the stethoscope placed upon the chest? These remarks will, of course, equally apply to cases of ectopia. A single trial suffices to show that the study of the heart-sounds thus pursued, is unsatisfactory, and, to a certain extent, unreliable. On the other hand, the *clinical* study of the normal sounds (and by this expression I mean the study by means of examination of the healthy chest,) is capable of yielding results, reliable and satisfactory, which lead to important conclusions concerning the origin of these sounds and the agencies involved in their production. If to the clinical study in health, be conjoined the clinical study in disease, together with the informa-

tion respecting the movements of the heart obtained by vivisections, our knowledge of the normal heart-sounds may be rendered sufficiently complete for all practical purposes — that is, so far as this knowledge is necessary to serve as a point of departure for obtaining, by means of clinical observation, an acquaintance with the abnormal modifications of the sounds of the heart, and the significance which belongs to the latter as physical signs of cardiac affections.

The importance of the abnormal modifications of the heart-sounds, as constituting physical signs of disease, has hitherto been inadequately estimated. Of the small value attached to them in this point of view, the trifling space generally allotted to their consideration, in works treating of diseases of the heart, is sufficient evidence. A few sentences, or at most, a few pages only, are devoted to this subject. The attention of auscultators appears to have been absorbed by the study of adventitious sounds, or murmurs.* I am far from wishing to depreciate the value which the latter possess in diagnosis. In determiming the existence, seat, and some of the effects of valvular lesions, they are invaluable. They by no means, however, meet all the wants of the diagnostician. Their presence, as is well known, is not, in itself, evidence of organic disease of the heart. The practitioner is to distinguish between organic and inorganic murmurs. This, it will be granted, may be done without much difficulty in the great majority of cases. Assuming that this is done, and excluding the rare instances in which a bellows sound accompanies uncomplicated enlargement of the heart, what information do murmurs afford beyond the fact of valvular lesions and their situation? Do they indicate the extent of damage which the lesions have occasioned — in other words, the amount of obstruction or regurgitation resulting therefrom? No one will venture to answer affirmatively the latter question. The intensity and quality of murmurs have no special pathological significance. A rough or intense murmur may be due to lesions which are insignificant, involving no immediate danger; or, on the other hand, the most serious lesions may be accompanied by a soft and feeble murmur. To be able to determine the injury which existing lesions have occasioned, is of vastly more importance than to ascertain the single fact that lesions exist, and to localize them; for valvular lesions give rise to danger and inconvenience only in proportion as they render the valves insufficient or induce contraction of the

* It is hardly necessary to remind the reader that, conventionally, the term *heart-sounds* is now restricted to the normal sounds and their abnormal modifications; while all adventitious sounds are included under the name of *murmurs*.

orifices. It were easy to adduce cases in illustration of the correctness of these statements, which will be admitted by all who have given attention, practically, to diseases of the heart. Now, the study of the abnormal modifications of the heart-sounds, taken in connection with the murmurs, is capable of supplying, in a great measure, that which the study of the latter alone is incapable of affording, viz., information respecting the extent of valvular lesions, and the damage which they have occasioned. Attention to the heart-sounds in disease, moreover, affords aid, in certain cases, in the localization of these lesions.

In the clinical study of the heart-sounds in health and disease, the two sounds are, of course, to be made separate subjects of investigation. It is quite needless to premise that these sounds are distinguished, respectively, as the *first* or *systolic*, and the *second* or *diastolic* sound; that the *first* sound takes place synchronously with the apex-beat and the pulsation of the large arteries near the heart, while the *second* sound occurs after the systolic movement of the ventricles; that the two sounds succeed each other in a certain rhythmical order, and that, combined and forming what is called the beat or revolution of the heart, they follow after successive intervals nearly or quite uniform; and, finally, that each sound and interval has a certain relative duration, the sounds differing from each other in pitch, quality and intensity, as well as in length. Proceeding to present, as concisely as possible, those points pertaining to each of the sounds, which are of practical importance with reference to diagnosis, I shall commence with the second sound. It might seem more natural to give precedence to the first sound. The reason for reversing the natural order is, that the second is the simpler sound; as regards its seat and mechanism, it is better understood, and its consideration will prepare for the better study of the first sound. The remainder of this letter will be devoted to the second or diastolic sound in health and disease, and in a subsequent letter the first or systolic sound will be considered.

Second or Diastolic Sound of the Heart in Health and Disease.

That this sound is produced mainly at the orifices of the aorta and pulmonic artery, and that the semilunar valves are essential to its production, may be assumed as sufficiently established. The commonly received explanation is, that the sound is due to the sudden, forcible expansion of these valves, caused by the recoil of the arterial coats succeeding the dilatation by the column of blood propelled from the ventricles. The force with which

these valves are unfolded and rendered tense, and the consequent intensity of the sonorous vibrations, will, obviously, other things being equal, be proportionate to the quantity of blood propelled through the aorta and pulmonic artery by the ventricular systole and the muscular power of the ventricles. The clinical study of this sound in health confirms the correctness of this localization. The sound has its maximum of intensity above the base of the heart, at the points where the aorta and pulmonary artery approach nearest to the thoracic walls, viz., in the second intercostal spaces on either side of the chest, near the sternum.

This sound emanates from the aortic and pulmonic orifices. Now, is it true that the aortic and the pulmonic sound may be disconnected and distinguished from each other in certain situations, as has been of late maintained by some observers? Plainly, this is a question to be settled by comparing the sound heard at different points on the chest in a series of healthy persons. With reference to this and other points relating to the normal heart-sounds, I examined with care twenty-five healthy persons, selected for this purpose, noting the results at the moment of the examination, and afterwards subjecting them to analysis. In nearly all of these persons, the sound in the second intercostal space, near the sternum, presented, on the two sides of the chest, well-marked differences in pitch, duration, intensity, and apparent proximity to the ear. On the left side it is relatively more feeble, dull, distant and longer. On the right side it is more intense, more acute, nearer and shorter. These differences can hardly be due to modifications received by the sound in its transmission to the ear; and hence they point to a distinct source of the sound which, in health, predominates in each of these situations. Taking into view the anatomical disposition of the aorta and pulmonic artery, we arrive at the conclusion, that the sound in the second intercostal space, on the right side, emanates from the aorta, and that on the left side, from the pulmonic artery. Observation in cases of disease, confirms the correctness of this conclusion. When the aortic valves are the seat of lesions which prevent their play, the second sound on the right side is impaired or wanting; that on the left side remaining, and preserving its normal characters.*

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* "Ce que nous ne pouvons produire traumatiquement et brusquement, la nature le fait sans nous, d'une manière graduelle et sans porter de profondes perturbations dans les fonctions de l'organe, comme ferait une vivisection; en sorte que nous considérons ces lésions pathologiques comme de trés-bonnes *expériences* cliniques."—*Bouillaud-Leçons cliniques sur les maladies du cœur*, 1853.

This point settled, another inquiry arises: The second sound, as heard in the other situations within and near the præcordia — at what points is it aortic, i. e., emanating from the aortic orifice, and at what points is it pulmonic, i. e., referable to the orifice of the pulmonic artery? This question, plainly, is to be settled by auscultation of the sound in different situations, and comparing its characters successively with the aortic and the pulmonic sound as heard in the second intercostal space on the two sides, near the sternum. An analysis of the results obtained by examining twenty-five healthy persons, leads to the following conclusions: The sound presents the characters which distinguish that emanating from the pulmonic orifice, in a few instances, in the third intercostal space on the left side, and over the body of the heart, within the 'superficial cardiac region.' In a larger proportion of instances it presents these characters over the inferior boundary of the heart, just above the xiphoid cartilage. In other situations within and near the præcordia, in which the second sound is heard, it uniformly presents the characters distinctive of that emanating from the aortic orifice.

Other important conclusions are deduced from the results of the clinical study of the second sound in health. The sound has a strongly marked quality which conveys the idea of valvular action, and may be distinguished as a valvular quality. It preserves this valvular quality wherever it is heard. It does not present any marked variations in different situations, save, as regards intensity. It is characterized by uniformity, and is evidently an unmixed sound, that is, due exclusively to a single element, in these respects differing, notably, from the first sound of the heart. As regards intensity, it varies far less than the first sound, being affected in a less degree by the causes which increase or diminish the force of the heart's action. In the rhythmical succession of the two sounds at the base of the heart, the stress appears to fall on the second; the latter is said to be accentuated. Over the body and apex, it is otherwise; the accentuation is on the first sound. But without the præcordia, at points more or less removed from the heart, when the two sounds are heard, the second sound is accentuated; showing that, although within the limits of the præcordial region, the intensity of the first sound preponderates, the second sound is more widely diffused. This is also shown by the fact that in carrying the stethoscope away from the heart, the first sound, as a rule in health, becomes inappreciable sooner than the second. The explanation of these results of observation will appear when the different elements composing the first sound are considered.

Directing attention now to the study of the second sound in disease, we are at once brought to the practical importance of distinguishing between

the aortic and the pulmonic sound. In certain cases of cardiac disease, the sound referable to the pulmonic artery becomes more intense than that referable to the aorta. Prof. Skoda, of Vienna, was, I believe, the first to call attention to the diagnostic significance of this intensification or reïnforcement of the pulmonic second sound. It is at first view mysterious that there should exist a relation of sequence between this event and lesions of the mitral orifice producing either obstruction or regurgitation, or both; but well known pathological laws render it intelligible. The first effects of mitral contraction or insufficiency, are distension and dilatation of the left auricle; incidental to these effects is pulmonary congestion, and the third link in the chain of sequences is hypertrophy of the right ventricle. The increased power of the right ventricle due to its hypertrophy, and the resistance to the current of blood in its circuit through the lungs in consequence of the congestion of the pulmonary vessels, increase the distension of the pulmonic artery by the column of blood propelled by the ventricular systole; hence, a corresponding increase of the recoil of the coats of the artery after the systole, and an abnormal intensity of the second sound emanating from this artery. Intensification of the pulmonic second sound is thus a sign of hypertrophy of the right ventricle, a pathological effect, in the vast majority of cases, of mitral obstruction or regurgitation, either separately or combined. I have given the explanation of the fact; but the first question is, does clinical observation afford sufficient evidence of the fact? I can testify from considerable experience to the intensification of the pulmonic sound in the great majority of the cases of mitral lesions which have eventuated in hypertrophy of the right ventricle. The greater intensity of this sound, however, as compared with the aortic, is to be explained, in a measure, by the diminished intensity of the aortic sound as an effect of the reduced quantity of blood propelled through the aorta in cases of mitral contraction and of insufficiency. This will account, in part, for the greater relative intensity of the pulmonic sound. But, aside from this explanation, a positive augmentation of the intensity of the latter undoubtedly takes place in a large proportion of cases. The sign is valuable, taken in connection with the evidence afforded by other signs of the existence of mitral lesions, as denoting that the heart has begun to suffer from the effects of these lesions, which, until they lead to enlargement, are not attended by much danger or inconvenience. Prof. Skoda does not appear to attach sufficient importance to the greater relative intensity of the pulmonic sound being measurably due to the weakening of the aortic sound. The positive augmentation only, of course, is evidence of hypertrophy of the right ventricle. It is important,

therefore, to decide, in individual cases, whether the aortic sound preserves its normal intensity or not. This can generally be done by observing, not only its absolute intensity in the right second intercostal space, but its intensity in situations removed from the præcordia, where it is usually found in health to predominate over the first sound. It is also to be borne in mind that morbid conditions pertaining to the lungs occasion greater intensity of the second sound in the second intercostal space on the left side. A tuberculous deposit, near the summit of the left lung, has this effect; so, chronic pleurisy affecting the left side after absorption of the effused liquid, etc.

Attention to the aortic second sound in connection with the diagnosis of lesions affecting the valves and orifice of the aorta, is a practical point of much importance. The existence of lesions in this situation is shown by the presence of aortic murmurs. But the characters of these murmurs furnish no evidence of the amount of damage to the aortic valves which the lesions have occasioned. How are we to judge of the condition of these valves prior to that state of disease when enlargement of the left ventricle is proof that aortic obstruction or regurgitation, or both, have existed for a considerable period? So long as the aortic second sound retains its normal characters and intensity, notwithstanding the presence of aortic murmur, the valves are not greatly damaged. A loud murmur may be due to aortic changes which have left the valves intact, and are, therefore, comparatively of little consequence. This statement is applicable to a diastolic, as well as to a systolic aortic murmur. The aortic valvular sound thus becomes a highly important criterion of the condition of the valves, in connection with aortic murmurs. Immobility of the aortic valves involves suppression of the aortic second sound, the pulmonic sound remaining. Repeated illustrations of this fact have fallen under my observation. Abnormal weakness of the aortic sound will correspond to the degree of contraction, rigidity or destruction of the valves, which the lesions have occasioned. In making the weakness of the sound the criterion of the amount of damage which the valves have sustained, it is important to bear in mind that this result also occurs as a consequence of mitral obstruction and regurgitation. As evidence of the impaired condition of the aortic valves, its value is therefore lessened in the cases in which, as not unfrequently happens, mitral and aortic lesions coëxist. The muscular power of the heart is also to be taken into account. Feebleness of the contractions of the left ventricle, of course involves a feeble aortic sound. But as the causes inducing diminished muscular power in general act on the whole heart, the pulmonic and the aortic sound are alike impaired.

Both, however, are affected under these circumstances, far less than the first sound of the heart.

In another point of view attention to the aortic sound is of practical importance in diagnosis, viz., in the localization of a diastolic murmur. A diastolic murmur proceeds either from a retrograde aortic current, or from the direct current through the mitral orifice. The occurrence of a mitral diastolic murmur, except in very rare instances, is ignored by some writers; but I am satisfied that I have repeatedly met with instances in which it was present. The discrimination of this from an aortic regurgitant murmur, is attended with difficulty. The aortic murmur is said to be post-systolic, and the mitral murmur pre-systolic; but when it is considered that these distinctions of time are to be made within less than one-third of a second, it is plain that their practical application is not always easy. Moreover, in localizing a diastolic murmur, we have not the advantage of those rules as regards difference of situation in which the maximum of intensity is observed, and the different directions in which the murmur is propagated, which are so useful in discriminating between mitral and aortic *systolic* murmurs.

The normal intensity of the aortic second sound, or otherwise, divests this problem in diagnosis of much of its difficulty. If the aortic sound preserve its normal intensity, this is evidence against the aortic origin of the murmur, and, of course, in favor of its being referable to the mitral orifice. Abnormal weakness of the aortic sound, on the other hand, is evidence that the murmur is not mitral, but referable to the aorta. I need not add, that in resolving this problem other circumstances are to be considered; my object has been simply to point out the importance of the aortic second sound in this connection.

I have endeavored in this letter to present, with great brevity, the conclusions drawn from the clinical study of the *second* or *diastolic* sound of the heart in health, together with the abnormal modification of this sound, which are of most importance in their diagnostic bearings. The latter, not less than the former, are based on clinical studies, and, were it consistent with the limits of this communication, I could have adduced cases illustrative of the practical points which have been noticed.* I am well aware that to those readers who have given little or no attention to physical exploration as applied to the diagnosis of cardiac affections, these points will seem

* The reader will find illustrative cases in the essay by the writer in the Transactions of the American Medical Association for the present year.

obscure. This is unavoidable, and not to be regretted should any be led thereby to cultivate a field of practical medicine not less attractive than important. In a subsequent letter I propose to consider the clinical study of the *first* or *systolic* sound of the heart in health and disease. In the mean time, I remain, with much respect, yours, A. F.

ART. II.— *The Burges' Thigh Splint, or Fracture Bed.* By FRANK H. HAMILTON, M. D., Buffalo.

DEAR DOCTOR: Accompanying this note you will find a couple of electrotypes, with also a complete description of them. They are intended to explain the thigh splint, or fracture bed of the Burges' (J. H. Hobart Burge and Brother,) of Brooklyn, N. Y. It is the same apparatus of which Dr. Mott speaks in terms of commendation in a letter addressed to me, and which letter you will find published in the third part of my "Report on Deformities after Fractures," at page 317 of the tenth volume of the Transactions of the American Medical Association. These gentlemen having furnished me with a complete apparatus, I have, myself, had one opportunity of giving it a trial in the case of an oblique fracture of the femur in an adult laboring man. The limb has united with a shortening of not more than half an inch; and this can only be detected by a careful examination with a tape-line. He walks without any halt. This result is quite equal to any which I have ever obtained in similar cases; and I am confident that surgeons will find this apparatus a valuable addition to their means of reduction and retention in cases of broken femurs.

The apparatus is now in use at some of the New York hospitals, and has been favorably noticed by several excellent surgeons.

It will be seen, by a inspection of the drawings, that some improvements have been made upon the apparatus since the publication of my report in the Transactions, (pp. 440—41, appendix.)

For a more full account of the fracture bed you may consult the New York Jour. of Medicine for May, 1857.

The price of the improved bed and splint is $35.

At my request these descriptions have been furnished for your Journal; and I sincerely hope that surgeons will be soon pursuaded to abandon their rickety double-inclined planes in cases of broken femurs, and substitute either this or some other form of straight splint. Considering that this is both a

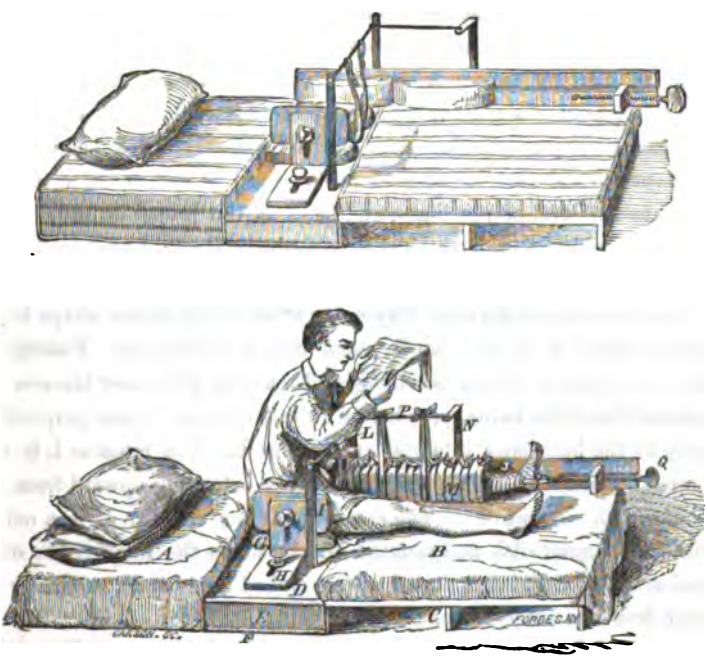
bed and a splint it must be regarded as cheap, and, perhaps, as the cheapest suitable apparatus which can be supplied.

If any surgeon thinks that a shortening of half an inch in cases of oblique fracture in adults implies that their apparatus is faulty, then he will continue to employ such as his experience has proven can furnish better results; but I am very much afraid that he is deceiving himself, and that he will not discover his error until some medical friend measures the limb for him, and some court of law metes to him according to his measure.

Very truly yours,

FRANK H. HAMILTON.

AUSTIN FLINT, Jr.



A. Thick mattress.

B. Thin mattress.

C. Wooden platform upon which the thin mattress is laid.

(This platform is made in two pieces and hinged together so as to fold upon itself for convenience of transportation, and when in use is merely hooked upon the central platform D.)

D. Central or cushioned platform supported at either end by wooden strips marked E. which rest upon

F. A second platform of same extent as D.

(This constitutes a shelf for the bed pan, which may be introduced below from either side.)

G. Firm, but easy hair cushion, upon which the hips of the patient rest.

(This cushion, as well as the platform D, to which it is buttoned, has a semicircular opening at its lower margin for convenience of defecation.)

H. A rectangular wooden slide, exactly corresponding to its fellow upon the opposite side of the pelvis. These slides are so arranged upon the platform D as to be separated or approximated at will, and, by a thumb screw which passes through a fissure in the horizontal portion of each, they may be fixed at the desired point so as exactly to embrace the pelvis of any patient. There is also a fissure in the perpendicular portion of each rectangular slide, and a screw passing through the same. One of these is to secure the upper end of the long splint J, and the other for the attachment of a short splint I, upon the side of the pelvis corresponding to the uninjured limb. Both of these splints are well padded upon one surface and may be elevated or depressed at will, in order to bring them to the level of the limbs, and fixed at the proper attitude by the screws already mentioned. They are also mutually transferable, thus adapting the apparatus to fractures of either thigh.

SS. Counter-extending pads. These are attached by leather straps to the upper surface of the platform D, about twelve inches apart. Passing under the cushion G, and becoming well rounded pads, they traverse the tuberosities of the ischia, pass between the thighs and thence perpendicularly to the horizontal iron rod or *crossbar* L. The crossbar L is supported at each end by a perpendicular bar extending upward from the platform D. Attached by one extremity to the crossbar L, is a rod P, running parallel with and situated directly above the thigh. The other end of this rod P, is supported by an arched iron bar N, extending upward from the outer side of the long splint J.

(The rod P is designed to afford special support to the injured limb whenever such support is deemed advisable, and is, we think, in many cases of essential service in preserving the arched form of the femur. Two or three strips of cotton cloth, of suitable width, may be passed around the limb, either internally or externally to the splints of coäptation, and tied over the supporting rod P. Splints of coäptation are to be applied according to the exigencies of the case.)

M. An inside splint covered by the bandages.

(The dressings, in one respect not being well represented in the engrav-

ing, it seems necessary to say at this point that we generally apply the *outside* bandage in the following manner. Place four or five strips of cotton cloth—two and a-half inches wide and six or eight feet long—transversely under the limb, a short distance apart. In relation to the long external splint, and also to the internal splint, these strips should first pass between them and the limb; secondly, they should be reflected over these splints and pass downward upon the outside of each; thirdly, they should be crossed beneath the limb, and if a posterior splint be used, beneath this also; fourthly, bring the ends of each bandage up upon opposite sides of the limb, outside of all the splints and tie them over the limb, and, if an anterior splint be used, outside this also.)

Q. The screw by which extension is effected in the ordinary way.

(It has at one extremity a swivel and hook tied to a strip of wood in the loop of adhesive plaster below the foot. The ends of the strip of plaster extend upon either side of the limb to near the point of fracture, being kept in place by a roller bandage evenly and rather firmly applied from the toes.)

Brooklyn, Sept. 10th, 1858.

Dear Doctor,—The electrotypes are entirely at your service for whatever use you may please to make of them. I send herewith the promised *description*, and have enclosed in brackets such remarks as seemed to me to be necessary for the perfect understanding of the rest.

With great respect, your obed't servant,

J. H. Hobart Burge.

ART. III.—*Strychnine in Sciatica.* By O. C. Gibbs, M. D., Frewsburg, Chautauque Co., N. Y.

In the September number of the American Medical Monthly, for 1857, I reported a case of sciatica promptly cured with strychnine, after a failure of a great variety of other remedies usually resorted to in such case. The patient once before had suffered from a similar attack, which yielded only after a year and a-half of thorough treatment at the hands of a skillful and intelligent physician. In the attack which came under my observation, colchicum, ammoniated tincture of guiacum, quinine and morphia, oil of turpentine, tinct. of cimicifuga, iodide of potassium, Dover's powders, blisters over the great trochanter, the endermic application of morphia, cups over the

same part, and calomel to touch slightly the gums, had all been put to the test and failed to afford relief. Four weeks had been spent in the trial of the remedies above mentioned, with no other effect than to impair the general health. Strychnine was now brought to bear upon the case, in doses of one-sixteenth of a grain, with immediate and decided effect; a cure was perfected in two weeks, which, up to the present time, after a lapse of a year and a-half, remains permanent.

Since the case above referred to was reported, I have treated one other case with strychnine with similar, though with not quite as decided results. The following is a brief synopsis of the case:

April 10, 1858. I was called to see Mr. E., aged about 60 years. He laboring under extreme pain in one hip. The pain was particularly severe between the great trochanter and the ischium, extending thence downward to the knee. The patient had been suffering about two months; having a holy horror of "allopathic" physicians, who some times administer poisons, he had taken only patent medicines. The patient was somewhat anæmic, and I consequently ordered two grains of quinine and five of Dover's powders, three times a-day; also drachm doses of ammoniated tincture of guiacum three times a-day. This treatment was continued for three weeks without improvement. I now ordered

℞ Tinc. colchicum, ℥j.
Tinc. cimicifuga, ℥ij. M.

Dose a teaspoonful three times a-day instead of the ammoniated tincture of guiacum; the quinia and Dover's powders to be continued.

This treatment was continued for three weeks longer with no apparent benefit. I now ordered two grains of strychnine, in crystals, to be put with two ounces of water, slightly acidulated with aromatic sulphuric acid, of this half a teaspoonful was to be taken three times a-day, the quinia and Dover's powders to be continued.

From this date improvement commenced, and steadily continued, until the patient was discharged two weeks subsequently, after taking about six grains of strychnine.

About two weeks after he was discharged I saw the patient again; he was in comfortable health, but complained of slight stiffness in the hip, and occasional slight pain. He said he thought if I had given him about two grains more of strychnine, his recovery would have been perfect.

Up to the present time, three months since discharged, he has suffered no return of the disease.

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

TUESDAY EVENING, Oct. 5, 1858.

The Association met.

Present—The President, Dr. Wyckoff, in the chair; Drs. Gould, White, Rochester, Flint, Miner, Rogers, Butler, Jansen, Gay, Congar, Newman, Wilcox, Treat, Eastman, and Flint, Jr.

The minutes of the last meeting were read and approved.

Prof. ROCHESTER exhibited the case of dislocation of the sternal extremity of the clavicle, which he reported at the last meeting. Measurement showed no difference in the distances of the acromium processes from the sternum, but a prominence and mobility of the articulation indicated the form of dislocation. The patient had a pretty good use of the arm. There was a partial separation of the extremities of the lower ribs from their cartilages.

Dr. GOULD then reported the following cases of *Hæmorrhoids treated by the Application of Nitric Acid.* In the absence of Dr. Gould, these cases were read by the secretary.

CASE I. W. W., aged 28 years, German, shoemaker by occupation. He has suffered three years from hæmorrhoidal discharges, which occurred every time he had a passage from his bowels. His sufferings on these occasions were described as almost unendurable, he being obliged to remain at stool a long time, and the exhaustion from pain and loss of blood causing even such a degree of prostration that he would be unable to work for hours after. He was low spirited, nervous and ænemic. He applied to me for treatment on

May 7th, 1857. On examining the protruding parts, I found them to consist of several hæmorrhoidal tumors, from the size of a pea to that of a pigeon's egg. The surface of the protruding mass was of a dark purple or livid color, on the spongy surface of which there appeared a continued sanguinous discharge. Considering it a suitable case for the application of nitric acid, I ordered a dose of ol. ricini to be taken at bedtime, and repeated in the morning.

May 8th, 2, P. M. The oil had operated well.

Gave an enema of warm water, and directed him to sit over the vessel and force down the tumors as much as possible; he was then placed across

the bed, face downwards, an assistant separating the nates, and I applied, with a brush, strong nitric acid to the entire surface. After a quarter of an hour a piece of oiled lint was applied, and the parts gently returned. The patient was then directed to remain quiet in bed, and pulv. Doveri, grs. x, to be taken and repeated at bed-time.

May 9th. Patient comfortable and in good spirits.

Ordered the Dover's powder to be repeated every night at bedtime.

May 16th. Found, on examination, that the tumors were reduced in size one-half, and hardened, as if blood were densely coagolated within them. They were brought down as before, and the acid again applied. The after treatment the same as after the first application.

May 17th. Complains of itching and uneasiness in rectum.

Ordered parts bathed with cold water.

May 18th. Uneasiness in rectum continues.

Ordered the cold bathing continued, and an unguent, composed as follows, applied to the parts:

℞ Ac. Pl., ʒj;
Lard, ℥j;
Nitric acid, gtts. viii. M.

Apply morn, noon and night.

May 20th. The uneasiness and itching ceased; the tumors very much reduced in size, and the parts assuming a natural and healthy appearance.

Ordered an enema of cold water, to move the bowels, as he had had no evacuation since the last application.

May 23d. Has had two evacuations without using the injections. Very little blood has been lost since the first application.

Ordered sulphur to be taken as a laxative, every morning for a week or two.

Mr. W. has enjoyed good health to the present time, Oct. 4th, 1858, and has had no return of the disease.

The pain attending the applications were represented by the patient as far less than that suffered at each former dejection.

Case II. Mrs. T., aged 46 years, English; had suffered with hæmorrhoids for fourteen years. First noticed them protruding after confinement. Had been frequently returned, but would not remain within the sphincter.

August 26th. On examination, found three large tumors, which collectively formed a mass as large as a common sized tomato, and presenting

much the same appearance completely surrounding the anus. From the centre there was a constant sanguinous oozing. The surface very irritable. Considering it a suitable case for the nitric acid treatment, I decided to apply it, which was done in the same manner as in case first, assisted by Dr. Austin Flint, Jr.

30th. Tumors reduced to one-half their former size.

Sept. 5th. The tumors very much diminished. Patient feels well. Assisted by Dr. Flint, Jr., I applied the acid to the remaining portion of the tumors. The pain was slight, the patient acknowledging that she was more frightened than hurt.

Has had no trouble since the last application. Thinks she is permanently cured.

Case III. Mrs. McG., aged 25 years, Irish; has been troubled with hæmorrhoids fourteen months. Was confined Sept. 2d, 1858. On examination, I found a cluster of hæmorrhoidal tumors as large as a common tomato. Some were red, others purple, and very irritable.

Sept. 5th. I applied nitric acid to the whole surface of the tumors. Found it impossible to return. Applied a piece of oiled lint and left them out.

Sept. 6th. Patient very comfortable. Pain lasted about half an hour. Had a passage from bowels without pain.

11th. The tumors are reduced to one-third their former size, and not painful. Patient is up and doing her housework.

15th. Bowels regular; defecation easy. Applied the acid to what remained of the tumors.

Oct. 4th. Up to this time no return of the disease.

It will be noticed that the remedy was applied in this case only three days after confinement.

Dr. Flint, Jr., remarked that he was present at the application of the nitric acid in the last two cases reported by Dr. Gould, and wished to add his testimony to its efficacy. In both the cases the tumors were both of the internal and external variety, and in neither of them could they be restored within the sphincter after the application. The action of the acid was very vigorous and appeared to shrivel them almost immediately; the pain of the application being comparatively slight, and, as described by one of the patients, no more than she had frequently suffered in having an operation from the bowels. He was also present at the second applications which

were made in both cases, seven or eight days after the first; at that time, the tumors had diminished in size at least one-half. The second application had the effect of removing them entirely, and, in the course of from one to two weeks, restoring the anus to its natural appearance.

An account of this mode of practice appeared some time since in the journals, but Dr. Flint was not aware that it had ever been practiced to any extent in this vicinity. He regarded it as one of the most effectual and painless operations for hæmorrhoids, infinitely preferable, on the score of suffering to the patient, to the operation by the ligature.

Dr. CONGAR had seen a case where he thought this application would not have answered a very good purpose, when the hæmorrhoids were external and could not be returned. He applied a ligature, and they came off in twelve or fourteen days.

Dr. FLINT, Jr. replied that in the cases reported by Dr. Gould, the tumors were both external and internal, and that the nitric acid application seemed to produce as good effect in the one as the other. Of course the treatment was not supposed to be applicable in *all* cases, but it seemed to him that it would be effectual in most of them.

Prof. ROCHESTER said that he had employed an unguent of the perchloride of iron mixed with lead, in less severe cases, with good effect.

Prof. ROCHESTER then reported the following case:

A Case of Pyogenic Croup, terminating in recovery. By THOMAS F. ROCHESTER, M. D.

Simon A., aged four years, of Jewish parentage, and of delicate and strumous habit, had suffered from a slight cold for eight days; it had not confined him to the house, and had apparently yielded to domestic treatment. On Thursday, Sept. 16th, he ate freely of apples, and in consequence was repeatedly purged during the ensuing night. It was also noticed that he was extremely restless, that he coughed a good deal, and that he breathed laboriously. I was summoned to see him on the 17th, at 8, A. M. He was tossing upon the bed, his countenance was cadaveric, the whole surface cold and pale; respiration about 80; pulse 140, and very feeble; voice weak but distinctly articulate, and not in the least hoarse and husky; cough slight, infrequent and soft; respiratory murmur very feeble. The idea of a foreign body in some portion of the air passages immediately suggested itself; its presence, however, could not be determined. Leaving the diagnosis unsettled, external warmth was directed, and Tr. opii, camp. f3j, was

immediately administered, to be repeated in an hour if the purging continued. Strong hot brandy sling was also ordered to be given freely, and half a grain of calomel rubbed up with sugar to be placed upon the tongue every half hour.

11, A. M. Surface warm, good reäction, but the respiration, if possible, more rapid and heaving; pulse increased in force and undiminished in frequency. There has been no further purging. The patient's strength permitting, a careful examination was now conducted. There was no evidence of colic, of peritonitis, of pleuritis, of collapse of lung, or of pericarditis. Inspection of the fauces revealed no false membrane or even unusual injection. Auscultation over the trachea, gave a slight mucous râle, somewhat increased in intensity, over the bifurcation. The respiratory murmur was very feeble and difficult to detect. The expiratory sounds were prolonged and more distinct than the inspiratory. Percussion over the thorax gave everywhere resonance, slight, however, and much less than in health, (as was determined after recovery.) At every effort at inspiration, the lower portion of the trachea was strongly retracted and then forcibly protruded. This movement was not extended to the diaphragm, as is usually seen in the advanced stages of membranous croup. It was evident that the *obstruction*, whatever its nature, was in the lower portion of the trachea, and as reäction had been effected by stimulants, it was determined to attempt to dislodge it by an emetic. With this view the following prescription was made:

℞ Syr. ipecac, ℥ij;
Zinc. Sulph. ʒj. M.

One tablespoonful every twenty minutes until emesis is produced.

I remained and administered the first dose. In fifteen minutes it acted freely. Among the ejecta were several masses of muco-purulent appearance, but no undigested food, and no fragment of apple or other foreign substance. Decided relief was apparent. It being evident that the muco-purulent exudation was the cause of the difficult breathing, it was judged advisable to prevent if possible the further extension of the disease by topical measures, a solution of nitrate of silver, thirty grains to the ounce, was accordingly applied freely, by a sponge-probang, to the pharynx and larynx. A large hot fomentation was directed to be kept to the chest, principally to insure a warm moist atmosphere for inhalation.

Calomel to be continued every hour and the hot brandy sling to be taken occasionally.

3, P. M. Being called in haste, I found the child breathing with the

utmost difficulty; condition otherwise unchanged; the voice remaining clear, but feeble. I immediately repeated the emetic. It afforded prompt relief, bringing away a large amount of the same exudation as the first one. A portion of this had meanwhile been examined, microscopically, by Dr. John Boardman, and was found to consist of mucus, altered blood discs, and pus globules.

The nitrate of silver was reäpplied, and the treatment continued, with the addition of one grain of sulphate of quinine in solution, every hour.

7, P. M. Child sleeping for the first time in eighteen hours. Pulse 120; respiration 40.

Directed beef essence, calomel and quinine to be alternated every hour.

9½, P. M. Dr. Newman in consultation. Child sleeping; countenance pale; respiration 45, and jerking. On awakening he spoke and cried clearly. Respiratory murmur very feeble; pulse 120.

Treatment continued. The emetic to be repeated if the breathing should become more embarrassed. Tr. opii camp. f℥j, if the patient should be very restless.

Saturday, Sept. 18th, 8, A. M. Improvement very decided. During the night, it was thought advisable to repeat the emetic. It brought away considerable of the muco-purulent secretion, after which the child slept quietly most of the night. Early in the morning it had an alvine evacuation, characterized by the constitutional effect of the mercury. Pulse 100; respiration 30; skin warm and moist; respiratory murmur distinct, accompanied by slight mucous râles; cough slight, soft and infrequent; voice clear and strong.

Treatment, quiniæ sulph., gr. j, every three hours, and nourishing diet.

8, P. M. Still improving.

Sunday, Sept. 19th. Patient discharged convalescent.

There are several points of especial and unusual interest in the above case. First. The location and limited extent of the disease. Second. The sudden accession of alarming symptoms unattended with loss or hoarseness of voice or cough. And, lastly, the rapidity and completeness of the convalescence.

With reference to the treatment, it is assumed that the emetics were the active curative agents, and it is believed that they alone were competent to the removal of the obstruction; it is not likely that it could have been reached, or if reached, removed by the probang. Topical medication with solution of nitrate of silver, was employed as a protective measure, and as the larynx was not invaded, its exemption may, perhaps, be attributed to that precaution. The use of calomel was possibly unnecessary, it is of course

out of the question to affirm with certainty that the exudation was arrested by its action, but it was not considered safe to omit it, and it surely neither produced nor was followed by any ill effects. It is also believed, that while the ventilation of the room was secured, keeping a warm and moist air immediately about the patient was of great efficacy.

It is, perhaps, note-worthy, that in February, 1855, the writer lost, in the same house, a child of about the same age, and also of Jewish parentage, with membranous croup.

Prof. FLINT called to mind a case of death from accumulation in the air passages, where the disease was not membranous croup. This was, to him, a very instructive case, as it was accompanied by all the symptoms of true croup. In this case he thought that active emesis might have removed the obstruction and saved the life of the patient.

Dr. NICHELL reported the following case of swallowing a foreign body:

Margaretha Dangbon, æt. 6 years, swallowed an irregular piece of colored glass about an inch in diameter, and two or three lines in thickness, on the 8th of September, 1858, at 10, A. M. The child did not suffer very much from pain, but having an uneasy feeling in the stomach, the mother gave her a cupful of molasses shortly after. Dr. Nichell soon saw her, and thought it unnecessary to do anything more. The piece of glass was passed *per rectum* the next morning, at half past seven, without having done any harm to the alimentary canal.

The specimen was presented to the association.

Prof. ROCHESTER saw a case, with Dr. Nichell, of remarkable malformation. It was a child three days old, who had never urinated and was unable to do so. On examination it appeared that the membrane of the meatus urinarius was continuous with the skin of the prepuce, and on slitting up the prepuce and finding the urethra, the difficulty was removed.

Prof. FLINT reported another case of asthma which was produced by the emanations from a feather bed. It was a child 5 years of age who had always suffered from asthmatic breathing. The father and mother were both subject to it in some degree. They had always been accustomed to sleeping on feather beds, and on making a change in this regard, according to the suggestion of Prof. Flint, there was no return of the difficulty. The

change in the case of the mother was not so marked as in the other case, as the change of the bed, induced a cold from which she had not yet recovered.

Dr. MINER mentioned a similar case; this patient, in addition, could never breathe well where there was any new-mown hay; the odor from a horse, also, was sufficient to bring on the difficulty, so much so, indeed, that he preferred walking a long distance to riding after a horse. He had a son who suffered from the same idiosyncracy.

Dr. BUTLER then reported the following case of *Rupture of the Uterus:*

The patient was a German woman, of good constitution, aged 24, delivered of her third child, who died thirty-three hours after delivery.

The patient was attended by a German midwife, but on the arm presenting, she sent for a physician who turned and delivered.

The midwife makes the following statement: "Saw the patient Friday, between 7 and 8, P. M.; had slow pains and the uterus was dilated to the size of a twenty-five cent piece; was up and about; at that time could not tell whether it was a knee or an arm presentation; membranes had not broken; they broke three or four hours after, when the right arm came down; womb fully dilated before the waters came away; pains before had been rather inefficient, but afterwards were very strong, lasting about three minutes, then an intermission of six minutes—between pains very quiet. Before the waters broke, gave her a powder of ergot,—she vomited it up. Examined and found the right shoulder to the left anterior of pelvis, could only reach the neck of child; then sent for a doctor, he came between 1 and 2; patient did not flow before the doctor came; had a chill before the waters broke; *only vomited once;* did not observe any change in her countenance. When the doctor came he proceeded to turn, placing the woman on her arms and knees, and in ten minutes the child was born; patient did not complain very much; when we put the woman in bed discovered bleeding, but no more than ordinary; found the placenta in vagina, and took it away; remained an hour after delivery; patient did not vomit; child born dead; did not give any medicine or apply bandage after delivery; the womb was contracted before I left; there was more tenderness than usual; left the woman as comfortable as women are generally after confinement; she got exhausted after delivery,—short breath, perspiration, &c.

"When I saw the womb bulging up, I got quite uneasy, but it contracted down after awhile."

The attending physician says: "The right arm presented; passed the left

hand into the womb; the head of the child lay in the right iliac fossæ, and the right shoulder was also pressed down in the same place; the face was anteriorly. The whole operation lasted about ten minutes, and was accomplished remarkably easily,—never made version so easily. The woman complained very much during version, and afterwards referred the pain to the *right side;* wanted to be laid on right side after operation. The mouth of the womb quite soft and dilatable; did not make any resistance; did not notice anything unusual only that it was done so easily; did not mistrust anything wrong; the womb was like a bag, and the parts so relaxed a person would have thought it might have come away itself, only there were no uterine contractions; child large—full term; it had a depression on the left side of the head; had been hæmorrhage when I got there; patient did not vomit when there; woman had a constant pain in abdomen."

A woman who was present says: "The doctor ordered the patient to lie on her hands and knees, because he wanted to use force. When the child was born to the arms, the patient was complaining very much; at this time the doctor had his hand within the patient; after the child was turned, force was used in pulling. The woman did not complain of anything extraordinary except when the *arms were born;* did not scream out suddenly at any time; the woman only complained of pain in the back before delivery, but afterwards of pain in the abdomen; in fact did not complain of pain in any particular place until after delivery, and then referred to the right side."

[It is proper for me to refer to the apparent discrepancies of the statements of the above parties. All the facts were obtained through an interpreter; translation may be at fault in some instances, from misconception of the shades of meaning, or of the questions. It would be natural for both midwife and doctor to make the case as favorable as possible to their own side, for fear of unpleasant consequences. All these things must be taken into account in making up a judgment in the case.]

Post-mortem by Dr. B., twenty-seven hours after death. Present, Drs Winne, Loomis and Nott. Abdomen only examined.

External appearances. Face pale; eyes dull and glazed; bloody froth issuing from mouth; abdomen very much bloated; some blood flowing from vagina; remains of distended veins on abdomen; cellular tissue infiltrated with gas; labia majora very much congested; dark rim of venous congestion at Poupart's ligament; mucous membrane of right labia majora torn at least an inch.

On opening the pelvic cavity, found the lower part filled with bloody serum; no marked peritoneal inflammation; lower part of external and internal oblique muscles of right side much gorged with blood; peritoneal coat of right ovarium deeply discolored—even black; bladder empty.

Found rupture of the uterus, extending from and involving os and neck, to right round ligament, through entire lower third of uterus—at least five inches long. There was no apparent thinning of the walls; edges, perhaps, a little softened, which might be due to remaining in the mass of blood, mucus, &c. The uterus was quite offensive and the bowels filled with offensive flatus.

It was the opinion of the medical men present, that rupture occurred at the time of turning, for the following, among other reasons:

Blood did not flow from vagina before turning; the woman did not complain of pain in right side before, but in the back or elsewhere; the child would have gone into the abdomen; turning is one of the causes of rupture of the uterus. There was no marked disproportion between the size of the head and the capacity of the pelvis; no apparent thinning of uterine walls. It was also the opinion that no blame could be charged to the medical attendant, as the accident might occur to any person.

The specimen was then presented to the association, and on motion, Dr. Butler was authorized to prepare it in a proper form for preservation, at the expense of the association.

Dr. FLINT, Jr. moved the consideration of the resolutions which were presented at the last meeting, which motion was seconded, *i. e.*:

Resolved, That the Association fully concurs in the sentiments expressed in the editorial article entitled "*Criminal Abortions*," in the Sept. number of the Buffalo Medical Journal, relative to its frequency and criminality.

Resolved, That a committee of three be appointed from this Association, to confer with the county and city authorities, as to the laws now existing, if properly enforced, and whether further legislation is necessary for the abolishment of this great and growing evil.

Resolved, That this committee invite the coöperation of the Medical Societies and Associations in this State, in any measure which may be deemed necessary and expedient to lessen these horrible offences against the morality of the community.

The above resolutions were then freely and feelingly discussed by nearly

all the members present, and on the question being put, were adopted unanimously.

The chair then appointed Drs. White, Wilcox and Flint, Jr., such committee.

The Association then adjourned.

AUSTIN FLINT, JR., M. D.,
Secretary.

ART. V.— *Mind and Matter: or Physiological Inquiries. In a Series of Essays intended to Illustrate the Mutual Relations of the Physical Organization and the Mental Faculties.* By Sir BENJAMIN BRODIE, Bart., D. C. L., Vice-President of the Royal Society. With Additional Notes, by an American EDITOR. New York: SAMUEL S. & WILLIAM WOOD, 389 Broadway. 1858.

We have few ornaments to the literature of our profession like the book before us. The dry detail of statistically established facts, are seldom relieved but by the verbose and entangled speculations of the merely theoretical enthusiast. Elegance of style, also, is little cultivated by medical writers, so that even authors of eminence are contented with a hasty and imperfect sketch of their vast experience, and more pleasing writers are apt to seduce us into false and untenable theories. It is most frequently our fortune to have the good presented to us with the disadvantages of an arid, curt, and frequently careless style, not unfrequently burdened with an enormous mass of cases which the statistical fever of the day has led some to consider absolutely necessary. Not that we would be understood as underrating the value of statistical inquiry, and as not appreciating the vast strides which medical science has made by means of the efforts of the great minds which have been turned to this mode of investigation: all this we admit, but it must also be admitted that the mind will tire of this "concentrated nourishment," and occasionally desire something which is pleasing as well as instructive. As the body needs repose, so does the mind; and the seductive avenues of thought opened to us by the distinguished author of this little volume refresh the intellect, like a sojourn among the hills and trees, removed from the active cares of life, and surrounded only by nature. No subject could have been better chosen than "*mind and matter*;" that which has the most of the incomprehensible and the beautiful; and by no one could it be more ably and pleasingly handled than by Sir Benjamin Brodie.

The graceful style of the author is admirably calculated to carry out the method of dialogue which has been adopted in this work. It is supposed to be series of familiar conversations between three friends, two of whom are visiting the other who has retired from active life to spend the rest of his days in the country.

"Ergates" at the end of the "London season," meets his friend Crites, who, just released from the duties of the bench, proposes to pay a visit to Ebulus, the mutual friend of their boyhood, who has retired from the active duties of an official position and gone to reside in the country, a hundred miles from the metropolis. Here the three friends indulge in scientific reflections suggested by their position and the things around them. The mind, with a discussion of some of its attributes, and the influence of education upon its character, form the subject of the first dialogue.

The occupations of men are so diverse, and habit renders every one so dependent for happiness upon the prosecution of his own pursuits, whatever they may be, and upon the attainment of his own ends, that unreflecting minds do not appreciate the labor of others. The mechanic often thinks the fee of the professional man too easily earned; all men regard a pittance as sufficient compensation for the literary man, as is sufficiently proven by his notorious poverty; and few appreciate that a few hours of close mental application are more exhausting than treble the amount of bodily exertion, unaccompanied by any great mental exercise.

These are facts which we can readily appreciate, and which are exemplified in the history of all men who have been subjected to severe mental exertion. We quote the author's instance of Lord Bacon.

"But at every step in the composition of his philosophical works, Lord Bacon had to think; and no one can be engaged in that which requires a sustained effort of thought, for more than a limited period of the twenty-four hours. Such an amount of that kind of occupation must have been quite sufficient, even for so powerful a mind as that of Lord Bacon. Mental relaxation after severe mental exertion, is not less agreeable than bodily repose after bodily labor. A few hours of *bonâ fide* mental labor daily, will exhaust the craving for active employment, and will leave the mind in a state in which the subsequent leisure (which is not necessarily mere idleness) will be as agreeable as it would have been irksome and painful otherwise."

This is undoubtedly true; the leisure after a severe mental tension has nothing of the *ennui* which is the invariable lot of an indolent man. After the mind has been actively and powerfully exerted even for a short time, the repose which follows is as delicious as rest after severe corporeal exer-

cise. The hard working man does not feel the necessity for the exciting amusement which is almost indispensable to the men whose only aim is to kill time. The soothing influence of the quiet of the country is frequently particularly refreshing to a mind habituated to severe exertion; while the unfortunate "man about town" cannot endure it unless enlivened by hunting, fishing, or some exciting occupation.

The thoughts of the author in regard to this subject are exceedingly correct and beautiful, and the examples by which they are illustrated, such as to impress the reader with their force.

"Sir Walter Scott," he says, "describes himself as having devoted about six hours daily to literary composition, and his mind was then in a state to enjoy some lighter pursuits afterwards. After his misfortunes, however, he allowed himself no relaxation, and there can be little doubt that this over-exertion contributed, as much as the moral suffering which he endured, to the production of the disease of the brain which ultimately caused his death. Sir David Wilkie found that he was exhausted if employed in his peculiar line of art for more than four or five hours daily."

But we must repress our inclination to follow this line of argument, and pass on to another branch of the subject. This is a consideration of deceptions and delusions. The author truly says, in speaking of the proneness of the world to be led into delusions,

"That a great extension of education and knowledge does not produce any corresponding improvement in this respect. Still, in the end, good sense prevails. Errors and deceptions last only for a time. Those which disgrace one age banish, and are succeeded by those which disgrace the next. But a truth once established remains undisputed, and society, on the whole, advances."

There is no subject which could be more interesting to us as medical men than this. We have been selected by Providence to feel the weight of nearly all the impositions which afflict the world. The horde of homœopathists, hydropathists, Thompsonians, natural bone setters, clairvoyants, spirit-rappers, *et id omne genus* which infest society, indicate to *us* most forcibly, the unbounded credulity of the masses. Still, as our author remarks, one deception only gives way to another; humbug is a many headed hydra, and the rapidity of their reproduction rather discourages us in our efforts to lop them off. We generally find that people who are devoted to one system of delusion, when they are deprived of that, do not come back to common sense, but lapse into another. Most of our spiritualists are homœopathists, or patrons of some other quack system. It seems, indeed, as if there were certain persons who *must* be deluded, and we are

not sure but that the wisest course for us to pursue would be to let them alone.

The first dialogue is here ended, and we are led in the second, by easy transition, to a discussion of the subject of natural theology, some of the offices of the nervous centres, and memory. Memory is one of the most curious and inexplicable phenomena of the mind. What change is it which takes place in the nervous centres, by which we are enabled to recall past events? That the intellect is seated in the cerebral hemispheres, there can be no doubt, and memory is certainly one of the most important attributes of the intellect. The phenomena which are presented in certain morbid conditions are exceedingly interesting. Memory is inseparably allied with all the other mental phenomena; and their natural operations being so little understood, it follows that deviation from healthy action are proportionally obscure; thus the subject of insanity, though deeply interesting, can be carried but to a certain point and no farther. The author relates some interesting instances of the effect upon the memory of blows on the head.

"A groom in the service of the Prince Regent was cleaning one of some horses sent as a present to his Royal Highness by the Shah of Persia. It was a vicious animal, and she kicked the groom on the head. The groom did not fall, nor was he at all stunned or insensible; but he entirely forgot what he had been doing at the moment when the blow was inflicted. There was an interval of time, as it were, blotted out of his recollection. Not being able to account for it, he supposed that he had been asleep, and said so to his fellow servants, observing at the same time "that he must set to work and clean the horse, which he had neglected to clean in consequence of his having fallen asleep."

Instances of this kind might be multiplied; they come under the observation of every physician, though not perhaps as strongly marked as the case just related. Prof. Hamilton, we recollect, was at one time making inquiries into this very matter, of persons who had been rendered insensible by injuries to the head. We believe that the result of his investigations never have been published, and can merely state from recollection some of the answers which he received. Most persons stated that they retained no impression of what occurred some seconds before the injury. For example, persons who have fallen from a height did not remember in what manner the accident occurred; and it is doubtless the fact that they would have remembered the circumstances if they had received no serious injury. Fevers, attacks of apoplexy, and some other disorders, occasionally produce curious effects upon the memory. A patient is referred to who lost the power of reading, after a attack of fever.

"Although in looking at a book he recognized the letters of the alphabet, he forgot what they spelled, and was under the necessity of learning again to read. Nevertheless, he knew his family and friends; and his judgment, when the facts were clear in his mind, was perfect."

This interesting subject is continued in the third dialogue: "The sequence and association of ideas;" "suggestion of ideas by internal causes acting on the brain by the nerves, or through the medium of the blood;" the influence of narcotics, morbid poisons, lithic acid, impure atmosphere, and other physical agents on the condition of the mind, are here discussed; the reflections of the opium eater; the sensations of the dyspeptic and gouty sensualist; the drunkard; the "Malay under the influence of the East Indian hemp," are depicted; but we are compelled to pass over this as well as many other interesting passages. These reflections lead again to "*illusions*." By the author's theory, supported by examples, we are able to account for some of the remarkable things which persons, credible in other matters, assert that they have actually seen; especially the idea that they are able to see and converse with departed friends. It is impossible, in some instances, to suppose that the narrators of these wonderful tales are attempting to deceive us, and our only theory is that they are themselves deceived. Instances are related by the author, which are not less marvelous than those soberly related to us by our most credulous and enthusiastic votaries of spiritualism. The following is one of the most remarkable instances of illusion, and what is as remarkable, the individual himself was convinced that it was an illusion.

"A gentleman, eighty years of age, had been for some time laboring under hypochondriasis, attended with some other indications of cerebral disease. On a cold day in winter, while at church, he had a fit which was considered to be apoplectic. He was taken home and bled, and recovered his consciousness, not being paralytic afterwards. He died, however, in a few days after the attack. During this interval, though having the perfect fect use of his mental faculties, he was haunted by the appearance of men and women, sometimes in one dress, sometimes in another, coming into and loitering in the room. They were so distinct that, at first, he always mistook them for relatives, and wondered that his family should have allowed such persons to intrude themselves upon him. But he soon, by a process of reasoning, corrected this error, and then talked of them as he would of the illusions of another person. You have probably read the history of Nicolai, the bookseller of Berlin, who was haunted by visions of persons coming into his apartment, sitting down, and even conversing with him and with each other, and this during a period of several months. He also was at first taken by surprise, believing the phantoms to be real objects; but was soon enabled to convince himself that they were not so. His recovery was attributed to an improved state of his bodily health."

With such instances as these, and numerous others upon record, is it remarkable then that persons should imagine that they have seen and conversed with absent friends, and receive as an explanation that their spirits had revisited the earth? These discussions, however, are profitless; it requires no argument to convince a physiologist that spiritual manifestations are illusions, though their study, in a psychological point of view, is interesting.

The rapidity with which events are presented to the mind, under certain circumstances, is exceedingly remarkable. This point does not escape comment in the volume before us. Under certain circumstances, particularly in drowning, the mind appears to take cognizance almost immediately of every act of a past life. The experience of Sir John Barrow, in this regard, is here quoted from his autobiography. When he was preserved from being drowned, he says:

"Every incident of his former life seemed to glance across his recollection in retrograde succession, not in mere outline, but the picture being filled with every minute and collateral feature, forming a kind of panoramic view of his entire existence, each act of it accompanied by a sense of right and wrong."

This is by no means an extraordinary experience, and it happened indeed to ourselves under the same circumstances. We were submerged for not more than a few seconds, and every act which we had been taught to consider wrong appeared in detail. This happened at the age of about twelve years, but we have now the most vivid recollection of our sensations at that time. Almost every one is struck with the rapidity with which a dream, the incidents of which would occupy an hour or so, to write down in detail, is conceived by the mind. We fall asleep, have a dream of great length, and on waking find that we have been asleep scarcely a moment. It happened to the late Lord Holland to have an opportunity of measuring the length of time in such a case.

"On an occasion, when he was much fatigued, while listening to a friend who was reading aloud, he fell asleep, and had a dream, the particulars of which would occupy him a quarter of an hour or longer to express in writing. After he awoke, he found that he remembered the beginning of one sentence, while he actually heard the latter part of the sentence immediately following it, so that probably the whole time during which he had slept did not occupy more than a few seconds."

Our author then considers intelligence and instinct, and thinks very correctly, as we conceive, that intelligence is not peculiar to man, nor instinct

to the lower animals. The conversations on this subject are exceedingly interesting and instructive, but we have not the space to give our readers a review of them, and must refer them to the volume itself.

We have now attained, and indeed, exceeded the limits within which we felt compelled to confine ourselves, but we cannot close our review without mentioning the subjects of the sixth and last dialogue. This is devoted to the science of human nature. In the study of human nature all are interested; here we have no distinction of profession or pursuits, we all wish to know our fellow-men. The greatest men of all ages have risen to their eminence by their knowledge of men, and our author says that the great instrument of advancement possessed by such men as Cromwell or Napoleon is,

"That he cannot have risen by his own exertions through the various grades which he has occupied in the course of his career, associating with others on equal terms, without acquiring an insight into men's minds and characters, which it would not have been possible for him to have acquired elsewhere. The unhappy Louis XVI, and Marie Antoinette, surrounded as they had been by the etiquette, and misled by the adulations of a Parisian Court, received their first lessons in human nature from the brutal frenzy of a revolutionary mob."

The dialogue closes with a familiar discussion of phrenology which we have not the space to follow.

It is rare, as we before remarked, to find a book like this, written by an eminent member of the profession; and we can justly be proud of this little work, which is as interesting to the general as to the professional reader, and which presents in the most seductive possible form, well established truths, which should be known by every enlightened man. Facts, and especially physiological facts, are not often presented to the general reader in a fascinating form; but here one would imagine that he was receiving instruction in a familiar talk with a brilliant conversationalist. Such is the book of which we have endeavored to give an idea in the preceding review, and as such we recommend it to be read by all, physicians and laymen.*

* This work is sent by mail by S. S. & W. Wood, 389 Broadway, New York, free of postage. Price $1.

ART. VI.—*A System of Humnn Anatomy, General and Special.* By ERASMUS WILSON, F. R. S., Author of "The Dissector's Manual," "A Treatise on Diseases of the Skin," etc., etc. A new and improved American, from an enlarged London edition. Edited by WILLIAM H. GOBRECHT, M. D., Professor of Anatomy in the Philadelphia College of Medicine; Fellow of the College of Physicians of Philadelphia, etc. With three hundred and ninety-seven Illustrations on Wood. Philadelphia: BLANCHARD & LEA. 1858.

With reverence we carefully take from our shelves our venerable copy of Wilson's Anatomy, the only one which has been spared to us, and which bears on its title page the date, 1847. The grimmed cover, changed from its original hue to a shining, greasy black, bears witness to the vicissitudes which it has experienced. The little shavings made by the scalpel, only relieve the venerable shade to which we have before referred. Honest old friend you have served us (and students without number) well, and you will now be permitted to pass the rest of your days in honorable retirement, "on the shelf," to make way for the production of 1858!

Wilson's Anatomy needs no praise. It is in the possession of nearly every doctor and student in the country, having been received here with more favor there any similar work. The last edition is brought out under the direction of Dr. Gobrecht of the Philadelphia College of Medicine. The illustrations have been increased from two hundred and thirty-three to three hundred and ninety-seven, the work itself having been revised and enlarged, containing the same number of pages, but of a larger size than before, and in smaller type. The mechanical execution is excellent, and we think superior to any of the editions before issued by the publishers.

ART. VII.—*Lectures on the Principles and Practice of Physic; delivered at King's College, London.* By THOMAS WATSON, M. D., Fellow of the Royal College of Physicians; late Physician to the Middlesex Hospital, and formerly Fellow of St. John's College, Cambridge. A new American from the last Revised and Enlarged English Edition. With Additions, by Dr. FRANCIS CONDIE, M. D., Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society, etc. etc. With one hundred and eighty-five Illustrations on Wood. Philadelphia: BLANCHARD & LEA. 1858.

We have just received from the publishers, the American reprint of the last English edition of "Watson's Practice." The English edition has just appeared, and has been hailed by the profession almost with enthusiasm.

We must certainly commend the enterprise of Messrs. Blanchard & Lea in being thus prompt in issuing the American reprint. This volume has been only lately received, but we notice it in advance of some which have been for some time on our table, on account of the opening of the sessions in Medical Schools. The importance to the student of a reliable and comprehensive work on Practice cannot be too highly estimated, and the progress of medical science is such that a work a few years old is necessarily imperfect in many respects. The lectures of Dr. Watson have been thoroughly revised and brought up to the present time. The additions are so extensive indeed, that in spite of a considerable enlargement in the size of the page, about two hundred pages of new matter have been added. The clearness and beauty of style which pervade this work, no less than the soundness of its teachings, have made it the most desirable text-book in the language; we do violence to our feelings of national pride in saying this, but it is our conviction, that, as yet, our country has produced no work on the Practice of Medicine equal to the one before us. The American editor has added a number of illustrations to this edition, with which long acquaintance has made us tolerably familliar. These may be of some value, but we must own that we are weary of seeing the same cuts turning up in every available place, in the publications of this country. The mechanical execution, however, is excellent, and the new edition is indispensable to the library of every physician.

An Inaugural Dissertation on Strychnia; presented to the Medical Faculty of McGill College, May 1st, 1858, prior to receiving the Degree of Doctor of Medicine and Surgery. By ALEXANDER P. REID, Montreal.

The pamphlet before us is an elaborate account of strychnia, considered in all its chemical, physiological and toxicological relations. The chemical investigations in regard to this substance, are extremely elaborate, and, to all appearances, reliable, showing an industry and talent which we should hardly expect in so young an investigator. We regret that we have not the time and space to notice it more particularly.

ART. VIII.—*Report of Mortality in Buffalo for the Month of Sept.*, 1858. By H. D. Garvin, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Abcess,	1		1	
Accidental,	8	7	1	
Apoplexy,	1	1		
Cancer of Stomach,	1		1	
Cerebral Disease,	1	1		
Chicken Pox,	1	1		
Cholera Infantum,	49	27	16	6
Congestion of Brain,	3	3		
" " Lungs,	2	2		
Convulsions,	10	4	3	3
Croup,	1	1		
Delirium Tremens,	3	3		
Diarrhœa,	30	16	10	4
Dysentery,	27	17	7	3
Enteritis,	1		1	
Erysipelas,	1	1		
Fever, Typhoid,	8	2	6	
" Typhus,	1	1		
" Puerperal,	1		1	
" Remittent,	1		1	
" Nervous,	1		1	
Hooping Cough,	5	4	1	
Hepatic Disease,	1	1		
Hydrocephalus,	5	4	1	
Intemperance,	2	1	1	
Jaundice,	1		1	
Marasmus,	20	11	6	3
Meningitis,	1		1	
Old Age,	3	2	1	
Paralysis,	1	1		
Peripneumonia Notha,	1		1	
Peritonitis,	2	2		
Phthisis Pulmonalis,	26	12	10	4
Premature Birth,	1	1		
Pulmonary Apoplexy,	1	1		
Still Born,	9	4	3	2
Scrofula,	2	1	1	
Tabes Mesenterica,	1	1		
Teething,	2	1	1	
Typhoid Dysentery,	1		1	
Tpyhus Abd.,	4		1	
Uterine Disease,	2		2	
Unknown,	16			
Total,	256			

SEXES.

Males,	134
Females,	81
Sex not given,	25
Total,	256

AGES.

Still-born,	9	Between 20 years and 30 years,	15
1 day,	0	" 30 " " 40 "	21
1 day and 30 days,	15	" 40 " " 50 "	9
Between 1 month and 6 months,	38	" 50 " " 60 "	7
" 6 months and 12 "	37	" 60 " " 70 "	4
" 1 year " 3 years,	60	" 70 " " 80 "	2
" 3 " " 5 "	9	" 80 " " 90 "	1
" 5 " " 10 "	10	" 90 " " 100 "	0
" 10 " " 20 "	4	" 100 "	0
	182		59
Ages not given,	14		241
Total,	256		

NATIVITIES.

American,	192	Prussian,	0
German,	27	Italian,	0
Irish,	18	French,	1
English,	3	Scotch,	0
Canadian,	2	Switzerland,	0
Wales,	0	Country not given,	13
Total,			256

Physiology, Pathology and Therapeutics of Muscular Exercise. A Paper read before the Cook County Medical Society, and Published at their Request. By W. H. Byford, M. D., Professor of Obstetrics and Diseases of Women and Children in Rush Medical College.

The above is a well written paper of twenty-six pages, in which muscular exercise is considered in the points of view indicated by the title. The subject is discussed in an able and satisfactory manner, and it is shown that this means of treatment in disease is of great importance. The well as well as the sick, should give attention to muscular exercise; for every one knows that a want of attention to this point is the cause of many of the chronic ailments which we are called upon to treat. We are glad to see the attention of the profession directed particularly to this subject, and hope that the practice of taking muscular exercise into account in the treatment of disease may become more general.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Suture of the Extensor Tendons of the Fingers, with a Case of Cure by this Treatment. By M. Mourgue.

Suture of the small tendons, like the extensors and flexors of the fingers, is a triumph of modern surgery; and the happy results which have followed its use have given it a place among legitimate operations. The case of M. Mourgue adds another instance of success to those already recorded.

Case. A maker of wooden shoes received on the back of his left hand, on the 10th of December, a blow of a hatchet, which divided the extensor tendons of the fore and middle finger at the metacarpo-phalangian joint. The lower ends presented at the wound, but the upper were retracted beneath the skin to the extent of nearly an inch. An incision carried up to the ends of the retracted tendons, allowed them to be seized by forceps and pierced by a needle armed with a waxed thread; this needle was then passed through the corresponding ends of the tendons below, and they were thus brought into contact with those above, and tied. The external wound was also closed with sutures. The hand was extended on a wide, flat splint, and the wound covered with a linen bandage spread with cerate, and compresses wet with cold water.

12th. There is considerable swelling of the wrist and great redness; it is necessary to remove the sutures from the wound. In a few days, the inflammation subsided.

20th. The wound, which is open, but free from redness and inflammation, is in good condition. The edges were brought together with sticking-plaster.

The ligatures of the tendons came away on the 24th and 26th; the external wounds cicatrized at once. On the 8th of January, the splint was dispensed with.

Jan. 22d. The man has resumed his work, the fingers having gradually recovered their strength and mobility, and having complete power of extension and flexion. In a word, the suture of the extensor tendons has been attended with all the success which could be desired.—*Gazette Médicale*, from *Boston Med. and Surg. Journal.*

How to render Cow's Milk a more Suitable Food for Children. By Dr. GUMPRECHT, of Hamburgh.

Dr. Gumprecht prefaces his observations by remarking upon the fact that milk often disagrees with children, producing indigestion, acidity, flatulence, colic, diarrhœa, &c. &c. In consequence of this, it has been proposed to improve it by the addition of water and sugar of milk, which experience has proved to have imperfectly attained the object in view. Reflecting on the effect of salt in rendering the food for adults not only more palatable, but also more digestible, increasing the activity of the glands of digestion, and rendering the albuminous substance and fat soluble in the fluids of the stomach, Dr. Gumprecht was led to the idea of adding salt to milk, both for weaned and older children, with the result of not only preventing the derangement of digestion, but moreover of removing them in cases where they previously existed. No author who has written on the nutriment of weaned children has spoken of this most useful addition to milk; but a Dutch physician mentioned to Dr. Gumprecht, in conversation, that in his practice in Holland he had frequently added a little salt to milk for weaned children with most satisfactory consequences.

In the rural districts of Holland, salt is frequently added to the fodder for pigs and cattle, for the purpose of preventing diarrhœa, which so often exists in consequence of imperfect digestion, and this suggested the adding salt to milk, not merely for healthy children, but for strumous children and such as are affected with worms. Dr. Gumprecht quotes a passage from L. Nussdorff's "Lehrbuch der Gesundheitspflege," 1856, on the importance of salt in the nutriment of man and animals.

With regard to the quantity of salt which should be added to the milk, it must depend on the age of the child. To render cows' milk like human milk, it should be boiled and skimmed, and a little sugar of milk and salt added.—*Journal für Kinderkrankheiten*, and *Dublin Hospital Gaz.*, from *Ranking's Abstract of Med. Sciences.*

Painless Caustic.—M. Picdagnel, after various trials, has succeeded in producing a caustic that may be employed, causing little or no pain. It is formed of three parts of the Vienna caustic in powder and one part of hydrochlorate of morphia, intimately mixed together, and then made into a thick paste by means of chloroform, alcohol, or water. It is applied to the skin on diachylon. A black eschar is produced in fifteen minutes, increasing in thickness with the duration of the application. The morphia mixed in the same proportions with powdered cantharides, prevents pain during the raising of a blister. M. Picdagnel, who at present has only used this means for the production of issues and blisters, states that the action of the morphia is merely local.—*Gaz. de Hop.*

Variations of the Color of Venous Blood. By Prof. CLAUDE BERNARD.

From the period of the discovery of the circulation, two descriptions of blood have been recognized; the one red or arterial, the other black or venous; and so characteristic has this difference in color of the arterial and venous blood been considered, that it has served since the time of Bichat for the anatomical division of the circulatory organs. The facts now about to be mentioned will prove that henceforth we cannot regard as synonyms the terms venous and black blood; some venous blood being found, in the normal condition, as red as arterial, and even sometimes red and sometimes black. But what will most interest the physiologist is to learn that these variations in the color of venous blood correspond to different determinate functional conditions of the organs.

As long since as 1845, M. Bernard, while experimenting upon dogs on the eliminatory power of the kidney, was surprised at finding that the blood which left that organ by the vein was as red as that which entered it by the artery. Latterly, he has resumed the investigation of the subject at the College of France. The same phenomenon that had formerly been observed in the dog presented itself in the rabbit, and the red blood of the renal veins arriving and visibly mingling with the black blood of the vena cava inferior. The lumbar veins, on the other hand, discharged black blood very near the renal veins, as did also a small muscular vein which opened into the left renal vein. On multiplying the experiments, and varying the condition of the observation, it was soon found that the usual red color of the blood of the renal vein might change in shade, and under the influence of certain circumstances, become completely black. Thus, contradiction would take place if we we were contented with the announcement of a single observation. This may unfortunately be almost always the case in physiology, when we fail to distinguish amidst such complex phenomena, the eminently variable conditions which every living organism presents.

Having exhibited the two possible appearances of the blood of the renal veins, the next point was to examine what relation they held to the performance of the function of the kidney. To this end there was placed in the ureter a small silver tube, by which the urine was observed to flow drop by drop, almost continuously, as it is known to do. It was then found that the blood of the renal vein, as well as the tissue of the kidney, continued completely red as long as the urine flowed abundantly by the tube; but that this flow ceased to take place under the influence of circumstances which, while they rendered the blood of the renal vein black, gave at the same time a bluish tint to the kidney itself. Hence it would seem that the red color of the blood of the renal vein was referable to the functional activity of the kidney, and its black color to the condition of repose or cessation of function. Moreover, it was found that the reaction of the urine excited no influence on the phenomenon; the blood of the renal vein being alike red in the dog with acid urine and in the rabbit whose urine is alkaline during digestion and acid after twenty-four or thirty-six hours of abstinence.

Without enumerating the various influences that are capable of disturbing the secretion of the urine, and leading to a change in the color of the blood of the renal vein, the author contents himself with adverting to the perturbation that may ensue from the mode of operating. If it be desired

to observe the red color of the venous blood, the abdomen must not be largely opened and the intestines displaced, for then suppression of urine will almost immediately ensue, and the blood in the vein will often become as black as that of the vena cava. A small opening should be made in the lumbar region, and especially on the left side, the left renal vein being more easily exposed in consequence of its greater length. Through the same wound the ureter may afterwards be isolated, so as to introduce the silver tube, in order to make certain whether during the observation the function of the kidney continues to be carried on or not.

From what has been said it clearly results that the blood of this vein, presenting habitually a red color in connection with the formation of urine, which is almost continuous, does not correspond with the definition of venous blood already given. The first question that presents itself to the mind is extended to the secretory organs, whose functions is, in like manner, the separation of a special organic fluid in their tissue. The submaxillary gland of the dog offers great facilities by its superficial and isolated position for the investigation of this point; the numerous anatomical varieties which its vein exhibits in nowise interfering with the observation of the physiological phenomena. In the first experiment, the blood it contained was found as completely black as the darkest venous blood; but this arose from the fact of the secretion by the gland, which is intermittent, not then being active. When, however, some drops of vinegar were instilled into the mouth of the animal, which by its reflex action induced the secretory activity of the gland, the blood gradually but rapidly exchanged the black for the red color, the black color being again restored when the secretion had ceased. In order to render the interpretation of the phenomenon yet more positive, a small silver tube was introduced into the exposed excretory canal of the gland, and the nervous Branch of the lingual nerve going to the gland was isolated. It was then found that as long as the organ remained in repose nothing passed by the tube, and black blood passed through the vein; while, whenever the nerve of the gland was excited by galvanism, and secretion was produced, the color of the blood became red, regaining its black color when the secretion was arrested after the cessation of the stimulation. The trial was made several times and with similar results. There was always an interval of some seconds elapsed between the production of the cessation of the stimulus and the changes of color in the blood, as if the gland required a short period for the discharge of the blood it already contained. Moreover, it was observed that the blood flowed always more abundantly when red, that is, during the state of functional activity of the organ, than when black, the organs being then in a state of repose.

These two series of results obtained from the kidney and the submaxillary gland certainly do not constitute isolated facts; and the same observation should doubtless be extended to other glands. The investigations as yet made by the author on the parotid and on the glands of the alimentary canal have furnished similar general results; but the study of the subject will only be complete when each particular gland shall have been experimented on.

"It results from the facts now stated, that in the physiological condition we may still designate arterial blood as the red blood, the appellation of black blood cannot in this general manner be conferred on venous blood. We have seen, in fact, that the venous blood may be found red or black in

secretory organs, accordingly as these are observed in a state of activity or repose. This consideration of the activity and repose of the organ, which correspond in some degree to its statical and dynamical conditions, appears to me to be an important point for introduction into the chemical and physiological study of the blood. In fact, it is not alone by its color that the venous blood of an organ at rest differs from the venous blood of an organ in activity; but it presents also other important differential characters, which must depend upon a profound difference of the chemical constitution. Thus the venous blood of the kidney performing its function, which is red, is more diffluent, and sometimes even presents no coagulum; while the blood of the same vein, when the kidney has ceased to act, becomes black, and presents a consistent coagulum, etc. Without doubt physiologists and chemists have already learned that venous blood cannot, like arterial blood, be everywhere regarded as identical, and that it is necessary to analyze the venous blood of each organ in particular; but what, I believe, has never yet been stated, and which, nevertheless, seems to me indispensably necessary to be henceforth considered, if we desire that chemical analyzes should prove as useful as possible to physiology, is the separate and comparative examination of the composition of the venous blood of the same organ when in repose and in activity. From what has been stated above, we may predict that there will be often found greater differences between the two bloods of the same organ in the state of activity and of repose than between the corresponding bloods of two different organs. This point of view is not solely applicable to glands, but should be extended to all the organs of the body, the venous blood of which will not have to be studied under these two conditions. We may in some measure characterize each tissue by the very different modifications its functional activity impresses on the blood that traverses it. Thus, if the blood quits glands when active reddened, it leaves a muscle that contracts, with a very black color, and different physical characters. The mechanism of these different colorations of the blood will necessarily receive its explanation through ulterior chemical analyses, of which we are only at present desirous of indicating the physiological conditions. We will conclude with the remark, that all these modifications which supervene in the blood as a consequence of the functional activity of organs are always determined by the nervous system. It is consequently at this point of contest between the organic tissues and the blood that we must acquire our ideas of the special part played by the nervous system in the physico-chemical phenomena of life. The development of the facts which relate to this point of general physiology will form the subject of an early communication."—*Med. Times and Gaz.*, Feb. 27, 1858, from *Comptes Rendus*, tom. xivi. pp. 159—165.

On the Properties and Uses of the Red Blood and of the Dark Blood.—Dr. BROWN-SEQUARD communicates several observations which strengthen him in the view that blood charged with oxygen, whether arterial or venous, has the power of reëstablishing the vital properties of the contractile and nervous tissues, when applied within a certain space of time, after they have lost these properties. After having repeated Sir Astley Cooper's

experiments, that animals die from asphyxia, when circulation is stopped in the four encephalic arteries, and that they recover almost immediately if the circulation is quickly re-established—Brown Séquard ascertained that if the circulation takes place again a few minutes after the last respiratory movements had ceased, life does not re-appear. But the red blood then still possesses the power of re-establishing life, as insufflation of the lungs causes energenic movements of the limbs, while the head remains at rest as long as the pressure on the arteries continues; but as soon as the latter is removed, the encephalon resumes its functions, and the animal may be restored to full life, even fifteen minutes after the commencement of the compression. The same author found, also, that in heads separated from the trunk, injections of red blood—*i. e.*, blood charged with oxygen—may reproduce the actions of the encephalon (respiratory movements of the face, movements of the eyes, &c.) Further experiments have shown, 1. That the presence of fibrin in the blood is not necessary for this effect; 2. That serum alone does not possess this power; 3. That the blood richest in oxygen and globules does possess it in the highest degree—the globules acting probably only as bearers of oxygen. Another series of experiments regarding the properties of red and black blood, leads Brown-Séquard to the inference, that the red blood increases the vital properties by nourishing the tissues, but that it is incapable of making these properties appear by stimulating them; that the black blood is an energetic stimulant of the nervous centres, and also, but in a less degree, of the nerves and contractile tissues, but that it does not possess—or at least only in a small degree—the power of maintaining or regenerating the vital properties.—*B. and F. Med.-Chirurg. Rev.*, Jan. 1858, from *Compt. Rendus*, Oct. 19, 1857.

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*Doctors and Quacks.**—A clever and pungent writer, who in the Saturday Review often hits the right nail pretty sharply on the head, has lately told us a word or two of his mind about "doctors and quacks." We call attention to what he has written on this topic, because his opinion on medicine and its practitioners seem to us to represent indifferently well the opinions of many of the best informed and most reasonable of the non-professional public on these matters. There is, it is imposible to deny the fact, some truth mixed with a large share of fallacy in these opinions; and we would gladly, therefore, endeavor, while admitting what is true, to explain to candid minds wherein lie the errors of the conclusions which are there accepted as undeniable facts.

The writer tells us that the languor exhibited by parliament on matters connected with medical reform is not attributable solely to the difficulty of reconciling conflicting interests. There is a feeling pretty widely distributed, he asserts, among the public, and extensively felt even in the house of commons, that the sick get well when not treated "according to received rule;" and there is a fear lest these reform bills should be used "to annoy every

*The spirited editorial of our *confrère* of the London Medical Times and Gazette finds a happy application in our western world, and deserves the reader's attention.—*Ed. Virginia Med. Jour.*

one who is suspected of disaffection to the creeds and symbols of the drug dispenser."

The great fault of doctors, he goes on to say, is this, that they ignore contemptuously all new plans of treatment, and all systems of medicine which do not square with their idea and standard of orthodoxy; but what is the use of this? "Almost every body in private society has of late years had friends who left them sinking under disease to make trial of some of the tabooed systems, and then returned in ruddy health; and yet so strong are known to be the prejudices of medical men that it is thought hardly civil to mention a case of the kind in their presence." And when doctors allude to these systems, it is only to ridicule them, or to vilify and vituperate their authors; they never condescend to examine and investigate the truth or fallacy of them, like honest observers. "The English medical profession includes knowledge of the highest, and talent of the most various kind;" and yet their abuse is like that of theologians in by-gone days "when theologians were not as meek and peaceable as, of course, they are at present. The medical press is the most scurrilous in England, and its personalities reduce to insignificance the gentler venom of religious journalism," writes the Saturday Review!

"It is not, however, of the physician that the public can complain; as usual, it is the democracy of the profession, the body of general practioners, which is really and sternly exclusive."

Now, when we plainly and honestly endeavor to explain the injustice and fallacy of these accusations, we are always most unfairly stopped by that unanswerable tu quoque rejoinder, "Ay! you deny all this, of course—it don't suit your book to admit it; it's contrary to your creed; we know the value of your arguings and facts before you utter them. What you have to say is the old tale all over again." And the actual truth is, that we are compelled to repeat the old tale over and over again, and simply for this reason, that the old tale is a true, honest, and scientific representation of the facts it has to deal with. Time, which squares all anomalies, will one day do us justice; and, in the mean time, all that remains for us is to lay the honest bare truth of this matter, as we know it, before the world, trusting and believing that there are some candid and discriminating minds, who are able to appreciate the difficulties and yet recognize the solidity of our position, when it is pointed out to them.

Let us then argue these points calmly, and as rational beings should address each other. Don't let us commence the argument by accusing each other of scurrility, for example; for by so doing we only convict ourselves of being in possession of the beam, which we think we see in our neighbor's eye. Let us honestly endeavor to find out the causes which provoke so many of the world to express their dissatisfaction with medicine as it is, and to fly into the open arms of quackery. By so doing we shall be enabled to answer the question you ask; What is the definition of a quack? And we shall also, perchance, ascertain at whose account lies the blame of all these evils.

Now there are, as we see the matter, two distinct provoking causes, acting in different directions, which have brought so many of the world to this dislike and positive distrust of the medical profession, and have induced so many to carry on a war of proselytism against it.

One cause is to be found in the conduct of the medical profession itself; with the other, the public is distinctly chargeable. Let us now, first of all, contemplate the conduct of those who cast these stones at our profession: let us see if it is consistent with common sense and common wisdom. You admit, "that a man must be a fool who does not wish that his medical attendant should have as much as possible of the knowledge, skill and powers of observation which constitute the superiority of a Brodie, a Holland, a Clark, or a Watson. But, you add, "when we come to strictly curative methods and appliances, the feeling is visibly different." Now, what does this mean, if it have any sense but this: that the deeper a man is grounded in a scientific knowledge of his profession, the less you, the public, judge him to be capable of practicing it. Yes! you, the voice of the public wisdom, accept this manifest absurdity. And when you speak of the thoughts and sentiments of the public and of the house of commons, did it never occur to you to ask yourself the worth and value of the thoughts and sentiments of those bodies about the question in hand? Did it never strike you that the public may be possibly a very ill judge of the matters it has taken upon itself to decide? Have you forgotten that you are dealing with a subject on which, as far as the public is concerned, men's faith, rather than their reason, is brought into exercise; and have you not the proofs lying all broadcast about you, how grossly superstitious this said public never misses an opportunity of proving itself to be?—ay! and the learned, the educated, the high-placed public too? Witness its million antics in every age; and in our own, think of metallic tractors, St. John Long, mesmerism, clairvoyance, spirit-rapping, homœopathy, table-turning, and the other thousand and one mad follies of the day. What made Michael Farraday boldly tell you, the educated public of the land, that poor education was defective, but this very fact, that he found, when the hour of trial came, you succumbed; that your minds were not strengthened by that knowledge of physical science which would enable you to avoid the degradation of being drawn into the vortex of every passing folly of the day.

And if you want an unanswerable proof of the ignorance and superstition of that public which pretends to be our judges, of its amazing credulity, look at the broadsides of seven-eighths of the newspapers of this country! You, the journalists of the country, accuse us of scurrility! You are angry with us for telling the truth, because we denounce, in no courtly terms, the bestialities which, as advertisements, disgrace and disfigure your journals. You know that the shameful trade of torture and robbery carried on by quackery, through the aid of the press, is the main support of half the journals of this country. Advertisements figure on those journals which you would not permit your wife or child to read; and yet, ponder it well, those filthy things keep your journals alive. One advertising firm alone, we have heard it credibly asserted—one firm alone of that class in this metropolis spends from £12,000 to £15,000 a year upon your journals!* You ask for a definition of quackery, and we tell you to read the advertisements on the back of your journals, and you will see one and the worst part of it

*Of course we gladly acknowledge that there are journals who do not thus prostitute their pages, but these are only the "rari nantes." The truth remains unanswerable, that the large body of the press of this country is perverted to this most unholy business.

depicted there. In the face of such abominations as these, can you expect a man who knows their meaning, and their purport, and their effects, to be nice and genteel and mealy-mouthed in his language? And can you be surprised if we wish to dissociate ourselves as utterly as possible from all connection with the authors of those advertisements? Why should not our colleges and universities have the power, equally as the bar, and as the army, and as the church, of ridding the profession of (or persecuting, as you call it) a member who had disgraced it. Let him carry on his trade if he choose, but not under the sanction of an honorable title.

Thus it is, then: you, the public, who spend millions a year in the encouragement of this foul and manifest deceit and quackery; you, the governing body of the country, who give the stamp of your approbation to every nostrum that desires it—you pretend to be the judges between the medical profession and quackery! Are you just, reasonable, or even honest.

When you accuse the profession of not explaining or admitting the wonderful cures and recoveries which are continually taking place outside the profession, you are accusing them of intangible crimes. An explanation of such cases, whenever their whole history can be got at, which would satisfy a scientific physician, would be incomprehensible to the public mind, especially when that mind is already made up—when the faith has preceded the reason of the thing. You know well enough, that in all these cases, you ask us for explanations, not for the sake of getting at the truth, but simply to glorify your disease-curer; you know well enough, that before we open our mouths your mind is irrevocably made up on the subject. However, we would like under this head, to ask one question of those who throw these wonderful cures in our teeth—is it, or is it not true, that ninety-nine hundredths of the real diseases of the people of this country are treated by the medical profession, and that such diseases, so treated, if not cured by their medical skill, remain, and are incapable of cure? Why should these miraculous cures you speak of, if really true ones, be instanced only in some few cases striking to you and yet intangible to us? Why not prove the truth of your conjurer's position, by getting him to cure, not one, but a whole class of diseases, which we confess and admit to be beyond the reach of our skill?

The real fact is that you—the public—are not only, as we have proved by your doings, incapable of judging in this matter, but you are, moreover, unable and unwilling to hear and admit the honest truth, when it is honestly told you. Let a physician tell his patient the clear truth, the truth such as a long and arduous study of scientific medicine justifies him in telling—as, for example, that his patient's disease is of a nature which is little amenable to any mere ordinary medical agencies, or that it is incurable; let him do so, and he will, in all probability, never see the patient again. Let the patient be told the same thing by half a dozen equally skilled observers, and yet he will remain unsatisfied, and is almost certain to find his way into the hands of the most ignorant advertising empiric, who will promise him all he desires, and of course falsely promise him. The profession meet with these cases every day of their lives; but you—the public—hear nothing of the failures. One happy hit will make the fortune of a quack—a thousand failures do him no harm with the public; the one is widely bruited to the world, the others are buried with the bones of the patients. The public are most unreasonable; they expect, on all occasions, from the medi-

cal art and from medical skill what neither the one nor the other can on all occasions accomplish for them; they are impatient if told that they cannot be so readily rid of their ailments; and then they rush to where they can be gratified by the sounds of delusive promises. They love this deception, and herein lies the exact difference between medicine and quackery —the one promises what it can perform, the other what it cannot. It is an unholy impatience of bearing the necessary ills which "flesh is heir to," that makes so many deride true medicine, and fly to the delusions of knavery.

We have spoken now but one phasis of quackery—of that disreputable advertising division of it of which you yourself, I will suppose, do not undertake the patronage; which you as reputable journalists do not even permit to gain reputation through your columns, and which, therefore, as the higher portion of the press, you stamp as disgraceful. And now we ask you to explain this glaring anomaly; that you pass over in silence this monster evil, which you know and admit is degrading the minds and injuring the bodies of thousands of your countrymen, which is yearly fed by millions of the money of the ignorant—that you have no word of reprobation to say to those of your fellow journalists who live by and promote this evil, but save all your anger, and pour out your ill-will, upon a body of men who have received a deeply-scientific education, and who, in honor, indignantly exclaim against the abominations which their knowledge forces them to loathe. You act thus, and then call us bigoted, and proclaim yourselves the fit and proper judges of the value of the scientific knowledge of a medical man!

Pneumonia, treated with Quinia, with Illustrative Cases. By O. C. Gibbs, Frewsburg, Chautauque Co., N. Y.

In almost every disease it is not difficult to find good authority for divers to and even conflicting plans of treatment. It is certainly more respectful the opinions of others, if not more just, to suppose that each of such authorities may be right in their observations. It is more than probable that the varying causatives of disease, remote and immediate, develop varying grades of the same disease, or of the same pathological lesions. Climate, seasons, isothermal relations, epidemic and endemic influences, all exert varying influences upon diseased action, which, in the treatment of disease, it is all-important to heed. He who gives a cathartic at the outset of every case of fever, does so blindly and without cause; the same may be said of him who bleeds and gives antimony in every case of pneumonia, and the latter, in some seasons and localities, will certainly have no reason to boast of his success.

The above remarks were suggested on reviewing the cases of pneumonia that came under my observation for treatment during last winter and spring. From the first of November to the first of May last, I treated about thirty cases of pneumonia, none of which terminated fatally, and, with the exception of two, all were discharged cured in less than ten days from the date of first prescription. The first of these exceptional cases, was a gentleman, aged eighty-six years; the other that of a child of six years, with a congenital

malformation of the heart, in which lung inflammation was developed in the course of a severe hooping cough. None of the thirty cases were bled, except two, which were seen in consultation, which bleeding, in both cases, was performed prior to consultation; a few only had antimony, by my order, and then in small doses, and during the first and second days; all had sulphate of quinine, and, in every instance, with the effect of lessening the frequency of the pulse, promoting perspiration, and loosening the cough.

Professor Austin Flint, of Buffalo, has, for some time, been treating pneumonia with stimulants; but it is due to myself to say that my prescriptions were made more in reference to present conditions than to precedent. I can better illustrate my plan of treatment and its results by cases than otherwise.

Case I. November 8, 1857, I was called to see Mrs. W——, aged about thirty-five years, of nervous temperament and feeble constitution, in consultation with Dr. Hollister. She had been under treatment about a week; she had had a calomel cathartic, which was followed by antimony, in such doses as the stomach would bear, and alterative doses of mercurials. At the time of my visit, she had a pulse 120 per minute, and easily compressible; her cheeks were flushed to nearly a purple color, but alternated with a deathly palor; cough was dry and expectoration difficult. It is needless to detail the symptoms, general and physical, suffice it to say, that the case was evidently one of pneumonia involving the left lung.

I advised powders, containing each two grains of sulphate of quinia and five of Dover's powders, to be given every four hours, and teaspoonful doses of a mixture, composed of equal parts of syrup of ipecacuanha and paragoric, to be given every four hours, commencing two hours after the administration of the first powder, A blister was ordered over the affected side. Dr. Hollister objected to the quinine, but, as I urged it, he gave way on my agreeing to assume the responsibility of the issue. At the urgent request of friends, I agreed to see the case on the second succeeding day. At that visit I found the skin moist, the cough loose and expectoration easy, tongue beginning to clean, the pulse reduced to 80, the pain in the side much mitigated, and the patient in every respect improved. The quinia and Dover's powders were ordered to be continued, and a decoction of senega with iodide of potassium was ordered instead of the syrup of ipecacuanha and paragoric. The patient recovered rapidly, and was discharged by the attending physician six days after this date.

Case II. December 11th, 1857, I was called to see Mr. M——, aged forty-five years, in consultation with Dr. Hollister of Corridon. On examination, I found the patient had pneumonia, involving nearly the whole of the right lung. He had been sick about eight days; he had been bled, had a calomel cathartic, and antimony had been pushed to the fullest extent the system would tolerate. The pulse was 130 per minute and very feeble; the tongue was swollen so as to retain the impressions of the teeth, and was covered with a smooth white fur overlaying its borders. Aphthæ occurred about the mouth and fauces, inclining the patient to the opinion that he had been injured by the administration of calomel. The cough was dry and grated harshly upon the ear. In consultation, the attending physician said that he had given antimony liberally, but he could not subdue the harsh cough, and produce expectoration. I thought he had given altogether too much, for, to me, it seemed as though the patient was prostrated nearly to

the point where secretions are arrested. I ordered powders, containing three grains of quinine and six of Dover's powders, one to be given every four hours; also decoction of the senega and brandy sling, every four hours, with the addition of a few drops of laudanum, if the Dover's powders should not be sufficient to quiet all pain. A blister was also ordered to the affected side, but not to be applied until the patient was fairly under the influence of the opiate. At the earnest request the of attending physician and patient's friends, I saw the case on the second succeeding day. At this visit, I found the pain about the chest nearly gone, the cough was loose and expectoration easy, the skin was moist, the tongue had fairly begun to clean, and the pulse was reduced to 80: in a word, the patient was every way better, and freely expressed his satisfaction with the result of treatment and the prospect of recovery. I advised a continuance of the quinine and Dover's powders, and added the iodide of potassium to the senega—the brandy was continued. I saw no more of the patient, but was informed that his recovery was speedy and satisfactory; in fact, his improvement was so decided that he would allow his attending physician to make no change in my last prescription.

Case III. May 15th, 1858, I was called to see Mr. S——, aged about twenty years, in consultation with Dr. Smith, of Kennedyville. The patient had been ill about a week, of pluro-pneumonia; had been bled freely, been blistered, had a calomel cathartic, succeeded by alterative doses of mercury, and from the first, had antimony liberally.

The pulse was 130, skin dry, tongue clean, smooth, dry, cracked, and bleeding, and the teeth was covered with dark sordes. I advised quinine and Dover's powders in combination, three grains of the former and five of the latter, to be administered every four hours, two grains of iodide of potassium indecoction of senega, every eight hours, and fifteen drops of balsam of copavia, also every eight hours. Dr. Smith objected to the quinine, as an unheard of innovation, and altogether hazardous in the treatment of a local inflammation. I urged the point, and predicted death without it or an efficient substitute. He consented to adopt my suggestion, with the privilege of discontinuing should the pulse increase in frequency. At the request of attending physician and patient's friends, I engaged to see the patient again on the second succeeding day. At that visit the pulse was 85, tongue and skin moist, and the patient in every way improved. The treatment was ordered continued. I saw no more of the case, but was informed that the recovery was speedy and perfect.

In the cases above, it may be said that quinine treatment was brought to bear only after the inflammation had been subdued by bleeding, antimony, and mercurials, and that the treatment thus instituted, at the end of the first week, would have been decidedly injudicious at the outset. My experience inclines me to the opinion, that in the cases given above, the early treatment only increased the danger to life, and protracted the recovery. in my first cases, quinine and opium was only brought to bear upon the second or third day; but subsequently this treatment was only preceded by a cathartic. In every case, the frequency of the pulse became less immediately after commencing with the quinine. One or two cases will illustrate the treatment and its results.

Case IV. March 2d, 1858, was called to see a lad about twelve years old. He had had a chill the day before, had now flushed cheeks, head-

ache, pain in the right side, cough, &c. After a careful examination, the case was diagnosed as one of pneumonia, involving the lower half of the right lung. A cathartic of hydrargyrum cum creta and rhubarb was ordered, to be followed by epsom salts sufficient to secure a free catharsis. This was to be followed by three grains of Dover's powders every four hours, and small doses (about one-twelfth of a grain) of antimony, in a solution of citrate of potash, every four hours.

On the next day, the symptoms were much the same. The sputa was decidedly rust-colored, the pain in head and side was less, the pulse was softer, but retained its former frequency. I now ordered a blister to the affected side, added one and one-half grains of quinine to the Dover's powders, and, as an expectorant, instead of the antimony, I substituted a mixture composed of syrups of senega, ipecac., and liquorice.

On the next day, the third of treatment, I found the skin moist, the cough loose, the pulse reduced to 80, and the tongue beginning to clean. The treatment of yesterday was ordered continued. On the fourth day, the patient doing well, the syrup of senega and ipecac was discontinued, and decoction of senega with iodide of potassium substituted. On the sixth day the patient was discharged, on being advised to continue treatment for a few days longer.

I had intended to report other cases, but, on looking them over, I find them so exactly alike, as to treatment and results, as to make one but a repetition of the other. In several cases, the quinine and Dover's powders followed immediately after the cathartic, with the effect of reducing the pulse in the first twenty-four or thirty-six hours.

The only exceptions to the prompt and decided curative results, mentioned in the last case reported, were the two cases mentioned early in this paper; both of which, I doubt not, would have died under the treatment sometimes unwisely pursued in pneumonia.

In the cases reported, I have not entered minutely into the symptoms, general and physical, upon which diagnosis was based; I have presumed that my readers would concede to me the ability to make correct diagnosis; suffice it to say that the diagnosis was established from physical signs, and confirmed, except in quite young children, by the rust colored sputa.

I would not be understood as stating that this treatment is adapted to all seasons, nor to all localities; but would simply make this record of my experience, that others may derive such practical lessons as are legitimately deducible from the premises.

It is proper to observe here, that my cases, though occuring mostly in the in the valleys of the Allegheny and the Connewango rivers, could have but little or no connection with malarious influences, for an intermittent fever I have never known to originate in the present range of my practice.

The Diseases of Quinine Makers.—M. A. Chevallier, at the last sitting of the Academy of Sciences of Paris, communicated a paper on the diseases to which workmen employed in the manufacture of sulphate of quinine are subject. It appears from his statement that one of the disorders is a cutaneous affection severe enough to force them to suspend work for a fort-

night, a month, or sometimes altogether. M. Chevallier further quotes M. Zimmer of Frankfort to testify to a particular kind of feverbark fever (das China Fieber) which effect workmen engaged in pounding bark. This has not yet been observed in France. It is described as being so painful that those who have once suffered throw up employment rather than risk a second attack. As for the cutaneous effection, it attacks not only workmen, but those about the place, and affects alike the sober and the intemperate. No remedy has as yet been discovered.—*Lancet.*

Excessive Nausea during Pregnancy Relieved by Cauterizing the Cervix Uteri. By Dr. PARKS.

Dr. Parks remarked, that he gave the following abstract in consequence of a somewhat similar case reported by Dr. Churchill, in the Dublin Quarterly for August last, and which was stated to be, so far as Dr. C. knew, the first instance in which the nausea of pregnancy had been treated by applications to the cervix uteri. Dr. Churchill's case, however, occurred in November or December; that now reported, in January, 1856, and was read at a meeting of the society for medical observation, before the publication of Dr. C.'s case.

Jan. 17th. 1856. Mrs. ——, aged about twenty-seven years, consulted Dr. P. for excessive nausea during pregnancy. She was rather a delicate woman, though active and energetic. At one time, since marriage, she had uterine symptoms, which were referred to inflammation of the uterus by the practitioner under whose care she was, and who treated the patient locally, with the aid of the speculum. The result was successful, so far at least as the symptoms were concerned. In other respects she had been well, till the occurrence of a miscarriage, which took place a year or more since, she says, from some accidental cause.

The patient had not menstruated for three months, and had begun to enlarge as if from pregnancy. She had also, for a considerable time, been troubled with nausea, which had become almost constant, and so troublesome as to lead her to seek advice in relation to it. On examination with the speculum, an abrasion was found—marked, but not severe—at the os tincæ, which was cauterized with nitrate of silver. Two days after, the patient stated that the nausea was greatly alleviated immediately after the operation, and on the day following had almost entirely ceased, now only existing to a slight extent. A mixture, containing lavender, gentian, and ginger, was prescribed. The patient went her full time comfortably, and had a safe delivery.

Dr. Storer mentioned two cases of this affection, which were relieved by the application to the cervix uteri of the saturated tincture of iodine. He had also tried the tincture of iodine internally in doses of three drops, and found it even more effectual than creosote.—*Ext. Bos. Soc. for Med. Imp. Virginia Med. Journal.*—From *St. Louis Med. and Surg. Jour.*

Hydropneumothorax treated by Paracentesis Thoracis and Injections of Iodine.—Three cases of this under the care of Prof. Trousseau are recorded *L'Union Médicale* (Oct. 31, and Nov. 10, 1857,) one of which proved fatal, and the other two resulted favorably. In the former, death did not ensue till six weeks after the operation; the disease for which it was performed having been complicated with phthisis, which was not positively diagnosed during life, it would not be just to impute the fatal results to the operation.

The most completely successful of the three cases was the second, of which the following is an outline: A man was admitted into the hospital, Nov. 12, 1856, six weeks after having suffered serious injury by being squeezed between two carts. He was still in great pain, the right side of the thorax presented a considerable elevation; there was dullness posteriorly as far as the spine of the scapula, and the respiratory murmur was inaudible at the base of the chest; in the infra-spinous fossa there was a blowing sound, ægophony, metallic tinkling, and hippocratic succussion caused a splashing which was audible at a small distance from the thorax. In the subclavicular space the percussion sound was abnormally clear. The abdominal organs were forced downwards, the liver projecting considerably below the false ribs. There was a frequent cough with expectoration, which was at times bloody and rusty, at others frothy and colorless; respiration was quick and painful, the pulse small, about 120. The patient's strength was good. M. Trousseau diagnosed hydropneumothorax, and on introducing a trocar between the seventh and eighth intercostal space, 5½ litres (nearly twelve pints) of an odorless purulent fluid were evacuated; and having entirely emptied the pleura, 258 grammes of an iodized solution were injected, which was partly removed after a few minutes, and the wound shut up. No inconvenient symptom followed; the wound healed up in the course of eight weeks, during which time it continued to discharge a purulent serosity. The chest by this time had collapsed on the right side; the vesicular murmur was everywhere restored, but feeble, and mixed with mucous rales in some points posteriorly; in front it was pure and audible, even on the level of the puncture. The patient left towards the end of January, and soon after was well enough to return to his employment as cartman.

The third case occurred in a man, aged thirty-five years, as the result of pleurisy of the left side. The operation was performed as in the last case, followed by iodized injections,* repeated no less than twenty-four times at different intervals. The patient did well; the left side of the chest fell in, and the percussion sound of the part affected was restored almost to the normal condition; but five months after the operation the orifice made by the trocar still continued to discharge a small quantity of pus, and it was feared that there was tubercular deposit in the lung, to combat which the hypophosphite of lime was prescribed according to the formula of M. Churchill.

In the remarks that conclude the article, the propriety of performing the operation is dwelt upon, and the iodized injections are spoken of as the only remedy by which we may hope to obtain a cure of purulent effusions, and of hydropneumothorax even, without serious danger.—*B. and F. Med.-Chirurg. Rev.* Jan., 1858.

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* Fifty grammes of tincture of iodine, five grammes of iodide of potassium, with one hundred to one hundred and twenty grammes of water.

After Treatment of Surgical Operations.—Dr. Broadbent, in a paper read before the Liverpool Medical Society, session 1855-56, referred to the object sought—that of union by the first intention. He believed one most common obstacle, to this union to be the occurrence of hemorrhage, one or two hours after the operation; not to such an extent as to require the removal of the dressings, but sufficiently to form a coagulum of such a size as to seriously interfere with the union of the wound—acting, in fact, as a foreign body. The cause of this appeared to be, that in amputations, &c., when the surfaces were brought together immediately after the completion of the operation, the vessels were tied while the patient was still suffering from the shock of the operation, or it might be, was somewhat depressed by the after effect of chloroform, whilst the more minute vessels were prevented from oozing, by their exposure to the air, and that, when reaction took place, the hemorrhage came on. The author thought that those cases in which this occurred to such an extent as to necessitate the reopening of the wound, usually terminate more favorably than others. He therefore advocated the plan of postponing the dressing until all oozing had ceased, and the cut surfaces had glazed over. The unnecessary removal of dressings, he believed to be another frequent cause of non-union. He thought that the sutures having been removed, the bandages, &c., should remain untouched till the third or fourth day, and should then be carefully cut off. The inability of the patient to maintain the required position, acted in the same way, and to obviate this, it was suggested that the patient should, before the operation, be habituated to the position in which he would have to lie after it. In the maintenance of the position of the parts, by means of pressure, the author believed that small air-cushions might be advantageously used, instead of pads of lint.—*Liverpool Medico-Chirurgical Journal*, July, 1857.

Belladonna in Juvenile Incontinence of Urine.—The use of belladonna against incontinence of urine in children, as strongly recommended about a year ago by Mr. Brooke, of the Westminster Hospital, has, we believe, well borne the test of the trials which his laudation of it induced. Several surgeons have, we know, formed most favorable opinions of its efficiency. A case under Mr. Hutchinson's care, at the Metropolitan Free Hospital about three months ago, afforded very conclusive evidence of its power. The patient was a boy of ten, who had from infancy been exceedingly troubled by inability to retain his water. Nightly incontinence was a matter of rule, and very often the urine would escape during the daytime also. Nux vomica, sesquichloride of iron, etc., had been fairly tried, and without benefit. At first the belladonna seemed to do no good, but being pushed until symptoms of poisoning were apparent, it finally effected a complete cure. The bladder appeared to have wholly lost its morbid irritability, and during six weeks that the boy remained under observation, his mother stated that no single instance of incontinence had occurred. The remedy was given in solution in water, and without any adjuvant whatever. Belladonna is one of our remedies which certainly deserves a more thorough clinical investigation of its powers than it has yet received.—*Med. Times and Gazette*, July 31, 1855, from *Med. News and Library*.

EDITORIAL DEPARTMENT.

Buffalo Medical Association.—By a glance of the proceedings of the Buffalo Medical Association which appear in this number, it will be seen that the resolutions which were presented to that body at the meeting before, on the subject of "*Criminal Abortions*," have been unanimously adopted. This united action on the part of the society will, in our opinion, be productive of great good; and we feel flattered that the measures which we proposed for the abatement of this evil, in the September number of this Journal, were so unanimously approved. One of the resolutions which were adopted by the association, was that the coöperation of the Medical Societies in the State be invited, in any measures which we deemed expedient to take. As a member of the committee from the Buffalo Association we here invite the coöperation of other medical societies, and we beg that this matter may be brought before them as soon as possible. We shall send a copy of this number of the Journal, as well as one which contains our first editorial article, to members of every medical society which was represented at the last meeting of the State Society, in the hope and expectation that they will join with us either in the measures which we propose, or some which are better. We hope that every subscriber to this Journal, will not only bring the matter before the medical societies of which he is a member, but will interest himself to see it energetically acted upon. We should also be glad to receive communications relating to the matter with reports of cases where "abortion medicines" have been used. A few facts contributed in this way will do much towards awakening the mind of the public to the outrages practiced upon them.

Buffalo General Hospital.—We were gratified by an editorial in the "Peninsular and Independent," on the Buffalo General Hospital, complimenting the profession and citizens of our city on their energy in advancing

this enterprize. The part of the hospital which has been erected, is now fitted up for the reception of patients, and has been in operation for some months under the care of Dr. Newman, as Attending Physician, and Dr. Eastman, as Attending Surgeon. The students of the college who are here during the preliminary term, have had opportunities of seeing cases under the guidance of the attending surgeon. We are full of hope that it will not be long before the entire building will be completed, when we will have one of the most perfect hospitals in the State. The position and importance of Buffalo certainly demands such an institution, and the energy of the men engaged in the enterprise leaves no doubt as to its success.

DR. FLINT:

Dear Sir,—I send you the following case, which, if thought to be of sufficient importance, you are at liberty to publish:

April 16, 1858, a lad, aged 15, fell asleep lying upon the damp ground, and at the expiration of two or three hours, awoke chilled and with a sore throat. On the evening of the next day I was called, and found the lad suffering from a sensation of impending suffocation, caused by extensive inflammation of the tonsils and all the glands about the mouth, and from his peculiar and difficult breathing and loss of voice, I judged extensive inflammation of the larynx and trachea. It was with much difficulty that I could separate the teeth two lines. The period for depletion had passed. Hoping to accomplish something by the revulsive effect of an active cathartic, I prescribed calomel, grs. xxx, followed by an infusion of senna and jallap, to be administered as speedily as possible, which was very slow in consequence of great difficulty in deglutition; sinapisms to the throat. At the expiration of four hours, the bowels were freely evacuated, much to the relief of the patient.

Prescribed calomel, grs. ii, opium, gr. i, every three hours, and antimony, grs. ii—℥, a teaspoonful every half hour.

April 17, morning. The patient much relieved of the distressing pain of suffocation.

April 18. I was called in great haste, the patient supposed to be dying. On my arrival I was a little surprised to find my patient conversing with ease compared with previous day, and his general aspect much improved. The cause of the alarm I found to be, that the patient was thought to be

strangling to death, and whilst strangling he had thrown off a perfect cast of the trachea, measuring four inches in length, and very thick and firm. It being carelessly laid down, the house dog seized and speedily swallowed it, probably supposing it to be his dinner. I lanced both tonsils, which discharged pus freely, and on the following day (my patient being a robust lad) he was walking about the farm.

LYMAN CONGDEN.

JACKSON, Tompkins Co., N. Y., Sept. 4, 1858.

Opening of the Session of the Buffalo Medical College.—The present session will open with unusually encouraging indications of a good class. There are now, while we write, between twenty-five and thirty students in town, and by the time the Journal is issued there will probably be many more. From some of the accounts we have received from private sources, we hear that the sessions of the larger schools will also open with large classes. There is no doubt but that there are now more students in the country than there have been for some years: the commercial crisis has undoubtedly led more young men to turn their attention to the profession. With this general increase in the number of medical students, the undoubted claims of the Buffalo school upon the confidence of the profession, will insure for it a good class. In no place, with the exception of the larger cities, are the advantages of clinical instruction which are at the command of students, surpassed; and we conceive that the energy of the faculty in this respect places the real benefit to be derived from the actual observation of disease, on a par with that enjoyed in any city. We now have the advantages of two hospitals, with both of which, a portion of the faculty are connected. One of these, the Buffalo Hospital of the Sisters of Charity, is directly behind the college edifice, and the other is but a short distance removed. Those students who have desired it have always had at least one opportunity of seeing cases of variola at the pest house, where there are always a few cases. Every available means of instruction, then, are made use of to their fullest extent. Those students who have been here during the preliminary term, have been actively engaged in the prosecution of practical anatomy under the direction of the demonstrator, and abundant facilities will be afforded for the study of this branch throughout the term. In addition to the regular course of instruction, lectures will be given by the editor of this Journal, on physiology, illustrated by experiments upon living animals after the method first

inaugurated in this country, *at this institution*, by Prof. Dalton, now of the College of Physicians and Surgeons at New York. Buffalo has reason to be proud of her medical school, which has been steadfast to its principles, in the days when medical colleges, with few exceptions, were not very flourishing. That time is passing away, and we predict a large class for this year, and a larger one for the next. Those whom this notice finds undecided where to go, cannot do better than to come to Buffalo. The regular term will be opened on the first Wednesday in November, by an introductory lecture by Dr. Mack, the lecturer on Materia Medica and Therapeutics.

Obituary Notices.— Death of Doctor Billings.—Died on the 2d September, at his residence in the town of Batavia, James Avery Billings, M. D. He was the eldest son of Perez Billings, and was born on the 4th of January, 1795, in the town of Milton, in the county of Saratoga. He studied medicine first with Dr. Billy J. Clark, of that county, and graduated at the New York University, in 1818. The late Dr. David Hossack, and the present venerable Dr. Mott, were among his professors.

He came to this county in 1818, and soon after purchased the land upon which he continued to reside until his death. This land was the first lot deeded by the Holland Land Company in the township, (T. 12, R. 1), which now embraces portions of the towns of Batavia and Stafford.

Dr. Billings was a man of sound judgment and more than ordinary ability. His practice was uniformly as extensive as the most active pursuit of it would allow. No man better understood the various conditions of a new country, or sympathized more sincerely with the privations and trials of those who were at once his neighbors, his patrons, and his friends. His unselfish exposure by night and by day, and the fatigues incident to these and to a country comparatively new, impaired a constitution otherwise strong, and of late years told with unerring aim upon his health.

He was one of the delegates from the Medical Society of Genesee County, to the National convention at Washington the past winter, and was taken down while on his return, with a paralysis, from which he but partially recovered.

He was a firm and faithful member of the Episcopal Church; and as a true and loyal friend of his country and its institutions, he helped materially to give character and support to the Democratic party, with which he was prominently identified, and often was one of its chosen leaders.

He married twice, and leaves a widow and five children, the inheritors of his good name and of a good property.

His funeral was probably the largest which ever took place in the county, and the downcast look and tearful eye were the silent but impressive monitors, indicating to all around that one greatly beloved had gone to

" ——— that undiscovered country
From whose bourne no traveler returns."

—*Batavia Democrat.*

Prof. MAUTHNER, Director of the St. Anne's Children's Hospital, Vienna, author of numerous valuable essays, and editor of the *Journal für Kinderkrankheiten*, died of meningitis, at Vienna, in the prime of life.

JOHANNES MULLER, the distinguished Physiologist, died suddenly, while asleep, at Berlin, on the 28th of April last, in the 56th year of his age.

Dr. WILLIAM GREGORY, son of the famous James Gregory, and Professor of Chemistry in the University of Edinburgh, died on the 24th of April, after a protracted illness. He was a private pupil of Liebig, and translated several of his works; he was himself also the author of several standard treatises.

On the preceding day, Dr. ROBERT HARRISON, Professor of Anatomy in Trinity College, Dublin, and author of the well known "Dublin Dissector," died of apoplexy, in the 63d year of his age.

Sir JAMES MCGREGOR, the Director-General of the British Army Medical Staff for more than thirty-five years, recently died in England, at the unusually old age of 86.

Sir PHILIP CRAMPTON, one of Ireland's most distinguished surgeons, lately died in Dublin, at the age of 82.

Dr. JOHN SNOW, an eminent physician, well known for his researches on chloroform and other anæsthetics, and the discoverer of amylene, died of apoplexy, on the 16th of June last.

Dr. MERei, Professor of the History of Medicine in the University of Pesth, founder of the great Children's Hospital in that city, one of the first medical men in Hungary, and an eminent literary scholar, died on the 12th of March, aged 54.—*Charleston Med. Journal.*

Dr. Elisha Townsend, of Philadelphia.—The death of this worthy gentleman will give pain to a large circle of friends; and by his death science has lost a most intelligent servant. He was president of the Dental College, Philadelphia, and has been instrumental in doing much to advance the true interests of the profession throughout the country. As a man, he possessed noble qualities; and as a friend, he was prompt, unselfish and sincere. He had recently visited Europe for his health, but returned only to die. He will long be remembered by those who knew him, and the absence of his aid and counsel will make a void not easily filled. E. G. T.

Boston, October 18, 1858.—*Boston Med. & Surg. Journal.*

Ontario County Medical Society.—The annual meeting of the Ontario County Medical Society, was held at the Court House, July 13th, and was represented by twenty-five members. Prof. Maxson, president of the society, called the meeting to order at 10½ o'clock, A. M., when the proceedings of the last regular meeting were read and approved, after which several members presented some very interesting medical cases, which were discussed and commented upon, after which the annual address of the president was delivered by him. *Subject:* "Bilious Pneumonia." The address was an able production, and displayed sound and discreet knowledge of the subject treated upon.

A vote of thanks was voted to the President as a token of respect for his entertaining essay.

After which several members presented essays on various medical subjects, displaying that intuitive knowledge of practice essential to the successful practitioner; (after which several important regulations were adopted.)

On invitation of Dr. Geo. Cook, of Brigham Hall, Canandaigua, that the society visit the Insane Asylum at such time as would be convenient for them, 4 o'clock. P. M., was appointed, at which time the society adjourned, after electing the following officers:

President, Dr. E. Carr.

Vice President, Dr. H. A. Potter.

Secretary, Dr. J. R. Pratt.

Censors, Drs. Maxson, Cheney, Smith, Jewett and Wilber.

Trustees of Library, Drs. Cheney, Carr, Smith, Pratt and Jewett.

Delegate to the State Medical Society, Dr. H. A. Potter, of Geneva.

After visiting Brigham Hall, the society convened in the library room,

and on motion, Dr. H. A. Potter was called to the chair, and Dr. J. T. Smith, appointed secretary.

On motion a committee was appointed to draft resolutions expressive of the thanks of the society. The following resolution was presented and adopted:

Resolved, That the Ontario County Medical Society return to Dr. Geo. Cook, their thanks for his polite invitation to visit Brigham Hall, the institution under his care, and that it hereby expresses its entire reliance in his capacity as physician to the insane, and an emphatic approval of his arrangements for their treatment and cure, as well as their admiration of the beauty of the locality selected, and the commodiousness and adaptedness of the building for the purpose for which it is used.

E. CARR, M. D., President.
H. A. POTTER, M. D., Chairman.

J. T. SMITH, Secretary.—*Ont. Republican Times.*

Books and Pamphlets Received.—Several books are on our table waiting for space for review, which we have already acknowledged. We have since received:

Observations on Malarial Fever. By JOSEPH JONES, A. M., M. D., Prof. of Chemistry and Pharmacy in the Medical College of Georgia, Augusta, etc., etc.

Electrical Anæsthesia: comprising a brief History of the Discovery, also full Directions for its Application in Surgical and Dental Operations. Dedicated (by permission) to Dr. Frank H. Hamilton, Professor of Surgery in the Buffalo Medical College. By W. G. OLIVER.

West on Diseases of Women. Part II.; and *Morland on the Urinary Organs.* From Blanchard & Lea.

Uræmic Convulsions. By BRAUN, of Vienna; and *Nature and Art in Disease.* By Sir J. FORBES. From S. S. & W. Wood.

Transactions of the New Hampshire State Medical Society.

Transactions of the Illinois State Medical Society for the Year 1857.

We have seen favorable notices of *Bennett's Clinical Lectures*, issued by the same house, a work which we have not yet received.

The above works from the distinguished reputation of the authors, demand a careful attention, which we will bestow upon them at the earliest opportunity.

A New Imponderable Agent.—We make the following extract from the "Medical and Surgical Reporter," in which the author professes to have discovered a new imponderable agent. This communication is exceedingly curious; but we must certainly wait farther developments for the confirmation of these discoveries. Some years ago, Baron Reichenback published a monograph, entitled "Researches into Odylic Phenomena." He then described a new dynamid, under the name of "Od," which exerted its force in various ways, such, for example, as making a button suspended by a thread, held in the hand of a person, strike the correct hour of the day, independently of the volition of the individual; or determining the direction of the divining rod. Most physiologists, however, explained these phenomena by the theory of the involuntary and unconscious action of the muscles, while the subject was in a state of "expectant attention." The following letter seems to be a continuation of these researches; we present it to our readers as a curious statement, the value of which, however, we are by no means prepared to estimate:

Researches into Odic Phenomena: Discovery of A New Cosmal Agent. From Letters of Baron REICHENBACH, of Vienna. Extracted and Translated by Dr. G. BACHMAN.

Baron Reichenbach, of Vienna, recently published the results of his experiments on sensitive persons of marked nervous temperament, who are capable of perceiving the manifestation of an imponderable agent, hitherto unknown, and unappreciable by persons not endowed with a nervous temperament. The Baron gives to this agent the name of *Od.* He refers to a future one of the series of letters in which he publishes his observations, to explain the etymology of the term.

The first peculiar phenomenon, which was perceived by a lady of his acquaintance, and which led him to experiment further, is this: A large mountain-crystal, which had a flat base and pointed apex, was lying horizontally across the corner of a table, projecting at its two ends. The room was completely dark, which darkness was broken by a blue light, emanating from the sharp end, in an undulating, scintillating motion, and a yellow flame issuing, with a similar movement, from the blunt end of the crystal. On subsequent experiments with hundreds of other sensitive persons, as he calls them, he found this remarkable phenomenon confirmed, and also found that these persons, on approaching the crystal with the left hand within three inches, or so many feet, (if the crystal be a large one,) would experience a cool breath issuing from the sharp end, and a lukewarm one from the base end. The former is accompanied by a sensation of agreeable, exhilarating freshness; the latter, by repugnance, and sometimes nausea. The Baron, startled at these singular manifestations, was at a loss to refer them to any known physical and physiological laws. It cannot be heat, for there is no source of heat, and the thermoscope remains unaffected by it. Electricity

it is not, for there is no electro-excitor at play; the electroscope remains, also, unaffected by it, and conduction according to electrical laws, is fruitless.

Magnetism it cannot be, for crystals are not magnetical; nor can it be light, as mere light is not attended by sensations of warmth or cold.

The Baron being convinced of having discovered a new dynamid, carried his investigations further, and next tested its effects and presence in the sun. He placed the observer in the shade, holding a glass rod, or even wooden stick in the left hand, ordering the rod or stick to be held in the light of the sun. According to our received notions of conduction and radiation of heat, we should expect to hear the observer say that a sense of heat in his hand was the result of the test, but the contrary takes place. The hand will feel cool, and immediately on retracting the rod into the shade, a sensation of heat will follow.

These are the circumstances which reverse the order of things as perceived until now,—the rays of the sun do produce in certain conditions just what they are expected to obviate, cold—and this cold, the subjects perceiving it will tell you, has an effect analogous to that which that issuing from the pointed crystals manifests. If this phenomenon just described is of the nature of the *od*, it will, like the crystal, emanate light in the darkness. Thus sylogizing, the Baron conducted a copper wire from the light of the sun into a darkened room, in which representatives of the temperament mentioned heretofore were posted. Immediately the persons belonging to that class observed the wire glowing, and a flame of the size of a finger rising from its end. Go a step further, and throw the colors of the rainbow through a glass prism, on the next wall, let the nervous individual catch the reflected colors by means of the glass or wooden rod, on the mere hand; the effect will be as follows: The blue color will create a pleasant, refreshing sensation, more so than from the light of the sun, the yellow will produce the known lukewarmness of the odic tests already mentioned, and the red will increase the latter effects and fatigue the arm. This seems to furnish an index at the same time, that caprices which individuals show in regard to color, may have another cause than mere optical impression. Aside from the odic effects of the colors, the Baron proves the *od* nature of the solar rays. Polarize them in the known manner, that you let them pass through a bundle of a dozen glass discs, on an angle of 35 deg.; then let the sensitive observer throw the rod alternately into the direct and reflected light, and the result will be an alternate sense of cold and lukewarmness, as the rod passes the direct or reflected light.

Further: place a glass of water under the direct or reflected light, or under the blunt end and the sharp end of the crystal, or under the blue color of the artificial iris and the yellow of the same, and that which produces coolness of the reägents cited, will acidulate the water, after being from five to ten minutes under its influence, and that which produces the lukewarmness will cause the water to taste bitter and nauseating to the sensitive, while the former he will drink with pleasure, and think it refreshing.

The experiments in respect to the solar light will be polarily reversed if the moonlight is experimented on.

The Baron promises to show, in his future letters, what the influence of his discovered cosmic dynamid is on the entire universe.

Prizes of the Massachusetts Medical Society.—The Massachusetts Medical Society is authorized, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz: "To what affections of the lungs does bronchitis give origin?"

The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gardner, of Edinburgh, in 1850; a review of the paper can be found in the British and Foreign Medico-Chirurgical Review for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet accompanying the successful dissertation, will be broken and the author's name announced at the annual meeting of the society in May, 1859.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15th, 1859.—*Charleston Med. Journal.*

New Anæsthetic Agent.—Acétone.—We translate from the last number of Brown-Séquard's Journal of Physiology, a brief account of a new anæsthetic agent discovered by M. Béchamp. The experiments which have been made, appear to show that it is a discovery of great importance, and these observations, if confirmed, will place the newly discovered agent in advance of any anæsthetic now known. The following is the account from the French Journal:

M. Béchamp communicated to the Section some experiments which he had made in his laboratory, in the presence of several pupils, upon a new anæsthetic agent—acétone. This substance is much less disagreeable to breathe than amylene, its action is more rapid, but less persistent. It acts upon rabbits after thirty seconds; and the insensibility is such that one can mutilate the animal in any manner without pain. It is worthy of remark, that the prolonged inhalation of this agent had no fatal action on the rabbits.

The Plague at Bengazi.—We extract the following statements from the *Gazette Médicale d' Orient:* "There is unfortunately no doubt as to the kind of epidemic which has for some time been raging at Bengazi; it is certainly the plague. The Ottoman government received, on the 23d of July, the report of the commissioners who were sent to the spot; and this report is certainly explicit. The usual characters of the plague are thus described: High fever, wandering, prostration, vomiting, buboes, petechiæ, anthrax, the latter symptoms being less frequently met with than the former. The epidemic presents all the features of the plague, with its malignant character, its rapid course, and its spreading tendencies. The disease not only reigns at Bengazi, but has broken out in three of the four or five districts of which the province is composed. Derna, a seaport town of between ten thousand and fifteen thousand inhabitants, has been especially visited. Bengazi had formerly a population of twelve thousand souls; at the time of the arrival of the commissioners, the inhabitants numbered barely four thousand, owing to emigration and the numerous fatal cases. At least fifteen hundred persons had been attacked since the outbreak of the disease; and eight hundred of these had died. At Bengazi, the disease had broken out in the course of May, and had reached its highest point of intensity towards the 20th of June, when from twenty to thirty persons died per diem. From that period, the epidemic raged with undiminished violence; and towards the middle of July, there were only eight deaths per diem, out of a population reduced to about four thousand souls. But, while the disease decreased at Bengazi, it spread to the surrounding country, especially on account of the flight of a great many inhabitants of the town who scattered themselves in the neighboring districts. Such are the main facts which have transpired. Ample details will shortly be found in an elaborate pamphlet by the commissioners, which is said to be preparing."—*Medical News and Library.*

Anæsthesia by Compression.—M. Jacowski, a practitioner of Paris, has revived the practice of compression as a means of preventing pain; and in several instances an entirely painless extraction of teeth have been effected. The compressor he employs consists of two pads, connected by a steel spring, very much like a hernial truss. The spring is passed behind the head, and the pads are applied either within the meatus auditorius on each side, or behind the rami of the jaw in front of the ears.—*Med. Times and Gazette,* from *Medical News and Library.*

Nashville Medical Recorder.—We have received the first number of a new Journal started at Nashville, which is a union of the Memphis Medical Recorder and Southern Journal of the Medical and Physical Sciences, edited by Drs. Daniel F. Wright and R. G. Curry, late editors of those Journals. These gentlemen now hold professorships in the Shelby Medical College of Nashville, and the Journal will be probably devoted to the interests of that school. The first number presents a good appearance, and the reputation of its editors as journalists leaves no doubt as to its future success. We have unfortunately mislaid the first number, and depend upon the kindness of the editors for another copy.

Literary Piracy.—We extract from the B. & F. Medico-Chirurgical Review, the following remarkable instance of literary piracy:

A Contribution to the Curiosities of Medical Literature.—The French Society of Surgery has recently been subjected to a mystification which, to all but the persons immediately interested, may appear somewhat amusing, were it not that ethical principles are involved which forbid the rising smile. A work on stricture of the urethra was presented to the Société de Chirurgie, in December, 1856,* in which the author, Dr. Pró, claims the merit of having made, at the suggestion of M. Malgaigne, extensive personal investigations on the subject, especially in the pathological museums of London. What he terms the *travail spécial, qui forme pour ainsi dire le corps du mémoire*, occupying about twenty-five out of the one hundred and twenty-two pages of the work, is a verbatim translation of a part of Mr. Henry Thompson's well-known work,† which received the Jacksonian prize for the year 1852. No acknowledgment of the source from which Dr. Pró has obtained such valuable assistance is given, and the translation is so well done, that we can understand how the referees of this society, who reported well on the memoir, and who could not be familiar with Mr. Thompson's work, should have been deceived into the belief that the production before them was a *bonâ fide* work of the professed author. It appears that Dr. Pró is not a Frenchman, and we should imagine that he must be unacquainted with the facilities of intercourse, personal and literary, which exists throughout Europe, but especially between France and Great Britain, otherwise he could not have ventured upon such an act of plagiarism. The assurance of subsequent detection would have been a sufficient check upon him. We much regret, for the sake of the distinguished men who formed the commission to

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* Mémoire sur l'Anatomie Pathologique des Rétrécissements de l'Urèthre. Par Jose Pró, Docteur en Médecine de la Faculté de Paris. Paris, 1856. pp. 122.

† The Pathology and Treatment of Stricture of the Urethra, both in the Male and Female. By Henry Thompson, F. R. C. S. London, 1854.

which the book was referred for examination, that they should have been led to regard the work as the result of Dr. Pró's labors, whereas the most important parts belong to Mr. Henry Thompson. We can well conceive their annoyance on the circumstances being pointed out to them. At the same time, it is proper that such an act of literary piracy should be loudly proclaimed, and that a well-earned reputation should not suffer through a maudlin sentimentality in favor of the culprit. We understand that steps have already been taken to prevent the recommendation of the commission from taking effect—viz., that the author should be made a corresponding member of the Société de Chirurgie.

Editorial Courtesies.—Since our advent into the editorial arena, we have been the recipient of many kind notices from the daily press. The daily papers of this city have kindly noticed each month the issue of our Journal, and many of the country papers have noticed us in a way which demands our warmest thanks. In spite of the hard times, our circulation is somewhat increased, and if subscribers would pay up, we should have no anxiety for the future. With the feeling that the Journal is not losing favor, and the kind commendations which we have occasionally received, the most tedious editorial duties become a pleasure. We hope never to deserve encouragement less, and trust that we may deserve it more than we do now.

Back numbers of Journals.—A correspondent is desirous of obtaining certain back numbers of several periodicals, as follows:

Am. Journal of Med. Sciences, old series, Nos. 1, 2, 5, 6, 35; new series, No. 9 of vol. X, and No. 13 of vol. VII.

New York Journal of Medicine, No. 1 of vol. I.

Transactions of American Medical Association, vol. IV.

Transactions of N. Y. State Med. Society for the years 1810, 1811, 1812, 1813, 1815, 1818, 1823.

Persons having any of these numbers, which they are willing to dispose of at a reasonable price, will confer a favor by addressing Dr. G. I. Fisher, Sing Sing, N. Y.

☞ Prof. Flint leaves to enter on the duties of his chair in the New Orleans School of Medicine, early in this month (November.) He expects to return to Buffalo in the latter part of February next. His correspondents, in the meantime, will please direct their letters to him at New Orleans.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. DECEMBER, 1858. NO. 7.

ORIGINAL COMMUNICATIONS.

ART. I.— *On the Clinical Study of the Heart-Sounds.* By Professor Austin Flint, M. D.

Letter No. II.

Prof. Fenner:

Dear Sir,—In my former letter I considered, *first*, of the results of the clinical study of the *second* or *diastolic* sound of the heart in health, those which are of importance as preliminary to the study of the abnormal modifications of this sound; and, *second*, the diagnostic value of the latter as based on clinical observation in cases of cardiac disease. I propose in this letter to consider the *first* or *systolic* sound in the same points of view, i. e., physiologically, as studied by means of auscultation in health; and pathologically, as furnishing, by its abnormal modifications, physical signs of disease. This sound is less simple than its fellow, and the agencies concerned in its production are not generally regarded as so well established. It is more liable to morbid alterations, and, in short, as a subject of investigation, it is more complicated, but, at the same time, more interesting and important. Without farther introduction I will enter on its consideration.

First or Systolic Sound of the Heart in Health and Disease.

Auscultation in health furnishes abundant proof that this is not, like the second sound, unmixed; in other words that it consists of more than one element. Its distinctive characters, as generally described, relate to the sound heard at the point within the præcordia where its intensity is greatest, viz., over the apex of the heart. At this point, especially if the person auscultated be in the sitting posture, the first sound, as compared with the second, is more intense or accentuated; it is nearly twice as long in many persons; it is lower in pitch; the valvular quality is less apparent and may be absent; it has a booming, impulsive quality, sometimes accompanied by a slight shock, and sometimes by a faint ringing intonation, or tinnitus. These are distinctive traits determined by noting and analyzing the results of twenty-four careful examinations in a series of healthy persons. They are present and more or less marked when the stethoscope is placed over the point of the apex-beat. They are also present, but not as strongly marked, on auscultating over the body of the heart, within the superficial cardiac region. But if the stethoscope be carried to a point somewhat removed from the left border of the heart, viz., over or a little without the left nipple, (in the male) the sound is divested of some of the more striking of its distinctive characters. It is shortened, being scarcely, if at all, longer than the second sound; the interval between the first and second sound is proportionately lengthened; the intensity of the sound is notably lessened, the second sound being relatively more intense or accentuated; it is valvular in quality, resembling in this respect the second sound, but is lower in pitch, having lost the booming, impulsive quality which is apparent over the apex.* The same points of difference are observed if auscultation be practised, first, with the stethoscope applied upon the naked chest, over the apex, and, afterward, with several thicknesses of soft cloth placed between the instrument and the skin. What is the explanation of this difference? Over the apex an element enters into the first sound which is eliminated when the instrument is carried beyond the heart, or when folds of cloth are interposed. What is the element eliminated? What is the element which remains after the elimination? Auscultation in health supplies data for

* It should be stated that the examinations on which these statements are based, were made with Cammann's stethoscope, an instrument which, in the opinion of the writer, possesses great advantages over the ordinary wooden cylinder.

answers to these questions. Answering the second question first, the residual sound is purely valvular. It is identical in quality with the second sound. It consists, then, of an unmixed *valvular element.* The clinical study of the sound in health and disease, seems to me to furnish proof that the characters eliminated are due to the impulsion of the heart's apex against the walls of the chest. Attributing these characters mainly to this impulsion, I am led to distinguish, as the second element entering into the first sound of the heart, an *element of impulsion.* The first sound is thus composed of two elements, viz., a valvular element and an element of impulsion.

What is the proof that the characters distinctive of the first sound as heard over the apex, are due to the impulsion, against the thoracic walls, of this portion of the organ. These characters vary in their degree of prominence when auscultation is practiced on the same person in different positions, the variations corresponding to alterations of the force of the apex-beat. After studying the characters of the sound in a healthy subject in the sitting posture, let him take a recumbent position, on the back; the characters referable to impulsion are notably less marked, and, at the same time, the force of the apex-beat is diminished. Let the person next incline the body to the right side; the characters due to impulsion, are still less marked, while the apex-beat is feeble and may not be felt. Turning to the left side, the characters of the sound are more strongly marked than in the sitting posture, and the apex-beat is also more forcible. In certain abnormal conditions, the heart is prevented from coming into contact with the thoracic walls. This occurs in pericarditis with effusion, in cases of liquid effusion into the left pleura, and of emphysema affecting the left lung. Under these circumstances, the element of impulsion is lost; the first sound is short and valvular like the second. The same result is observed when the muscular power of the heart is greatly reduced, as in some cases of typhus and typhoid fevers, dilatation of the heart, fatty degeneration, etc. In these affections the first sound approximates, more or less, to the second sound as regards shortness and quality. The element of impulsion is wanting in the first sound of the fœtal heart auscultated over the abdominal walls. It may be said that this proof does not exclude the hypothesis of a sound of the muscular contraction entering into the first of the heart-sounds. Without discussing this hypothesis, which I think is disproved by auscultating the naked heart, I will only remark that, so far as the practical bearings of the analysis of the first sound are concerned, it is not a matter of much importance whether the characters attributed to impulsion be due to this

cause, or more directly to muscular contraction. Regarding the former explanation as the correct one, I shall continue to designate the element, an element of impulsion.

The element of impulsion predominates, and, as it were, drowns the valvular element, over the apex and body of the heart. There are occasional exceptions to this rule in healthy persons, and in these instances the second sound may be accentuated even over the apex. At the base of the heart, frequently the valvular element predominates. At the right and inferior borders of the heart the valvular element often predominates. At any point removed from the præcordial region, to which the first sound is propagated, the element of impulsion is eliminated, leaving the valvular element. The latter, therefore, is alone diffused beyond the limits of the heart, notwithstanding it is generally drowned in the preponderating element of impulsion over the apex and body of the organ. The valvular element has less intensity and is less diffused than the second sound; for, on carrying the stethoscope away from the heart, the first sound ceases, as a rule, to be appreciable sooner than the second sound; and, as just stated, at a distance from the præcordia, the second sound becomes accentuated.

The analogy between the valvular element of the first sound and the second sound, as regards quality, leads to the inference that this element is due to the action of the auriculo-ventricular valves. Clinical observation in cases of disease, confirms the correctness of this conclusion. Hence the propriety of designating it the valvular element. Assuming the correctness of this explanation, the element consists of the action of two sets of valves, viz., the mitral and tricuspid; now, can the sound emanating from these two sources be disconnected and distinguished from each other, as the aortic and the pulmonic second sound are discriminated in certain situations? Over the inferior border of the heart, near the xiphoid cartilage, the valvular element of the first sound frequently differs in pitch from the same element when the stethoscope is applied at or without the left nipple. When this disparity in pitch is observed, it may be inferred that the predominating sound in the latter situation originates at the mitral, and in the former situation at the tricuspid valves. When this disparity exists, the pitch is lower at the inferior border of the heart. For convenience of reference, the sound near the xiphoid cartilage may be called the tricuspid valvular element, and the sound at or without the left nipple, the mitral valvular element of the first sound of the heart.

The decomposition of the first sound, and the facts which have been stated with respect to the two elements, respectively, which compose it,

enable the clinical observer to understand the abnormal modifications which this sound presents in different cardiac affections. Both elements may be modified by disease, but in unequal proportions; either element may be affected independently of the other; either may be suppressed while the other remains; and of the two components of the valvular element, viz., the mitral and the tricuspid, the one may be lessened or suppressed, and the intensity of the other augmented, by disease. What are the pathological relations of these different abnormal modifications, or, in other words, what diagnostic significance belongs severally to the latter as physical signs of disease?

In cases of enlargement of the heart in which hypertrophy predominates, the intensity of the first sound is augmented more than that of the second sound; and this exaggeration is due mainly to the augmented intensity of the element of impulsion. This element is morbidly exaggerated disproportionately to the increased intensity of the valvular element. Hence, as all observers have remarked, the first sound in hypertrophy is abnormally dull and prolonged. This is intelligible, since the dullness and prolongation of the first sound are due to the element of impulsion. In proportion to the prolongation, the interval between the first and second sound is shortened; it may be almost or even quite inappreciable. In this effect of hypertrophy we have a feature which distinguishes the augmented intensity due to it, from that which occurs when the muscular action of the heart is increased by merely functional excitation. In the latter case, the first sound is abnormally exaggerated, but the exaggeration does not affect disproportionately the element of impulsion to the same extent. Hence, the sound is less dull and prolonged than in cases of hypertrophy. This fact has arrested the attention of observers. Disproportionate exaggeration of the element of impulsion in a marked degree, therefore, is a physical sign of hypertrophy.

On the other hand, whenever the muscular power of the heart is weakened, the intensity of the element of impulsion falls below that of health, and the abnormal feebleness of this element is greater than that of the valvular element. When the muscular power of the ventricles is greatly reduced, the element of impulsion may be suppressed while the valvular element is still appreciable, and in some instances both elements are extinguished and the first sound is wanting, while the second sound may still be heard. Abnormal feebleness of the element of impulsion, and its extinction occur in cases of enlargement of the heart in which dilatation greatly predominates. In proportion as this effect is produced, the first sound not only

becomes enfeebled, but valvular in quality, and shortened, in these respects approximating to the second sound. In proportion as the sound is shortened, the interval between the first and second sound is lengthened. This change in the quality and duration of the first sound in cases of dilatation, was observed by Laennec, and was regarded by him, and also by Hope and others, as distinctive of dilatation. It is, however, only significant of weakened muscular power of the ventricles. It is not peculiar to cases of dilatation. It characterizes equally, as has been remarked by Stokes, the enfeebled first sound in certain cases of typhus and typhoid fever; also in cases of fatty degeneration, and, in short, whenever the muscular power of the organ is greatly reduced. When this condition exists, from whatever cause, the first sound becomes relatively more feeble than the second, and also short and valvular, resembling the latter sound in these particulars, but always lower in pitch. The second sound being much less affected by any of the various causes which enfeeble the element of impulsion of the first sound, is accentuated, even over the apex, when these causes are operative to much extent. The element of impulsion may be enfeebled and even suppressed in cases of hypertrophy, if, notwithstanding this lesion, the muscular power of the heart, from any cause, be greatly weakened. Abnormal feebleness and suppression of the element of impulsion, therefore, are physical signs of the muscular weakness of the heart due either to organic changes, dilatation, softening, fatty degeneration, etc., or to great functional debility of the organ. It is to be added that this element is eliminated, as has been seen already, when from effusion of liquid within the pericardial, or the left plural sac, from emphysema, or other causes, the heart is prevented from impinging during the systole against the walls of the chest.

The abnormal modifications affecting the element of impulsion, have been considered; it remains to consider those which affect the valvular element of the first sound. The intensity of this element is increased whenever the muscular action of the heart is unduly excited. In violent palpitation, both elements of the first sound are exaggerated in a ratio not notably unequal, while in hypertrophy, as has been seen, the intensity of the valvular element is not increased in proportion to that of the element of impulsion. Excited action of the ventricles, thus, tends to increase the loudness of the valvular element, more than the augmented, sluggishly excited muscular power in hypertrophy. As a physical sign, exaggeration of the valvular element has very little positive value. Diminished intensity or suppression of this element is of more importance in diagnosis.

The valvular element may be diminished or suppressed in conjunction

with the element of impulsion. When both elements are thus similarly affected, great weakness of the muscular power of the heart is indicated, which may be due either to functional debility or organic change. The first and most marked effects of weakness of the heart, are apparent in the element of impulsion. If the weakness be considerable, this element is suppressed, leaving the valvular element still appreciable. If the weakness be very great, the latter element at length become inappreciable, and the first sound is extinct, while the second sound may still be heard. Extinction of the first sound occurs in some cases of typhus and typhoid fevers, and from this symptom, as the reader is doubtless aware, Dr. Stokes, and others, desire an indication for the free use of stimulants in these fevers and other diseases attended with extreme adynamia. It is also observed in some cases of fatty degeneration of the heart. If the two elements are enfeebled conjointly, and not unequally, it is not to be inferred therefrom that there exists any valvular lesion.

But the valvular element may be enfeebled or suppressed while the element of impulsion is as intense and more so than in health. Valvular lesions involving more or less damage or destruction, are indicated under these circumstances. Inasmuch as, of the auriculo-ventricular valves, the mitral are the seat of lesions in the vast majority of cases, the tricuspid valves as well known, being very rarely affected, it is the mitral valvular element which is enfeebled or suppressed in connection with the valvular lesions which produce modifications of the first sound. This element, it may be remarked, is to be studied in cases of disease, where it is best studied in health, viz., at or without the left border of the heart, in other words upon, or to the left of the nipple. The stethoscope is to be carried to a point sufficiently removed from this border of the heart, to eliminate the element of impulsion, the valvular sound which remains being that emanating from the mitral valves. Clinical observation goes to show that the valvular element in this situation is abnormally feeble, or suppressed, according to the damage which the mitral valves have received from lesions there seated. A murmur accompanies these lesions, not invariably, but in the vast majority of cases. This murmur points to the existence of mitra lesions, but it does not furnish information respecting the amount of injury which the lesions have occasioned. Cases are frequently met with in which a murmur referable to the mitral orifice is observed, without being accompanied by symptoms denoting much, if any disturbance of the circulation. The murmur may continue, denoting innocuous lesions, for many

years.* When they are thus innocuous, the mitral valvular element of the first sound will be found to retain nearly or quite its normal intensity. On the other hand, when the lesions have occasioned more or less damage to the valves, the valvular element is feeble in comparison with the element of impulsion, and may be inappreciable, while the latter is not only present but perhaps exaggerated. The valvular element of the first sound, referable to the mitral valves, therefore, is to be observed in connection with mitral murmurs, as a means of determining whether, or not, and to what extent, these valves are damaged. Practically, these are the important points involved in the diagnosis of mitral lesions; for these lesions are serious, and otherwise, in proportion as the valves are injured. The presence of a murmur, it must be confessed, interferes, to a greater or less extent in some cases, with the study of the valvular element. If the murmur be intense, and especially if it be rough, the valvular element may be obscured or drowned by it. In drawing conclusions from its indistinctness or absence, when a coëxisting murmur is loud or harsh, therefore, we are not to be so positive as we may be in concluding that the integrity of the valves is not greatly compromised when the element is found to retain nearly or quite its normal intensity. It is also to be borne in mind that feebleness and suppression of the valvular element, are not physical signs of valvular injury except when the element of impulsion is not proportionately feeble or wanting. It may be added, that, when they are physical signs of valvular injury, a mitral murmur is present, as a rule to which there are a very few exceptions.

Feebleness and suppression of the tricuspid valvular element, are of no value as physical signs, for in the first place, it is only in a certain proportion of persons in health, that this portion of the valvular element can be distinguished from the portion referable to the mitral valves; and in the second place, lesions of the tricuspid valves are exceedingly infrequent. Abnormal intensity of the valvular sound emanating from the tricuspid orifice, however, is a sign of some value. This sound in disease is, of course, to be sought for in the same situation as in health, viz., at, or just below the inferior border of the heart, near the xiphoid cartilage. In some cases the valvular element in this situation is strongly marked, exceeding the intensity of the mitral sound. This occurs as an effect of hypertrophy of the right ventricle, generally resulting from mitral lesions which, at the same

* For cases illustrative of this statement, see Essay in Transactions of American Medical Association, by the writer, vol. xi, 1858.

time, lessen the intensity of the mitral valvular element. Its significance, as a physical sign, is precisely that of intensification of the pulmonic second sound of the heart. Exaggeration of the tricuspid valvular element of the first sound and of the pulmonic second sound of the heart, will be likely to be associated; but I have met with instances in which the former coëxisted with hypertrophy of the left ventricle, while the latter was not well marked. It may be remarked here, that comparison of the valvular element referable to the mitral valves, with that referable to the tricuspid valves, constitutes a means of judging, on the one hand, whether the power be abnormally weakened; or, on the other hand, whether the latter be exaggerated.

In conclusion, the practical points pertaining to the diagnostic significance of the abnormal modifications of the heart-sounds, are embodied in the following series of propositions:

1. Increased intensity of the first sound, the two elements composing this sound being affected equally, is a sign of excited, muscular action of the heart, and is observed in cases of functional disorder without organic disease.

2. Increased intensity of the element of impulsion in the first sound, the intensity of the valvular element not being proportionately augmented, if at all, is a sign of hypertrophy affecting the left ventricle.

3. Diminished intensity of the element of impulsion is a sign of weakened muscular power of the left ventricle, either from organic affections, such as dilatation, or fatty degeneration, or from functional debility of the organ. Cases are to be excluded in which, from the presence of liquid effusion in the pericardium or pleura, or from emphysema, the heart is prevented from coming into contact with the thoracic walls.

4. Abnormal intensity of the mitral valvular element of the first sound, is a sign of excited muscular action of the heart, and is accompanied by a corresponding increase of the intensity of the element of impulsion, as stated in prop. 1st. Abnormal weakness and suppression of this element, the element of impulsion retaining or exceeding its normal intensity, are signs of more or less injury of the mitral valves. A murmur referable to the mitral orifice coëxists in the vast majority of cases. Notwithstanding the murmur, if the valvular element of the first sound referable to the mitral valves, retain nearly or quite its normal intensity, the valves are not seriously damaged. In judging of the normal intensity of the mitral valvular element, it may be compared with the sound emanating from the tricuspid valves.

5. Abnormal intensity of the valvular element referable to the tricuspid valves, is a sign of hypertrophy of the right ventricle, and is generally asso-

ciated with diminished intensity of the valvular element referable to the mitral valves. Abnormal weakness of the tricuspid valvular element is not available as a physical sign of disease.

6. A *positive* increase of the intensity of the pulmonic second sound of the heart, is a sign of hypertrophy of the right ventricle, in the majority of cases dependent on mitral contraction or insufficiency, or both. A *relative* increase of this sound, i. e., as compared with the aortic second sound, may result from abnormal feebleness of the aortic sound, due to mitral obstruction or regurgitation.

7. Abnormal intensity of the aortic second sound, is not a sign of much importance. But non-diminution of its intensity, in cases in which a murmur referable to the aorta is present, is a sign of much value, indicating that, although aortic lesions exist, the integrity of the valves is not seriously compromised.

8. Diminished intensity of the aortic second sound, in cases in which a murmur referable to the aorta is present, is a sign that the aortic valves are damaged, provided that neither mitral obstruction nor regurgitation exists, an effect of the latter being abnormal feebleness of this sound. If the diminished intensity of the aortic sound be due to injury of the valves of the aorta, there will be likely to be present an aortic regurgitant murmur, in other words, a diastolic murmur referable to the aorta.

9. In cases in which a diastolic murmur is present, referable either to the direct current of blood through the mitral orifice, or to aortic regurgitation, a normal intensity of the aortic second sound is evidence that the lesions giving rise to the murmur are seated at the mitral orifice.

Venturing to hope that the *résumé* which I have endeavored to present of the results of clinical study of the heart sounds in health and disease, has not been without interest for some of the readers of the Medical News and Hospital Gazette, I remain, with much respect, truly yours, A. F.

ART. II.— *Traumatic Stricture of Ten Years' Standing, complicated with Fistula Perinæi; Urethrotomy.* By ELLERY P. SMITH, M. D., Buffalo, New York.

I was called to examine the case of H. B., æt. 40, September 7th, 1858. The history of the case is as follows:

Ten years ago he was accidentally injured about the pelvis by machinery, being caught and badly crushed between large iron wheels. He passed some blood by the urethra, and had retention of urine, for which the catheter was made use of a number of times. Three years subsequently, he could only pass water in a very small stream, and for the past three years it has escaped only in drops. In the latter part of May last, perineal abscess formed and opened, and since that time all the urine, with the exception of a small spoonful or two daily, has passed through two fistulous openings in the perinæum. The man's general health is tolerably good, although there is considerable emaciation. Pulse 80; tongue clean; the bowels are habitually constipated. He complains of a constant severe pain in the perinæum, and has an orchitis of the right testicle, evidently the result of irritation. The prostate gland is much enlarged, but not tender on pressure. The passing of a No. 8 silver catheter caused great pain, and on reaching the membranous portion of the urethra the presence of a firm, narrow stricture, was at once detected, through which the instrument would not pass. I was enabled, however, after long and patient manipulation, chloroform having been administered, to pass a No. 3 steel sound about half an inch into the stricture, but the natural relations of the parts had been so changed by infiltration and inflammation, that I found it impossible to reach the bladder with that or any other sized instrument. The patient being exceedingly anxious for relief, and much discouraged with his present condition, I advised the external division of the stricture, to which he consented.

On Friday, Sept. 10th, assisted by Drs. Winne, Loomis, Hauenstien, and Brown, the patient having been placed in the position for lithotomy, and firmly secured, chloroform was administered, and a No. 3 steel staff, grooved on its under surface, introduced, and engaged for about half an inch in the stricture. I then made an incision, one and a-half inches long, in the median line of the perinæum, to within three-fourths of an inch of the anus; the transverse perinæl artery was divided and required a ligature. A careful dissection enabled me to reach the bulb, which was divided with but trifling hæmorrhage, and the staff reached; I then cautiously divided the stricture, from before backwards—this division extended altogether about

three-fourths of an inch—and was attended with some difficulty, owing to the depth of the perinæum and the oozing of blood. The staff being withdrawn, I passed a No. 8 catheter down to the divided part, and after considerable trouble, succeeded in lodging it firmly in the contracted neck of the bladder, urine escaping through it. The catheter was secured in the usual way with tapes, and the wound in the perinæum slightly drawn together with a single suture.

℞ Morph. Sulph, gr. i.

Sept. 11. Saw the patient at 10, A. M. He has passed a good night, and feels bright and cheerful. Pulse 80; no fever. Over one pint of urine has escaped through the catheter.

Sept. 12. Last night had some pain in the region of the bladder, which yielded at once to anodynes and warm fomentations; has passed during the last twenty-four hours, nearly two quarts of urine through catheter, and but a trifling quantity through the wound in the perinæum.

Sept. 14. Continues improving. Makes water through catheter in a small stream; wound in perinæum cicatrizing.

Sept. 18. Removed the catheter, and reïntroduced it again without difficulty. Wound in perinæum entirely closed.

Oct. 10. The man is nearly well; has improved greatly in flesh and general health. Every third day he introduces the instrument, for six or eight hours, without difficulty.

Oct. 25th. Continued improvement, in fact he is quite well, is able to retain urine for five or six hours, and passes it in a full stream. I consider the termination of this case somewhat remarkable, from the fact that at no time since the operation has a bad symptom been present, not even the febrile reäction usually attending an operation of such magnitude.

ART. III.—*Exanthematic Typhus.*

Prof. Wunderlich, in the second number of the Vierteljahrschrift,* for 1858, has collected and reported the observations of forty-nine cases of exanthematic typhus occurring in the Leipsic Hospital.

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* Vierteljahrschrift für die Praktische Heilkunde. xv Jahrgang, 1858. Prag. Analekten, s. 14.

Notwithstanding this disease has repeatedly occurred in modern times as an epidemic, and its literature is extensive, and in many respects valuable, he yet finds in the representations relating thereto, many important deficiencies which must be filled up by careful and comprehensive observations.

He considers, in a particular manner, its propagation by contagion, which in the most of his cases (37) was evident, after the disease had been introduced by five strangers; the influence of age and antecedents, on the prognosis; the results of post-mortem sections, and the varieties of *abdominal* typhus which constantly occurred along with the *exanthematic!*

The contagion of exanthematic typhus shows a varying intensity at different times, and an incubation period of considerable latitude: at least the period between the infection and the outbreak of the first symptoms may occupy a period of more than two weeks; its tenacity is very considerable, and can operate at the end of half a year.

The disease may attack individuals of every race, of all ages, and of the most varying constitutions and conditions of health. A previous—and indeed, just preceding illness from *abdominal typhus*, diminishes the disposition not in the least,—whilst on the other hand, immediately after the *exanthematic*, the *enteric* can develop itself. Young and heretofore sound individuals, are incomparably less endangered by the approaching disease than older and hitherto feeble. Immoderate exertion before and at the commencement of sickening, increases the danger of the disease considerably. Three female attendants who sickened while attending devotedly to the sick in the hospital, all died. The seven convalescent and chronic patients, on the contrary, who likewise became affected while in the house, as also the only *clinicien* affected, passed through the disease favorably.

The commencement of the disease is for the most part definitely marked, and is indicated by prostration, headache, vertigo, heat in the head, loss of appetite, thirst, sometimes pain in the limbs, chills—though rarely by intense chills.

Its process is essentially typic, involving but few structures, and limited within few forms.

Its characteristics in the first week are,—its constant and rapid increase during the first half, and the slow decrease in favorable cases in the second half, or the transient remission on the seventh day; in seven cases, the continuance of high degree of temperature and cessation of the remission on the seventh day.

The peculiarities of the *second* week are,—the exacerbation in the commencement of the same, which is the rule in both mild and severe cases;

the speedy return (in the first half) in mild cases; the non-appearance of the important morning remission even in most favorable cases; the remission between the twelfth and fourteenth days in mild, also in difficult—frequently even in fatal cases.

In the termination, the characteristics of convalescent cases consist in the rapid, or yet hastened defervescence, mostly between the thirteenth and seventeenth days, and through the entire subsidence of fever, at least from the second half of the third week; in *fatal* cases, by terminating either in the second half of the first week, or in the third week, and mostly after preceding lowering of temperature, a considerable increase of the same takes place in the agony of dissolution. In all cases, considerable elevation of temperature (3° or 4° over the normal) was attained, and this in such cases even, when the complex symptoms were unimportant An excessive increase of temperature gives an unfavorable prognosis, yet that before suffered in the exanthematic typhus, as also in most other affections, was especially more than in abdominal typhus. The morning and evening temperature shows only a slight difference; and this is of but little consequence in the first week, and first half of the second; somewhat more important in individual cases from the middle of the second until the close of the disease. A considerable sinking of temperature, during the continuation and increase of other grave phenomena, was a sure indication of collapse—the precursor of death.

The pulse-frequency (to which, as also to the temperature, is generally devoted a careful, very minute attention in W.'s clinics) is in general increased, and the degree of the same affords a stand point for the prognosis. When that reaches no more than ninety-six in the minute, the prognosis is very favorable, the abatement of the disease follows early. For the most part the pulse reaches a frequency of 110, and increases in convalescents even to 120 and over. A pulse, on the contrary, of over 132, in adults, with probability indicates death; also a rapid pulse, rapidly abating at a late period of the disease, indicates the same end. The greatest frequency of pulse is mostly on the tenth day. A considerable increase of pulse, with reduction of temperature is fatal. The different pulse-frequency between sitting and lying, is mostly unimportant; the double beating is almost wanting, or is slight and overlooked—as in abdominal typhus.

The roseolæ are present in all cases, but they show the greatest difference in relation to number and extent, and this is not in proportion to the gravity of the disease. The exanthems appear mostly from the third to the fifth, sometimes not till the seventh day. Sometimes relapses occur, but they

are commonly slight. The extension of the roseolæ is by far more important than in enteric typhus; it appears commonly upon the extremities, very rarely the face. They continue a week and over, fade even before, or during the defervescence.

The cerebral symptoms are such as are observed in enteric typhus; in proportion to the grade of the disease they are, however, more violent, outlast not unfrequently the fever, and lose themselves first, after the normal temperature has been restored.

The tongue is found as in enteric typhus; the intestines are commonly affected, and exhibit phenomena very like those observed in enteric typhus; yet are they in general less lasting, not so perfectly formed, and less intensive. From the enteric phenomena alone, the differential diagnosis is not possible. The spleen is found as in abdominal typhus; its diminution (wiederveekleinerung) takes place with the defervescence, yet in convalescence even, it does not return to its original volume.

The diagnosis in the first days is wholly impracticable; it may with probability be conjectured, however, during the prevalence of exanthematic typhus, from the rapid accession of high febrile and brain symptoms. From the enteric typhus it distinguishes itself in the first week by the rapid increase of the symptoms, from the wanting double beat of the pulse, as also the pulse difference between lying and sitting; the flabbiness of the abdomen, and sometimes by brown stools. The diagnosis acquires a certainty in the middle and at the end of the first week, when the eruption abundantly appears, and the sometimes *papulous* form which distinguishes the exanthematic from the genuine typhus. The diagnosis is further confirmed if, in the second week, the high temperature makes no remission, or at least none of importance; and furthermore by this, that the enteric phenomena remain yet of trifling character. The diagnosis is finally established " with perfect certainty " through the mode of termination, since, in cases convalescing from exanthematic typhus, the extreme vacillation of temperature which characterizes the declining stage of enteric typhus, is wholly wanting; in fatal cases this termination is conditioned only through consuming fever, and not through any other local changes.(?)

In the prognosis, of special importance, are the antecedents of the patient; his age, his mode of living and relative soundness; the degree of previous muscular exertion, the timely care of the patient in the beginning of the disease; the absolute maximum height of temperature (33.3° R.'s and over, unfavorable); the continued increase of temperature in the second half of the first week, the remission on the seventh day (favorable); complications

of every kind; lingering defervescence till after the commencement of the third week.

The section results of fourteen fatal cases are given. Dark cherry-red blood, moderate sized death spots, strong death stiffness, dry,—and less than in abdominal typhus,—dusky red-coloring of the muscles; integrity of the solitary glands and Peyer's conglomerate glands as also of the mesenteric glands; enlargement and softening of the spleen (contrary to the enteric typhus,) dark-green thick and viscid gall. The changes in the respiratory organs much as in enteric typhus.

ART. IV.— *Cases of Epilepsy.* Compiled from Dr. F. H. HAMILTON's Notes. By JAMES MACKAY, Student of Medicine, Buffalo, N. Y.

CASE I. *Epilepsy produced by Inhaling Carbonic Acid Gas. Recovery.*

Jane Bowden, a servant girl, aged 16. She was healthy at the time of the exposure. She was engaged ironing in a close room, heating her iron by means of a stove filled with charcoal. While she was thus engaged, she suddenly became dizzy and fell to the floor.

For a period of three years after this occurrence, she was subject to epileptic fits; after which time they entirely disappeared.

During her illness she was under the care of Dr. Hamilton, but he does not ascribe her recovery to anything that was done for her, but on the contrary, he believes it to have taken place spontaneously, as far as medical and surgical aid is concerned.

CASE II. In 1855 a young lad, æt. 12, was brought to Dr. Hamilton's office. He was subject to epileptic fits, occasioned by onanism. A cure was effected in a few months by the use of tonics, and by his parents keeping a strict surveillance over him.

CASE III. *Epilepsy from Injury to the Skull. Trephined. Temporary relief.*

Spencer Place, of Kits River, Ogle Co., Ohio, when about nine years of age, fractured his skull by falling from a horse. The wounds closed in about a year, after which the fits commenced.

Oct. 17, 1851, when he was twenty-one years old, he presented himself at the Buffalo Hospital of the Sisters of Charity. He was then suffering from the fits, which occurred every three weeks; at the same time he also complained of pain in the head, usually at the point of former injury.

Dr. Hamilton trephined him before the class. The inner surface of the skull was a little irregular, but not depressed. His recovery was rapid.

He had no fits, or if any, but one or two, from this time until the April following, about six months, at which time they recommenced and occurred at shorter intervals than before. He has not been heard from since.

CASE IV. *Epilepsy from Fracture of the Skull. Continuing five years.*

June 11, 1852. Jeremiah Kery, æt. 36, laborer; he had his skull fractured at the centre of the superior angle of the left parietal bone, five years ago. Four of the pieces were removed; but for five weeks he remained speechless, and palsied on his right side; at the end of that time, eight more pieces were removed by Dr. B., of Sherboygen, Ohio. Very soon after this he recovered his speech and the use of his limbs; but from the time of the accident until now, he has been subject to epileptic fits. Until September last, he used to have these fits every two weeks, but since that time he has stopped drinking, and is now only troubled with them from every two to four months.

He is always warned of their approach for two or three minutes before they take place; he feels a "stagnation" and loss of speech, but he has no pain, nor has he ever any at the seat of injury.

There is an irregular depression at the seat of fracture, and the pulsations of the brain cannot be felt. He will not consent to an operation.

CASE V. *Epilepsy produced by the Firing of a Cannon, and by speaking in a Crowded Room. Continued eleven years.*

Sept. 3d, 1855. R. R. Merritt, æt. 39 years, was a trunk maker, and had always been healthy until the night of the 3d of July, eleven years ago, when he made a speech at 10 o'clock in the evening, in a crowded room, on the occasion of a public school exhibition, at S., Chemung county. The room was very much crowded and very warm. His speech occupied about fifteen minutes in its delivery. He went to bed about 12 o'clock, midnight, and at 2, A. M., got up and assisted in firing off a small cannon, (it was a musket barrel.) The cannon was only fired once. He was well when he

got up, and he does not think that the discharge of the cannon affected him. He had a fit a few moments after the cannon was fired, it occurring while his brother was in the act of pouring powder into his hand.

He has had about twenty-five fits every year for the last three or four years, and before that time he had about twelve a year. He was without a fit for six months at one time, (after a "low billious" fever.) He does not remember ever having more than two or three fits, at any hour except before breakfast. He had a fit six days ago, and for the last three days he has had occasional vertigo.

CASE VI. *Epilepsy produced by Pregnancy. Continuing fourteen months. Cured by Weaning Child.*

March 28, 1856. Mrs. M. S., æt. 24, consulted Dr. Hamilton, after having been married about sixteen months. Soon after she had become *enceinte*, she had an epileptic fit; she also had several others during her pregnancy, and three since her delivery. She is nursing her child, but does not menstruate. Her fits generally take place at night, and while she is in bed.

About five months after her marriage, her right elbow began to swell, and it has since continued to increase in size until the joint has become completely anchylosed.

Dr. Hamilton believed all these consequences to be due to an arrest of the natural functions of the uterus; and he advised her to wean the child as soon as she could, and not to become pregnant again for some time.

His advice was followed, and in about five months she was completely cured of her fits, and the elbow joint was restored to its natural condition.

CASE VII. *Epilepsy from a Fracture of the Skull.*

Leo Keogh, æt. 26, was struck with a heavy block, Sept. 12, 1855. His skull was extensively fractured, and the dura mater wounded.

Dr. Hamilton operated, removing about three square inches of the skull. This operation was followed be hernia cerebri.

In February, 1857, Dr. Hamilton found a fistulous opening still existing on the scalp. The right arm and leg were at the same time partially paralyzed. He had also epileptic fits.

Dr. H. removed a small piece of bone from the opening on the scalp, and the wound healed up.

From Dr. Hamilton's Fracture Tables, published in 1853, with a supplementary table on "Fractures of the Skull," we draw also the following facts:

CASE VIII. *Epilepsy from a Fracture of the Skull. Increased by marriage; terminating in Idiocy and Death. (Case 144 of tables.)*

S. H., æt. 9 years. Had fracture of the parietal bone near its middle. He was married when he was twenty-three years old, and soon after he began to have epileptic fits; these fits continued until he became idiotic, and he died when he was thirty years of age.

CASE IX. *Epilepsy from a Fracture of the Os Parietal of the left side when two years old. Continued four years. Not cured.*

W. M. H. This boy was kicked by a horse. The bones were immediately removed; but the wound *has never closed.* When three years old he had hemiplegia of *right side.* Has had nervous pains from that time to the present, commencing in right hand and extending to head. At seventeen he had epilepsy, which has continued until now. The pulsations of the brain can be felt distinctly.

CASE X. *Epilepsy from Fracture of the Skull. Death on the thirty-sixth day. (Case 161 of Tables.)*

H. V., æt. 3. Fell three feet upon a stove, which produced a wound on the scalp in the forehead. Epilepsy set in in a few weeks.

The child did not seem to be seriously injured, until the thirty-fourth or thirty-fifth day after the accident. He then became gradually comatose. The wound had never healed, but there was a slight swelling and discharge still continuing.

On the thirty-sixth day his coma was complete, but no paralysis. Other means having failed, he was trephined by Dr. Hamilton, at the seat of injury. The outer plate was broken and loose; the inner not broken. No pus. The dura mater was not penetrated. The patient was not relieved, and died on the thirty-sixth day after the injury.

The autopsy disclosed no pus within the skull.

NOTE. For a case of epilepsy treated by circumcision of the cicatrix, by Dr. Hamilton, see this Journal, vol. v, p. 460.

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

TUESDAY EVENING, Nov. 2, 1858.

The Association met.

Present—The Vice-President, Dr. Newman, in the chair; Drs. White, Rochester, Gould, Wilcox, Rogers, Butler, Gay, Treat, Eastman, Miner, Lemon, Hutchins and Jeyte.

The secretary being absent, Dr. Lemon was appointed secretary *pro tem.*

The minutes of the last meeting were read and approved.

Dr. GOULD reported four cases of erysipelas treated by the use of tinct. ferri murias, applied externally as in the case reported by Prof. White at a former meeting of the association. He had previously been in the habit of prescribing the tinct. ferri internally, in doses of gtts. xv, every two hours, at the same time applying an ointment externally, composed of ferri sulph., ℥i, lard, ℥i, with satisfactory results in nearly every case.

CASE I. Miss —— had erysipelas of the face, extending over nearly the whole surface; the swelling and redness extending rapidly, and the vesicated portions very painful.

Applied the tr. ferri, externally, with a brush, three times a-day, and gtts. xv, every two hours, internally.

The pain and itching began to subside after the first application, and in a few days the patient reported herself well.

CASE II. Mrs. L—— had erysipelas of the face. It commenced on the right cheek, spread to the left ear, and covered half the forehead, before I saw it. The parts are much swollen, and the eyes nearly closed. Great pain and itching; tongue heavily coated; breath offensive; pulse over 100; and complained of great weakness and prostration.

This case looked badly, but I concluded to try the tr. ferri as in the last case, with essence of beef and wine.

In twenty-four hours there was evident improvement, and in a week the patient was discharged.

CASE III. P. F., an Irish laborer, aged 40 years, of intemperate habits, was attacked Sept. 24th, 1858. I first saw the case on the 27th. Face swollen, red, and large patches vesicated; pulse 100; thick brown coat on tongue; headache; anxious countenance; and loss of appetite. Expected delirium tremens as a complication.

Applied the tr. ferri every four hours, and gave gtts. xv, every two hours.

In twenty-four hours the patient began to convalesce, and in a week was discharged.

CASE IV. B. M——, aged 26 years, was confined Oct. 9th, 1858. On the next day she was attacked with erysipelas on her left foot and leg, extending nearly to the knee. She complained much of pain and itching, and the limb was much swollen.

Applied tr. ferri every fours. Omitting it internally.

Two days after the first application there was less pain, itching and swelling; the skin looked shrivelled and dry. In a week the skin became dry and peeled off, leaving the whole surface smooth and healthy. In ten days from the commencement of the disease, the patient was discharged.

Very little additional treatment was needed in either of the four cases. The application appeared to control the local irritation at once, and convalescence followed in each case within two days.

Prof. ROCHESTER related a case of "spina ventosa," in a child aged twenty months; it commenced in June last. An infant brother of the child had died of the same disease at the age of two years. He thought it probable that this one would not survive that age.

Dr. LEMON exhibited the "thyroid" and "cricoid" cartilages in a state of almost complete ossification. They were found in a subject about 45 years of age, in the dissecting room.

Prof. WHITE had lately operated to close a "lacerated perinæum," using quilled sutures (pieces of bougie.) A catheter was left in the urethra, confined by adhesive plaster. The bowels were confined by opiates. In eleven days union was complete, and an alvine evacuation was procured by copious warm water enemata.

Prof. WHITE had also lately removed a polypoid excrescence from the cavity of the uterus, by means of Recamier's instrument. The lady operated upon had long been troubled with watery evacuations from the womb.

After the removal of the excrescence, tincture of iron was applied. The watery discharges ceased from this time. The "os uteri" was easily dilated although the lady had never borne children. The pain of the whole operation was inconsiderable.

Prof. ROCHESTER reported a case of inflammatory croup, which he had seen in consultation with Dr. Wilcox, in which the subject, a boy of seven years, recovered with difficulty. His mother lived in a basement, and the child had been subject to spasmodic croup. Last week, after playing all day, he was attacked after going to bed; his mother found him on his hands and knees and suffering from difficulty of breathing.

Drs. Rochester and Wilcox saw him at 9 o'clock, P. M. The respiration was hurried and difficult; cough hoarse and frequent; voice whispering, not husky; respirations about forty in the minute; great constitutional disturbance; no membranous exudation.

Made an application of the solution of the nitrate of silver to the fauces gave calomel and Dover's powder, and left an emetic of sulphate of zinc and ipecacuanha, to be given if necessary.

The next day the patient was found to have slight febrile movement, and six grains of Dover's powder were administered. The emetic had not been necessary.

He slowly recovered.

The parents, previous to asking advice, had given freely of "*Coxe's Hive Syrup*," from the effects of which he was much prostrated.

Prof. Rochester had seen cases in which he thought much injury had been done by the tartarized antimony: this case, he believed, would have resulted fatally if it had been continued.

Prof. WHITE was glad to see a decrease in the practice of giving antimony and other emetics in cases of croup, he thought it better, however, to err on the side of administering *mild* emetics than otherwise.

Prof. ROCHESTER preferred the zinc and ipecac. emetic, believing that it had not the prostrating effects of many others, and was more quick, sharp and mechanical in its action.

The Association then adjourned.

BENJ. F. LEMON, M. D.,
Sec'y *pro. tem.*

ART. VI.—*A Practical Treatise on the Causes, Symptoms, and Treatment of Spermatorrhœa.* By M. LALLEMAND, formerly Professor of Clinical Surgery at the University of Montpellier, etc. Translated and Edited by HENRY J. McDOUGAL, Member of the Royal College of Surgeons of England, etc. Third American Edition; to which is added, *On Diseases of the Vesiculæ Seminales*, and their Associated Organs; with Special Reference to the Morbid Secretions of the Prostrate and Urethral Mucous Membrane. By MARRIS WILSON, M. D. Philadelphia: BLANCHARD & LEA. 1858.

The authors of these works, which have been published by Blanchard & Lea, in one volume, have both truly said in their prefaces, that the subject of which they treat is one which often inspires nothing but disgust in the mind of the practitioner. Spermatorrhœa is certainly not a very inviting field of investigation; but the researches of Lallemand, in this disease, and he is almost the only investigator who has devoted much attention to it, have certainly done much towards alleviating the sufferings, of a character not to be described, of many unfortunate victims of the loathesome vice of masturbation.

The work of Lallemand has passed to its third edition in this country, which, for a work of its class, is an indication of excellent success. Of this it is not necessary to speak in detail; every one is acquainted with the mode of treatment employed by this author, and with the instrument for applying the solid nitrate of silver to the urethra, which bears his name. Its merits have long since been acknowledged by the profession. In reading the editor's preface, we notice that he remarks that the author has not mentioned cases of epilepsy resulting from onanism; this, the editor says, has occurred to him repeatedly. It is certain that nothing is more common than the production of this disease by solitary indulgence; in this number of the Journal we have one of the cases of epilepsy reported by Dr. Hamilton, arising from this cause; we, with the editor, are at a loss to understand this omission on the part of the author.

The work on this subject, by Marris Wilson, which is issued with the work of Lallemand, is much more brief. This has been well received in England, but has never before been published in this country. From the slight examination we have made of it, we have been able to discover nothing very striking excepting a case in which the most heroic treatment was employed for a persistent spermatorrhœa. Here the patient had one testicle extirpated by Sir Astley Cooper; and afterwards the other by another surgeon. Strange to say, these desperate measures were of no avail, and relie

was only experienced by the establishment of an immense slough in the perinæum. This reminds us of a case which was treated in this State, and was related to the former editor of this Journal by the attending physician himself. After trying every other means, in an obstinate case of spermatorrhœa, the doctor finally castrated his patient, and *cured him.* We had thought that nothing could be more wonderful than that a patient should be castrated for spermatorrhœa; but the case related by Dr. Wilson, where the patient was castrated and still not cured, is decidedly more remarkable.

ART. VII.—*A Manual of Psychological Medicine: containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity. With an Appendix of Cases.* By JOHN CHARLES BUCKNILL, M. D., London, Licentiate of the Royal College of Physicians; Fellow of University College, London; Fellow of the Medico-Chirurgical Society; Medical Superintendent of the Devon County Lunatic Asylum; and Editor of the Asylum Journal of Mental Science: and by DANIEL H. TUKE, M. D., Licentiate of the Royal College of Physicians; Lecturer on Psychological Medicine, at the York School of Medicine; and Visiting Medical Officer to the York Retreat. Philadelphia: BLANCHARD & LEA. 1858.

The mind is that which has in all ages been beyond the comprehension of the wisest and most profound; and nothing exemplifies the fact more that physiology is necessary to pathology and to practice, than the state of our knowledge in regard to insanity. We really know so little of the physiology of reason, that we have been compelled to work much in the dark in the study of its pathology and treatment; yet there are important facts which have been brought to light by those who have investigated this subject, which every physician should know, but which, we are sorry to say, are a closed book to many practitioners. What, for example, could be more important than the diagnosis of insanity? with this the physician alone has to deal, and frequently one is called upon to express an opinion in such a case, who finds it impossible to form a very intelligent one. One of the great obstacles to general knowledge in this department, has been the want of a systematic treatise on this subject. The want of such a work has long been felt, and its absence is mentioned by the authors of the book before us in their preface. This deficiency, however, the present work is intended to remedy.

From the examination which we have been enabled to give the work of Drs. Bucknill and Tuke, we are convinced that the void in this department

of medical literature has been admirably filled, and we are sorry that the space which we are compelled to devote to other works will not permit us to make a careful review of this. The first half of the work, comprising the history, nosology, description, and statistics of insanity, is written by Dr. Tuke; and the remainder, consisting of the diagnosis, pathology, and treatment, is by Dr. Bucknill.

The history of insanity is extremely interesting, carrying us back, for example, to the days of Ulysses and Ajax, and giving us the scientific view of what we know of their mental condition. This, however, is mainly an historical view of the extent of insanity in ancient times. From this the author is led to speak of the ancient treatment of the insane, and afterwards of the bearing of modern civilization upon insanity. The remaining chapters by Dr. Tuke, are devoted to the "Amelioration of the condition of the insane in modern times, especially in regard to mechanical restraint; of the definition of insanity, and of classification; of the various forms of mental disease; and of the statistics of insanity." Dr. Bucknill then follows in three chapters on the diagnosis, pathology and treatment of insanity, with an appendix of illustrative cases.

The chapter on the diagnosis of insanity, is one which should be carefully studied by every medical man. In certain cases, all the tact and penetration of the physician is taxed to the utmost, to detect feigned insanity. The author refers to the delineations of feigned insanity by Shakspeare in Hamlet and King Lear, which he considers most perfect representations of the disease. Some extraordinary cases of feigned madness are also related, and in a few of them, the most skillful experts were deceived; but he very properly says, that in most cases, madness is feigned by persons who, moving in an humble sphere of life, have very erroneous ideas of insanity. They think that it always consists of something monstrous, and that the mind is not enlightened by a ray of reason in any direction; thus they will answer no question correctly, and obstinately refuse to appear sane upon any subject whatever; a condition of mind which we very seldom meet with in cases of real mental aberration. The detection of these cases of melingering is not very difficult, and, indeed, it is with such that we have most frequently to deal. The directions, however, in this chapter, for the examination of patients, are admirable, and show a power of penetration and acute observation in such disorders, which indeed we should have looked for in one who has had such vast experience in insanity, and whose name stands so high in psychological literature.

The author's views on the treatment of insanity, appear to us exceedingly

sound and reliable. The day for indiscriminate active medication, even in cases of acute disease, has now passed. As would naturally be supposed, bleeding and antimonials were formerly almost universally employed in the treatment of mania, especially in the acute form. Though the author does not condemn the employment of bleeding in certain cases, considering it a "manageable remedy," which we have no right to exclude entirely from our means of treatment, he asserts that he has never found it necessary to employ it. In regard to tartrate of antimony, he is in favor of using it in doses not sufficient to produce nausea or purging, and ascribes to it the happiest effects in some cases. He has found also, that the mild constitutional effects of mercury produces good results in certain instances. Opiates, also, are frequently advantageously employed. The moral treatment of the insane is dwelt upon at some length; suffice it to say, however, in this notice, that the author warmly advocates the mild and gentle means of treatment which are now employed in most of our well regulated asylums. The contrast of the enlightened treatment of the present day, with that horrible neglect, filth, and cruelty to which "*dangerous patients*" were formerly subjected, must be gratifying to any one who has sympathy for the sufferings of his fellow creatures. Every one is familiar with the cruelties which were formerly practiced upon patients suffering under acute mania, and frequently, indeed, upon all who were received into the "mad-house." The abuse was so excessive that the medical writers, and even writers of fiction, were earnest in condemning and remedying this glaring evil. Now the case is different. Pleasant occupation; absence of mechanical restraint, unless absolutely necessary to prevent injury to the patient or others, and then of the mildest character, music, gardening, literature, and all in life that lunatics are capable of enjoying, contribute to quiet the disturbed reason and allow nature, if possible, to restore intellect to its throne. This moral treatment, with the expectant course in regard to remedies, which is advocated so ably in the work before us, is now almost universally adopted.

Finally, we have an appendix of cases which illustrate admirably some of the views advanced by the author. Here we are compelled to close our notice of a book, which not only should find a place in the library of every physician, but should receive from him a careful and attentive perusal.

ART. VIII.— *Of Nature and Art in the Cure of Disease.* By Sir JOHN FORBES, M. D., D. C. L., (Oxon), F. R. S., Fellow of the Royal College of Physicians; Physician to the Queen's Household, etc., etc. From the second London Edition. New York: SAMUEL S. & WILLIAM WOOD, 389 Broadway. 1858.

The above is the title of a sprightly little work of two hundred and sixty duodecimo pages, issued lately by the enterprising house of the Woods of New York. "Nature and Art in the Cure of Disease," is a suggestive title. What is disease? what is its natural or unassisted termination? When we can answer these questions, we can say what nature has to do in the cure of disease; then the history of case of disease under the most approved medical treatment will tell us what Art can do in the same cause. We have been too much in the habit of regarding disease as an enemy with whom it was necessary for the doctor to immediately enter into deadly battle; assailing him generally with the lancet at first; then for fear of a recovery from this *coup*, following up the assault with calomel and jalap, blisters, seatons, etc., etc., in fearful succession, until finally the disease is vanquished, but alas, the patient whose delicate organism has been the field of this tremendous conflict, has been compelled to yield to the effects of the war between disease and the doctor; and though the latter is triumphant and the enemy is gone, he himself is no more. Then, indeed, can the bereaved friends say that "every thing has been done," and the probability is that an examination of the saddle bags of the valiant practitioner would indicate indeed that he has done all that was in his power.

This has too often been the history of the treatment of diseases, especially those of an acute character; and even now, some of our patients themselves are not satisfied if such vigorous measures be not employed. The great difficulty has been to know the *natural history* of disease, and now that we are tolerably well informed on this point, we know that many which have hitherto demanded the most active medication, will run a certain course and terminate of themselves in recovery. Pneumonia, which was formerly always treated by blood-letting, etc., is now proved to require little medication, and this is only one of many instances which modern researches have brought to light.

The author of the work before us has given us a familiar view of this subject, and his remarks are more particularly directed to the young practitioner. He reviews the general notions of diseases, their cause, nature, and mode of propagation. This part of the subject we pass over and come to the "course of diseases."

Here the author gives us an outline of two of the most common and important of our acute diseases, i. e., pneumonia and typhus fever. He follows, for example, the disease pneumonia, through all its phases. The exposure which may have been supposed to have induced it; the chills; the onset of the fever; quickened respiration and cough; rusty expectoration; and the evidence afforded by physical signs. Passing then to the pathological conditions of the affected part, he proceeds to give a brief description of them and to show how nature, after these structural changes have been effected, "sets her agents to work to undo her previous proceedings." The expectoration, instead of being diminished, is increased in quantity; this, indeed, being one of the means by which the morbid products are eliminated. Will our readers not acknowledge that this is about the history of most cases of simple pneumonia, confined, as it usually is, to a single lobe of one of the lungs? And is it probable that the course of treatment, unless it be of the most energetic kind, has much to do with this, the natural progress and termination of the disease? Cases which result unfavorably, or are of a longer duration, are variations from this healthy process, if we may so term it. Late observations have shown that venesection, which has always been the thought indispensable in acute pneumonia, has no effect in shortening the duration of the disease. The most enlightened treatment of pneumonia, then, in ordinary cases, unmodified by vice of constitution or endemic influences, is purely palliative; ease and comfort are secured to the patient by mild remedies; the disease is allowed to run its course, and the patient recovers. Here we have an instance where a knowledge of the natural history of a disease enables us to be mere spectators, palliating, it is true, this and that symptom, but not giving nature any decided aid. Here art merely looks at the operations of nature. But there are diseases where art has something more to do; when it is not enough not to interfere with the processes of nature, but it must assist her: nature is, perhaps, incapable of doing all the work, and a judicious interference on the part of the practitioner, enables her to shake off the disease at the proper time, and our patient recovers. In no diseases is art so competent to assist nature as in typhus and typhoid fevers. Here the concentrated nourishment and the stimulus keep the vital forces alive, and enable them to eliminate the morbific element, and after the passage of the disease, to rally and regenerate themselves. These facts are now becoming widely spread, and are so common that they actually are beginning to be known out of the profession.

The work of Sir John Forbes will do much good in presenting a review of this phase of medical science. It may serve to teach some that there are

diseases which will cure themselves, and that the good results which are ascribed to a great variety of methods of treatment are merely due to this fact. When we have innumerable remedies for a certain disease, all with good evidences of success, we may often come to the conclusion, without further investigation, that we have here a self-limited disease. For example, how numerous are the specifics for inflammatory rheumatism: cases are are treated in the greatest variety of ways, and they all recover at about the same period. The author quotes, with reference to the disease, the pithy answer of Dr. Warren, when asked what would cure an acute rheumatism, "*Six weeks*," said Dr. Warren; and truly most rheumatic fevers run a course of six weeks and recover under almost any kind of treatment.

We commend the energy of the publishers in issuing works like the one before us, or Mind and Matter, which we reviewed in the last number. Such books do good. They are a relief from the dull systematic treatises, or the elaborate monograph, and lead the mind of the medical man out of the ordinary routine, to think for itself. Every one should read them, and if he does not find specific directions for the treatment or diagnosis of any one disease, he will get new ideas and suggestions which will make him take a more enlightened view of our science.

This work has been gotten up in handsome style by the Messrs. Wood, who will send it to any one in any part of the United States, free of postage, on the receipt of the price, which is $1.

ART. XI.—*Report of Mortality in Buffalo for the Month of Oct.*, 1858. By H. D. Garvin, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Accident,	6	5	1	
Albuminuria,	1	1		
Angina Maligna,	1	1		
Apoplexy,	2	2		
Ascites,	1		1	
Atrophia,	1	1		
Cancer of Breast,	2		2	
Cholera Infantum,	5	4	1	1
Cholera Morbus,	1	1		
Congestion of Brain,	1	1		
" " Lungs,	1	1		
Convulsions,	11	6	4	1
Croup,	2		1	1
Dentition,	4	1	3	
Diarrhœa,	2	1		1

REGISTER OF MORTALITY—CONTINUED.

DISEASES.	No.	Males.	Females.	No Sex given.
Disease of Bowels,	1		1	
" Lungs,	1	1		
" Heart,	1		1	
Dysentery,	4	2	2	
Enteritis,	1	1	1	
Fever, Typhoid,	5	4	1	
Gastritis,	3	1	2	
Gastro-Enteritis,	1		1	
Gangrene of Mouth,	1	1		
Hooping Cough,	3	2	1	
Hydrocephalus,	2		2	
Intemperance,	4	2	2	
Jaundice,	1		1	
Marasmus,	10	7	2	1
Old Age,	4	1	3	
Ossification of Heart,	1	1		
Paralysis,	3	3		
Phthisis,	13	6	7	
Premature Birth,	1			1
Rupture of Blood-Vessel,	1	1		
Rupture of Uterus,	1		1	
Spinal Disease,	1		1	
Still Born,	8	5	3	
Small Pox,	3	2	1	
Tabes Mesenterica,	1	1		
Thrush,	1		1	
Unknown,	8			
Total,	126			

SEXES.

Males,	66
Females,	47
Sex not given,	6
Total,	126

AGES.

Still-born,	8	Between 20 years and 30 years,	6
1 day,	0	" 30 " " 40 "	11
1 day and 30 days,	5	" 40 " " 50 "	16
Between 1 month and 6 months,	15	" 50 " " 60 "	5
" 6 months and 12 "	11	" 60 " " 70 "	2
" 1 year " 3 years,	23	" 70 " " 80 "	4
" 3 " " 5 "	9	" 80 " " 90 "	1
" 5 " " 10 "	2	" 90 " " 100 "	1
" 10 " " 20 "	3	" 100 "	0
	76		86
Ages not given,	4		76
Total,	126		

NATIVITIES.

American,	87	English,	6
German,	17	Scotch,	1
Irish,	15		
Total,			126

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

A New Method of Amputation. By M. MAISONNEUVE.

M. Maisonneuve read before the Académie des Sciences, April 26th, 1858, a note on a new operation for amputation, which he calls the *diaclastic method.* The peculiarity of this method is, that for its execution neither the knife is used for dividing the muscles, nor the saw for cutting the bones, nor permanent ligatures to arrest hæmorrhage; and that, contrary to the ordinary methods, the division of the bone constitutes the first step of the operation, and precedes the division of the soft parts.

The principal object of this method is to avoid the occurrence of purulent infection, by substituting for the ordinary process of division by cutting instruments, the process of breaking, tearing, and extemporaneous ligature, the contusing action of which obliterates effectually the vascular orifices.

M. Maisonneuve uses for the execution of this method an *osteoclast,* or instrument for breaking the bone; and a powerful *serre-nœud* for the division of the soft parts. The author describes the operation in the following manner:

"The patient having been brought under the influence of chloroform, the surgeon applies the osteoclast precisely on the spot where he intends to break the bone, taking care to protect the soft parts in contact with the instrument by thick compresses; then, giving the screw several turns, he produces the fracture; he removes the instrument, and immediately substitutes the serre-nœud, in the metallic loop of which he embraces the member ten or fifteen centimetres below the point of fracture; then, turning the screw, he gradually compresses the tissues until the circulation in the vessels is interrupted. This done, he divides the muscles to the bone by a circular incision with the bistoury, two or three centimetres below the serre-nœud, tears off by a twisting movement the extremity of the member which is attached merely by same adhering portions of muscular tissue, and finishes the operation by continuing to turn the screw of the serre-nœud until the tissues embraced in the loop of the ligature are completely divided. If the last step of the operation is conducted with prudent slowness, not a drop of blood will ooze from the wound resulting from the amputation, whatever the amputated member may be."

This singular method has been applied with success to five amputations of the leg and to one of the forearm.—*Archives Générales,* June, 1858, from *Medico-Chirurgical Review.*

Rationale of the Saccharine Treatment of Diabetes.—Dr. JOHN SLOANE, in a paper read before the Leicester Medical Society (April 20, 1858), gives the following rationale of the saccharine treatment of diabetes:

"Glucose, the variety of sugar found in the urine of diabetics, is generated in the livers of animals throughout the animal kingdom, almost wholly irrespective of the nature of their food. The glucose secreted by the hepatic cells passes into the hepatic veins, thence into the inferior vena cava, and th'ough the right side of the heart to the lungs, where, being exposed to the atmosphere, it sometimes completely disappears. Mr. Bernard has found sugar in the livers of mammals, of birds, of reptiles, of fishes, of molluscs, and of articulated animals. He has found it in omniverous, herbivorous, and carniverous animals. That the secretion of sugar is independent of the nature of the food, he proves by many experiments, of which I shall mention the following. He fed dogs exclusively on flesh for six or eight months; and when they were killed at the expiration of that period, he found as much sugar in their livers as in those of dogs fed upon upon a mixed diet. Owlets taken in their nests were fed exclusively on raw bullock's liver for three months, and were then killed; their livers always contained the normal quantity of sugar. Two dogs were fed solely on flesh, and two on amylaceous and saccharine food; they were all killed at as nearly as possible the same period of digestion, and the results of the chemical examination of their livers showed that the quantity of sugar secreted did not depend on the nature of their diet.

"Rollo recommended the use of fat for diabetics. M. Thenard and Dupuytren made them eat lard. We have fed dogs with lard and axunge; and we have found this very curious fact, that, under the influence of this alimentation, the sugar diminished in the liver absolutely in the same manner as if the animal had been kept fasting. In dogs to which M. Bernard has given nothing but pure water, he has found the secretion of sugar kept diminishing, and it ceased to appear about three or four days before its death. For the first thirty-six hours, the quantity continues considerable, but during the following days it diminishes very rapidly.

"A dog, having fasted thirty-six hours, had a copious repast of boiled sheep's head, and, three hours afterwards, was killed. The blood in the portal vein, previous to its entrance into the liver, contained no trace of sugar; whereas, in the blood from the hepatic veins, there was a considerable quantity. This experiment, writes Bernard, would alone suffice to cause one to admit, as a natural and necessary conclusion, that the sugar is produced in the liver; yet we have accumulated proofs of every kind about this proposition; and we have shown that the hepatic tissue constantly contained sugar, and that it was the only tissue of the body which offered this character.

"In animals fasting, the blood which arrives at the liver presents no trace of sugar; that which leaves it contains a considerable quantity. Inversely, the blood which arrives in the lungs contains sugar; and that which leaves it presents no trace of this substance. The sugar in this physiological state remains hidden between the liver and the lung, and does not show itself at the exterior. This statement is true only in an animal fasting. When the digestion commences, the quantity of sugar gradually augments; yet during the two or three hours following the ingestion of aliment, notwithstanding

the increase of the saccharine secretion, all the sugar can be destroyed befor it arrives at the arterial system; and it is only after the lapse of time that the production of sugar, surpassing the limits of destruction, becomes temporarily excessive in the organism. At this period of digestion, one finds sugar in all the vessels of the body, arterial and venous, and even in the renal arteries; but the proportion is too slight for any of the sugar to pass in the urine. Yet we shall see that, under certain physiological circumstances, the quantity of sugar can be increased to the point that it passes off in the urine without the animal being diabetic. Under the ordinary circumstances of digestion, this species of saccharine overflowing is manifested equally with animal or amylaceous diet, and it lasts about three or four hours. It is not less than six or seven hours after a meal that the excess of sugar in the blood commences to disappear, and that the equilibrium between its production and its destruction tends to re-establish itself as before digestion. This species of oscillation, which the glycogenic function presents, it is very important to know; for in the pathological state (diabetes) we find exactly the same phases, with the exaggeration we should expect in this malady. Different observers—Rayer in France, and Traube in Germany—have remarked that there are diabetics which do not pass sugar in their urine, except at the time of their digestion; and that, in the interval, their urine does not contain sugar. This phenomenon can be reconciled very naturally with the physiological fact which has been pointed out to you. There is nothing essentially different between the normal state and the pathological symptom, save the intensity of the phenomenon caused by a deviation of vital activity.

"The sugar is formed from the albuminous substances; and this sugar is the result of the physiological action of the liver upon those principles, which are divided so that their oxygen, hydrogen, and carbon, are grouped so as to form sugar, whilst their azote enters into other combinations, and probably into the azotized principles of the bile. One does not know, indeed, any other origin for the saccharine matter, which cannot be produced in the intestine without digestion. Experiment has shown us that, during alimentation by means of albuminous substances, the intestine and the blood of the portal vein never contain saccharine matter of any kind. Neither gelatine or flesh produce saccharine matter in the intestinal tube by the known digestive processes. The amylaceous matters taken as food enter as sugar into the portal vein, and, arriving at the liver in this state, are then destroyed by this organ and changed into an emulsion *par une matière protéique spéciale.* We have said that the sugar introduced into the intestinal tube does not augment the quantity of this matter contained in the liver, but that it is there destroyed, and causes the appearance of an emulsive substance. That the sugar introduced into the intestinal canal does not augment the quantity of this matter contained in the liver, M. Bernard shows by the following experiments. He takes two rabbits, whose urine he first finds, by testing, to be free from sugar. Into the stomach of one he injects a quantity of sugar in solution, with some ferrocyanide of potassium. Beneath the cellular tissue he injects half the quantity of an exactly similar solution. He examined their urine an hour afterwards, and he finds in that of the first not the least trace of sugar, while the urine of the second presents it in considerable quantities. But you may say that this difference may be accounted for by the intestinal absorption being less rapid than the subcutaneous; but in both

the ferrocyanide of potassium was readily detected in the urine. This will prove that the absorption is equally effectual in the intestine as under the skin, but that, in the first case, the solution has abandoned one of its constituents, the sugar, in traversing the liver; whereas this has not taken place in the second instance. He arrives at similar results in the following experiments. Through a small opening in the abdomen of a rabbit, he injects a quantity of the same solution into one of the branches of the portal vein; and into the jugular vein of another rabbit he injects the same quantity of the same solution. It is clear that, in this mode of operating, we cannot have any difference in the absorption, as in both cases we introduce the substances directly into the blood. Nevertheless, we obtain exactly the same result; that is to say, that in the rabbit, in which we injected by the jugular, the sugar has passed into the urine with the ferrocyanide of potassium, and with very great rapidity; whilst in the rabbit injected by the portal vein, the ferrocyanide of potassium alone will have passed into the urine, where one cannot find the least trace of sugar. These experiments are very conclusive. Bernard proves by experiment that starch, taken as food in the intestine by the influence of the pancreatic juice, becomes converted into sugar; and this passes into the portal vein. That sugar is destroyed by the liver, receives further confirmation, he states, by the facts known in the fattening of cattle. You all know that animals fatten most by the use of food in which starch predominates; that the geese and the ducks, in which the fat livers are artificially produced, are gorged with a *paté* of maize or other amylaceous food: that the fat formed by an animal is not in proportion with the adipose matter which it takes; that, on the contrary, the animals which only eat fat, far from becoming fat, get lean rapidly. Hereafter it is not only the biliary secretion which we shall have to look upon in the liver; it has two other functions of capital importance—one the production of sugar, which is dependent upon the aliment containing albuminous matters; the other, the production of fat, which is dependent upon the amylaceous and saccharine matters in the food.

"Cane-sugar is never destroyed; it is constantly eliminated by the urine when it is injected directly into the blood; but this sugar, when in the intestine, is in part, at least, transformed into glucose. The latter, on the contrary, injected into the blood, can be destroyed in certain proportions.

"When we prick the mesial line of the floor of the fourth ventricle, in the exact centre of the space between the origins of the auditory and pneumogastric nerves, we produce an exaggeration of the hepatic (saccharine) function, and of the renal secretion; if the puncture be effected a little higher, we very often only produce an augmentation in the quantity of the urine, which then frequently becomes charged with albuminous matters; while, if the puncture be below the indicated point, the discharge of sugar alone is observed, and the urine remains turbid and scanty. Hence it appears that we may distinguish two points, of which the inferior corresponds to the secretion of the liver, and the superior to that of the kidneys. As, however, these two points are very near to one another, it often happens that, if the instrument enters obliquely, they are simultaneously wounded; and the animal's urine not only becomes superabundant, but at the same time saccharine. The urine becomes saccharine in from one to two hours after the operation, but seldom continues for more than a day.

"The secretion of sugar is not under the direct influence of the pneumogastric nerve; for if it be divided before irritating the floor of the fourth ven-

tricle, sugar still appears in the urine. Bernard believes that the influence is transmitted by reflex action through the ganglia of the sympathetic.

"There is a phenomenon which is manifested, for example, when, after fasting a certain time, a great quantity of sugar is taken. The intestinal absorption then proceeds with extreme rapidity. A great quantity of sugar arrives in mass in the liver; the mechanical circulation much prevails over the chemical; the sugar is poured into the general circulation in proportion much greater than occurs in the normal state; and it passes then into the urine, where its short-lived presence can be found for a certain time.

"M. Bernard, after a great many experiments in reference to the subject, has proved that there is a species of election in the excretion of matters which pass out of the organism. Sugar is eliminated in two ways only—by the kidneys, and by the mucous membrane of the stomach. When sugar is ejected into the blood of an animal to saturation, and puts it for a time into a state of diabetes, we do not find sugar in the saliva, in the tears, pancreatic juice, bile, nor perspiration: whilst the urine and gastric juice contain it in proportions more or less notable. These results entirely resemble those obtained in diabetic patients. Lehmann states, however, that he has obtained sugar from the saliva of a diabetic. The presence of sugar has been pointed out in the expectoration of diabetics. Bernard admits that sugar can be had in a notable quantity in the expectoration. But, he writes, we must not confound the bronchial mucus which these patients, almost always phthisical, in the last stage of the disease expel in abundance, with the salivary secretion properly so called; it is the mucosities formed in the lung which contain the saccharine matter. Nevertheless, this fact is not constant; for M. Raynor has reported to the Society of Biology a case in which the expectoration of a phthisical patient examined by M. Wurtz did not contain sugar. Bernard proves by the following experiments the statements regarding the election in excretion of matters which pass out of the organism.

"He takes a dog with a parotidean opening, into which he inserts a tube. Nothing flows by this tube, which proves that the secretion is not continuous. By putting in the mouth some vinegar he excites the flow of saliva, which passes out of the tube rapidly in large drops. He next injects into the jugular vein of the animal a solution containing sugar, prussiate of potash, and iodide of potassium. Immediately after this injection the salivary secretion is again excited in the same way. The saliva is received into three glasses. One is examined for sugar, and none is found. The sugar, therefore, does not pass in the saliva. The second is examined for prussiate of potash, and it is not present. The third is found to contain iodide of potassium. This substance then passes immediately into the saliva, whilst the prussiate of potash and the glucose, equally soluble, cannot be found. In the saliva extracted before the injection, none of the substances exist. In the urine of the same animal, after the injection, the prussiate of potash is found in considerable quantity, and the iodide of potassium in small proportion. As regards the sugar, there is none yet, but we shall find it presently; it requires an hour or more for the sugar to appear in the urine.

"The urine then eliminates all these substances in a manner more or less rapid. The prussiate of potash appears first, and the glucose last.

"There is another secretion in which the presence of sugar can be found; this is the gastric. The passage of the sugar into the stomach has surprised

most of the observers who have seen long since that when diabetics vomited, although they had eaten nothing but flesh, the vomited matters were saccharine. When it was believed that diabetes proceeded from a perversion of the digestive functions, it was considered that the flesh was changed into sugar in the stomach. But one need not now be mistaken; the flesh is not saccharine. Bernard himself has observed that, in diabetics who vomit fasting, in the vomited matters the presence of sugar could be found. But this has only occurred when the disease is at its greatest intensity; and in all those cases, even in the animals which have been rendered artificially diabetic, it is much more difficult to obtain the passage of glucose into the gastric juice than into the urine.

"The sugar is formed, as we have seen, at the expense of the albuminous substances. In the healthy man it is clear that a part only of these matters is consumed for this purpose. The diabetic who forms much sugar expends a very large quantity of azotized material; the blood is impoverished; and, although the patient eats enormously, he gets thin like a man badly nourished. The liver takes in a manner the ration of the other organs, which undergo a considerable attenuation, because the albuminous elements are transformed into sugar.

"M. Bouchardat has prescribed the use of amylaceous and saccharine matters in the food of diabetics. The facts which Bernard has himself witnessed in the practice of M. Rayer prove clearly the utility of azotized aliment. In the regimen of these patients, writes Bernard, vegetable aliments ought to be forbidden, as it is evident they augment the functional activity of the liver. You know, also, that they are excitants of the kidneys; that they are much more diuretic than animal matters. Thus all the herbivora pass much more urine than carniverous animals. In the azotized regimen, diabetics have the advantage of food which is not diuretic.

"I have at great length reminded you of Mr. Bernard's views regarding the formation of sugar in the animal economy. As some of them are of so novel a character, and so little in accordance with the notions formerly held, I have thought it advisable to mention the experiments upon which he founds his opinions. That they will, upon further investigation, be more or less modified, is not improbable: but they have been very generally received by the most distinguished physiologists and pathologists.

"From M. Bernard's investigations, we learn the following facts of importance in reference to the saccharine plan of treating diabetes:—

"1. Sugar may be rationally administered to diabetic patients, inasmuch as the sugar found in the general circulation is almost always secreted by the liver, and as sugar introduced into the intestinal tube in its passage through the liver is there altered and converted into an emulsive substance, which serves to fatten these patients, and thus to counteract their tendency to emaciate.

"2. Substances which contain glucose—such as honey and fruits, should be given to diabetics in preference to those containing cane-sugar, because the latter is not destroyed when injected into the blood, but is constantly eliminated by the kidneys; whereas glucose can be destroyed in certain proportions.

"3. Cane-sugar would be beneficial to a certain extent; as, when taken into the intestine, it is in part, at least, transformed into glucose; but if given in too large proportions to be thus constantly transformed, the disease would

be probably aggravated by the presence in the blood, and subsequent excretion by the kidneys, of the former variety of sugar.

"4. The glucose should be given in moderate quantities at a time, and frequently, rather than in large quantities at long intervals; because, when much sugar is taken fasting, it is absorbed too quickly to admit of its complete destruction in the liver, and it passes into the general circulation, whence it is eliminated in the urine,"—*British Medical Journal*, May 8, 1858, from *The American Journal of the Medical Sciences.*

Starch from the Animal Kingdom.—Dr. PAVY exhibited to the Medical Society of London (Oct. 10, 1857) some of the newly discovered amylaceous material which is obtained from the healthy liver, and which forms the source of the animal sugar. In referring to the history of the saccharine secretive function of the liver, Dr. Pavy stated that, upon the announcement of the discovery by Bernard in 1848 that sugar was formed in the animal body, it was referred to a transformative action of the liver on an albuminous constituent of the portal blood. The celebrated experiment of puncturing the floor of the fourth ventricle, and establishing diabetes, rather supported this view; for it was thought that the irritation of the nervous centre stimulated the secretory action of the liver, and led to the production of a superabundance of sugar, which, accumulating in the circulatory system, was pumped off by the kidneys, and thus appeared in the urine. The next step of information removed the direct influence of the nervous system, and showed that the production of sugar could not be regarded as analogous to secretion. In September, 1855, in fact, Bernard announced, at the Académie des Sciences, that the formation of sugar continued for as many as twenty four hours after death in a liver from which the blood had been entirely removed. If, for instance, the liver of a healthy animal be removed immediately after death, and a current of water be ejected from the portal vein through its vessels, the whole of the blood is washed out, and the organ is also quickly deprived of the saccharine material it contained. Now, if such a liver be placed on one side and examined in a few hours' time, it will be found to have become strongly impregnated with sugar, the production of this material having continued in the exsanguine tissue of the gland. Upon this fact our knowledge has rested until within the last few months. During the early part of the summer, Dr. Pavy had noticed, whilst conducting his experiments on the *destruction* of sugar (which have led him to new and unexpected results, which he will shortly communicate to the profession), that he could isolate a material from the liver which subsequently underwent transformation into sugar; and he had recorded in his laboratory book the influence of chemical agents, such as acids, alkalies, and alcohol, on this material. He had since learnt, however, on his recent visit to Paris, that Bernard had most satisfactorily made out the nature and relations of this body, which, from the analogy presented in its chemical bearings to starch, he had called an animal amylaceous or starchy material. It had also been called glycogenic material, and this was probably the best term to apply to it at present, because it implied nothing more than we knew the substance in reality to be. The specimen of this glycogenic mate-

rial which Dr. Pavy exhibited, had been procured from the liver of a dog in the following manner: The dog had for some days been submitted to a strictly animal diet, so as to preclude the introduction of any starchy material into its system from the vegetable kingdom. After killing the animal, by the destruction of the medulla oblongata, the liver was removed, and a tube firmly ligatured in the portal vein, for the purpose of passing a current of water through the vessels to wash out the blood, and at the same time remove the sugar. In half an hour's time the water which had passed through the vessels was colorless and destitute of sugar, as was also the tissue of the liver itself. The organ was now cut up into small slices, placed in an evaporating dish, boiled in the liquid which exuded from it, and subsequently strained and pressed to obtain all the liquid that was procurable. The object, in fact, was to make a decoction of the liver, which holds in solution the glycogenic material, and has, thereby, communicated to it an opalescent or a milky appearance. This was then mixed with alcohol (in the proportion of one part of the decoction to about five of the spirit), and immediately a precipitate was produced, which was collected on a filter and dried, and formed the specimen then before the fellows of the Society. The substance before him was of a grayish color, which resulted from contamination with albuminous matter. It might be made perfectly white by prolonged boiling in a solution of potash, which did not at all affect its properties. It was insoluble in alcohol and strong acetic acid. Its solution in water presented the same milky appearance as the fresh decoction of liver. It gave no reaction with the sugar tests, nor was it susceptible of undergoing fermentation. It was, however, readily convertible into dextrine and sugar by the same agents which produced this change in the starch of the vegetable kingdom. Indeed, boiling with acids and contact with diastase, saliva, pancreatic juice, blood, or any animal matter in a state of change, very readily effected its transformation into glucose, when it gave all the characteristic reactions of this substance. Dr. Pavy further stated, that by means of chemical agents and the microscope the natural seat of this material could be shown to be in the interior of the hepatic cells.—*Lancet*, Oct. 17, 1857,—from *American Journal of the Medical Sciences.*

Uterus taken from a Patient who had died, of Acute Disease of the Brain, whilst Menstruating.— Dr. W. W. GERARD exhibited this specimen, and gave the following particulars of the case:

Elizabeth Cook, æt. 25 years; English; married 7 years ago; has had two miscarriages and one still birth; subject lately to menorrhagia, the discharge returning profusely every two weeks. She died of apoplexy, in the Pennsylvania Hospital during one of her menstrual periods.

He was indebted to Dr. Packard for the following statement relative to the part exhibited:

All the sexual organs were greatly reddened, especially the uterus, the left ovary, and the left Fallopian tube, which latter presented an enlargement near its fimbriated extremity. The inner surface of the uterus was of a very bright red color, and the orifices of its follicular glands very perceptible; the mucous membrane seemed also to have a finely papillated or villous character.

The epithelium, being scraped off and examined under the microscope was found to consist of a mixture of columnar and squamous cells. No, evidence of any new formation could be detected.

The left Fallopian tube, carefully slit open from the end to the other, contained, in the dilatation above alluded to, a quantity of dirty red, grumous liquid, which, under the microscope, was found to consist of the ordinary ciliated columnar epithelium of the tube, and of masses of corpuscles, resembling nuclei; the form of the masses was very irregular, depending entirely upon the position assumed by the corpuscles.

At several points in the surface of each ovary, there were minute dots, like orifices, each one corresponding to a Graafian vesicle. Two of these being laid open, their contents were examined under the microscope, and found to present a few granular nucleated cells of considerable size, floating in a homogeneous liquid. Patches of extremely delicate epithelium were found in the scrapings of the lining membrane of the vesicles.—*American Journal of the Medical Sciences.*

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*Remarks on the Treatment of Gleet by Local Remedies.**—By Wm. Otterson, M. D., of Brooklyn, N. Y.

The slight discharge from the urethra so often met with after an attack of gonorrhœa, and variously known as "chronic blennorrhagia, gleet," etc., occurs under various circumstances, and its seat, cause, and treatment, are differently given by different authors. Cooper, Vidal, Acton, Hunter, Chelius, etc., give different views of the seat and pathology of the disease, yet they all concur in the general plan of treatment, viz., stimulating and astringent injections, cubebs, terebinthinates, and speak, as a last resort, of sometimes using the bougie. We find these writers placing the seat of the disease in the prostate, Cowper's glands, the lining membrane of the urethra, the lacunæ, and in the fossa navicularis. I am disposed to think that Sir A. Cooper was nearest right, and that the glans penis and the lacunæ therein are the real seat of the affection. What the precise pathological condition of the glans is, I am unable to say; but it would appear that owing to its delicate structure, and the fact of its being the most frequent seat of acute attacks, that the onus of the chronic form of the disease should be centered upon this portion of the organ; and that many of the most obstinate cases of gleet (in the absence of stricture and disease of the prostate) are dependent upon a morbid condition of the glans, and not upon any disease or change of the lining membrane of the urethra itself. My reasons for this belief are; 1st, the amount and character of the discharge; 2d, the point of irritability upon passing an instrument; 3d, the inadequacy of injections to control the disease permanently; 4th, the failure of eternal medication or hygeine to exert any special influence over it.

1st. The discharge is usually found to be nothing more than opaque mucus, which may vary in consistence according to circumstances. This in

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* Read before the Brooklyn Medical Society.

the morning occupies the meatus, at times almost blocking it up, and is easily removed if the patient runs the finger along the under surface of the urethra, beginning about an inch from the meatus, when the secretion escapes; after that, the urethra may be squeezed from the prostatic region to the meatus, and yet no more of the discharge be procured. 2d. In passing an instrument, when about an inch from the meatus, and corresponding with the fossa navicularis, the patient complains of pain, and after the instrument passes this point, the whole tract of the urethra beyond is free from irritability. This I have found as an almost invariable result in my cases of obstinate and long standing gleet, when there was no stricture.

3d. Injections of all kinds have utterly failed to make any permanent impression upon the discharge, though there have been remissions for a few days at different times. 4th. Internal remedies have failed to exert any perceptible influence over it.

If the lining membrane of the urethra were alone involved, the result of medication would be different; for we all know, that in acute gonorrhœa, many of what are called specific medicies, do exert a modifying and decidedly beneficial influence over the diseased tract of the canal. But in this form of gleet they fail, because their action is not adapted to the disease of this particular structure. If Cowper's glands are the seat, then the application the author makes in these cases would appear to be useless, as the remedies are not applied to the portion of the canal where they are situated.

Treatment.—I first examine the patient to ascertain if there is stricture, narrowing of the canal, etc., and if there are any such obstructions, the usual measures are adopted to overcome them. Sometimes this alone will effect a cure, but if the discharge continues I introduce a No. 8 metallic grooved bougie, the groove being filled either with citrine ointment or calomel; the latter I prefer as being more certain in its action. The instrument need be passed only a sufficient length up the urethra to get the point beyond the glans penis, when it should be carefully revolved several times; it should be allowed to remain in for three or five minutes, and then a probe, adapted to the curve of the instrument, should be passed down the groove; if they are then withdrawn simultaneously the whole of the calomel will be left in apposition with the parts.

This may be repeated two or three times a week at the same time that the bowels are kept soluble. Upon withdrawing the instrument a little smarting may be complained of, and perhaps a few drops of blood follow, but this is not important. If this plan of treatment is followed assiduously, you can assure your patient with much confidence that a very short time only will be required to remove every trace of the most obstinate and hitherto intractable gleet.

The writer has had quite a large number of these cases under his care, and formerly was in the habit of adopting the stereotyped practice, and have them linger from month to month, and finally to pass into other hands; but since adopting the view that *benefit can only be derived by direct alterative medication to the seat of the disease*, and pursuing the plan of treatment laid down in this paper, he has not failed to cure a single case, marked benefit arising after three or four applications, even in the most unfavorable and long standing cases.

As some authors have recommended the use of mercury, with a view to

produce its specific effect upon the system, I transfer one case from my note-book, illustrating its action in this affection.

CASE I.—L. W. consulted me on account of a chancre, which I cauterzed with solid nit. argent., and after giving a cathartic kept him upon blue mass and opium, until its specific action became manifest, and as there was some induration, kept up a slight mercurial action for some time by hyd. potass. and ext. sarsp. comp. This treatment being continued about two weeks, the chancre healed kindly when, for the first time, the patient informed me that he had been suffering from gleet for about eight months, which, at the time he first applied, was quite severe, but he, thinking that the medication and regimen adopted for the cure of his syphilis, would also suffice for his gleet, did not mention it till after his primary disease was cured; but finding he was not free from his old discharge, he wished further advice. I proposed the bougie, but he having been present when I had introduced it on his friend, desired that some other measure should first be tried. I consented, after giving an unfavorable prognosis. The old routine of injections, etc., was gone through, and after one month's trial he concluded to submit to the bougie. Upon examination no irritable point was found after the point of the instrument passed the fossa navicularis, no stricture or narrowing of the urethra. A perfect cure was effected in about three weeks, no relapse following.

CASE II.—J. D. applied to me on account of a gleet which had troubled him about five months, the sequel of a gonnorrhœa which he had treated with injections of bals. copab. Upon examination, I found some narrowing of the canal just anterior to the bulb, with irritability at this point, and at the point corresponding with the seat of the fossa navicularis. This constriction readily gave way by the use of graduated bougies, but the gleet still continued. I treated him upon the old plan for six months, during which time all the different remedies were tried, and strict rules of regimen enjoined. In this time there were several remissions, but nothing permanent. At last I introduced the medicated bougie twice a week, at the same time, removing entirely my dietetical restrictions. At the end of six weeks, although he daily drank large quantities of beer, he was entirely cured. Some may be disposed to think that this case required tonics and nourishing diet, but these had been given as one of the changes during the six months of the old treatment.—*New York Journal of Medicine.*

Rupture of an Umbilical Hernia, and escape of a large mass of Intestines—Peritonitis—Opium—Recovery. By REED B. BONTECOU, M. D. Troy, N. Y.

August 9th, 1857—I was called to see Mrs. W. at 10 P. M. Found the patient (a stout, healthy looking woman,) lying in bed with her clothes on, her countenance indicating terrible anxiety and suffering. She implored me to do something for her, saying that she had burst; that she was six months pregnant, and that a physician who came to see her about five

o'clock, soon after the accident, had pronounced her case as hopeless. I laid bare the abdomen, and found a large mass of intestines and omentum, much swollen and very red, lying by her side on a coarse flannel skirt. They had escaped from the vicinity of the umbilicus, and made a tumor large enough to fill a peck measure. It consisted of nearly all the smaller intestines, with omentum; was covered with gravel adhering to the surface, and felt cold. I administered a grain of morphine immediately, and cleaned the protruding mass as well as the convenience at hand would allow. On making an attempt to reduce it, I found it so swollen and œdematous as to preclude the possibility of doing so without enlarging the aperture, which I did at once with a probe-pointed bistoury, cutting freely upwards in the mesian line, and returning the whole without further difficulty.

Constant efforts at vomiting made it difficult to retain the parts until sutures were introduced. I pinched firmly together at its base a sac the size of an ordinary orange, including the umbilicus and a rent through which the parts had escaped, and placed four interrupted sutures through it. The flabby sac I then rolled up on itself and made answer the purpose of a compress, keeping it in its place by another compress, a girdle of adhesive plaster, and a bandage of cloth. The uterine tumor was of course apparent, and motion of the fœtus was felt. She had been laboring under an umbilical hernia since the birth of her youngest child two years previous, and during the present pregnancy it had increased in size, at times as large as the fist, and the skin covering the sac had for some time previous been tender, as if an abscess was forming in it. The accident occurred to her while stooping to feed her chickens, at about 5 P. M.; the parts had therefore been protruded five hours when I first saw her.

The pulse was small and frequent, and she was still suffering from the shock of the accident. I gave her ten grains of opium in powder, and left others with directions to give one every two hours till she slept. The frequent large doses were given in anticipation of peritonitis, which I thought inevitable.

August 10th, 8½ *A.M.*—The patient had not slept, and the powders had been given according to directions, making in all 50 grs. besides the morphine. She was lying on her back, the limbs flexed, breathing easily, and quite free from pain. The vomiting had ceased soon after I left on the previous evening. The pupils were contracted, eyes bright, no drowsiness, tongue moist; was rational, and much terrified with the apprehension of death; had not passed urine, but made no complaint of distress on that account; could not detect any distension of the bladder. I left a number of ten gr. powders of opium; ordered them continued every two hours as before; prohibited much nourishment or drink.

3 *P. M.*—Is much the same as in the morning; complained of some pain in the lower part of abdomen, and had felt unusual motion of the child; had had no sleep, but attributed her wakefulness to the excitement of many persons running in to see her. She appeared rational, pupils contracted, eyes bright, tongue moist, no vomiting, no great thirst, and no desire for nourishment; pulse 90 and rather small; ordered the ten gr. opium powders continued every two hours as before.

9 *P. M.*—Patient still wakeful and complaining of pain all over the lower part of the abdomen. She had not passed urine since the accident, and I evacuated it with the catheter. Pulse 100, pupils contracted, eyes bright,

tongue moist, with thin pale fur, skin moist. Prescribed beef tea as nourishment, and 15 grs. pulv. opium every two hours till pain was subdued and sleep obtained. She was rational and composed.

11*th*. 9 *A. M.*—Patient still wakeful, quite easy, rational, and inclined to be cheerful. Since 5 A. M. had been vomiting a clear watery fluid without nausea. The powders had been given as prescribed, and had not been rejected. She was somewhat annoyed with motion of fœtus. Had her clothes changed for the first time since the accident; pulse about 90; in other respects in much the same condition as on the previous evening. Prescribed ½ minim of creasote in bread-crumb pill for the vomiting, and to continue the 15 gr. powder of opium every two hours.

8 *P. M.*—Patient had not yet slept, though the house had been kept quiet; was quite comfortable, having suffered little pain except in the wound: was unable to extend the limbs; the lower part of the abdomen distended and tympanitic; had passed urine, ordered hot fomentations sprinkled with spts. turpentine, to lower part of the bowels, and a dose of oil and turpentine internally as a laxative. Prescribed ten grs. opium every three hours till sleep was obtained, and oftener if in much pain.

12*th*, 10 *A. M.*—Patient had slept 3 hours, and was sweating profusely; had passed some urine, but the bowels had not moved; the abdomen was greatly distended and tympanitic, causing pain in the wound and over the belly generally. I loosened the bandage and adhesive girth. She spoke of having felt much motion of the fœtus. Ordered oat meal gruel and beef tea as nourishment. Prescribed salts ℥ss. to be taken at once, and to use an enema in four hours; to continue the ten-grain opium powder, and use the fomentations as before; the vomiting had ceased.

Before evening her husband came for me, saying she was terribly bloated and suffering more pain, notwithstanding the powders had been given every two hours. I saw her about 7 P. M. She had had three profuse, thin, watery evacuations from the bowels, and was much relieved of the distension and pain. She was rational and bright; skin moist, pupils contracted, pulse 100.

13*th*, 9 *A. M.*—Patient sleeping; soon awoke and conversed cheerfully, expressing much gratitude for my services; had slept much during the night; was quite free from pain, and could extend the limbs a little; very tired of the bed, and wanted permission to get up; pulse 90; skin moist; eyes bright; tongue coated, but moist; some appetite; allowed roast oysters, and prescribed 5 grs. opium in powder every four hours.

14*th*, 10 *A. M.*—Had slept most of the night; felt well, except pain and soreness in the wound; pulse 82. I dressed the wound for the first time, now five days since the operation. Found considerable swelling of the parts about the sutures, and withdrew them. The walls of the sac were apparently adherent, and I left it rolled up on itself as it had been; covered the whole with lint, spread with simple cerate, and an adhesive girth about the body. Prescribed a continuance of the 5 gr. powders of opium every four or five hours. She continued to improve, till twelve days from the time of the accident, when she aborted *at* or *about* the sixth month. I continued to administer opium, 15 or 20 grs. daily, occasionally combining with it acetat. plumbi or tannin, or both, to correct a tendency to diarrhœa, which annoyed her after the miscarriage. I continued my visits *daily* till the 1st of September; after that *occasionally* for three weeks, during which time I gave

opium largely. It was some weeks before she could extend her limbs sufficiently to stand erect.

This person has since given birth to a healthy child, and is herself robust. The hernia, I may mention, never appeared after the operation.

Statistics of Tracheotomy.—The statistics of the operations of tracheotomy performed during a number of years at the *Hôpital des Enfans* at Paris, where the effects can be observed upon an extended scale, must always be interesting and valuable. In former years we have frequently entered into practical details on the subject. We now quote from the *Journal of Practical Medicine and Surgery* the following statistics relative to the operations of tracheotomy performed during the eight years just elapsed.

The following is the list of these operations from 1850 through 1857, with the number of cures obtained:

1850—20	operations	6	recoveries.
1851—31	"	12	"
1852—59	"	11	"
1853—61	"	7	"
1854—45	"	11	"
1855—48	"	10	"
1856—55	"	14	"
1857—71	"	15	"
Total, 390		86	

It will be seen by the above table, that the proportion of recoveries, although very unequal in the several years, presents a very similar general average; that is, from 1 in 4 to 1 in 5 of the whole number operated on yearly. It should be mentioned that the majority of the children operated on were in the last stage of croup, and were consequently in imminent danger of death.

M. Guersant, in whose wards this estimate was prepared, gives the following summary of the indications for and against tracheotomy, based upon the age of the children, for the existing complications, &c.

Age is an important element to be considered. Amongst the cases which compose the above table, there is one of a child 18 months old, who died with convulsions during tracheotomy. M. Chailon, the author of the article cited by us from the *Journal of Practical Medicine and Surgery*, states that he saw, on the 7th of January last, a little girl of two and a half years die during the operation, notwithstanding the well-known skill of the surgeon. He had also seen a similar case in private practice—the patient being also a girl less than three years old.

Nevertheless, whilst the peculiar difficulties of tracheotomy in subjects under the age of two years are admitted—difficulties ascribable to the restricted relations and volume of the parts at that age; to the dangers of a minute, long and delicate dissection; and especially to the small size and mobility of the trachea, which often allow the insertion of the tube only

with extreme difficulty—M. Guersant does not consider the youth of the patient an absolute contra-indication to tracheotomy.

The same is true as regards pneumonia, when it complicates pseudo-membranous croup. For a long time, says M. Chailon, the existence of this complication was thought sufficient wholly to contra-indicate tracheotomy. At present, M. Guersant adopts the opposite opinion; and he has become convinced that, in establishing respiration by an artificial track, he has favored the resolution of the pneumonia. He admits but one decided contra-indication to opening the trachea in croup—and that is, diphtheritic infection, or general diphtheritis. When a child whose vocal chords have been invaded by false membranes, exhibits at the same time similiar morbid products in the nose, the ears, or upon the skin; when there are attacks of epistaxis and every sign of extreme debility—tracheotomy will be useless; the child will invariably die.

M. Guersant does not, moreover, consider the extremest degree of asphyxia an insurmountable obstacle to the success of the operation, provided the condition is permanent, and has continued for at least an hour, with a persistent character.

Slow and continued asphyxia is, indeed, the very state which is the chief indication for tracheotomy, according to M. Guersant. It is then the only thing to be done—the reestablishment of respiration being that alone which can keep the child alive.

There is a sort of asphyxia which does not so imperatively call for the operation—viz., the intermittent form. M. Guersant has seen children making violent efforts to breathe and seemingly about to die instantly; false membrane having been discharged, the nature of the disease was certain. Notwithstanding, the friends having opposed the operation deemed necessary by the surgeon, the usual means were employed—such as emetics, calomel, alum, and chlorate of potash—and the patients have recovered. But with the exception of these rare instances and of the far more common cases of general diphtheritis, M. Guersant thinks that as a general principle, tracheotomy is distinctly indicated whenever there is continued and increased embarrassment of the respiration.—[*Gazette des Hôpitaux, and Boston Med. and Surg. Journal.*

A Glance at the Hospitals of Berlin and Vienna—Treatment of Fractures by Envelopment in Plaster of Paris—General Remarks. By Geo. Suckley, M. D.

During a hasty visit at the capitals of Prussia and Austria, a few months ago, I observed some facts in connection with their hospitals, which may perhaps be of interest to the readers of your Journal.

These observations, although made while I was rapidly moving from place to place, seem of sufficient interest to excuse me for attempting to communicate what could be so much more fully given by those whose longer sojourn at the cities named, render them much better prepared than myself, but who, from one cause or another, "hide their lights under a bushel," and remain silent.

The Charity Hospital of Berlin is a very large, well-organized institution,

under the direct patronage and care of the Government. Its *Winter* wards are generally about half the size of the principal surgical wards in the main building of the N. Y. Hospital, but those for *Summer* (in a fine building specially reserved for use during the warm season) are quite large and airy. In the *Winter* buildings there is an attempt at artificial ventilation of the apartments, which, although of evident benefit, is scarcely equal to the system at the Beaujon Hospital, in Paris, and in my opinion far inferior to the thorough methods in use in the first class hospitals and other public institutions of our own country. The hospital also, *as a whole*, seems to me to be far superior to the average of those under the Paris administration. Like those of the latter, everything is systematized, but there appears to be more of *comfort* in the arrangements—a something in the general order of things, which seems to convey the impression that the institution is for the taking care of sick *human beings*, rather than of sick *machines*.

At meal time, a portion of every article cooked is placed upon a table, in the public kitchen, upon which also stands a sample of each kind of wine, or extra article of luxury, intended for the sick. It is the duty of an inspector to taste some of each before the provisions are distributed to the different wards. When visitors are present, they are politely asked by the inspector to partake of some of the articles; which request, in my own case, was complied with. I found all the meats, &c., as well cooked and seasoned as if for a private family, and the wines, beer and spirits of a fair quality.

The wards for the sick contain usually 13 beds each, which are not covered up by the close, unhealthy, heavy curtains, so constant in the Parisian hospitals, but *open*, as in our own.

Although I visited the whole of the institution, I spent the most time in the surgical wards, especially in those attached to the service of that estimable old surgeon, Fungken. The practice here I found very much resembles that in the first class American institutions. The surgeons of Berlin are not weighed down by the incubus of conceit and egotism, which so hampers the practice of the Parisians. They seem to draw good from all sources, and to be readers and students of the practice of *all countries*, keeping up with the progress of the age; trying all new discoveries which seem reasonable, and rejecting those found worthless. In Fungken's service I saw Chassaignac's "drainage tubes" in common use. The employment of small bathing tubs for soaking inflamed arms and legs, and the use of oiled silk for protecting beds, covering dresses, splints, &c., put me much in mind of our own practice.

I had previously heard of the *Berlin method of treating fractures by encasing the limb in Plaster of Paris*, and was particularly fortunate in being present at the time a recent fracture of the leg was thus treated. The method is said so have been introduced at Berlin about 40 years ago, having been brought from the Cossacks, Caucasians, or Tartars, (I have forgotten which.) It gives great satisfaction to the Prussian surgeons, and seems well adapted to the treatment of fractures, under peculiar circumstances, such as when the patient resides at a long distance from the surgeon, or when, from restlessness, delirium tremens, or some other cause, bandages and ordinary splints cannot be kept properly adjusted. The process, as I saw it applied, was as follows: The limb was first bandaged with many-tail-
[illegible] bandages of flannel, which had been previously spread with simple
[illegible] or lard; then enveloped with another bandage, covered with dry pow-

dered gypsum, and neatly applied. The patient, a hearty laboring man, having been thoroughly relaxed by chloroform, was then subjected to strong manual extension and counter-extension, until the fragments of the injured limb were brought in their proper relations. The limb was then placed in a trough resembling a fracture box, the sides of which, being on hinges, could be let down at will; and the extension having been maintained by an assistant, a sufficient quantity of plaster of paris, *mixed cold as if for taking casts*, and of about the consistence of thin "mush," was then poured in the box, enveloping the leg, ancle, and instep. In a few minutes this became sufficiently hard to allow the extension to be dispensed with, and in a short time longer the whole had consolidated so much that the sides of the moulding box were let down, and the casing left to dry rapidly in the atmosphere. The thickness of the casing averaged about three-fourths of an inch, and seemed, when dry, sufficiently strong to resist any violence to which a patient is ordinarily subjected, while awaiting the consolidation of a fracture.*

Before the casing becomes perfectly dry, the date of the "putting up" of the fracture is scratched upon it. It is left on for four or five weeks, and when removed is broken with a hammer and chisel. Should small ulcers occur, or any inflammation about the point of injury, threatening the conversion of a *simple* into a *compound* fracture, a small circular hole is "chipped" out with a chisel, in order that the part can be examined, and, if necessary, the proper dressings applied.

This method of treating fractures is applied only to those of the leg and forearm. It is thought to be highly preferable to the starched bandage, in such common use in other cities, as the plaster in drying *does not shrink*. The case in which I witnessed the application of this treatment was that of a simple fracture of both bones of the leg, of only 16 hours standing.

The Prussian surgeons, like those of Paris, as an anæsthetic, use chloroform altogether, having abandoned sulphuric ether *as tedious* and *disagreeable*, and as not possessing sufficient advantages in any way over the first to warrant its substitution.

In the Charity Hospital, the general arrangements of the wards, the dressings, baths, cleanliness, and conveniences generally, reminded me much of the state of affairs at present in vogue in our New York hospitals, and seem far superior to those of the French.

There are many advantages for students at Berlin; and as Americans and other foreigners are not, as in Paris, a drug in the market, they receive much attention, and have as good, and in my opinion *better* chance to benefit themselves by studying European practice, than in any other of the great continental cities; apparently much better than is to be had at Vienna, to which place Americans, especially Bostonians, are beginning to give their attention.

The great public hospital at Vienna is a very large institution, containing wo thousand or more beds. As a school for diseases of the eye and skin,

*The limb should not be allow to rest at the bottom of the box or trough at the time the plaster is poured in, but should be kept up a short distance, to allow an amount to find its way behind the limb, sufficient to render the casing over the calf of the leg and posterior portion of the limb generally, as thick and strong as that which covers the front. To facilitate the equal spreading of the mixture, the box hould be tapped with a small wooden hammer while the plaster is still fluid.

it is celebrated; and as a hospital for the study of diseases generally, it has a great reputation on the Continent. It is supported by the Austrian Government, and on the whole appears to be well managed; although, owing to the financial embarrassment of Government, it is not nearly so well conducted or so liberally supported as it would otherwise be. It is not so neat as the Berlin Hospital, and the bed-clothes and patients had, to my eyes, a dirty appearance. Many facilities are furnished medical students, and instruction in all branches is abundant and cheap. The steam baths and the arrangements for bathing, &c., on a grand scale, are well worthy of attention. As at Berlin, the cooked food and other edibles are daily inspected before distributing to the sick; each physician or surgeon taking turn in acting as inspector, instead of the business being attended to by a permanent inspector, as at Berlin. Living is cheap at either place, and the facilities furnished foreign students apparently as great as at Paris.—*American Medical Gazette.*

New Operation for Ranula.—The following operation, a notice of which we find in the *Gazette des Hôpitaux*, for the cure of ranula, proposed by M. Barrier, of Lyons, recommends itself for its ingenuity and simplicity, and is worthy of a trial in a disease which often baffles the skill of the surgeon. Each extremity of the transverse diameter of the tumor is seized by a pair of forceps held by assistant. The operator taking that on the left side himself, cuts with the scissors a triangular flap, whose base is to the right of the antero-posterior diameter, the apex (which should be truncated) being consequently to the left. He then takes the other forceps, and makes a small incision from before backward, near the base of the flap, extending through the cyst. Through this slit is inserted the apex of the flap, which is turned inward, from left to right, and is secured by a suture. In this way the mucous membrane, being turned inward, forms the lining of the sac, which consequently does not tend to close, but allows the free escape of its contents.—*Boston Medical and Surgical Journal.*

A Singular Muscle. Observed by MARION HOWARD, M. D., Demonstrator of Anatomy, Medical College of Virginia.

Some time last winter, one of the students, while dissecting, asked me "Doctor, what muscle is this? I don't understand it." On examination it turned out to be a very eccentric muscle indeed; arising by two fleshy bands about an inch broad from the posterior edges of the tibia and fibula, about an inch above the lower extremities of the bones, joining on the median line, and enclosing in the bands the tendons of all the muscles of the posterior part of the leg except the tendon-achillis, and sending off from the point of junction a round fleshy belly about half the size of the little finger, which passing behind the inner ancle and under the inner edge of the os calcis, from the larger tuberosity of which, it received a fleshy fasciculus, became tendonous as it turned forward in the sole of the foot, and joined the massa carnea at its anterior edge. In the other leg there was no such muscle.—*The Virginia Medical Journal.*

A Case of Obstruction of the Bowels relieved by Copious Injections, after the Failure of other means. By O. C. GIBBS, M. D.

The following case is interesting, because relief came when but little expected, and under desperate circumstances:

January 1st, 1858.—I was called to see Mrs R———, aged about 55 years. She complained of severe pain in the bowels, was vomiting some, the pulse was quiet, tongue furred, bowels tender on pressure, the countenance haggard and indicative of much distress and prostration. I suspected a a strangulated hernia, but, on inquiry and examination, this supposition proved groundless. Opium, in full doses, combined with small doses of calomel, was advised internally, and hot fomentations locally.

January 2d.—The patient was suffering less pain, but not otherwise improved. The treatment was continued, the opium in diminished, and the calomel in increased, doses.

January 3d.—The patient was no better; the pulse was more frequent, and the vomiting still continued. Castor oil was now ordered in tablespoonful doses, to be repeated every hour until it operated; the action of the oil to be aided by injections of infusion of senna.

January 4th.—Still no improvement, but patient gradually failing; Bowels were much bloated and tympanitic. The matters vomited now were stercoraceous. Cloths, saturated in turpentine, were applied to the bowels. calomel, rubbed up with blue-pill, was now ordered, in four grain doses of the mass, to be repeated every two hours.

January 5th.—Treatment had been discontinued during the night; the friend supposed the patient dying, and refused to give additional medicines. The patient was evidently sinking; the bowels were greatly distended, the vomiting stercoraceous, no operation upon the bowels had yet been secured. Though the case was unpromising, I urged the friends to additional efforts. A blister was ordered over the stomach; as soon as drawn, the cuticle was directed to be removed, and one grain of morphine to be applied to the denuded surface; turpentine was still ordered to the bowels; and calomel, in five grain doses, to be administered every three hours.

January 6th.—Still no operation from the bowels, and no cessation of the vomiting. The patient was slowly sinking. Ordered treatment continued, though, I must confess, with no hopes of relief.

January 7th.—The patient was supposed to be dying by friends; medicines had been discontinued since 12 o'clock last night.

I now explained to the friends that it was possible that a copious injection might overcome the obstruction, and afford relief; this, I said, will occasion much pain, but we certainly ought not to let the patient die without making at least one more effort to afford relief. Of the many present, I selected two women of nerve and decision, to carry out my directions. With a pump, I ordered them to inject tepid water into the bowels, so long as they could prevail upon the patient to endure it. This they did, and returned to me soon, informing me that they had injected only about a pint. The patient's sufferings, they said, were extreme. Less had been accomplished than I had expected.

I now took the pump myself, closed the door against spectators, and commenced injecting, entreating the patient to endure to the utmost, as this was

her only hope, This she did, for a time, but soon her shrieks and groans became heart-rending. Her husband and son now rushed into the room, and commanded me to desist from further attempts to relieve the patient; which I did only after at least two quarts had been injected. The friends evidently looked upon me as a personification of brutality. Though conscious of having done my duty, I felt confident I had lost the confidence of the many present, and that I had better have let the patient died, at least without the last effort for relief.

About an hour after this, to my great joy, the bowels moved freely and repeatedly, to the no inconsiderable relief of the patient. From this time on, the only laxative required was a little yeast. The patient, however, was not destined to recover. She died about two weeks later, seemingly from an inability to rally from the extreme prostration. Peritoneal inflammation was, doubtless, the cause of death, which, in a person of less years, and under more favorable circumstances, might have been cured.

I can not avoid the conviction, that if the copious injections, with a view of forcing the obstruction, had been resorted to earlier, the result might have been different.

FREWSBURG, Chatauque Co., N. Y.

Anæsthetics.—We quote the following article from the Lancet for October 16, 1858, and we have no doubt that all it asserts is true. Indeed, we have looked over the late Dr. Snow's work with much interest, and can heartily join in the recommendation of the Lancet, to give this "valuable monograph" a "thoughtful perusal." Notwithstanding all that is said, however, even by the highest authority, we believe that the time is not far distant when chloroform will be abandoned as an anæsthetic agent. We again ask, why use an article of such uncontrollable power, when we have an equally reliable one in ether, and one which is entirely safe? It is notorious, that under the best conditions, and in the most careful hands, chloroform is a dangerous weapon. It is only lately that Mr. Erichsen, high surgical authority, has stated both pubilcly and privately, that he uses chloroform as he would take an *express train*, ignoring, or risking, the dangers of extra velocity. Now, is it not better to travel on the anæsthetic track a little more slowly, and be safe in our journey? Mr. Erichsen himself intimates as much as this; and the evidence of every day only confirms us in the opinions we have expressed.

"The frequent recurrences of death from the administration of chloroform during the last few weeks has induced a feeling of uneasiness and distrust of this agent both in the profession and out of it. It is very certain, however, that a great part of this feeling might very advantageously be transferred to the mode of administration which is still in vogue. It must not be forgotten that, in all these cases, the chloroform was administered loosely on a handkerchief, and in more than one instance, as has been proved, it was of a thickly-woven texture, which did not allow of a free passage of air. This mode of administration is, we think, most unjustifiable. The experiments of the late Dr. Snow conclusively showed the necessity of carefully regulating the proportion of vapor in the air inspired. We strongly recom-

mend to thoughtful perusal the valuable monograph on the subject of Anæsthesia which he has bequeathed to the profession. No one can rise from reading this valuable digest of a wide experience and the observation of ten years of scientific and practical labor, without a feeling of regret that so much carelessness should still prevail in the administration of this most potent vapor, and a sense of the necessity for a more extended instruction in the principles of anæsthetization. We commend the following sentences to the very careful consideration of surgeons:—

"The great point to be observed in causing insensibility by any narcotic vapor, is to present to the patient such a mixture of vapor and air as will produce its effects gradually, and enable the medical man to stop at the right moment. Insensibility is not caused so much by giving a dose as by performing a process. Nature supplies but one mixture of diluted oxygen, from which each creature draws as much as it requires; and so, in causing narcotism by inhalation, if a proper mixture of air and vapor is supplied, each patient will gradually inhale the requisite quantity of the latter to cause insensibility, according to his size and strength. It is, indeed, desirable to vary the proportions of vapor and air, but rather according to the purpose one has in view, whether medicinal, obstetric or surgical, than on account of the age or strength of the patient; for the respiratory process bears such a relation to the latter circumstances, as to cause each person to draw his own proper dose from a similar atmosphere in a suitable time.'

"The proportion of chloroform most suitable to produce insensibility, Dr. Snow found to be about four cubic inches of vapor, or rather more than five grains of chloroform to one hundred cubic inches of air. With a properly-arranged inhaler, it is easily possible to supply the vapor in this fixed position. This simple precaution would rob chloroform of nearly all its terrors and its dangers. It is a very surprising consideration, that while the niceties of surgical manipulation are invariably attended to with the utmost care, the production of anæsthesia is very frequently left in the hands of quite inexperienced persons. It is sad to see the issues of life and death treated with indifference; it would be yet more so, if we were not well aware that the fault is one of thoughtlessness, and that those who have fallen into it will probably shrink from a similar error now that it has been pointed out so forcibly by recent events."—*Boston Med. and Surg. Jouraal.*

Warning to Invalids Visiting the Island of Cuba.—[We beg leave to present our readers the following extract from a letter received from an esteemed correspondent in Havana. It speaks for itself, and all medical men who send patients to Cuba for relief, should be careful to make every effort to secure them from the imposition pointed out.—Eds.]

If you like to take the trouble to give notice to your readers, that such of their patients and other invalids as come to Havana shall be counseled in respect to localities best suited to their conditions, or if so ill as to require private lodgings, or residences separate from the crowd and discomfort of hotels, it will give me much satisfaction to be of service to them in any way that may be in my power, and to carry out every judicious plan of treatment that may be recommended by their physicians.

I do not wish to be understood as advertising myself, or as soliciting cases, but the custom with infirmaries and several physicians, of employing runners and of paying commissions to catch strangers, renders it suitable that the profession be advised of the indecent usages and its objects; and the more so, that the parties guaranty quick and radical cures of diseases in the most desperate circumstances, stipulating beforehand the amount of money to be paid, usually from one to five thousand dollars, and the largest part in advance that can possibly be obtained. The patient is always required, under the pretext of air, diet, or something else, to take lodgings in some family in which the physician confides, and the members of which, and also their friends, are instructed in the part they are to act in the conspiracy. At the proper time, an interpreter is at hand; at other times, the patient is surrounded by persons he cannot understand or make understand him: the thieves soon seize his pile, and proceed in the process of fleecing their victim, whose effects in the end fall short of paying his bills; the flattering arrangement has cost the unfortunate patient his last dollar, with no result but a heartless robbery, and chagrin and bitter disappointment. Instances of this kind of financiering occur every season, and it happens, also, if the funds of the victim do not hold out to pay every dollar, and the regular course of the disease, or some other cause, has ended in the death of the patient, his acquaintances and countrymen must provide for his interment, or see his remains conveyed in the common dead-cart to the cemetery, and deposited without coffin or any covering in the ditch or common receptacle of the dead from hospitals, prisons, and places of execution. Strangers who are invalids, should consult their Consul, or some countryman of established character, in respect to whatever they propose to do, particularly in respect to medical attendants, and all matters involving important interests, with which they themselves are perfectly familiar. There is no need of any person falling into the hands of medical thieves and robbers. In Havana, there are great numbers of professional gentlemen, whose spotless honor and high attainments would lose nothing by any test or comparison, and whom money could not induce to guarantee the cure of a disease already advanced to the point which makes it necessarily mortal; but these do not employ runners or whippers-in, or divide their fees in commissions.

The credulity of invalids is notorious. Men of the best capacity, the highest attainments and stations, heads of the law and church, allow themselves to fall victims to the most grovelling impostures, and dupes of the vilest quackery. The best understandings are betrayed by credulity and fear, or importuned out of their senses by designing rogues, officious spectators, as well as by honest-meaning friends. If we consider how intensely life and health engage the hopes and fears of all, the blindest judgment in her vain groping for something to ward off despair, and her idiotic trust in ignorance and knavery ought rather to be matter of regret and commiseration, than of surprise and derision; and allowance should be made for the effects of sickness, for impatience from sufferings unrelieved, perhaps unrelievable by any skill.—*New Orleans Medical News and Hospital Gazette.*

EDITORIAL DEPARTMENT.

The Business Department of our Journal.—Since we assumed the entire responsibility of this Journal, our editorial duties proper, have been much augmented by a necessity of transacting some of the business connected with its publication. Though we have succeeded in regularly issuing it at the first of every month, and it is a justice which we owe to the enterprising publishers to say, that it has been issued in a style not surpassed by any of its class in this country; and though we fervently hope that we have done our best in its editorial management, yet we would have had a much lighter task, and perhaps would have performed it more satisfactorily, if we had been entirely relieved from every thing of a business character. We are confident, too, that the latter department would have been much more flourishing if it had been taken in charge by a more competent person, as we do not claim to be a striking exception to the rule, that professional men, and especially medical men, are not particularly keen in the ordinary transactions of life.

The house by which this Journal has been published from its commencement, nearly fourteen years ago, and to the energy of which it owed a measure of the standing it at once assumed among the periodical medical literature of the land, has long urged upon us the advisability of associating with ourselves an energetic business man in the capacity of publisher; and we are now happy to announce that we have made such an arrangement with one who is no stranger to any of our subscribers, Mr. A. I. MATHEWS,—whose advertisement has appeared on the outside of our cover from the very first number.

By thus adding to our able list of collaborators, who have given our publication such an enviable literary standing, the services of an active business man in the financial department, we will be able to present extraordinary advantages both to subscribers and advertisers; and to subscribers especially, facilities for obtaining every variety of information, such as are presented

by no other Journal in this country. Our subscription list is already large, and we will be enabled to make it still larger by presenting the claims of this Journal to almost every regular physician in the country; by this we will give advertisers the means of reaching as many physicians by publishing in our Journal as in any other; and to subscribers then, we will be able to present the claims of nearly every good mechanical invention, or of any discovery which is important to the profession; as we will make it for the *interest* of all such to advertise with us, and will permit *none of a doubtful character* to appear. One half interest in the Journal has been purchased by Mr. Mathews, who will relieve us of every care, excepting those purely editorial; thus we will be enabled to give our entire attention to that department, with no anxiety as regards the other.

To Subscribers, we present the following advantages: A Journal, to the editorial management of which we are enabled to devote our entire attention, aided by as able a corps of collaborators as any in the country; having the advantage of the clinics at two hospitals, and the proceedings of the Buffalo Medical Association. The establishment of a universal agency for our subscribers. Mr. Mathews will procure for them every thing which is required by the practitioner; he will supply any drug or chemical, manufactured in this or any other country; any surgical, obstetrical, or dental instrument; surgical apparatus of all kinds; will procure American, French, English, or German publications; will subscribe to any American or Foreign periodical; will procure chemical analyses of every character by Prof. Hadley, of the Medical Department of the University of Buffalo; and, in short, we will present to our subscribers residing in the most remote parts of the country, the advantages, in the above points, which are enjoyed by a resident of the city of New York. It will be necessary only to write to the Journal enclosing two stamps, one for the reply, and one for the communication which it may be necessary to make with manufacturing or publishing houses. There will, however, be few articles which he will be unable to supply from his own stock.

With these advantages, we look forward to an increase in the prosperity of the Journal, and we pledge for ourselves and for the publisher, on the one hand, every effort to sustain its reputation in a literary point of view; and on the other, a prompt attention to every thing connected with its business transactions, and the immediate execution of all commissions entrusted to us *by subscribers*.

Hereafter, all communications relative to the editorial department, will be directed as before, to the editor; all remittances, and communications, relat-

ing to the business department, will be addressed to A. I. Mathews, Publisher. The price of the Journal will remain the same, $2.50 in advance, or $3.00 at the end of the year. We hope, however, and shall expect, to receive advance payment in nearly all cases.

Buffalo Medical College.—It will be gratifying to the friends of this institution to learn that the class for the present session presents a decided increase from last year. The introductory was delivered on the first Wednesday in November, by Dr. Theophilus Mack, Lecturer on Materia Medica and Therapeutics, to a good audience, composed of the class and some of our citizens. It is unnecessary to say that this was an able production, especially as we have asked and obtained the privilege of publishing it in our Journal, when our readers will have an opportunity of passing judgment on its merits. It will appear in our January number. The following correspondence explains itself:

UNIVERSITY OF BUFFALO, MEDICAL DEPARTMENT,
November 15th, 1858.

THEOPHILUS MACK, M. D.,

Dear Sir,—The class, having heard with great pleasure and benefit your interesting Introductory Address to the present term, have, at a special meeting, appointed the following committee for the purpose of procuring a copy for publication.

In accordance with their instructions, we therefore earnestly request that you will send us a copy for that purpose.

Yours very respectfully,

GEORGE A. MCDONELL,
LUCIEN A. DAMAINVILLE,
JOSEPH W. ROBINSON,
L. N. BATES,
FRANK HODGE.

ST. CATHERINES, C. W.,
16th November, 1858.

Gentlemen,—I have much pleasure in acquiescing to your request. I feel highly honored in your considering worthy of publication my modest

attempt at a "*Relief Karte*" of the more salient features of a profession in the honest exercise of which I hope soon to find every member of your class.

I have the honor to be,
Gentlemen,
Your obedient servant,
THEOPH. MACK.

Messrs. GEO. A. MCDONELL,
LUCIEN A. DAMAINVILLE,
JOSEPH W. ROBINSON,
NEWTON L. BATES, and
FRANK HODGE,
Members of Committee of Class, Med. Dep't University of Buffalo.

New York State Inebriate Asylum.—The corner stone of this institution was laid on the 24th of September last, with the impressive Masonic ceremonies. The Grand Master of the State of New York, and many other high dignitaries of the order, officiated in the exercises. Speeches were made by the Hon. Edward Everett, Hon. B. F. Butler, Hon. D. S. Dickinson, Dr. John W. Francis, and the Rev. Dr. Bellows. A poem was also read by Alfred B. Street, Esq. These, with the Masonic ceremonies and speeches from some of the order, made the exercises extremely interesting and impressive. We learned from one who had the good fortune to be present, that the speech by Everett was one of his happiest efforts. A speech from this great man alone, would give interest to such exercises, and the happy efforts by the remaining orators, combined to make the affair most satisfactory and successful. The distress, both mental and physical, to which the vice of intemperance will inevitably lead, is brought more forcibly to the mind of no class of men, than to the physician. We know the terrible diseases to which it gives rise; we see the misery and desolation which is brought into a virtuous home by the demon of drink, where it is concealed from all the world beside. The sacred ties of the family physician lead the unhappy to unburden their heart, to lay bare all their woe, and to ask him, almost as a superior being, if there be no remedy. A man, and a man of intellect and education, can see himself the cause of incalculable unhappiness, can wish and pray to have strength to resist, yet the hold

which a habit of stimulating obtains upon the organism is of such a character, that it requires the strongest will to give up a habit, which an abused constitution reminds him every moment that he has made almost a physical necessity. The impossibility of legislating successfully against this evil, has been abundantly proven; we, however, can do something, as has been shown by the success in many instances of institutions for inebriates in other countries. Such a movement on the part of the profession in this country, will reflect upon them a lasting honor, and we all hope and pray it may be successful.

Case of Imperforate Rectum. Letter from Dr. JONES, of Charlotte, Monroe County, N. Y.

Editor of Buffalo Medical Journal.

Dear Sir: I have met with a very remarkable case in my practice, and if you think it worth publishing, you are at liberty to do so.

On September 18th, 1858, Mrs. Nelson was delivered, after a short labor, of a fine healthy boy, weighing nine and a-half pounds, plump and fat. The child seemed quite well for two days, nursed two or three times, slept well, and was quiet with the exception of occasional turns of vomiting a dark slimy substance, as infants frequently do at that age. After two days, we thought it should have its bowels evacuated, and therefore administered a laxative, which was speedily rejected. Another was given, but also rejected. The vomiting continued, bringing up a dark offensive substance, resembling meconium. We then commenced with enemata, which were not retained a moment. After having made repeated injections, failing to get any feces, I introduced a bougie about two and a-half inches, into the rectum, when I met with an obstruction. After ten days, the parents thought an operation might be performed to relieve the child, and Dr. Carpenter was called in. After examining the rectum, we passed a small gum-elastic catheter up the bowel, as we thought, about eight inches. Dr. C. thought it should remain for four or five hours. At the expiration of that time I removed it and found that it had coiled itself in the recium, which was very easily explained when the instrument became warm and soft. I judged from this, and previous examinations, that there was a permanent obstruction in the rectum. After twelve days suffering, the child keeping nothing on its stomach, and nothing passing its bowels, it died on the morning of the twelfth day.

I obtained the consent of the parents to make a post-mortem examination, which was done in the presence of two old ladies. The stomach and bowels were in a normal state until I came to where the sigmoid flexure of the colon should have been, and here was wanting about three inches of intestine. The end of the colon was smoothly sealed over, making its termination in a bag. Over the upper end of the rectum was a strong thick membrane. The kidneys, ureters, bladder and urethra, were normal. The bowels were very much distended with gas. I was permitted to make no further examination.

I am pleased that I was allowed to make the examination, on account of the gossiping of a certain homœopathist, who said, "he could have cured the child, *that he had had a hundred such cases.*" I cannot say that I have had eleven hundred obstetrical cases, but I have never met with such a case before. I have read of them and presume they have been met with frequently.

Yours, &c.,

A. JONES, M. D.

The above is indeed an interesting case. Imperforate rectum is quite a rare disease, and with the exception of a few cases where the bowel terminates just beneath the skin, are not amenable to an operation. We believe, indeed, that most surgeons recommend to leave them alone, and of course death is the inevitable result. In this case, we conceive that the post-mortem examination proved that an operation would have been unsuccessful. The alternative of an artificial anus is too disgusting to be taken for a moment into consideration. Conceive of the responsibility of entailing such a loathesome disease upon a fellow creature! Who is there who would not a thousand times prefer to have died in infancy? The subject of operation in cases of imperforate rectum was brought up a short time since, before the Boston Society for Medical Improvement. We have not the reports at hand, but think that in most cases the operations were unsuccessful.

In another point of view, the case reported by Dr. Jones, gives us a text. The meddlesome interference of irregular practitioners, who are always too ready to play upon the hopes of the friends of patients laboring under a serious disease. This precious homœopathist could cure the child, "he had cured a hundred such cases." This is the invariable cry, and often are the minds of the friends filled with remorse, as well as the standing of the practitioner injured, by such bare-faced effrontery. A post-mortem examination, however, will bring the truth to light, and it not only defends the reputation

of the practitioner, but must be a great relief to friends who otherwise might not have believed that all had been done.

It is only a few days ago that a patient from whom we had removed the matrix of the nail of the great toe, for onychia maligna, after the nail had previously been removed by the ordinary operation, and after she had suffered for three years, told us that a homœopathic practitioner volunteered the valuable informatien, that now her toe was healed up she would die of consumption. This *professional gentleman* was working with her husband in a blacksmith's shop, only a short time before, and from thence proceeded to practice medicine, when he had promised to cure her toe himself with the inevitable sugar of milk. To be classed with such animals is humiliating, but it is one of the crosses which we knew we should have to bear when we took up our profession, and we suppose we have no right to complain.

Meeting of the Medical Society of South-Western New York.—Every half year we receive an account of a meeting of this society, and judge from what we see that it is always a pleasant affair. When doctors feel a disposition to come together as brethren, they are the most companionable of men; good feeling alone prevails, and this appears always to be the case with our brethren of South-Western New York.

The society met on the first Wednesday in November, and elected the following gentlemen officers for the ensuing year:

President, H. M. T. Smith, Dunkirk.
Vice-President, Edson Boyd, Ashville.
Secretary and Treasurer, Charles K. Irwin, Dunkirk.
Executive Committee, Dr. G. C. Bennet, Quincy,
" A. K. Avery, Forestville,
" G. S. Harrison, Sinclearville.
Com. of Arrangements for 1859, Dr. Boyd, Ashville,
Dr. Thomas, Dewittville,
" Fenwick, Mayville.

The following resolutions, among others, were unanimously adopted:

Resolved, That the members of the Medical Society of South-Western New York will not, in any instance, visit, examine or prescribe for a patient of an irregular practitioner of medicine, until the patient, or his or her guard-

ian, shall have assured us of the discharge of the irregular practitioner, and our employment.

Resolved, That the Medical Society of South-Western New York endorse, as professional, the administration of chloroform in obstetrics; and we assure the public that its use requires the same, and no more skill than that of other potent remedies; and that we recommend, as safe administrators of it, any and all regular members of our society and profession as being equally competent, who desire to assume the responsibility of its administration.

After the meeting, the members, with their wives and invited guests, sat down to an excellent dinner, which was enlivened by good speeches by the president, Dr. Smith, and Dr. Washburn, as well as some who were not members of our profession. We are sorry to be only able to speak in terms of general commendation of these responses, which are published in full in the "Dunkirk Press and Western Argus."

We like the spirit of the first resolution: too often is the practitioner neglectful of inquiring, when called, if any other practitioner, and especially an irregular, is in attendance. We are thus subjected to the unpleasant chance of meeting a quack at the house of our patient, and often under the disagreeable necessity of controling our desire to forcibly eject him.

We do not know what some of our Philadelphia, Boston, or New York friends would say to the second resolution. It is now becoming quite common in these cities, to repudiate chloroform and use nothing but ether, especially in the hospitals and clinics. The horror of the eminent Professor of Obstetrics in the Jefferson School, when he barely hears of the contemplated administration of chloroform, could not be greater than if he were asked to witness a wilful murder; indeed it is a tradition that he was accustomed to kill sheep with chloroform before the class, to inspire in them a measure of detestation of the article. This feeling is very common in Philadelphia, which we look to rather as the fountain head of medicine in this country. True it is, that a physician or surgeon, if he administers chloroform frequently, will sometimes see a case, where the escape from death will be *very narrow*. We have seen one or two such instances in the practice of eminent surgeons, and though we much prefer this form of anæsthetic from its pleasant odor, its rapidity and certainty of action, and do administer it, we are always rejoiced when the patient is well out of danger from its effects. The total arrest of respiration which sometimes occurs in its administration, and which frequently continues long enough to excite the most lively apprehension, is a fearful thing for an operator, and an experience which we hope never to undergo. For all that, however, chloroform is so much more agreeable,

rapid, and certain in its action than ether, and the cases of death from its administration, with proper precaution, are so rare, that we always give it the preference. We regard ether, however, as absolutely without danger. What the anæsthetic *acétone*, which is described in Brown-Séquard's Journal and which we referred to in our last number, may prove to be, we do not know; we hope that some agent may be discovered which will prove as effectual as chloroform, and as safe as ether.

The society adjourned, Nov. 4th, to meet at Mayville on the second Wednesday in May, 1859.

Letter detailing a case of Criminal Abortion and Infanticide.—We publish the following letter, which appears to have been called out by our article on *Criminal Abortions*, which details one of the most horrible instances of depravity, is rather insanity, which we have ever known. This is one of the effects of advertising abortion pills; and that such a thing should ever occur in a civilized land would be a matter of astonishment to any but the physician, who sees so much misery and crime. Cannot this matter be remedied, and will not our brother editors aid us in the effort to awaken public sentiment in this direction?

Dr. Flint—Dear Sir: I see by the two last numbers of the Buffalo Medical Journal that you have undertaken to correct and change the public mind, and so do away with a great moral evil (criminal abortions). I am glad, for, one that the medical faculty are getting aroused to this great subject, and that they may show its true character and influence, and correct, if possible, the error. It is a great evil, and there must be measures and means advanced to check it, or where will it end?

I will give you the history of a case that occurred to me in my practice only a year ago.

Mrs. W., aet forty, widow woman, with three children, applied at my office for medical aid; said she had been unfortunate, and got caught in a bad scrape, and wished something to produce the desired effect. She was told that it was very dangerous to give such medicine, and that they were very uncertain in their effects, as no specific medicine was known that would produce this effect without danger. She left the office, and nothing more was heard from her for about two weeks, when I was summoned to her house as soon as I could get there. I was some twelve hours before I arrived, and when I did, I learned a tale that makes my blood almost chill

when I think of it. She had procured some drug. the character of which she refused to tell; had taken it and it had the desired effect, *i. e.*, to produce abortion. She told me that she was alone with her children, who were asleep. She took the medicine, and the child was born; that she knew not what to do with it, and for fear that it would cry and awaken the other children she muffled its mouth, got off her bed, walked to the stove, in which there was a brisk fire, removed the griddle or cover, and placed the child upon the burning coals, and there it remained until it was burned to ashes. She said it writhed and tried to cry, and she had to turn away!

To what extent of crime will this debasing practice lead our mothers and our daughters if not stopped? The fœtus was a seven and a half month. The effect of the medicine which she took produced her death some hours after. This was her confession.

I could relate other instances that have occurred in my neighborhood, but they are no more than have occurred to you and to every other medical man.

I will state what I know of some of the "*Royal French Physicians*" who advertise in almost every paper that we pick up, a specific remedy for suppression of the menses, &c. You doubtless have seen an advertisement of Dr. Charles S. Gourander, French Physician, Surgeon and Accoucher, of the celebrated school of Paris, &c. Also, J. B. Bartonie, with an advertisement of like character.

These two eminent physicians are only one person assuming these two names. I am personally acquaintad with this eminent humbug and do know that he never read a medical book in his life, neves attended a medical school, never heard a medical lecture, and yct he advertised as being a graduate of the Royal College of Paris, (what students she must turn out.) I have seen this man go to the post-office and get from three to fifteen letters at a time directed to him at N. Y., and forwarded to R., and from each of these letters he received one dollar with directions to forward to such and such places his pills with full directions for use.

The most of these letters were from unmarried ladies—at least they were signed Miss So and So. These letters I have both seen and read. The pills he used were Wright's Indian Vegetable. He bought them by the gross, tore off the wrappers and put on his, and forwarded them to different parts of the United States, with directions for use. This will show the imposition practiced upon the people; but I think that his pills may be

safer and less hazardous to life than the most of preparations used for this purpose, and by just such quacks as he.

Yours, &c., G. H. C.

The North American Medical Reporter. Edited by W. Elmer, M. D.

This is the title of a new journal published by W. A. Townsend & Co., New York, the publishers of Braithwaite's Retrospect. It is to be regretted that a journal which is evidently designed to be issued in a kind of connection with such a work as Braithwaite's should not take a more dignified position than the one before us. It is designed to present an index of the interesting articles which appear in the various periodicals to which it has access; so far it is good; but in addition, even the first number, which it would be policy to keep free from every thing objectionable, we regret to say, contains many things which the regular profession cannot but condemn. We should not have mentioned this publication, had it appeared under the guise of an eclectic or homeopathic journal, but the position which it aspires to assume, the circulation which it hopes to obtain among the regular profession, and especially its apparent connection with the reprint of Braithwaite's Retrospect, make it necessary for us to speak of its claims on the profession. A journal which contains a favorable notice of "The American Family Physician or Domestic Guide to Health," by John King, M. D., Professor of Obstetrics and Diseases of Women and Children in the *Eclectic* College of Medicine, Cincinnati; and the "Pronouncing Medical Lexicon," by C. H. Cleveland, M. D., Professor in the same institution, can not demand our support or sanction. We say nothing of an editorial article which reads as though it had been copied from the advertising sheet of a daily paper, announcing a new hair invigorator, the formula "to be found in a subsequent part of this number, which constitutes one of the best if not the only *rational* preparation for restoring the hair to its original or healthful condition." These are undignified and professional, and we cannot commend a publication which, like this, either panders to the interests of an eclectic, or the discoverer of a hair wash, or puts himself on a level with them, and indorses their opinions.

The Physician's Diary for 1859. Buffalo: Phinney & Co., publishers, No. 188 Main street. 1859.—We have just received this admirable Physician's Diary for 1859, and hasten to notice its appearance. This has been the companion of most if not all our physicians for the past year or more, and we, for one, can testify to its usefulness and convenience. It is of a size sufficiently small to be carried in the pocket without inconvenience, and yet is so admirably arranged as to contain all the notes which we wish to make in such a form, It is so well known to our readers that it is almost unnecessary to recite what it contains. Every physician should commence the year with one. They may be obtained of different sizes, from Phinney & Co., of this city. The contents are, An Almanac, List of Poisons and their Antidotes, Visiting List and Medical Record, Obstetrical Record, Nurses' Addresses, List of Things Lent, and Bills to be Presented.

To Exchanges and Sucscribers.—We are very short of the August number for 1858, of our Journal, it having been nearly all sent off by mistake, and should be glad to credit fifty cents on the subscription of any person who does not bind the Journal and will mail this No. to us. $2 and the August number for 1858, will be received for subscription for the next volume. If any of our exchanges can spare us this number, of which every one counts with us, and will send it to us, it will do us a great service.

Congenital Fissure of the Sternum.—We have received a pamphlet containing extracts from the Album of E. A. Groux, who has a congenital fissure of the sternum, and suppose that the profession of this city will soon have an opportunity of examining this remarkable case. The extracts are interesting observations on his case by some of the most distinguished German, Spanish, French and English physicians, and indicate the great interest which Mr. Groux has excited among members of the profession wherever he has exhibited himself.

☞ Prof. Flint left Buffalo in the early part of November to enter on the duties of his Chair in the New Orleans School of Medicine. He expects to return in the latter part of February next. His correspondents, in the meantime, will please direct their letters to him at New Orleans.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. JANUARY, 1859. NO. 8.

ORIGINAL COMMUNICATIONS.

ART. I.—*A Summary of the Claims of the Medical Art to the consideration of the Public at the Present Day.* By THEOPHILUS MACK, M. D., Lecturer on Materia Medica, Medical Department, University of Buffalo.*

GENTLEMEN:

For the next four months we shall be engaged in the study of pursuits of the highest importance, and your future utility to society, your individual happiness, and your success in life, must, in a great measure depend upon the doctrines you now imbibe, the habits you form, and the extent to which you avail yourselves of the opportunities for study presented to you. It shall be the constant aim and object of my colleagues and myself to insure that every facility shall be afforded to you for the acquisition of such an amount of knowledge as may render your future career fortunate, and add honor to the profession of medicine.

Without dilating, according to the *Pecksniffian* style, upon the ineffable feelings of pleasure experienced by the entire faculty at beholding so many zealous and intelligent applicants for initiation into the arcana of our art, allow me to present to you the claims of our profession to the public support, as they strike one living far from the turmoil of cities, and beneath the

* Introductory Lecture to the Course of 1858—59. Published by request of the Class.

strife and excitement which await celebrity and eminence. At the same time, I would draw your attention to some of the points we believe we are excelling our wise and venerated predecessors in. In the execution of this design, we, in the outset, declare that far from depreciating the labors of those who have toiled in the same vineyard during ages past, we recognize in them the great fathers of the progressive, and active interpreters of nature of the present day; and acknowledge that without their explorations, their errors, and their discoveries, we should now be found lamentably deficient. But inasmuch as the mind of man is distinguished from the intelligence of the brute by its constant advancement, each of our generations contribute to the great tower of human science, having severally received in our turn the traditions and records of the men who have played their part and left the stage, ere we were called upon to strut our hour.

I hold it to be the essential of all men of true learning, to bow to the spirits of the mighty dead, as much as it is that of quackery, where and whenever it pushes its mushroom head through the soil, to deride all that has been said or written before its ephemeral existence commenced. It is the same vain-glorious self-sufficient popinjay now, that it was a century back, and it was then the identical noisy strutting jackdaw complained of by Hippocrates more than two thousand years before. Harken to its portrait about a century ago in the great Dr. Bossy; "This renowned mountebank came to his booth erected weekly in the midst of Covent Garden market, in his chariot with a livery servant behind. His stage was erected opposite the north west collonade, Covent Garden. The platform was about sixty feet from the ground, was covered, open in front, and was ascended by a broad step-ladder. On one side was a table with a medicine chest, and surgical apparatus displayed on a table with drawers. In the centre of the stage was an armed chair in which the patient was seated; and before the doctor commenced his operations, he advanced, taking off his gold laced cocked hat and bowing right and left, began addressing the populace which crowded before his booth," &c. &c.

This was the fungus of that day; shall we raise the curtain and show a specimen of it in Yorkshire only two years since, that is to say, in our own day—we find this in a Manchester work, "The Language of the Walls." It is taken from the mouth of a quack doctor dispensing his wares on a market day in the town of Bradford. "My friends, I stand here before you independent, free and untrammeled by connections with any sect, party, profession or denomination. I thank God I am no human butcher or wholesale poisoner. I don't come to you with bad Greek and corrosive minerals, the

one to charm you, and the other to send you to your long home. No, my friends, you see these vegetables spread out before you; these are the produce of your own lovely hills, valleys, and green fields, and during the summer months many of them lend the charm of health to your meadows by their varied colors, and make the air balmy by their sweet fragrance. Not one of these, my friends, but possess a life-giving essence or a health-restoring principle. The royal poet who danced before the ark, said, that man was wonderfully and fearfully made; and his son proclaimed the everlasting truism, that man is born to trouble as the sparks fly up. (John give that lady a twopenny box of pills.) Yes, my friends, notwithstanding your liability, (another box, John,) to disease and death, (Did you say a two-penny box, Sir? another box, John,) here is a safe and speedy remedy, (attend to that gentleman, John,) for every disease mortal flesh is heir to. My friends, you do well to supply yourselves while I am here, (two penny boxes, John.) During the course of the ensuing month I am obliged, by previous arrangement, to visit the following towns, (two-penny box, John): To-morrow morning I leave here for Sheffield, (attend to the lady with the child in her arms, John,) and from there to Chesterfield, (Cure headache, did you say? why, my dear fellow, one box would cure a horse's head, which is four times as large as yours); then on to Derby, (give the child two pills at bedtime, and continue the dose for a month,) (ah! poor man, your swimming in the head arises from long hours of labor at a sedentary employment,) (two large boxes, John); then I go to Hexham, Halt Whistle, Brampton, and Carlisle, (My friend, your anatomical man-killers would transport me if they had the power; thank God I hold my authority from a higher power than that which deputes them to poison, and kill by the knife); then I go to Penrith, Shap-Kendal and Manchester." This is a specimen of their logic; this is a type, a little broad, of our own gentry, who lecture on physiology gratis, and may be consulted afterward for a consideration, or propound, and expound to gaping audiences new systems of infallible cure, understood and practised best of course by the learned orator himself, and such are generally the spirits who have so sublime a contempt for the writings and opinions of the ancients. Montaigne after praying "God grant that one day medicine may bring me some good and perceptible succor," bitterly said, "The arts which promise to keep our body in health, and our souls in safety, promise much; nevertheless none fulfill their promises less." This was a growl from an erudite and eminent grumbler, then in agony from a disease incurable at the time, but now daily and certainly cured by the knife in the hands of the surgeon, viz., stone in the bladder, and often, as as we are upbraided

with the uncertainty and inadequacy of medicine by supercilious faineants or sophists, read up in the literature of the days of our infancy, we safely hold, that except in vocations wholly resting upon mathematics, we not only are not surpassed, but are not equaled in any other walk of life, both in the certainty of our opinions and in the blessings we confer upon society.

Where do you point out greater uniformity of sentiment? Is it in the church? where not only are the parties and sects so different in forms of faith, in external rites and internal policy, but the learned doctors of each denomination are continually at issue among themselves concerning interpretations and theories. Is it then in the management of the ship of state? Every election teaches us how the future puzzles the most astute politicians; every session of legislature leaves behind it the traces of fatal blunders; and how many political economists are of accord upon such subjects as the rights of citizens, protective tariffs, free trade, education, municipalities, public works, and commerce.

The most consummate skill in the counting-house we see constantly rewarded with want and degradation, often involving, in the same ruin, hundreds of dependants and friends.

The wisdom and foresight of the most able engineers and navigators, as well as the most scientific men of two of the mightiest and most enlightened nations of the earth, could not prevent the snapping of the Atlantic cable. Alas! what would become of the poor patient, over whom so many disputations, experiments and theories had been exhausted as over this same 2,000 miles of wires. His fate, I fear, would have been inevitably that of the *Malade* under the care of M. Tomès, in Molière's play of "L'Amour Médecin." This uncompromising son of Æsculapius informs us that although the disease was pressing, and the friends in the highest distress, he held on to his opinion sternly against three others in consultation; "and the patient died bravely during the dispute."

Look at the state of agriculture — the primitive, the earliest studied, at all events, the most experimented of human arts; how many disagree upon the nature and application of manures; how few agree as to the causes and remedies of the various insects, fungi and diseases which attack our cereals, and impoverish the country in sections.

Is it, then, to that profession which has given to us a Mansfield, a Hale, a Kent and a Webster, that we are to turn for unity and accuracy? If our enemies cast in our teeth the proverbial uncertainty of physic, what will they say to "the glorious uncertainty of law?"

Without extending our comparisons, there is evidently just as much hypothesis in all other professions and branches of knowledge as in ours.

The renowned English historian, Macauley, expressly states: "The term of human life has been greatly lengthened in the whole kingdom. In 1685, not a sickly year, one in twenty of the inhabitants died, while at present only one in forty dies. The difference between London in the 17th and London in the 19th century, is as great as between London in ordinary years and London in the cholera."

Let it not be deemed arrogance to ascribe almost wholly to the labors of my own profession this wonderful amelioration. Surely, there are few so obtuse as for one moment to entertain the thought that I mean to refer this marked change to the administration of drugs alone. No; this I regard as but the minor portion of the physician's duties. It is by continual, earnest interrogation of nature, and observation of her laws, that he is able to indicate when we transgress; to counsel not only a patient, but a nation; to meet or avert the impending epidemic, or, when the malady has actually made an invasion, to place in a proper position to sustain its attacks, districts, cities, towns, families, and individuals, with the least wear and tear to the system; and finally, to suggest the remedies to dislodge the foe when he has established a foothold.

Those exertions for sanitary reform and the prevention of the adulteration of food, in which medical men have been so preëminent, are also productive of high moral benefits to society; for it is an indubitable verity, that causes which lower the tone of the system produce mental apathy, indolence, and cravings for spirits, ending in drunkenness, profligacy and poverty. Thus the poor laborer and other children of toil, victims of miasma, malaria, filth, and insufficient or bad food, their wives and children, stricken by disease, go down from one stage of depravity to another, till the intellectual faculties are rendered torpid; moral feeling, religious obligations and domestic ties are destroyed; all respect for law or property is abandoned; ultimately the prospect of the future becomes desperate, and hope is withered to be supplanted by despondency and recklessness.

The pestilence so often adduced as one over which medical science has no control, — the Asiatic cholera, — by prudent sanitary regulations and other precautions emanating from our researches, and published by members of our profession, or imparted by them to the people, has been mitigated. We have, in fact, already divested this appalling scourge of at least half its terrors.

There are still in our midst many aged persons who can look back with

horror at the dismay and confusion following the appearance of small-pox in any neighborhood half a century ago. Does it create any such commotion now? or do we meet its victims in every thoroughfare as once we did, — who have been only too glad to compound for life with the loss of every trace of a beauty which once delighted the eyes of those who were dear to them.

Cromwell died of ague, and shrunk from Jesuits' bark as too Papistical for his Protestant stomach. Who need die of ague now?

Consumption was defiantly instanced as a disease in which all remedial measures were utterly futile; but we find now that life may be prolonged, even in this subtle distemper, for periods of three to ten years, and occasionally we can record examples of perfect cure.

The knife of the operator no more chills the blood with horror. The applicant for surgical aid may undergo dismemberment, while dreaming of pleasant scenes long forgotten in memory's sunniest days, or babbling of the green fields of jocund childhood.

The beautifully simple theory of the excito-motory nervous system, fully and satisfactorily borne out by the discoveries of the day, has been most important in its applications to pathology, and is becoming more and more valuable in its practical bearing upon the treatment of disease. By it, irritations are reflected from one part to another. The enemy's first success at an out-post is speedily felt at the citadel; or the derangement of a distant dependency points to something wrong at the seat of government. By reference to this chart of our sensations, we are generally enabled to trace diseases to sources which must otherwise remain unsuspected.

It is no longer, as in the days of Sganarelle, "The blunders are not for us, and it is always his own fault who dies." Even at that time it was *un médecin malgré lui*, whom Moliere makes, to say, "In fact the beauty of this profession is, that among the dead there exists a civility, a discretion, the greatest in the world, and we never meet one who complains of the doctor that killed him."

Our knowledge of the nature, causes and treatment of the many-headed hydra, FEVER, has become singularly clear and successful; and chemistry, in leading us back to the recognition of the truth of a limited humoral pathology, has forced us to retrograde one step only to advance many strides. In the distinction also of continued and typhus fevers, as marked by an eruption, from another very similar fever, the typhoid, who will deny that we have attained a decided advantage?

The diagnosis of Bright's disease alone, another modern discovery, has

reduced the treatment of a vast assemblage of puzzling symptoms to a scientific basis.

Surgery we find marching onward hand in hand with her sister sciences. It is estimated that the saving of life in surgical cases exceeds the results at the commencement of the present century by more than 35 per cent. And then, in that branch of our art whose province it is to aid the travail, and afford ease to the numerous ills of that moiety of our race, who alone can make a garden of this wilderness of life, our statistics evince that the labors of those zealous men who have devoted their energies to this department have been crowned with the most flattering returns, and our well-directed attentions are now rewarded in our daily visits, by grateful smiles and cordial greetings, instead of encountering a brow frowning with pain, or the querulous complaint of unalleviated distress.

Auscultation and percussion have acquired a scientific exactness of the most surprising nature. Not only have these two means of exploring the hidden "causes in the bud" given an exquisite precision in discernment of diseases of the chest, but they have brought to light others wrapt formerly in inscrutable mystery.

The mortality in the Parisian hospitals shows a saving annually of five hundred beings, beyond what were saved fifty years ago, and further, the period of suffering for patients admitted has been curtailed one-third.

In many other special diseases besides those we have alluded to, the improvement is truly surprising. In one of those where one man died formerly out of every fifty-six affected, at the present day only one out of 300 dies.

I am only speaking to you of the tangible salient benefits conferred by the vocation upon the community, else might I not dilate upon the astounding revelations of the achromatic lens. One thing is indisputable, that the microscope has placed many affections completely in our power, in the treatment of which, until quite recently, we were perplexed with hypothesis and doubt.

One hundred and fifty years ago, maternity cost one life in forty, and now, we are confident in the assertion that not one life is lost in 250 cases.

We have cited a powerful authority in proof of the increased longevity in England. An equally reliable one states, that in France, notwithstanding the many violent deaths consequent upon years of political struggling, the duration of life has been increasing, equal to fifty-two days a year.

Contrast the interior of a hospital of our own epoch, and here in your own city, with that of the best European institution of the same nature

eighty years since. The scrupulous cleanliness; the disinfecting agents; the scientific ventilation and heating; the elegant fracture apparatus, where anatomy and mechanics combine to achieve all that is possible for the sufferer, both as to present comfort and final result; the simple water-dressing for the open sore; the wound maintained in apposition, to favor the healing process by the first intention; compare all this with the condition of the old hospital, crowded apartments, bad air, filthy persons, clumsy mechanical expedients of every kind, rancid unguents, fœtid ulcerated mouths, filthy poultices, nature-baulked and simple incisions kept forcibly open. Survey all this, and then dare any man tell me that "medicine as a science stands still while all the others advance."

Our remedies, by a proper application of the method of the immortal Lord Bacon, are hourly undergoing a rigid examination, and we are fast consigning to merited oblivion an endless category of worthless incumbrances. An actual bona fide knowledge of the benefits of different modes of cure is gaining ground, which by concentrating and extracting the chemical agents, to which medicines owe their activity, we are making them more certain and easier of control; and lastly, vast improvements are being effected in their form and mode of exhibition. Now all this beneficial innovation and time would fail me to adduce to you how much more has been chiefly brought about by individual exertions, by patient, honest collation of fact and wise inductive reasoning therefrom.

Inductive science takes her stand upon the practical ground of every sane transaction; she sets up her axioms upon that bond which connects facts that have been, with facts that must follow. This mode of acquiring knowledge is instinctive in the dawn of intelligence; but as mind becomes more developed, it becomes involved in many intricacies, which, as reason enlarges her sphere of vision, it becomes her business to unravel, analyzing the com plicated web of phenomena into a system from which we establish what are called "the laws of nature." To do this, well recorded facts must be rigorously compared ere they are discussed, with a view of declaring relations and methodically proceeding to the appreciation of causes.

The difficulties attending this only true mode of advancing science may be conceived, when I tell you that fourteen centuries of close observation has barely sufficed to the establishment of one great fact, the inestimable discovery of Harvey, the circulation of the blood. It appears a marvellous lapse of time for eliciting that which, now that we know it, we are only puzzled to comprehend how it was ever unknown; but we must take into account the servility of the human mind to old established opinions, the blind-

ness with which prejudice afflicts even talented men, so that they continue acquiescent in errors so baseless that they vanish the moment they are challenged. Men, not brought up to the perseverance and nicety of observation, can hardly understand how obvious and simple truths remain so long overlooked, and more, the rare endowments of independence of mind, impartiality and liberality to the observations of others, which constitute a *good observer*, are too seldom found among those otherwise gifted in this delicate art.

I sincerely hope that none of you ever have experienced *hunger* in its dreadful reality; and I believe, gentlemen, that a discerning public will never allow an alumnus of this college to suffer from the pangs of starvation; yet there are few of us who have not, at some time of life, particularly in the morning of our days, endured the stimulus of appetite a little sharper than quite agreeable; yet will you tell me the proximate cause of this sensation? If you do, I will guarantee that your name shall be enrolled among the *savants* of your day. Methinks I hear some embryo Harvey exclaim — "Hunger! why hunger is from want of food," and lo! the gordian knot is cut. Absence of nourishment may be the *primary*, but is not the *proximate* cause. It is not caused by the friction of the walls of the stomach when empty, nor by the gastric juice accumulating and attacking its coats; nor by the distention of the little tubes leading from the glands, which secrete the gastric juice: probably this sensation is due "to the general state of the system when in want of nutriment, and that the stomach is the seat of the sensation, just as the drooping eyelid manifests the condition which demands sleep," but the exact origin of this familiar sensation has never been clearly demonstrated.

The fact is, that in a science like medicine, this method of inquiry is unfortunately not the most natural and suggestive. Under circumstances of excessive complication in a department of investigation, in which success leads to celebrity and sometimes to fortune, the result of a single experiment, the striking issue of a novel process makes its way at once to the inductive instinct without being subjected to the scrutiny of reason. The comparison of multitude with multitude, the destruction of errors by mutual collision, and the slow emergence of truth from the conflict, by its outstanding vitality, belong to a maturer age than that in which medicine had its origin, or attained its present importance.

Notwithstanding these obstacles, extraordinary progress has been made in the last half century, by the application of numerical methods, and averages to the history of disease. Averages may in some sort be termed the mathe-

matics of medical science, and their success gives assurance already of the results that may hereafter be expected from the same source. Through medical statistics lies the most secure path into the philosophy of medicine.

As exemplifying the progress made by inductive philosophy in our art, we may mention some of the facts in the study of food, lately submitted to the public eye, — a line of research marked by many triumphs. That green sward so grateful to the eye after the snow and leafless inanity of dreary winter have passed away before the genial warmth of spring, not only renders your footstep more luxurious than the costliest carpet woven by the hand, but when the sensation we just alluded to leads you to turn your face homeward, you will find it smoking on your spit in a form fitted for your nourishment. For, you must know, that the same constituents, — the albumen, casein and fibrin, that supply first the wasting of the tissues in the ox, and then performs the same kindly office for you, — are found in the herb of the field, requiring a modification almost inappreciable in the laboratory, to make flesh and muscle in the man; in fact the ox eats the grass and we eat the ox, having prepared that salad in a proper way. A head of cabbage will prove an Apician morsel to the rabbit, but a dog would prefer a bone of the rabbit to the finest specimen of that vegetable he ever saw. The identity of these protein compounds has advanced our knowledge of what goes on in the inner man to a surpassing extent. The nutritious power in wheat is found to be gluten, and after isolating and examining these components of food, it is found that not one of them singly can support life, but a due admixture of them all in just proportions; and what may surprise some of you, it has also been demonstrated that health cannot be maintained without iron, which is an essential ingredient in the blood corpuscles; and further, like lucifer matches, phosphorus and sulphur are indispensable to our composition.

These are a few of the facts in relation to alimentation, which, of course, I only make allusion to at present to give a glimpse of the nature of our labors in physiology and animal chemistry. Ere we shake hands at the close of the session, I hope each of you will be competent to show the tendency of those truths, and explain the ratiocination springing out of these and its utilitarian applications.

And now, gentlemen, in return for a life of study, for enriching their fellow-citizens by valuable discoveries, and in recompense for dwelling in the midst of pain of sickness and death, the dearest reward to every physician who truly loves his noble art and duly appreciates its lofty duties, would be

that the people should enforce that "no one shall be allowed to treat diseases, whether he calls himself allopath, homœopath, isopath, physiopath, eclectic, botanic, or by any name, until he has shown before a proper tribunal that he has made the organism of man and his diseases a special study."*

Anciently, in some states, high privileges and immunities were awarded to the practitioners of medicine, They seek not now any such distinctions; they simply demand, as a just appreciation of their liberal art, that mankind will take care of themselves, by ceasing to encourage a banditti of swindlers, ever on the alert to chisel their dupes out of life and good health, and last, not least for them, the means of supporting both.

In conclusion, suffer me to impress upon you the paramount importance of rigidly economizing and improving every moment of your *séjour* here. The golden hours now squandered can never be made up for in after life; and your prestige at a future day must depend upon your evincing at your *début* that you are men of learning, while no opportunity will, in days to come, offer for the improvement that you are now susceptible of, ere the sober realities of life engross all your energies. By careful attention to the lectures, you will be able to perceive what will prove most to your advantage in reading, and much will be rendered plain and intelligible, which in reading, unaided by oral instruction, might seem obscure and indefinite; but remember, that it is from books you must study any subject systematically. Methodical habits are all-important throughout the entire course of your studentship; "Order is Heaven's first law," and for the lack of it I have too often seen many a fine genius drifting, the sport and buffet of unruly, but frequently brilliant conceptions.

"Studium sine calamo, somnium." Your pen or pencil should be ever ready to note, when in the college or at your desk. Your conversation should always be made to turn upon some topic connected with the objects which have collected you together within these walls. If your communications with your fellows be thus prudent, no unbidden guest will intrude upon your moments of reflection. If your studies be confined to professional subjects, your conversation chaste, refined, and having mutual improvement for its aim, rely upon it, your mind, when alone, will be constantly engaged in the contemplation of profitable things.

Having thus foreshadowed what we expect from you, and what we claim

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*Comegys.

to be able to impart to you, we will jointly sally forth into the domain of science, and time, I trust, will prove the fragrance and choice of the bouquets we shall cull along her flowery paths.

ART. II.—*Cases from Dr. Hamilton's Clinic at the Buffalo Hospital of the Sisters of Charity.* Reported by J. BOARDMAN, M. D.

Hydrocele. A. G., aged five weeks. General appearance healthy. Within one or two days after birth, his mother noticed that the left side of the scrotum was larger than the right. This swelling gradually increased, but she thought it had been stationary for the last week. She had not seen any swelling in the groin, and had just noticed this at the lower part of the scrotum. On examination, a tumor was found, without tenderness, pear shaped and fluctuating.

Dr. Hamilton punctured it with a narrow-bladed bistoury, and there escaped about ℥iss of a light straw-colored fluid. The child was ordered to be presented in about five weeks, but the mother has not appeared as yet.

T. S., aged 45 years, carpenter. About four years since, he received a blow upon the right side of his scrotum. Had had a little pain at times in that part; nine months since, noticed a slight swelling in the right side of the scrotum at the lower part; this had gradually increased, though accompanied with but very little pain. On examination, there was discovered a large, pear-shaped, fluctuating tumor, occupying the right side of the scrotum. The testicle could not be felt. There was no swelling in the groin.

Dr. Hamilton tapped it in front near the base, with a narrow bladed bistory, and let out about ℥x of a straw-colored fluid. He advised the patient to return when it filled, and to submit to a radical operation.

This disease is caused by the abnormal secretion of a serous fluid in the cavity of the tunica vaginalis. It may be congenital, the result of an injury, or of any cause exciting a chronic inflammation of this membrane. The fluid is secreted slowly and falls to the lowest part of the sac, gradually producing a swelling broad at the lower part, and becoming smaller as it approaches the body. The testicle is generally found at the upper and back side of the scrotum.

Hydrocele may be mistaken for fungoid disease of the testicle, hæmatocele, or hernia. But the diagnosis can generally be clearly made out by a

careful investigation of the history of the case, noting the point where the swelling first appeared, its gradual increase, the comparative freedom from pain, the regularity of the surface of the tumor, its pyramidal or pear-shaped form, the general good health of the patient, and in most cases, by its semi-transparency; this latter sign is not always to be found; it is often wanting in old cases, where the tunica vaginalis has become thickened by inflammation, or the nature of the fluid changed so as to render the tumor opaque; but if present, it affords the surest means of diagnosis.

Congenital hydrocele will frequently, if left to itself, disappear,—the fluid being gradually absorbed. Sometimes the cure is effected by mild stimulating applications; or if the sac is punctured, it seldom returns. But in other cases, although simple tapping has effected a cure, it is looked upon as the exception, not the rule, and is now regarded by almost all surgeons as either a palliative, or preparatory operation. It is in this latter light esteemed by Dr. Hamilton, who advises tapping, at least once, before the performing of the radical operation. This is called a "safe operation," though Sir Astley Cooper relates cases he had seen where violent inflammation, and even death followed this "safe operation."

Various means have been at different times proposed to effect a radical cure: such as incision, excision of part of the sac, application of caustic, the seton, injections of some irritant fluid into the tunica vaginalis, etc., all having one end in view, the exciting of inflammation and the production of granulation and adhesion. But the inflammation is not always under control: at times the life of the patient is endangered. Of late years, surgeons have generally used either injections, or incisions. This last, is Dr. Hamilton's favorite method. First, as in the case above-mentioned, he advises simple tapping, and when the sac again fills, he would lay it open by means of a free incision, placing a piece of lint in the wound, and immediately applying a poultice to the parts, keeping the patient in bed and supporting the scrotum with pads of soft cotton. He thinks that the inflammation is less severe, if the patient has been once tapped before the radical operation is performed; also, in his own hands, he can control the inflammation excited by a free incision and a piece of lint, with much greater ease than that excited by irritating injections.

Hare-lip. Dr. Hamilton brought before the class, B., aged 13 years, having congenital hare-lip.

On examination, a single fissure of the upper lip was found, a little to the left of the median line, extending to the base of the nose. The lip had

never been operated upon. Neither the father, mother, or any of her family have had hare-lip.

Dr. Hamilton operated, by cutting a narrow strip from both sides of the fissure, with a strong pair of scissors; he then dissected the left ala of the nose from the superior maxillary bone. No ligature was placed upon the superior coronary artery, for the bleeding would cease, he said, when the fissure was closed. A needle armed with silk, was placed through the entire thickness of the lip, upon the one side of the fissure, and brought out on the other, in the line of union of the skin and the red part, about one-quarter of an inch from the raw surface. Another suture was introduced midway in the fissure, and a third, at the upper angle. The lower of these sutures was first tied, and then the others, an assistant standing behind the patient, and bringing the parts together, by a hand placed on each side of the face, pushing the cheeks forward. These sutures, except sometimes the upper one, he passes through the entire thickness of the lip, and at one-quarter of an inch from the edge of the cut surface. Dr. Hamilton then applied two pieces of adhesive plaster, shaped like a dumb-bell, extending from ear to ear, in such a manner as to take off all strain from the sutures. The third day, the lip was dressed before the class, an assistant standing behind the patient, with both hands supporting, and bringing forward the cheeks. Dr. H. then cut the plaster, each side of the nose, and carefully removed it; the wound was well cleaned, and as the parts seemed united, the upper suture was removed, and the lip was again dressed with adhesive plaster, in the same manner as at first. The other sutures were removed the fifth day The plasters were used till the sixteenth day, when the patient was dismissed, cured.

——, aged 18 years, with a single congenital fissure of the upper lip, which had been unsuccessfully operated upon; Prof. Hamilton operated and dressed it in the same manner as above described. The upper suture was removed the fourth day, and the others on the fifth and sixth days. The plasters were removed, and the patient was dismissed, with a perfect lip, on the fourteenth day.

Dr. Hamilton said, hare-lip was divided into three principal varieties; single, double, and complicated.

Single, when the lip was divided by but one fissure.

Double, if two fissures existed.

Complicated, if the fissures extended to the superior maxillary, or palate bone.

This is one of the most common of congenital deformities, rarely, if ever, occurring, exactly in the centre of the lip, but a little to the right or left of the median line.

In examining a number of cases in Dr. Hamilton's notes, for the cause, I find that in more than one-fourth of all the cases, one, or both, of the parents had a short upper lip. Many of the mothers gave as a reason, the drawing of a tooth while they were in the family way. Two, or three, to having seen persons with hare-lip, etc.

There is great difference of opinion amongst surgeons, as to the time most desirable for the operation; some advising to operate within a few hours, or days, after birth, and others recommending a delay of from two to eight years.

"Ten days is said to be the youngest age at which the operation of hare-lip has been performed at King's College Hospital, London."

"Dr. Friedburg relates three cases of hair-lip operation performed at the following ages, viz: Fourteen hours, ten hours, and three hours after birth. Chloroform was administered in each instance, and they all terminated favorably. The same writer advocates the early operation for hare-lip, in his recent work."

"Dr. Dawson (Dub. Med. Press, 1842) operated on a child having a simple hare-lip seven hours after birth. The pins were removed in forty-eight hours, and in two days more, the union was so perfect, that the mother, who had not seen her child, did not believe any deformity had existed. Mr. Bateman operated four hours after birth, where there was also fissure of the palate, so great as to admit the mother's thumb. The operation succeeded, and the fissure of the palate contracted, so as scarcely to admit the edge of a sheet of writing-paper. Malgaigne advocates early operation, and has operated nine hours after birth. P. Dubois and Guersant prefer operating immediately after birth."—*N. Y. Journal of Medicine, Nov.*, 1857.

Sir Astley Cooper writes: "It is undoubtedly true that adhesion is most sure to be lasting after the period of dentition, and that this operation, therefore, scarcely ever fails when performed between two years and adult age; on the contrary, during dentition it is attended with some danger. * * * Soon after birth, the operation often fails; the danger, however, is much greater; the nervous system is then so exceedingly irritable, that convulsions are easily produced, and the loss of a small quantity of blood occasions a fatal influence. * * * The conclusions, therefore, as far as my own experience dictates, are these: That prior to six months, there is danger of a want of union, and even of the loss of life; that from six months to two

years, during the period of dentition, the operation should not be performed; that after dentition is completed, there is little risk of failure, either as regards the union of the lip, or the life of the child. In those cases in which a fissure has existed in the upper jaw, the union of the upper lip has, by its pressure upon the bone, led to an approximation of the edges of the fissure, so as to produce considerable advantage by the early operation."—*The Princ. and Prac. of Surgery, by Sir A. Cooper. Ed. by A. Lee, London*, 1836.

Dr. Hamilton has operated once with hare-lip pins, (his first case,) and *forty-one times* with the interrupted suture, notes of which I have seen and examined. In only three of his cases has the lip again opened. One of them was torn open by accident, and the other two (one in which the hare-lip pin was used) passed from his care immediately after the operation, and he did not, on that account, consider them fair results. in all the other cases, union of the lip took place, and did not tear open. He attributed his success to the great care he used in dressing; in constantly, by means of adhesive plaster, keeping all strain from the sutures; and also, the use of his interrupted sutures. Ten days from birth is his earliest operation. Of his forty-two cases, seven have died.

One	operated	on	in	June,	four	weeks	after birth, died in two months.
"	"	"		April, eight	"	"	" ten days.
"	"	"		June "	"	"	" three months.
"	"	"		August, five months	"	"	six weeks.
"	"	"		Sept., six	"	"	" five "
"	"	"		Oct., seven	"	"	" ten days.
"	"	"		June, nine	"	"	" four weeks.
"	"	"		Aug., twelve	"	"	" eight days.

The conclusions that he draws from his own experience, are these: That the danger to the life of the patient is inversely to the age; that the operation is more successful, leaving less deformity, the earlier it is performed; that the operation should not be performed during the period of dentition (to which all surgeons, I believe, agree); nor during the hot months of summer, if it can be avoided.

In all of his own cases, death took place by means of diarrhœa, or cholera infantum. He thinks that this operation in children is more frequently followed by diarrhœa, than almost any other; and one cause, is the swallowing of blood during the operation, which, in a young child, it is almost impos-

sible to prevent; therefore it is especially necessary to avoid the hot months.

Chelius, in his surgery, (edited by South, and again edited by G. W. Norris,) writes: "Hare-lip can only be cured by operation. Although experience has shown that the operation may be successful in very young children, it is, however, best to delay it till eight months. Only when wolf's jaw is connected with hare-lip, and the child cannot suck, may the operation be undertaken within the first six months. In children of two years, the operation may be delayed till they become intelligent."

In a note, the opinion of Lawrence is given, "who recommends the operation as early as the third, fourth, or fifth months; and of Mütter, who operates upon children three, four, and five days old. Mr. South would never perform it under two years, and he prefers the sixth, or eighth year."

The operation consists in making raw the edges of the fissures, and binding the edges together. This is done in various ways.

Dr. Zadoc Howe, in the Amer. Jour. Med. Science, vol. 7, 1830, describes his mode of operating: which consisted in making the edge of the fissure concave, like this, ( ), so that when brought together, there might be no tendency to a notch at the lower edge of the lip. He used one interrupted suture, and one gold pin, a little curved, with a steel point, withdrawing the pin in about sixty hours. He used adhesive plaster, extending from cheek to cheek.

The late Dr. Homer, of Philadelphia, introduced a piece of wood under the lip, and with a bistoury cutting upon it, curved both sides of the fissure. Introducing two hare-lip pins, made of silver, with steel points, which could be removed, half through the thickness of the lip, twisting a ligature in the form of a figure of 8 over the ends, and dressing with a narrow strip of plaster.

Sir Astley Cooper tells us that "Mr. Cline, who had great experience in his profession, preferred, and in his lectures, recommended, the interrupted suture." He himself says, "that it may be very successfully performed with either; but the interrupted suture is the most simple, and, as far as I have seen, equally effectual; it has this great advantage, that it prevents the disturbance to the adhesion, which the lip receives in the removal of the pins." He writes, "there is not any necessity for applying adhesive plasters." He removed, as a general rule, the upper suture on the fourth day, and the lower one upon the fifth day. In double hare-lip, he operated upon only one fissure at a time.

Dr. Hamilton's mode has been described. He depends much upon the use of plasters, renewing them as often as they become the least loose; he makes but one operation, even in cases of double hare-lip.

Ambrose Raze, who lived in the sixteenth century, "was the first to use the twisted suture in hare-lips, copying the mode of application from the manner in which the ladies and tailors of the day wound the thread around the needle."—*Miller's Princ. of Surg.*

The hare-lip pins are mostly used in this country; but Dr. Hamilton thinks they are much inferior to the interrupted suture, because, not passing through the entire lip, they do not prevent the inner line of the lip from separating, thus leaving but a part of the thickness of the lip to unite. The ends are liable, especially in infants, to be hit or caught upon the clothing, and thus torn out; they allow but a very narrow strip of plaster to be used; and lastly, it often happens, that in removing the pins, the lip tears open, while the interrupted suture is free from all of these objections. Surely his forty-two cases are a strong argument in favor of the interrupted suture.

ART. III.—*An Iron Rod pushed through the Abdomen. Recovery.*

BUFFALO, November 29, 1858.

DEAR DOCTOR:

The following account of a penetrating wound of the belly, and recovery, was given me by Mr. A. Knapp, a medical student, and I have sent it to you for publication, as being well worthy of a record.

Yours truly,

FRANK H. HAMILTON.

In February, 1845, a young man, aged about twenty-five, saddle and harness maker by trade, being at work on the first floor, got upon the shop table for the purpose of conversing (through a trap door) with a shoemaker in the room directly overhead; the latter, through sport, motioned to throw a last at the saddler's head, who, in order to avoid the supposed blow had to flex his body very considerably, as his head and shoulders were above the second floor; by so doing he lost his balance and came down from the table in a vertical position, encountering the iron rod used for filling collars, which was four and a half feet in length, three-eights of an inch at the point, slightly flattened and lunated, and some five-eighths at the base, and exceedingly rough without, being newly made by the common smith; the rod

passed into the abdomen four inches below the umbilicus, one inch from the linea alba, on the right side, and came out upon the back, on the same side, about opposite the last dorsal vertebra, two inches from the mesian line; he instantly called to the shoemaker, but, pulled out the rod himself before the other got down stairs, walked across the street to his boarding-house, and a surgeon was instantly called, who examined the wounds, and found two drops of blood upon the lining of the waist-band of his pants, which was also pierced. The surgeon immediately closed the wounds with adhesive plaster, directed a low diet, with an occasional enema.

I saw him on the eighth day from the accident. He was sitting up in bed, playing on the violin, in which manner he had been amusing himself for several days. He had suffered no pain, except a slight stinging sensation when he drew out the rod; and he feels no inconvenience, except from hunger and consequent weakness. Subsequently, I saw him at work at his trade, as usual.

This occurred at the Lackawanna Iron Works, in the practice of Dr. Throop, Providence, Luzerne county, Pa.

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

TUESDAY EVENING, Dec. 7, 1858.

The Association met.

Present—The President, Dr. Wyckoff in the chair; Drs. Miner, Ring, Jansen, Rogers, Rankin, Stevens, Treat, Hutchins, Hawley, Newman, Wilcox, Butler, Strong, White, Gould, Whitney and Boardman.

The minutes of the last meeting were read and approved.

Dr. RANKIN then reported the following case of *Penetrating Wound of the Abdomen:*

On Sunday evening, Sept. 5th, I was called to see a boy named I. L., aged 16 years, who had been stabbed with a common clasp knife. Before my arrival, he had been carried from the street into a house near by; I found him lying upon a bed, laboring under great prostration, dyspnœa, and excessive vomiting. All the symptoms of strangulated hernia were developed.

On searching for wounds, two were found; one upon the top of the middle third of the left thigh, three inches in length, extending through the

skin, and fascia, down into the rectus femoris muscle, dividing it through about half its thickness. The other wound was in the abdomen, an inch and three-quarters below the umbilicus, three-quarters of an inch to the right of the median line; three quarters of an inch in length, and penetrating into the peritoneal cavity. About an inch and a half of omentum protruded through the opening. I immediately addressed my attention to this wound, first to reduce the hernia; but all attempts at reduction, by traction and compression, were futile, owing partly to the want of a proper instrument to work with, and to the congested and swollen condition in which it was, being in a state of incarceration, with all its blood vessels completely engorged. Under these embarrassing difficulties, and in view of the responsibility of the case, I would not enlarge the wound, and return the omentum, nor resort to the operation of ligation, without council. I therefore requested the friends to send for Dr. L. P. Dayton, and I, in the meantime, devoted my attention to dressing the wound on the thigh. Dr. Dayton arriving, the operation of reducing the hernia of omentum, by the taxis, was again attempted, and successfully terminated, in about twenty minutes, with the use of cold water, steady pressure being kept up on the protruded part, and gently pushing it in with a large spoon probe; the wound was then dressed, with one suture passed through the skin only, adhesive plasters, and a compress, to prevent future rupture, over this a broad roller.

The patient was ordered to remain upon his back, with the chest and hips elevated, so as to produce relaxation of the abdominal muscles, and a grain and a half of opii pulvis given, the dose to be repeated every four hours.

In the course of an hour after the dressing of the wounds, the pulse went down to seventy-five, which, before, was accelerated to over a hundred beats per minute; he soon seemed to rest quite easily, occasionally dozing, and I left for the night.

Monday, Sept. 16, 8 A. M.—Found my patient awake; he had passed a very quiet night; skin cool, respiration good, pulse seventy-five per minute. He seemed so easy, that it was deemed best to remove him home, which was safely accomplished, without the least excitement. Ordered the same treatment as that of last night, with perfect quietude in the supine position, and abstinence from food.

This same treatment was continued for seven days, during which period, there was at no time the least symptom of any peritoneal inflammation, nor even any tenderness over the abdomen; and it seems to me that the free use of opium was the agent which produced so favorable a termination of this case. The morning of the fourth day the suture in the abdomen was

removed; the wound had healed kindly by first intention. The compress was continued.

On the morning of the seventh day the opium was discontinued, and three ounces of castor oil given, which operated thoroughly in about four hours, and the patient was permitted to partake of food; from this time he continued to convalesce, and in fourteen days from the receipt of the injury, was about the streets, as well as he ever was.

Remarks.—The only interest in this case is, that a serous membrane was wounded, and the result was recovery. Statistics on this subject are meagre, which is to be regretted. Erichsen, Miller, Lizars, Hennen, Liston, Neill and Smith, mention that there are punctured wounds of the abdomen with wounds of the intestines, but merely give the treatment, citing no cases. Chelius (page 402, vol. 1) cites two cases; one, a ramrod shot through the abdomen, sticking into the transverse process of one of the vertebræ, recovered; the other two iron spikes, stuck into the belly, fatal. In these two cases the intestines were uninjured. He also cites four cases, where the intestines were punctured; all died. In Cooper's lectures, two cases are reported. But the best paper on this found in the transactions of the Medical Society of the State of New York, presented by Dr. March. In his closing remarks, after reporting one case, where the intestine and omentum both protruded, he makes use of the following words, which suit this case of mine: "Opium or morphine, in this case, seemed to have the effect to quiet peristaltic action of the bowels, to allay irritation, and thereby to prevent the accession of peritoneal inflammation, objects of the highest importance in the treatment of the case."

Dr. HAWLEY presented the following case of

Abortion between the Fourth and Fifth Months, Supposed to be due to Absorption of the Spirits of Turpentine.

Mrs. T. in her first pregnancy, between the fourth and fifth months, was employed in rendering engravings transparent, by immersing them in spirits of turpentine. This process required her to pass several hours of the day in a warm room, filled with vapors of turpentine, and to immerse her hands and arms in the fluid. After practising this for several days, she one night found herself obliged to rise often, for the purpose of urination, and observed the water passed to be bloody. This, in her inexperience, she imagined to be uterine hæmorrhage, and a token of approaching miscarriage. She at once sent for me. I found the os uteri undilated, and not a trace of blood

in the vagina. On inspection of the water, it was apparent that the blood proceeded from the bladder. She stated that the motions of the child had ceased. The next morning the abdomen was carefully auscultated, but no sound of the fœtal heart could be discovered. The supposition was, that the fœtus was dead, but still no sign of labor appeared. In the meantime the hæmaturia ceased. On the third day after the appearance of the bloody urine, labor came on naturally, and proceeded favorably. The child exhibited signs of having been dead several days.

The well established fact, that hæmaturia may be produced by absorption and inhalation of the vapors of turpentine; the occurrence of the urinary disorder several days previous to the miscarriage; the death of the fœtus at the time of the vesical irritation, and the absence of other appreciable causes, lead to the conclusion, that the cause assigned was the true one.

Dr. MINER remarked that there was a popular notion, that it was hazardous for a pregnant woman to remain in a room which had been newly painted, and he enquired whether the danger was due to the turpentine, or to the lead.

Dr. ROGERS remarked, that painters often suffered from working in a close room, and were able to perceive the odor of the turpentine in their urine. This he had repeatedly observed.

Dr. HAWLEY mentioned that Wood cites, in his Practice of Medicine, a case of hæmaturia, produced by the absorption of turpentine.

Dr. JANSEN detailed a fatal case of small-pox which had lately occurred in his practice. This case occurred three weeks ago. The patient was a a little boy eight years old, who had been ill two days before Dr. Jansen saw him. He was taken with the usual initiatory symptoms of variola, namely, chills, vomiting, headache, pains in the back and lions, and a slight rash had appeared on his forehead. The next day, this had extended to the wrists; on the third day there were punctuations, and on the fourth day it became confluent. The treatment was very simple at first, consisting merely of a Dover's powder occasionally, the bowels being kept open with castor oil. On the eighth day after the first appearance of the eruption, pustulation occurred; the pulse was then but 75. On the third day after pustulation, there was intense pruritus, which was relieved by the application of a decoction of bran and hops, with a little cherry bark. The case progressed for a few days, not unfavorably, but the patient suddenly died in the night, while the mother, who had been the constant attendant, was asleep. Dr. Jansen

was at a loss for the immediate cause of death. The mother was afterwards attacked with the disease in a very mild form, only five or six pustules appearing on her person.

Prof. WHITE made some remarks on the precautions which should be taken by the practitioner, in order to prevent transportation, by himself, of the disease from one patient to another. When he had a case of variola under treatment, he was accustomed to remove the carpet from the room place the bed in the centre, and when he entered the house, to change his coat for one which he kept for the purpose, buttoning it tightly up to the throat. On entering the room of the patient, he was careful not to sit down; and, in that manner, the only parts of his person which could come in contact with the disease, were the soles of his feet, which were against the bare floor, and the tips of his fingers, with which he examined the pulse. He then changed his coat, washed his hands carefully, and took a short walk in the fresh air, before visiting another patient. He was not aware of ever having transported the contagion of small-pox, in twenty-five years of practice, when he had one or more cases every year.

Prof. White was of the opinion, that variola was not often transmitted by a physician, but he had always deemed it his duty to take these precautions while in attendance upon a case of the disease.

The subject of the transportability of small-pox was then discussed by Drs. Treat, Miner, Strong, Jansen, Rogers, Ring, Gould, Newman, and Boardman. Several interesting cases of this disease were described, where the probable origin had been traced. Dr. Treat mentioned one, which was inexplicable, until it was discovered that the victim had slept in a bed, and in the same bed-linen, which had been occupied by a person who had been recovered of small-pox for six weeks. He also cited the experiment, which is related in Thomas' Practice, where the small-pox matter was wrapped in cotton, and children, unprotected, were placed around a table on which it had been put; there resulted no infection. Dr. Treat had long been of the opinion, from his investigations into the history of this subject, that the disease could not be conveyed by emanations.

Dr. MINER mentioned an example of infection, which occurred at Cambridge, Mass., where fifty workmen were employed in excavating an old pest-house, which had not been used for twenty years; out of this number twenty cases of small-pox occurred. He himself had frequently been exposed to the contagion, but had taken the disease only when it had seemed impossible that it should be transmitted in any other way than by the air.

Dr. STRONG mentioned an epidemic of small-pox, which had occurred in a country town in which he resided. This, apparently, was introduced by a stranger passing through, who was observed to have an eruption on his forehead. It first attacked a family in a house removed a half a mile from any other, and from thence resulted about forty-five cases. Thirty of these cases he had treated. He had used no precaution further than washing his hands after examining the patient, and had never communicated the disease.

Dr. JANSEN had traced several cases of the disease in this city, from a German family, two of whom died of it; and it was probable that it was introduced there by a boy from the Ebenezer settlement, a few miles from the city.

Dr. ROGERS mentioned a case where the exposure was very general, and undoubtedly to many unprotected persons, from a patient in whom the disease had been developed into the most virulent confluent form, before it was detected. This patient's room had been daily filled with visitors, not one of whom had contracted the disease.

Dr. NEWMAN said that he had never carried the disease to any of his patients; that he had charge, at one time, of the pest-house, and had attended there two cases of labor. In the first case, he immediately vaccinated the new born infant, and succeeded in protecting it, the vaccination working admirably. In the other case he vaccinated the child immediately, but unsuccessfully, and revaccinated it at the end of three days, with success. Both these children were protected. He had doubts as to the transmission of the contagion by the atmosphere, and thinks that no cases have ever been traced to the pest-house in this city.

Dr. RING remarked on the influence which temperature exerted upon the contagious material. He considered precautions more necessary to the physician in warm than in cold weather. Freezing destroyed the virulence of the matter. He therefore considered it prudent to change some of the clothes after visiting a small-pox patient in the summer, while it was not necessary in winter.

The general opinion of the gentlemen of the Association was, that while the contagion of small-pox was rarely transmitted by a medical attendant, yet it was barely possible, and, therefore, it was the duty of every physician having cases under his care, to take reasonable precautions. In answer to the inquiry, as to the prevalence of the disease in the city of Buffalo, it was ascertained that cases were not as numerous as was generally supposed, and as had been asserted by the daily press. At that time there were only fifteen cases under treatment in the entire city.

Dr. GOULD presented a specimen of a piece of the alveolar process, which he had removed from a little girl, eight years old, who had been salivated by a homœopathist. This child had been treated for a fever by the homœopathic practitioner, and Dr. Gould had removed this piece of bone with the forceps, after the patient had passed out of his hands. He thought that it was a case of arsenical salivation.

Dr. TREAT mentioned a case, in which a needle had passed in at the metatarsal bone of the little toe, and out at the great toe, some weeks after. The needle had probably been received about three weeks before it was extracted. At the end of that time, it appeared beneath the skin, and was easily removed.

Dr. BOARDMAN had carried a needle in his own foot for three months. The parts had been opened, but the needle could not be extracted. At the end of three months, it was removed, and during that time had given him no more uneasiness than an occasional pricking.

Dr. WYCKOFF presented a beautiful specimen of a calculus, which had been discharged from the bladder of a female, at 40 years. She had before been healthy, and had bore eight children. She was seized with pain in the bladder, which continued for thirty-six hours, with hæmaturia. She then passed the calculus without much distress. The specimen was the size of a large bean, beautifully crystaline, and apparently consisted of oxalate of lime.

The Association then adjourned.

AUSTIN FLINT, JR., M. D.,
Secretary.

ART. V.—*Lectures on the Diseases of Women.* By CHARLES WEST, M. D., Author of Lectures on the Diseases of Children, &c., &c. Part II. Philadelphia: BLANCHARD & LEA. 1858.

In the April number of this journal, we noticed the first part of this series of lectures, now completed in the present volume.

Dr. West has finished his work on the Diseases of Women much earlier than was anticipated from the announcement accompanying the first part. The volume before us contains the twelve concluding lectures of the series

into which, for convenience, he has divided his book; for it is the design to include the two separate volumes into one, for which purpose the paging and numbering of the lectures are continuous with the first part, the two portions, when combined, forming a volume of five hundred pages.

Part second is devoted to the consideration of the diseases of the ovaries, vagina, bladder, and external organs.

The broad field of observation enjoyed by the author, in private and hospital practice, has been faithfully improved, and the profession at large are made his debtors, for the industry with which he has improved these opportunities for their benefit. We have already expressed, in our notice of the first part, an opinion of the value of this work on Female Diseases, and we should not repeat them if we should employ the ordinary language of complaint or commendation.

The work can scarcely, however, be regarded as a complete treatise upon *all* the ills of females, and a qualification in the title, expressive of the fact, might not be inappropriately made. A partial acknowledgment of this fact is made in the preface of the second part, in which Dr. West says: "A shorter time than I feared has sufficed for the fulfilment of my pledge, in the completion of this work. Many subjects, indeed, that deserve a longer notice, are touched on here but slightly, and others, of a purely surgical nature, are completely passed over, for I have not ventured to teach concerning matters, with reference to which I feel myself to be still altogether a learner, while I have always regarded mere compilation, uncontrolled by large experience, as more apt to peperpetuate error than to diffuse truth."

In fact, the great value of the book is in the originality of its matter. The diseases treated of are such as have come directly under his observation, and been made the subjects of careful study and analysis. The result is, that the several diseases treated of, and the number, as will be observed, is quite limited, are brought fully up to our present knowledge, upon all the points involved in their etiology, diagnosis, and treatment, But few persons exceed Dr. West in the perspicuity with which he states his facts, and arranges his figures, for the purpose of deducing a law in medicine; nor in the industry with which he collects every line of evidence having reference to the subject before him. Although we cannot, at all times, yield to the conclusions he draws, and are not willing to regard his judgment as infallible in all things, expressions of which dissent we have already indulged in, there is a freedom from dogmatism, in the manner he treats his subjects, which relieves any errors of judgment from offence in their declaration; and as he never fails to give the data from infallible statistics, from which he draws

his own conclusions, he furnishes to his opponents the means of refuting his arguments; failing to do which, his dissenters are disarmed, in a great measure, from just causes of complaint, for any errors his teachings may inculcate.

The present volume contains fewer points for controversy than the first volume. The subjects differ in their character, and mooted points in pathology find little, or no space. The greater portion of the volume relates to subjects upon which the profession is content to sit quietly down, and patiently collect facts, progress, and results.

The greater portion of the volume is devoted to the consideration of the *uterine appendages*, a stereotyped term of medical phraseology, which he regards as exceptional, so far as it is employed in drawing diagnostic distinctions relative to the importance of the parts involved, but which he retains and employs, "merely as a convenient epithet, expressing, without waste of words, the broad ligaments of the uterus, and all the various parts and structures contained within, or intimately connected with them; parts whose physiological import just now concerns us less than do the ailments to which they are liable."

The first two lectures are devoted to the consideration of *inflammatory affections of the appendages*, which includes the affection of the ovaries themselves, and the cellular tissues in the immediate neighborhood of the uterus; and, *hæmorrhage* about the uterus, or *uterine hæmatocele*.

Their chief value, aside from the carefully drawn experience of the author, is the knowledge inculcated in drawing the nicely defined lines of diagnostic distinction between the precise parts involved. The sequelæ of the cases coming under the notice of Dr. West, prove that these troubles demand the most careful consideration of the physician during treatment, and that convalescence is not infrequently attended with complications, giving rise to anxiety, to both patient and attendant.

Uterine hæmotocele, or the formation of tumors in the immediate vicinity of the uterus, by the effusion of blood either into the cellular tissues around the womb, or into the peritoneal cavity, in the *cal-de-sac*, between the uterus and rectum, has attracted attention only within a few years, and chiefly by French writers. The bibliography of the subject is succinctly stated by Dr. West, and, we should be compelled to copy his entire note, if we attempted to embody here the historic notices of this affection.

This form of hæmorrhage is generally associated with some previous disorder of the menstrual function, often with its temporary suppression, the

congestion of the sexual organs relieving itself by a proper outpouring of blood. Some of these cases have terminated fatally.

Four cases have come under the notice of Dr. West, and he finds accounts, more or less perfect, of thirty-seven cases in addition, eight of the whole number, or 19.5 per cent. proving fatal.

He remarks, that "we learn, then, from these observations, the existence of a previously unknown hazard, attendant on disorders of the sexual system in women; that not merely may intense congestion lead to profuse and dangerous floodings, or functional disturbance issue in inflammation of parts in the vicinity of the uterus, but also that vessels may gave way, and hæmorrhage take place inwardly, in situations where it is hard to discover, and still harder to suppress. As might be expected, the accident is one which takes place only during the period of sexual vigor, it having occurred in twenty-one women at the following ages:

Under 20, in	2
Between 20 and 25, in	2
" 25 " 30 "	7
" 30 " 35 "	5
" 35 " 40 "	4
At 40, in	1
	21

Of the above 21 patients, 15 were married, 3 were single, and the civil state of the other 3 is not mentioned."

We have room only for one other remark of Dr. West in reference to this subject:

"There are *four conditions* with this *uterine hæmatocele may be confounded*, viz., extra-uterine pregnancy, retroversion of the pregnant uterus, inflammation of the cellular tissue, between the uterus and rectum, and ovarian tumor; and the points of similarity between each of these are quite sufficient to lead very readily into error."

The whole subject is suggestive of the rapidly advancing progress of differential diagnois upon every point in the wide domain of medicine, and suggests farther, that vigilance, like the price of liberty, is the only coin with which can be purchased positive advancement in our profession, and secure to its followers honorable distinction.

The twenty-third lecture is occupied with the consideratiou of inflammatory affections of ihe ovaries, acute and chronic. The symptoms are traced with faithfulness, and we shall forbear to question the correctness of some of

his conclusions, which locate in one of these degrees of inflammation of the ovaries, the sexual derangements present, instead of making the ovaries secondary in the chain of symptoms, and giving to the uterine neck the primary place in the sequence of cause and effect. While the subject is in its present unsettled state, almost every practitioner has, notwithstanding the influence of great names arrayed upon either side, made up his own mind in reference to the matter, based upon his own observation and experience, and formed settled opinions upon the questions involved in dispute. At the same time, the physician would be unpardonable for permitting his preconceived opinions to blind him to the possibility of the primary seat of these difficulties, having a place in either organs. To learn to reason accurately, and judge correctly, is the great duty of the physician; and happy is he, if he can plead that his errors are the errors *only* of an *unbiassed* judgment.

The six succeeding lectures, which, it will be observed, constitute one-half of the volume, are occupied with the consideration of *ovarian tumors and dropsy.*

It is, perhaps, sufficient to say, that the subject is treated in an able manner. Every fact bearing upon the subject, has been laboriously collected, and presented in the most lucid light. The author's own knowledge of the subject is drawn from the observation of sixty-eight cases. He has added such reference to the contributions of others, as to render the lectures a complete epitome of the subject, and it would be useless for us to endeavor to compress into our present notice, the statistics which he has collected in reference to the various points involved in the consideration of the disease. It is gratifying to notice the justice done to American surgery in the treatment of the subject.

The space occupied in the volume is such as, perhaps, to seem to demand an extended notice. But we cannot, after a careful perusal of every page, find the point, or points, which will "adorn" a review. The analytical powers of the author are preëminently brought into play in these sections; what he has learned from others is displayed with all the perspicuity which figures afford him, and what his own experience teaches him, is modestly stated, and which only an equal experience qualifies one to question. We can only simply recommend these lectures to the study of those desiring to perfect themselves in this branch of female therapeutics.

In reference to *treatment*, basing his conclusions upon the results of his own sixty-eight cases, and a careful examination of numerous recorded cases, he much prefers tapping, and the injection of iodine into the cyst, to extir-

pation of the tumor, or tumors. In reference to the results of ovariotomy, he has collected the statistics, with an evident intention of fairness, which will render it difficult, unless new figures are presented, to refute; the results of which figures are, that "of 292 recorded instances of the operation being attempted, 120 ended in death, and 92 in failure; or, in other words, the chances are two to one that the operation will be accomplished; but, if it succeeds, they are nearly equal, that the patient will die; and if it fails, the prospect of her surviving the fruitless interference is only double that of her sinking in consequence of it." Nor does he think, the statement of reporters to the contrary, that the rate of mortality is decreasing, from our increased skill in diagnosis and operating.

The succeeding and concluding three lectures are given to the consideration of *diseases of the female bladder, of the urethra and vagina, and external organs of generation.*

These subjects are all treated with the same skill which marks the preceding lectures, and add to our stock of medical lore; but we shall answer the purposes we designed in the present notice, by a simple reference to their contents.

Forming, as this volume does, only the conclusion of the previous part, we shall apply the general terms of commendation, employed in our notice of the first portion of the work, to these concluding lectures, in order to avoid the repitition of the language then used. We presume but few medical libraries will be long found without the work entire, as the well known reputation of the author will furnish a speedy passport to the notice of the profession, irrespective of critical praise, or censure. N.

ART. VI.—*Report of Mortality in Buffalo for the Month of Nov.*, 1858
By H. D. GARVIN, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Accident,	2	2		
Aneurism,	1	1		
Apoplexy,	1	1		
Brain, Disease of,	1	1		
Bronchitis, Chronic,	1		1	
Cancer,	1		2	
Cancer of Pancreas,	1	1		
Cholera Infantum,	1		1	
Convulsions,	7	3	4	
Croup,	6	3	3	
Cyanosis,	1	1		
Delirium Tremens,	1		1	
Dentition,	2	1	1	
Diarrhœa, Chronic,	1		1	
Dropsy,	2		2	
Dysentery,	1	1		
Enteritis,	2	1	1	
Erysipelas,	1	1		
Fever, Typhoid,	3	3		
" Scarlet'	2	1	1	
" Gastric,	1		1	
Hepatitis,	2		2	
Hooping Cough,	1	1		
Hydrocephalus,	4	2	2	
Heart, Disease of,	4	1	3	
Intemperance,	1	1		
Lungs, Disease of,	1	1		
" Congestion of,	4	4		
Marasmus,	4	2	2	
Old Age,	2	1	1	
Peritonitis,	2		2	
Phthisis,	18	9	9	
Pneumonia,	6	5	1	
Premature Birth,	3	2	1	
Pyemia,	1		1	
Scrofula,	1		1	
Ulceration of Mucous Membrane of Rectum,	1		1	
Unknown,	14	8	6	
Total,	115			

SEXES.

Males,	57
Females,	51
Sex not given,	7
Total,	115

AGES.

Still-born,	0	Between 20 years and 30 years,	6
1 day,	4	" 30 " " 40 "	14
1 day and 30 days,	4	" 40 " " 50 "	12
Between 1 month and 6 months,	7	" 50 " " 60 "	10
" 6 months and 12 "	10	" 60 " " 70 "	3
" 1 year " 3 years,	17	" 70 " " 80 "	2
" 3 " " 5 "	1	" 80 " " 90 "	1
" 5 " " 10 "	10	" 90 " " 100 "	0
" 10 " " 20 "	5	" 100 "	0
	58		48
Ages not given,	9		58
Total,	115		

NATIVITIES.

American,	66	French,	1
German,	18	Holland,	1
Irish,	19	Wales,	0
Canadian,	1	Prussian,	0
English,	2	Italian,	0
Scotch,	1	Country not given,	6
Total,			115

Anæphrodisiac Properties attributed to Belladonna.—Dr. J. F. Huestis of Mobile, Ala., in a letter to Dr. B. Dowler, of the *New Orleans Medical and Surgical Journal*, states that while giving belladonna to a gentleman afflicted with whooping cough, the patient noticed that, during the whole time he was taking it, "he was unable to accomplish even an erection." He suggests the applicability of this article in case of chordee. He had himself used it with perfect success in a case of distressing nocturnal emissions.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

The Influence of Two Distinct Nerves which produce Variations in the Color of Venous Blood in glandular organs. By M. CL. BERNARD. Translated from "Archives Générales de Médicine."

In a former communication, M. Bernard had proved that the glandular and muscular venous blood presented an entirely opposite color when the organs were in a state of activity or rest. The learned physiologist has followed up these researches with the design of ascertaining what modifications in composition correspond to these differences of color. But before explaining the chemical view of these phenomena, he proposes to explain the physiological condition of the nervous system which controls these special chemico-organic functions. This is the subject of the present essay, the principal points of which are brought to view.

I. The special chemical conditions which, in glands, cause the venous blood to appear at one time red and at another black, are determined by the influence of two nerves which have distinct origins and possess powers apparently antagonistic to each other.

In other words, there exists a glandular nerve which makes venous blood to flow as red blood, and another nerve which causes the venous blood to become black. Each of these nerves, in order to produce a chemical action on the blood, modifies the mechanical phenomena of the capillary circulation—so that there is established a correllation, both necessary and easy to be understood, between the chemical changes which the blood in the organic tissues undergoes, and mechanical conditions of the capillary circulation which are under the immediate influence of the nerves.

The experiments which have led to these results, were made upon the submaxillary gland of the dog, which is peculiarly adapted to this kind of research, on account of the intermittence in its act of secretion, exhibiting very clearly the variations in the color of the venous blood.

The operation is truly a vivisection, the experiment which might be classed among the delicate and laborious operations is much simplified if we take away entirely the digastric muscle. We then have a deep wound, in the bottom of which is found the lower surface of the submaxillary gland also all the vascular and nervous organs, upon which it is easy to experiment.

II. The nerve which causes the venous blood to appear red in the veins of the submaxillary gland, is a small branch which arises from the posterior portion of the lingual branch of the fifth pair; but it is only in contact with the fifth pair, coming really from the seventh, and is principally formed by the corda-tympani. Be this as it may, this glandular nervous filament may be easily reached where it detaches itself from the lingual to be distributed in the submaxillary gland accompanying its excretory duct.

Now, when we observe the submaxillary gland provided with all its nerves and in a state of repose, that is, when there is no discharge from its excretory duct, we observe that its venous blood possesses a very decided dark color, but if now, we bring into exercise the glandular nerve just described, we perceive the venous blood, formerly black, become more and more red, appearing soon thoroughly red as arterial blood, if the nervous irritation has been sufficiently intense. This fact is uniform, and permits the establishment of this physiological proposition, that, whenever the action of the tympanico-lingual nerve is energetic, the venous blood of the submaxillary gland appears red, whilst the blood becomes black whenever this nerve ceases to act or its action ceases to preponderate.

Nothing is easier than to bring experimental proof of this special nervous influence of the tympanico-lingual nerve over the red color of venous blood. When we have exposed the vein and nerve in question, and produced an impression upon the sense of taste, by dropping a little vinegar in the mouth, we see the blood rapidly redden in the vein, because the impression of taste produced upon the tongue, and carried to the nervous centres, has been transmitted by reflex action through the corda-tympani. The proof of the truth of this interpretation of the phenomena is immediately furnished, for, if we cut this nervous filament at the point where it seperates from the lingual nerve, we see the venous blood of the gland remains black, and from that moment, notwithstanding the application of vinegar upon the tongue, notwithstanding the impression made upon the sense of taste, the red color of the blood does not appear, because the nervous medium, by which the modifying influence of the blood was conducted, has now been interrupted. But, if now, we irritate, by means of galvanism, the cut extremity of the nerve next to the gland, we see immediately, under the influence of this artificial excitement, the blood in the glandular veins to become red, then resume its black color when this excitement ceases.

This last experiment furnishes a new argument to prove that the red color of the venous blood in the sub-maxilliary gland is in proportion to the activity of the tympanico-lingual nerve, and that its black color is in proportion to its physiological inactivity.

In the case of the repose of the gland, the black color which we observe in venous blood is due to a state of activity of another nerve whose power is to render the blood black, and whose permanent influence is antagonistical to the tympanico-lingual nerve, whose action appears to have an intermittent character.

III. The nerve which renders the venous blood in the submaxillary gland, black, is derived from the great sympathetic, and reaches the gland accompanying the artertal branches of the carotid, one, the smaller, penetrating the posterior and superior surface of the gland, the other, the principal glandular artery, entering the gland by the side of its excretory duct.

These glandular filaments of the sympathetic nervous system, for the most part, arise from the superior cervical ganglion; they anastomose also with filaments coming from other sources, particularly with the mylo-hyoidian at the point where this nerve crosses the direction of the facial artery.

We have said, that when we observe the submaxillary gland in its physiological state, with its nerves in repose, its venous blood is black; that is, because at this moment, the activity of the great sympathetic, which renders the blood black, exceeds that of the tympanico-lingual, which makes it red. This is easily proved, for if in this state, we cut all the filaments of nerves which go from the great sympathetic to the gland; we see the venous blood lose its black color and take a russet color ,which becomes permanent, because the influence of the great sympathetic nerve has been interrupted and does not reach the gland.

But if now we re-establish artificially the activity of this nerve, by applying galvanism to its glandular extremity, we soon see that the venous blood becomes very black, and again resuming its red color as soon as the galvanic influence ceases to act on the nerve. We can then say that the venous blood of the submaxillary gland is black, when the sympathetic nerve acts upon the gland, and that the color is deeper black, in proportion as this nervous influence is energetic.

Thus the variations in the color of the venous blood in the gland are due to two nervous influences well marked and perfectly distinct. How shall we understand the mechanism of this nervous influence over the blood? There is no anatomical continuity, and consequently no direct chemical action possible on the part of the nerves over the globules of the blood, to change their color. It is necessary that there should be other phenomena, intermediate between the nervous action and the chemical change in the globules of the blood; and these intermediate conditions do exist, and consist in the different mechanical changes which each nerve produces in the capillary circulation of the gland.

IV. The mechanical conditions of the capillary circulation, produced in the submaxillary gland by the tympanico-lingual and by the great sympathetic nerves, are exactly the opposites of each other. When the tympanico-lingual nerve is excited, the venous blood appear of a red color and at the same time there comes on a considerable activity in the rapidity of the circulation; in proportion as the venous blood becomes redder, it flows more and more rapidly, and the quantity which flows through the vein is much increased.

In one instance, in which the blood coming from the glandular vein was measured, it was found that during the repose of the gland, when the blood was black, it took sixty-five seconds to collect five cubic centimeters —whilst, when the tympanico-lingual nerve was stimulated by galvanism and the blood flowed of a red color, it required but fifteen seconds to obtain the same quantity of blood, which shows that the circulation in this last instance was four time more rapid than in the former.

When the influence of the great sympathetic predominates, the venous blood is blackened in color, and at the same time its circulation becomes sluggish, the blood flows through the vein with a current, slow in proportion to the intensity of its color, and even if the action of the sympathetic nerve is sufficiently excited, the current of the blood may entirely cease to re-ap-

pear, the moment the excitement of the nerve cease, and again is accelerated if the tympanico-lingual nerve is stimulated.

We say then, that the red and black color of the venous blood is in a fixed relation to the activity of the circulation in the submaxillary gland. But this rapidity in the circulation of the blood cannot be produced directly by the nerves, for they have no direct and immediate action on the blood itself. The contraction and expansion of the blood vessels of the gland, can alone explain these modifications in the properties of the blood.

V. It is easy to prove the experiment, that one of the two nerves of the submaxillary gland referred to dilates the vessels, while the other contracts them. The tympanico-lingual nerve enlarges the calibre of the capillary vessels of the gland, and this increase of size is so marked, that when the action of the nerve is intense, the blood passes from the artery into the vein without losing the impulse of the heart, and we then see its exit from the vein of the gland, with an interrupted jet as of a true artery. This venous pulsation disappears as soon as the action of the tympanico-lingual nerve diminishes or entirely ceases.

The sympathetic nerve, on the contrary, contracts and narrows the calibre of the glandular vessels in the most marked manner. When we excite this nerve, the contracted vessels permit less and less blood to pass. The blood, retained in the capillary vessels of the gland, flows feebly with a black color, and exhibits an intensity of color in proportion to the slowness of the current.

Finally, the two nerves which modify the color of the venous blood are two motor nerves, which act primarily by contracting or dilating the blood vessels. The sympathetic is the constrictor nerve of the blood vessels, while the tympanico-lingual is their nerve of dilatation.

VI. In the undisturbed physiological state of the submaxillary gland, we should imagine these two orders of nerves in a state of uniform activity, and antagonistic to each other; so that the efficient nervous force is always due to the influence of that nerve which predominates at that time, and that the special influence of one of these glandular nerves appears not to manifest itself until it has overcome the influence of its opponent. This last phenomenon is very marked, particularly in the case of the tympanico-lingual nerve. If we leave this nerve intact and cut all the filaments of the great sympathetic of the gland, and then put a few drops of vinegar upon the tongue, we see the reddening blood flow through the vein with more intensity, and its pulsations much more energetic than in its natural state, that is, before the sympathetic was divided.

This difference in excitability of the tympanico-lingual nerve is measured in this instance by its proper physiological excitant, the acid substance. This shows the existence, in the submaxillary gland, of a kind of functional libration or balancing, produced by the antagonism of the dilator and constrictor nerve of the capillary blood vessels. The extreme dilatation of the capillary vessels coincides with the direct passage of the red and pulsating blood through the vein. The extreme contraction coincides with a very languid flow of blood, and its black color. Between these extremes, all the intermediate states may be observed.

VII. To recapitulate, the two nerves act only as agents of the dilatation and contraction of the blood vessels. This influence, though not at all differing from that of the motor nerves in general, over the contractile or muscular tissue, nevertheless, by a very natural connection of the phenomena, produces a series of chemico-physical changes in the blood. When the sympathetic nerve, the constrictor of the vessels, is active, the contact between the blood and the glandular elements, is prolonged; the chemical phenomena, which result from the organic exchanges between the blood and the tissues, has time to take place, and the blood flows of a black color. When on the contrary, the tympanico-lingual nerve, which dilates the vessels, is active, the passage of the blood through the gland becomes very rapid, the modifications of the blood which take place in the contact of the blood globules with glandular tissue are accomplished with a different result, and the blood comes from the vein with a very red color, and preserves the appearance of arterial blood.

Thus we may always perceive, between the primitive physiological action of a nerve and the chemical phenomena which result from it, an intermediate action which modifies mechanically the special circulation of the gland.

Thus, through the influence of these two nerves, the submaxillary gland really possesses an individual circulation, which, in its variations, is independent of the general circulation.

The special nervous system, which thus animates each capillary system and each organic tissue, regulates everywhere the current of blood in its relation to the special physiological acts of the organs. These nervous modifications of the capillary circulation take place in situ, and without the least disturbance to the neighboring organs, still less to the general circulation. Each part is connected with the whole by the common states of the general circulation; also, by means of the nervous system, each part may have its appropriate circulation and physiology.

Such are the special physiological states of the capillary circulation, produced by the nervous system. There remains now to be ascertained, what is the chemical change in the blood which occurs in these physiological states, and gives rise to these alternations of red and black blood in the veins of the gland. This will be the subject of another communication from M. Cl. Bernard.—*The Savannah Journal of Medicine.*

On Immediate Straightening and Cauterization under Starch-bandages, in the Treatment of White Swellings. Utility of Chloroform in Discriminating between Muscular Contraction and Coxalgia. Croup; Cutaneous Anæsthesia. Tubing of the Glottis, substituted for Tracheotomy.

A communication made to the Academy of Sciences by Dr. Bonnet, of Lyons, on the treatment of white swellings by instantaneous straightening, has, in latter times, created a very lively sensation in the medical world.

In many diseases of the joints, says Dr. Bonnet, articular lesions coëxist with deviations and incomplete luxations. Prudence sometimes points out he propriety of not interfering with these mal-formations, but it is often t equisite to replace the limb in its proper direction. Now, when straighten r

ing is necessary, there are two modes of effecting it; immediate straightening by forcible extension, and slow and gradual straightening by machinery. Great experience in both, which he has compared, has proved to Mr. Bonnet the superiority of the former of these modes over the latter.

Dr. Bonnet already proclaimed, seven years since, its excellency in coxalgia attended with fibrous adhesions. This surgeon now shows that in all deformities without organic lesion, or coëxistent with rheumatic, or scrofulous white swelling in progress of increase, or resolution, the mode of straightening to be preferred, is that which requires but one operation, followed by the protracted immobilization for several weeks.

The essential and general rule to be followed in such cases is, first to loosen the articulation during artificial anæsthesia, and to restore its mobility completely. This may be accomplished by an alternate series of gentle flexions and extensions, graduated and carried to the extreme limit of the natural movements. The adhesions being destroyed and mobility restored, the straightening of the deformity and the reduction of the displacement may be proceeded with. Proper tractions and pressure are then sufficient, and success is in proportion to the mobility obtained.

When the limb operated on has resumed the best possible direction, nothing further is required but to fix it in its new position with all due precaution, in order to prevent or alleviate the consequent pains. Grooves constructed with annealed iron-wire, properly lined, may be employed for this purpose. But these grooves are not indispensable, and, in Dr. Bonnet's estimation, it is preferable to use a wadded and starched pasteboard bandage. Some days ago, Mr. Bonnet applied his apparatus, in the presence of a great number of persons, at the clinical lecture of Dr. Nélaton; and we remarked the minute care with which he arranged its various parts. The surgeon first rolled round the limb thick strips of wadding, which he fixed in their places by a few turns of a linen roller; pasteboard splints, impregnated with liquid starch paste were placed over it, and were, in their turn, covered with starch-bandages of considerable length; in order to give this apparatus immediate solidity, Mr. Bonnet applied over all, annealed iron-wire splints, which he prefers to Mr. Seutin's dry pasteboard ones.

Thus constituted, the starch-bandage must be left in its place for three weeks or a month. At the end of that time it is removed, the diseased parts are examined, and the surgeon, by applying either a new bandage of the same nature or some other apparatus, completes the straightening, and endeavors to obviate the return of the deformity, which long preserves a great tendency to recur.

But how brilliant soever the result of the straightening may be, when viewed with reference to form, to functional aptitude, or to the rapid improvement of the inflammatory state and the removal of pain, it does not, however, directly tend to cure the disease itself. To obtain this ultimate benefit, Mr. Bonnet practices cauterization under the starch-bandage.

This cauterization can be performed with caustic potash, Vienna paste, or chloride of zinc. Mr. Bonnet usually employs potash lozenges wrapped up in wadding, so that the escharotic liquid may not extend beyond the point to be acted on.

Whatever caustic may be selected, it is important that the bandage applied after cauterization should extend far enough to procure absolute immobility and a complete protecting cover. Thus, for instance, after an opera-

tion on the knee, the bandage should extend from the extremity of the foot to the pelvis, and thus render motionless the foot and even the hip. In this manner the counter irritants act exclusively on the skin and the cellular tissue, without the local inflammation which follows the application of caustic being communicated to the diseased synovial membranes, as would happen were the limbs abandoned to their natural movements.

Dr. Bonnet began, in the spring of 1857, cauterizations in combination with immobility and occlusion, and since that period, sixty cases, referring to white swellings of the foot, knee, elbow and hip, have testified in favor of this method. In the fifteen months which have just expired, Dr. Bonnet has cured, or improved to a degree bordering on cure, three white swellings of the foot, as many of the knee, and one of the elbow, all attended with numerous abscesses proceeding from the joints and in conditions which, according to habitual surgical practice, would have justified amputation.

We should add that, during the period of cicatrization of the cauterized parts, the limbs remain supported in grooves which, while they insure immobility, expose to view the regions which require to be dressed. At the same time, a treatment calculated to modify the general state of the patient is instituted, and during the convalescence, light supports are used, which can be placed and removed at pleasure, an indispensable prop to limbs weakened by too long protracted inaction. Such is the method expounded by Dr. Bonnet, not only before the Academy of Sciences, but before the greater part of the learned societies of Paris. Several members of the Society of Surgery expressed a desire that Mr. Bonnet should state with precision the circumstances in which immediate straightening may be practiced in coxalgia. Mr. Bonnet replied that for four months past he had attempted straightening eight times in that articular disease, and that he had succeeded seven times. He attributed this enormous proportion of success to the fact of having operated on subjects under fifteen years of age. Before the twelfth year, straightening, applied to coxalgia, presents chances of success so numerous as almost to amount to certainty, unless the deformation is of several years' standing and presents many closed sinuses. Above the age of fifteen, the difficulties of straightening are extreme, particularly if the injury is more than six months' date. The effects of counter-irritant cauterizations are then but uncertain, and deep and direct cauterizations may be attended with danger. Relatively to the circumstance of the disease being acute or chronic, Mr. Bonnet has always found that, far from being counteridicated by the acute state, straightening and immobilization are the best means of treatment which can be opposed to the inflammatory action. In the chronic period, straightening in children is still applicable, when any traces of mobility remain. Complete anchylosis, at any age, and in every case, is a formal counter-indication to straightening. To confute the objections raised on the subject of the inflammatory accidents, which might be induced in a diseased articulation by his operation, the skilful surgeon of Lyons had but to invoke his own experience. By resorting to methodical movements alone, by keeping up a uniform temperature around the diseased limb by means of the thick layer of wadding with which his apparatus is provided, by rendering the limb immovable after it has been straightened, Dr. Bonnet has never had to deplore any serious accident, even when, to attain his object, he has been compelled to perform the subcutaneous section of the contracted muscles.

—We shall certainly revert to a question which promises to afford for a length of time matter for discussion at the meetings of our learned societies; but we have deemed it a duty at once to call the attention of our readers to one important result obtained by the application of Dr. Bonnet's method. We allude to the facility with which artificial anæsthesia generally enables the practitioner to discriminate between mere muscular contraction and real coxalgia.

The *Gazette des Hôpitaux* has published on this subject several interesting cases, one of which was observed in Dr. Robert's wards, at the hospital of the Hôtel-Dieu in Paris.

A young woman, twenty-five years of age, occupying the bed No. 3, of Saint-Paul's ward, presented, the last four months, all the symptoms of coxalgia, viz., pain in the hip, improper attitude of the limb, which was bent upon the pelvis, placed in adduction and slightly rotated inwards, with consecutive deviation of the pelvis, immobility, resistance to straightening, attempts to effect which occasioned much pain, etc. Dr. Verneuil, who at present supplies the place of Dr. Robert, desirous of applying Dr. Bonnet's method in this case, had her conveyed to the operating theatre, where, previously to any operation, she inhaled chloroform. Mr. Verneuil expected that he should have to use great strength and he had secured the coöperation of numerous assistants, when, to his surprise, the limb reduced itself, as if spontaneously, at the first efforts of the operator. It was then easy to cause the thigh to perform, without the least violence, the most extensive physiological movements, without experiencing any resistance whatever, and without the hand or the ear detecting the smallest amount of friction. The limb, replaced in its proper position, was maintained by means of Dr. Bonnet's apparatus.

We read on the other hand, in the *Gazette hebdomadaire*, that, in a girl of eighteen, who had been for three years thought to be laboring under coxalgia, anæsthesia, employed for the purpose of immediate straightening, enabled Dr. Robert to ascertain the complete integrity of the coxo-femoral articulation and to discover a muscular contraction, which was most successfully treated by walking, electricity and general tonics.

The same journal relates another fact. well worthy of attention. Dr. Laugier had to treat, in his wards of the Hôtel-Dieu, a boy who had been suffering three years in the right hip. The pain felt by this patient was at times so intense, that for a fortnight he remained seated on the edge of the bed with his feet resting on a chair, his thigh bent and in outward rotation.

Dr. Laugier, unable by ordinary means to relieve this child, put him under the influence of chloroform and performed instantaneous straightening without encountering any serious difficulties; a mechanical apparatus was then applied to render the extension permanent. The pain ceased as it were by magic, and the patient was soon able to walk with crutches.

Facts, such as these, are so much the more deserving of remark, that the muscles, as Dr. Jules Guerin has observed, play an extremely important part in coxalgia. Sometimes they are in a state of contraction, i. e. of spasm, and susceptible of immediate return to their normal length and consistency; at other times they are in a state of retraction or of organic shortening, and do not resume their physiological dimensions unless by laceration or tenotomy. This surgeon even considers muscular contraction the essential symptom, one of the earliest in coxalgia; so that it may exist without disease of

the bones, as it, at times, is superadded to a morbid condition of the bones, and is then merely an accessory phenomenon. The benefit which may be derived in these various cases, from an agent that alleviates pain, enlightens diagnosis, and becomes the first element of rational therapeutics, will be readily conceived.

—Within the last six weeks more than twenty children attacked with croup have been operated on at the Saint-Eugenie hospital. The attention of the physicians of this hospital has therefore been much engaged in the observation of this disease; and the clinical studies, to which Dr. Bouchut in particular has devoted himself, have produced results which we deem it our duty to lay before our readers.

We would first notice the existence of a new symptom of croup, which affords an indication for tracheotomy. Since Professor Trousseau has again brought this operation into favor, the question has often been asked at what time, except that of asphyxia with suffocation, the operation should be performed on children attacked with croup. We stated, some years since, in this journal, that Dr. Trousseau was of opinion that it should not take place before the last stage of the disease had fairly set in; more recently the eminent professor has pronounced in favor of an early operation. Increasing asphyxia is, with the major part of practitioners, the determining consideration; but it is known that certain children die with their faces pale, without cyanosis or apnœa; in short without any apparent traces of asphyxia. With regard to the latter therefore, the practitioner has no indication to guide him.

Now there is, in Mr. Bouchut's estimation, a more certain sign of asphyxia, viz. *cutaneous anæsthesia.*

Whether asphyxia be *latent* or *apparent*, when the obstacle to hæmatosis has lasted for some days and the disease is approaching a fatal termination, the skin gradually becomes insensible, and it may be pricked or cut without occasioning any pain, or at least any movement indicative of suffering. If croup requires tracheotomy, it is not rare to see children undergo the operation without manifesting the least sensibility. Dr. Crequy, formerly Dr. Barthez's house-surgeon, has just published in his inaugural thesis the case of a little girl of six years of age operated on for croup, who, having recovered from the operation, declared she had felt no pain. Dr. Demarquay has similarly ascertained the existence of anæsthesia in a woman on whom tracheotomy was performed for an accidental fit of suffocation. Anæsthesia is not therefore an effect of diphtheritis, but of the interruption of hæmatosis, and, as experiments on animals have proved, the result of the presence of too large a proportion of carbonic acid in the blood. Now, what is the clinical importance of this phenomenon?— As we have said above, it affords one indication more for the performance of tracheotomy, and this indication will be particularly useful in the case of *latent asphyxia.*

Mr. Bouchut has thus contributed to increase perhaps the favorable chances of this operation. But his ambition did not stop here, and he has recently communicated to the Academy of Medicine an idea which, already carried out with two children attacked with croup, would tend to nothing less than the suppression of tracheotomy as an ultimate resource henceforth useless.

After all the attempts made to arrive at the cure of croup by the introduction of the catheter into the larynx, Mr. Bouchut has drawn from that

practice, the principle of a new method, which he designates by the name of *tubing of the glottis*, and which consists in introducing, and leaving for a time in this orifice, a metallic ring.

The instruments he has used twice on living subjects are: 1. curved male catheters of different sizes, open at both ends and intended to penetrate into the larynx as guides to the ring which this organ is to receive; 2. straight cylindrical silver rings, of from $\frac{1}{2}$ to $\frac{3}{4}$ of an inch long, provided at their extremities with two ridges at the distance of a quarter of an inch, and pierced with a hole for the passage of a silk thread, the function of which is to preserve a hold upon the ring from without; 3. a ring to protect the forefinger, or an instrument designed to keep the jaws open. When provided with these instruments, Mr. Bouchut employed them first on a dead subject and he ascertained to his own satisfaction and that of his colleagues that after having been introduced into the larynx, the upper edge of the ring was engaged beneath the superior vocal chord in the ventricles of the larynx; that the movements of the epiglottis and the arytenoid cartilages were not obstructed; that the inferior vocal chord placed itself between the two ridges of the canula, and consequently that it was above the lower ridge corresponding with the internal face of the cricoid cartilage.

This being accomplished, it became necessary to apply the method on the living. An opportunity soon presented itself, but is was during the dreadful epidemic, which in the month of August sent to the Saint-Eugenie Hospital fifteen cases of croup, which terminated fatally. Diphtheritis was generalized; and in addition, as Mr. Bouchut acknowledges, had the two children, on whom the *tubing* was performed, recovered, nothing positive could be concluded from the circumstance. All that can be said, and Mr. Bouchut has kindly permitted us to witness the operation, is that the tubing of the larynx is not a difficult process; that the canula remaining in the glottis for thirty-six hours was perfectly harmless; that the two children could speak distinctly and take liquids without swallowing them the wrong way, and that there was, in every respect, a temporary improvement analogous to that which follows tracheotomy.—*Jour. of Prac. Med. and Surgery.*

A Case of Perforation of the Pericardium by Echinococci. By C. A. WUNDERLICH. (Archiv für Physiol. Heilkunde, Jahrgang, 1858. Zweites Heft.)

A laboring man, aged twenty-two, had always enjoyed good health, with the exception of an attack of peritonitis following a blow on the abdomen when sixteen years old. In June, 1857, he observed that his trousers were getting too tight for him across the belly, without other unpleasant symptoms. A week later he was attacked with cholic, diarrhœa, headache, vertigo, and thirst; rigors followed, and he was brought to the hospital. The heart and lungs appeared healthy, but the diaphragm was pushed up to the fifth rib; there was high fever. The abdomen was tender, and the hypogastric region covered with a venous plexus; one prominence was observed in the epigastrium, and another in the cæcal region, due to movable tumors. The former yielded a hollow percussion-sound, the latter one resembling the vibration characteristic of hydatids; the tumors were not more tender than

the rest of the abdomen. The total evidence spoke rather in favor of the presence of cancer than of hydatid cysts. The tumors grew rapidly, the tenderness increased, the fever persisted, and icterus supervened, with severe epistaxis and hæmatemesis. Some improvement took place after the middle of the ensuing July, and the patient in August began to leave his bed; the idea of the cancerous nature of the tumors therefore was abandoned. On the 22d September there was a temporary relapse, and on the 28th September severe pain in the abdomen, and dyspnœa, with great tenderness of the upper tumor. The patient recovered again somewhat, but the symptoms fluctuated more or less till the 18th October, when there was a sudden fall of temperature of the body, contracted features, cold sweats, small, slow pulse, quick breathing, increasing collapse, and death on the 20th October. We only note the prominent points observed in the autopsy twenty-nine hours later. In a pulmonary artery of third order, of the inferior right lobe, there was an echinococcous cyst of the size of a pigeon's egg; the remains of echinococci were found in the branches given off from this artery. Pleura healthy; pericardium distended up to the second rib, containing four ounces of a purulent fluid. The parietal layer was thickened and covered with yellowish-red villi; the visceral layer was 1½ line thick; the heart reduced in size, its tissue pale and very friable. At the base of the pericardium there was a perforation with thin, smooth edges, which was covered by the heart, and which passed through the diaphragm, establishing a communication between the cavity of the pericardium and the epigastric tumor; the perforation was blocked up by a small echinococcous cyst which had got wedged into it. The left lobe of the liver was almost entirely replaced by a large hydatid tumor of the size of a child's head, containing numerous subdivisions with echinococci; otherwise, there was no marked derangement in the liver. The upper third of the spleen was occupied by a hydatid tumor of the size of a fist; in the retro-peritoneal space between the diaphragm and the stomach were three similar tumors of the size of apples: six were also found, from the size of a walnut to that of an apple, in the omentum. Between the psoas and the posterior surface of the cæcum was one of the size of a fist; a cylindrical one, three inches long and one broad, lay across the hypogastrium; above fifty were scattered over the mesentery, and two lay under the serous investment of the vermiform process. The intestinal mucous membrane was normal, there was no ascites, and nothing marked about the kidneys.—*British and Foreign Medico-Chirurgical Review.*

On the Lesions and Pathological Phenomena caused by the Presence of Lumbrici in the Biliary Ducts. By Dr. E. A. Bonfils. (Archives Générales, June, 1858.)

After combating Cruveilhier's opinion, that intestinal worms can be introduced into the biliary ducts only after death or during the death struggle, Dr. Bonfils analyses the 23 cases which he has collected, in which lumbrici ere discovered in the ductis communis choledochus, in the gall-bladder, or in the hepatic duct; in 2 cases the lumbrici were perfectly fresh and still living; in 1 the worm was dead and slightly altered, was of a pure white,

and softened; in 1, reported by M. Forget, a lumbricus occupying the ductus communis and the ductus hepaticus was perfectly fresh, while another occupying an abscess in the right lobe of the liver was softened and macerated, evidently having been long dead; in 1 case a lumbricus formed the nucleus of a biliary calculus. The symptoms varied much in the different cases, but the author considers that the presence of the following circumstances justifies the conclusion that we have to deal with the presence of a lumbricus in the biliary ducts: the sudden appearance of morbid phenomena, without appreciable moral or physical causes, of considerable intensity, characterized by very violent pain, combined with deep color of the skin, vomiting, &c., similar to the symptoms accompanying calculus in the biliary passages; a rapid disappearance of all phenomena on the discharge of the worm; the concurrence of these symptoms, unassociated with general colicky pains (*coliques extérieures*), are regarded by the author as indicative of a lumbricus being the foreign body which has entered the biliary ducts, and having thus arrested the passage of the bile.—*Ib.*

Ash Tea as the Remedy for the Bite of a Rattlesnake.—Dr. George S. Blackie:—Dear Sir, An old Tennessee friend of mine writes to me to know if I were ever called to attend a patient suffering from the bite of a rattlesnake, or any other poisonous reptile; if so, to know my treatment, and the result of that treatment, as he is in misery through fear of being bitten by one. As he is a subscriber to your valuable Journal, I send my answer to you for publication, if you deem it worthy of filling a page for you.

My answer is, that I have treated two patients bitten by rattlesnakes, and one by a spreading adder. In every case the treatment was the same, with like results. The first was a negro woman. While binding fodder late one evening, she was bitten on the fleshy part of the arm. I gave her about one pint of ash tea, prepared by taking a handful of the inner bark of the ash, adding one quart of water and boiling down to a pint. I do not give it all at once, but about half a gill every twenty minutes. As soon as the patient has taken about two portions, he will break out into a profuse perspiration. I also appled a poultice of the bark to the bitten part. On the following day the negro went to the field as usual. Case second was treated in the same manner with the same results.

Case third was Mr. N., who had hid a bottle of whisky behind the gate post, and wanting a dram about noon, reached his hand through the crack of the fence for it, and was bitten by this rusty old adder, who was guarding the bottle. The same treatment was adopted, but the patient was three days in recovering.

I am satisfied that the tea prepared from the ash bark is an effectual and safe antidote for the poisonous bite of such serpents as frequent this part of the country. The tea thus prepared is as bitter as quinine itself. Being satisfied that it is a certain and speedy antidote, I never pretend to do anything else, always applying a poultice of the bark to the bitten part. Why the remedy has not been more generally used, I cannot say. It was a new thing to me in the spring of 1854.

I draw my conclusions from the following facts: 1st, That after using

the ash tea, a moderately large dram will produce intoxication as if nothing had happened. 2d, That a rattlesnake will not snap or bite at an ash pole. You may torment him with a pole of any other kind of wood, until he is entirely mad, then try the ash pole, and he will coil himself up, and no effort on your part can induce him to strike a stick of ash wood. How ash tea ever came into use as an antidote for the bite of a poisonous serpent I know not. I have the history of its origin from an old Frenchman, who follows hunting and trapping. He says that a hunter was once bitten by a rattlesnake, and the effect produced by the bite was sickness and blindness, and the hunter becoming hungry commenced to gnaw everything that came in his way; among the rest he fell up on an ash root, which entirely relieved the sickness and also the blindness. Whether his statement is entiled to any confidence or not, I am unable to say.

Yours respectfully,

—*Nashville Jour. of Med.* ARKANSAS SWAMP DOCTOR.

Proceedings of the Nashville Medical Society.—President A. H. Buchanan made a verbal report of interest and importance. He was lately called to see Mr. E., of this city, who had a violent bleeding of the nose, which alarmed him in no small degree, as his father had once nearly bled to death from the same cause. All the known remedies were had resource to, but without avail. The Doctor then attempted compression. He was not aware that his remedy was a new one, but not knowing what to do in the case, and while reflecting on the matter, it appeared to him that he might stay this bleeding by simple compression. Sitting then before his patient, he put his thumb and finger on the carotid artery of the right side, and compressed it against the transverse processes of the cervical vertebræ. This stopped the bleeding almost in a moment. Twenty-five hours subsequently, it recommenced; the same practice was followed, and with the same immediate beneficial results. Since this, the bleeding has not recurred. He therefore recommended compression of the carotid artery as a remedy for epistaxis.

The Doctor mentioned also two instances in which he had saved the lives of women by using compression. This was not original, as he had gleaned the idea from reading in a medical journal, he forgot which. In one case the woman was in parturition, the child was already born and hanging by the cord; the hemorrhage was awful; she was entirely exhausted, pale, almost dead. He relieved her of the placenta, and carrying up the finger, pressed the aorta, immediately above the bifurcation, against the spine, and the bleeding ceased readily, while an assistant swathed the legs in bandages.

Dr. J. F. May stated that he had once compressed the internal jugular vein, in a case in which the vein had been opened. A large fibrous tumor was being dissected out, when numerous deep adhesions in the substance of the neck were detected. Some of these were attached to the vein, and on traction being exercised the coat of the vein gave way. The hemorrhage was terrific. He compressed the vein at once against the processes of the vertebræ, and as the tumor was only two-thirds out, and he had not time to dissect it, he tore it out. Dr. Coolidge of the U. S. N. assisted him in the

operation, and kept the patient two hours and a half on the table, and by brandy, friction and blisters, restored him. The vein was tied, and the man recovered, so that in a fortnight after the Doctor removed another tumor from the same subject. The cases of tying this vein on record are very few in number. Dr. Mott, of New York, reported a case some years ago, the first on record, he calls it, but Dr. May claims that his case preceded Dr. Mott's by several weeks.—*Nashville Journal.*

The recent Treal for Rape at Montreal.—In a late number, we took occasion to refer to the trial of a dentist in Montreal, for an alleged criminal assault upon a female patient whom he had rendered insensible by the inhalation of chloroform. The editors of the Montreal Chronicle, while they agree with us in the opinion that the defendant was unjustly condemned, think that an important element in the settlement of the question would be the nature of the anæsthetic agent employed, because, according to them, sulphuric ether is much more likely than chloroform to cause erotic ideas, when inhaled. We believe this opinion to be wholly unfounded. It is not common, we presume, for such effects to follow the administration of either agent, but they do sometimes unquestionably occur, and as often with chloroform as with ether. The fact is, that the plaintiff in this case, as happened in the celebrated case of Dr. Beale, of Philadelphia, was menstruating at the time. The sexual functions were consequently in a state of excitement, and the administration of any stimulant, even a couple of glasses of champaigne wine, would have been likely to create erotic ideas, and to vividly impress the patient with the belief of their reality. The instances of such effects from chloroform are perfectly well authenticated, and one was testified to by a medical genteman during the trial.

We take this opportunity of again protesting against the injustice of allowing the testimony of a person concerning facts which took place while he or she was in a state of complete or partial insensibility, unless corroborated by other evidence, to have any great weight in a case like this. Whose life or reputation is safe, if a patient can so easily swear it away? It was not even established that any rape had been committed at all, any more than in the Philadelphia case to which we previously alluded, before the trial took place. We cannot forbear also commenting upon the extraordinary verdict rendered at the Montreal trial. If the defendant were "guilty of an attempt to commit a rape," upon what grounds was he entitled to a "recommendation to mercy"? What circumstances can palliate such an attempt, especially in a case like the present, where the crime would be a most atrocious violation of confidence? Either the defendant was guilty or not guilty, there could be no other alternative; and, if guilty, he ought to be subjected to the heaviest penalty prescribed by the law.—*Boston Med. & Sur. Journal.*

Sources of Error in the Determination of Sugar in the Urine.—It has been shown by Leconte, Bonnet and Berlin, that the potass-copper liquid employed in the investigation of the presence of glucose, may undergo, on the part of uric acid, a reduction analagous to that effected by the glucose itself. Babo and Meissner have lately shown that, in such reduction, allantoine is formed, a part of which is converted into urea and oxalic acid.

The coloring matter of the urine is without action on the reagent in question, as is the case with creatine, creatinine and hippuric acid. It is certain, however, that a reduction may be effected by the volatile organic acids.

A constant cause of the reduction has just been discovered by Brucke, which is glucose itself, this substance always being present in normal urine. The author insists on this opinion, since it is not based upon the nature of the products of decomposition, but upon the production of a direct compound of the sugar with potassa—a compound already employed by Lehmann in his examination of sugar in the blood. The process for demonstrating the presence of sugar in normal urine demands great care, and is as follows: Absolute alcohol should be added to the urine so that it may constitute four-fifths of the whole volume. The author of this process ordinarily operates with 200 centilitres, although, with care, 50 centilitres would answer. By the addition of the alcohol the mixture becomes turbid, and a precipitate is produced that can be separated by means of a filter. To the clear liquid an alcoholic solution of potassa is then added, constant stirring being used, until red litmus paper is distinctly blued by the mixture; after which it is allowed to rest for twenty-four hours in a cool place. At the end of this time the liquid is decanted with care, and the glass is reversed on *papier buvard;* when the latter becomes dry, the glass is placed mouth upwards, and suffered to remain until no more alcoholic odor is exhaled; then it will be found that the bottom of the vessel and a portion of the sides will be covered with a crystalline layer, which represents the saccharate of potassa in question. The deposite is rich when it gives the glass a frosted appearance; on the contrary, a clotty or granulated crystillization indicates the presence of foreign matters.

Saccharate of potassa is very soluble in water; and with such a solution it is easy to perform the different experiments necessary for the determiation of glucose—experiments too well known to require their mention here.—*Jour. de Pharm. et de Chemie.* L. H. S.

Notes of Epidemic Sore Throat (Diphtherite,) as Prevalent in Albany, N. Y. By S. D. Willard, M. D.

For four months past there has been a strong predisposition to affections of the throat in this community. These affections produced, doubtless, by the same epidemical influences, have existed under well defined and distinct varieties.

The first, and by far the most common form of the disease is *Pharyngitis.* It is a diffused inflammation covering the palate, uvula and tonsils, which become highly vascular, and give rise to a sensation of dryness and roughness in the fauces. The general health and appetite is undisturbed, and the only treatment required, is one or two applications of nitrate of silver, or an astringent gargle. There have been hundreds of cases of this mild form, which in severity, has been scarcely sufficient to style disease.

The next variety is *sloughing tonsillitis.* It exists more particularly among children and young persons—those under twenty years of age. Upon looking into the fauces, it is at once observable, that the tonsils are swollen, in some cases so as nearly to touch each other, and on their surface, are white spots, in size varying from a shot to a half-dime. This high

degree of inflammation and suppurative process, comes on suddenly, and its progress is through in eight or ten days. These white ulcers have thick edges, and look deep seated. They become more extensive, involving the whole of the tonsils; but in most instances, the slough is thrown off, and resolution ensues. In a few cases, the tonsils have been of a dark mahogany color, and the ulcers assume a greenish cast, and have been followed by gangrene, mortification, and consequently death. In some of these cases of sloughing tonsillitis, there has been a psuedo-membrane upon the roof of the mouth, the palate, uvula and tonsils, which, by the process of suppuration, has been detached and thrown off.

The third and most fatal variety is *diphthérite*. This has prevailed mostly among children under seven years of age. Its onset is sudden and insidious. The false membrane usually having been formed when the first symptoms of illness attracted the attention, and occasionally, when the attention was directed only by the alarming condition of other children of the family. The membrane rapidly extends upon the palate, tonsils, the rima glottis, and into the larynx, producing mechanical obstruction to respiration, as in croup, and the patient dies in precisely the same manner.

There is yet a fourth, which if not a distinct variety, is at least a modification of all of them. It is styled by a medical friend of mine, in expressive language, "*the horse distemper variety.*" In this, there seems to be a blood poison, and the mucous membrane of the nose, fauces and bronchi, throw off a thick, offensive acrid secretion, and there follows, before death, incipient mortification and decomposition. The congestion extends to the cellular tissue and skin about the throat and chest. As in many of the cases of sloughing tonsillitis, the parotid glands become affected and swollen. In this variety, there is no false membrane. It cannot therefore be *diphthérite;* yet it is a malady co-existent with it. From this form of the disease, nearly all die. Of the three last forms, within three months, about fifty have died. It is difficult to estimate, accurately, the number of cases that have occurred. Of the first and mild form of the disease, doubtless there have been a thousand cases; most of which under less apprehensive circumstances, would never have come under the eye of the physician. The similarity of sloughing tonsillitis, and the sore throat of scarlatina maligna, is worthy of notice. The almost entire absence of scarlatina, for the three past months, and its prevalence the three months preceeding, is a fact that should not escape observation. Aside from the local treatment in sever, cases, the strongly marked tendency to debility and prostration, calls early for invigorating and strengthening remedies. In several families, two to four children have died of one form or other of the disease. My attention has been called to the greater prevalence of the *diphthérite* form, in the southern part of the city.

The disease *Diphthérite* has been accurately described by that eminent French pathologist, Mr. Brettonneau, as it prevailed at Tours, and by him recognized as a distinct disease, and embraces that form of malady here spoken of under the *third* variety. A full, clear, and vigorous article on this subject, from the pen of R. J. Fourgeaud, M. D., is published in the *Pacific Medical and Surgical Journal,* (San Francisco, California,) for October, 1858. The disease known as *depthérite,* or membranous sore throat, having prevailed in the valley of Sonoma, California, in 1856.

The epidemic in Albany is subsiding.—*Med. and Surg. Reporter.*

EDITORIAL DEPARTMENT.

Anæsthesia and Anæsthetics.—There is probably no subject, which is now actively agitated by the medical press, so important as that which heads this article. The use of anæsthetic agents is not confined to any speciality; it is used now by the general practitioner in tetanus, hydrophobia, convulsions and many other diseases; by the obstetrician, in labor and in obstetrical operations, and by the dentist. Those who practice surgery experience, its benefits every day. The discovery of agents which, for the time being, abolished all sensibility was justly hailed as one of the most useful advance, which science had ever made; and every American physician has been proud to say that his country gave it to the world. But a short time had elapsed after the patent taken out, by Drs. Jackson and Morton in 1846, for the discovery of the anæsthetic properties of either, when Prof. Simpson of Edinburgh announced the discovery of chloroform, which has, until very lately, entirely supplanted the use of ether in Europe. It was but a sho time ago, indeed, that chloroform was almost universally used in this country especially in the south and west.

We have lately noticed two able articles discussing the relative merits of anæsthetic agents; one in the *Boston Medical and Surgical Journal*, Dec. 9, 1858, and the other in the December No. of the *Medical News and Library*, extracted from the *London Lancet*. The first article is by Dr. Cotting, of Roxbury, and treats of the subject in its application to obstetrics. This view of the subject we shall not discuss at this time; but we feel interested to look at the opinion of distinguished members of our profession in regard to the comparative safety of ether and chloroform. Every one knows that in Philadelphia, Boston, New York and their vicinities, physicians fear chloroform, and substitute ether in nearly all cases. We see by the reports of the clinics at the Jefferson School, that Prof. Gross has not been convinced of the danger of the former agent, and continues to administer it before the class, in spite of the strong feeling which exists against it

in Philadelphia. It is too true that our warnings in regard to the use of chloroform have, of late years, been fearfully frequent, and there is every reason to suppose that many deaths have occured under its administration which have never found their way into the journals. By the late article in the *London Lancet* by Dr. Glover, of Edinburgh, we learn that the first fatal case, resulting from the administration of chloroform, was reported in the *Lancet* for Feb. 5, 1848; the case was as follows:

"The girl had been operated upon for onychia, in the Newcastle Infirmary, on the 24th of October. The left great toe-nail was then successfully removed *under the influence of ether*. On the 28th, Mr. Meggison proceeded to remove the nail of the great toe of the right foot for the same disease. This, the first fatal case, is so instructive, that it deserves to be specially recorded. Mr. Meggison's statement was as follows: "I seated her on a chair, and put about a teaspoonful of chloroform into a tablecloth and held it to her nose. After she had drawn her breath twice, she pulled my hand down. I told her to draw her breath naturally, which she did, and in about half a minute I observed the muscles of the arm become rigid and her breathing a little quickened, but not stertorous. I had my hand on her pulse, which was natural until the muscles became rigid; it then appeared somewhat weaker—not altered in frequency. I then told my assistant, Mr. Lloyd, to begin the operation, which he did, and took the nail off. When the semicircular incision was made, she gave a struggle or jerk, which I thought was from the chloroform not having taken sufficient effect. I did not apply any more. Her eyes were closed, and I opened them, and they remained open; her mouth was open; and her lips and face blanched. When I opened her eyes they were congested. I called for water when I saw her face blanched, and I dashed some of it in her face. It had no effect. I then gave her some brandy, a little of which she swallowed with difficulty. I then laid her down on the floor, and attempted to bleed her in the arm and jugular vein, bnt only obtained about a spoonful. She was dead, I believe, at the time I attempted to bleed her. The last time I felt her pulse was immediately previous to the blanching appearance coming on, and when she gave the jerk. The time would not be more than three minutes from her inhaling the chloroform.' These are the exceedingly well described external symptoms of many cases of chloroform poisoning. Mr. Lloyd confirmed Mr. Meggison's statement.

"The inquest was adjourned from the 29th of January to the 1st of February to admit of a post-mortem examination, and a report on the case by Sir John Fife and myself, who were employed for the purpose.

" We presented a report, detailing the post-mortem examination, and giving our conclusions. We found the chief morbid appearances in the respiratory organs. 'There was great congestion of the lungs, which did not collapse, and were mottled with patches of a deep purple, bluish, or scarlet hue; the pulmonary tissue was filled with bloody froth, which was also found in the interior of the bronchi, mixed with mucus. On examining the larynx and trachea, the epiglottis was observed to be reddened at the summit, and of a vermilion hue.' The heart contained dark fluid blood in both its cavi-

ities, very little in the left; the membranes of the brain were somewhat congested.

"The jury returned the following verdict in accordance with our evidence: 'We are unanimously of opinion that the deceased, Hannah Greener, died from congestion of the lungs, from the effects of chloroform, and that no blame can be attached to Mr. Meggison, surgeon, or his assistant, Mr. Lloyd.' I had stated that I had analyzed the chloroform, and found it to be pure; and that, in my opinion, *there would generally be found more danger from the use of chloroform in slight operations, than in serious ones.* This bold and unhesitating opinion of Sir John Fife and myself, at a time when all was *couleur de rose* with regard to chloroform, naturally caused a great sensation both amongst the public and in the medical world."

It would have seemed that this solemn warning would have put a stop to the free and fearless use of chloroform; but the inventor of, and the advocates for an agent, for which so much was claimed, would not be intimidated by this accident; and Dr. Simpson asserted boldly, that the death was not due to the administration of chloroform, but to strangling, produced by the brandy and water which was administered to recover the patient. Repeated instances of death, however, placed the occasional fatal power of chloroform beyond a doubt; and now, no one who pays the slightest attention to the literature of this subject, can doubt that death has frequently occurred during its administration. Not only has death occurred, but it has happened to those most skilled and experienced in its use. We were educated in the chloroform school. Prof. Gross, now of the Jefferson School, at Philadelphia, and Prof. Miller, lately the able Professor of Obsterics in the Universersity of Louisville, under whom we had the honor to sit, were in the constant habit of administering, and of recommending chloroform. Professor Hamilton, however, has always given it with some reluctance, but which was much less in former years than it is now. Our prejudices, then, were decidedly in favor of its use; but now, our views are changed, and we believe that Prof. Hamilton is becoming more and more convinced of the dangers of producing anæsthesia by chloroform, and so teaches the class that sit yearly under his instruction. We have ourselves seen patients who appeared to be carried by chloroform to the very threshhold of the grave, and though we have administered it in our own practice, and at the request of other surgeons, we have latterly experienced a horrible foreboding of evil while the patient was under its influence, and an inexpressible relief, when its effects passed off. Still we have administered it, and very lately, but have nearly come to the conclusion that we will never do so again.

A friend has sent us an extract from an address read before the *British Medical Association* by Prof. Miller, of Edinburgh, which indicates the

apprehensions which are now entertained in regard to the use of chloroform, by many of the most eminent European practitioners. We have not the space to copy the entire extract, but will merely quote a passage referring directly to the subject before us. Prof. Miller, in the first place, mentions that the danger of its administration is less in young children than in adults. He adds:

"It becomes me to take this opportunity of stating, that when chloroform was first brought into use here, I was a great enthusiast in its praise. I esteemed it to be as safe and manageable as it was beneficial, and thought that it could hardly be used too often or too freely. I committed these thoughts to written words; and as I wrote, my pen warmed with an honest enthusiasm. But subsequent events have chastened and subdued my tone; and my present 'surgical experience of chloroform' amounts to this: never to withhold its use when that use seems to be imperatively required; and never to sanction its use unless this seems to be absolutely demanded; always conducting its administration with the utmost prudence and caution, so as to avoid those terrible results which errors or excess, even under the protection of an existing tolerance, may not fail to produce, and from which, as experience has too fully shown, even faultless administration is not altogether free. Into the question as to whether ether or chloroform be the safer anæsthetic, I do not enter. Both are imperfect; and ere long an agent superior to both may be discovered. Meanwhile, let us be thankful for what we have, using it with wise economy and care; and let us mark off an advance in this direction as one of the true radii formerly alluded too as suitable and safe for the surgical pioneer."

The mode of death from inhaling this agent is very peculiar; its fearful character is due to its suddenness, resulting while we suppose the patient to be entirely safe, and the utter futility of all our efforts to give relief. The case which we have quoted, which was the first case of death reported, is an excellent example. The pulse suddenly is lost, two or three labored inspirations, and all is still; our patient is dead. We have never witnessed such a fearful scene, and we earnestly pray that it may never occur to us, or to those whose operations we may witness. The post-mortem morbid appearances are generally confined to the lungs, which are found highly congested, and almost solidified; this is very peculiar and intense, and from the descriptions, we should say that it resembled the post-mortem appearances of the lungs, after both pneumo-gastric nerves had been divided. After the division of both pneumo-gastric nerves, in the dog, for example, we have death resulting in a few hours, accompanied by a gradual diminution in the frequency of the respirations; it is unnecessary here to dwell upon the peculiarities of this respiration, suffice it to say that the appearances of the lungs present a peculiarity somewhat similar to those described in cases of death

from chloroform; they are almost carnified, have lost their crepitation, and are quite black. The difference between these appearances and those attendant upon death from chloroform, might be due to the immediate death in the one instance, and the hours which elapse before a fatal result in the other. In a dog, on which we performed the experiment of dividing both pneumo-gastrics before the class of the Buffalo Medical College, but a few weeks since, we had the morbid appearances which we have described; life had been prolonged for about twenty hours.

The cause of death, in these fatal cases, is uncertain. It is sometimes said that the influence of the anæsthetic agent, is exerted first on the cerebrum, and from thence, when it is pushed too far, it extends to the medulla oblongata; respiration is of course arrested, and death ensues. We imagine, however, that the cause of death will always be conjectural, but whatever it may be, it is certain that death frequently occurs under the use of chloroform.

We will now look into the comparative merits and advantages of the sulphuric ether. Ether is less prompt in its action than chloroform; it is more disagreeable both to the patient and operator; sometimes it is quite difficult to produce anæthesia; and its after effects, as nausea, giddi ness, etc., are more severe. These disadvantages have led to the general use of chloroform, and it is undoubted that the latter is much preferable in these respects. But the foregoing facts make it necessary for us to compare them in another point of view. Which is the more hazardous to the life of the patient? In 1848, Thomas H. Wakely, Surgeon to the Royal Free Hospital, performed an hundred experiments with ether and chloroform on dogs; these experiments have been referred to in the article by Dr. Glover, which we have quoted. The symptoms produced by these agents are very similar, but chloroform is "*assuredly the more dangerous one of the two.*" Those who have been accustomed to use these two agents in vivisections, have all remarked that death is very likely to occur in administering chloroform, even when it is done with the greatest skill and care; a like result seldom follows the administration of ether, with which agent it is frequently almost impossible to kill a dog; though we have once seen such an instance. We think that there is no case of death in the human subject resulting from the use of ether, with the exception of a single one, in which it was easily attributable to other causes. Cases of death in the lower animals, from chloroform, are extremely freqnent, while in man, they are, no doubt, quite rare; and it is, therefore, the general opinion, and apparently a just one, that the lower animals are much more the easily killed by an anæsthetic agent. If, therefore, it

be *almost* impossible to kill a dog with ether, it would be *quite* impossible to kill a human being, provided there were no direct contra-indication to anæsthesia.

We have no intention of going into a comparison of other means of producing anæsthesia; the great issue is now between chloroform and ether. All are familiar with the history of amylene, which was soon abandoned by the profession, in consequence of fatal cases occurring even in the hands of its distinguished discoverer, Dr. Snow. There have been various means proposed for the production of local anæsthesia, such as electricity, compression, carbonic acid, or a freezing mixture. These means have never been generally employed. We have another substance, *acétone*, which has been lately proposed by Mr. Béchamp of Paris; this is said to be rapid and effectual in its action, and, with it, that it is impossible to kill so delicate an animal as a rabbit. If this assertion be confirmed, *acétone* will undoubtedly take the first rank among anæsthetic agents; but the operations of amylene were described at first in the same way.

But to return to ether and chloroform, what are the general conclusions to which we must arrive, after a careful review of the whole subject? We conceive that we cannot but regard chloroform as an agent, often beautiful and satisfactory in its action, but possessing a fearful power, which may be developed in any case, and under any circumstances. Accidents are irrespective of any peculiarity of constitution which we can discover; they are liable to occur in the most experienced and skillful hands; and sometimes after the administration of but a very small quantity of the article. Ether, on the other hand, less prompt and agreeable in its action, is almost as effectual as chloroform, and *absolutely without danger to life*. These statements being *facts*, we fear that we must repudiate chloroform, and use ether. We have no right, in a matter which affects the life of a human being, to shut our eyes to truths, be they as unwelcome as they may.

"*The Medical Student.*—The collegiate divides mankind into two great classes—those within the college walls, whether greenys, sophs, juniors, or seniors, are "Fellows," while all the outside world are "Snobs;" and all grades of the former will unite to resent an insult by the latter to the humblest of their number. So when a young man makes choice of the medical profession, and enters its ranks as a student, no matter how humble his position, he forms a constituent part of that profession, and will always find its members ready to stand by and defend him, so long as he is worthy of their support.

"A newspaper of this city—the *City Item*—in a recent article, does manifest injustice to a very worthy class of young men, viz: our medical students. It says:

"'Their education, it must be allowed, is (in the majority of instances) neither finished nor respectable. They will pardon us for so severe a statement; but we make it because it is true, and because we wish to do them some good. It is true. A visit to the lecture rooms of our colleges will prove it to be true. What description of young men are to be seen in these places? Most of them have a Texan Ranger look. Nobody in the world would pronounce them to be refined, liberally endowed young gentlemen. Hair as long as that of a savage, moustaches as fierce as the whiskers of a tiger, a reckless expression of the eye, a long, shuffling, clumsy gait, sword canes, dirk knives, revolvers, attire very unfashionably made, hard swearing, hard drinking, coarse language, cigars, tobacco quids, and pools of tobacco spittle are too prominent barriers for the formation of so flattering a judgment. The picture is not overdrawn. We might make it a great deal less flattering, and then we would be absolutely true.'

"Now, we join issue with the *Item* on the above statements, and say that they are harsh, and destitute of foundation in fact, as regards the large majority of the students. We are willing to admit that there are in our colleges, young men whose early education is sadly deficient, and some whose qualifications better fit them for almost any other pursuit than that of medicine; but to assert that this is true of a majority, or even of any considerable portion of them, we hesitate not to say is very far from true. The writer of that article evidently knows nothing of student life. The student is a genus by himself, and no more the type of the future physician, to the uninitiated, than is the chrysalis of the future butterfly.

"Our medical students are gathered from every section of our widely-extended domain, and from foreign countries. They often journey thousands of miles to get here, and they bring with them the fashions and customs that prevail in their respective neighborhoods, and it is not to be wondered at, that on their first arrival here they should present a somewhat uncouth appearance to the unpractised eye. They are not to be judged of by that abortion of humanity—a Chestnut street dandy. We venture to say that five-sixths of them belong to the most refined and educated classes in their respective neighborhoods, and that there, as here, separated from the peculiar characteristics of "student life," they make a very different appearance from that which they assume while attending lectures. Let our critic witness these same young men when they receive their diplomas next spring, and the following spring, and he would scarcely recognize them—not one bit more than in the editor of to-day he would recognize the "printer's devil" of twenty-five years ago. We venture to say that the editor of the *Item* himself cut but a sorry figure for an editor a score of years back. We know not that he was ever a "devil" himself—he may have been born an editor—but he certainly has room for improving his knowledge of medical students and their habits.

"The assertion that 'medical students are a contemned, despised class,' in this city, is simply untrue, as we can testify from personal observation, and hundreds of others can do the same thing. On the contrary, they are highly respected as a class, and receive very flattering attention from our citizens of all classes. The crowded audiences of the youth and beauty of Phila-

delphia, that assemble every Spring when the diplomas are conferred, are evidence of the interest felt in them here, and this is but one evidence out of many that might be adduced.

"While depreciating the character of our students, to place them if possible in a still worse light, our critic exalts the attainments of students in foreign countries above the position that is warranted by facts, if we can judge from our foreign medical periodicals. With all their advantages over us, the European schools send out some very unworthy young men. Some very sorry specimens have brought their diplomas to this side of the Atlantic.

"Our own judgment in respect to the students in our colleges this winter—a judgment founded on extended means of observation, on personal contact with them, and on a knowledge of the peculiarities of "studen life," is, that they are, as a whole, a very superior class of young men, and that they will do credit to themselves, to their instructors, and to their chosen profession."

We copy the above from the "*Philadelphia Medical and Surgical Reporter*" for the last week in November. We are glad to have an opportunity to vindicate those who have resolved to embrace our laborious, and frequently thankless profession, and can not but express our indignation at the light in which medical students are regarded in some of our large cities and especially in that immense vortex of medical instruction, Philadelphia' Instead of being proud of sustaining the two largest medical schools in the world; of sending out yearly hundreds of men, who form the greater part of the most useful and enlightened of professions, and one which can boast of greater practical acumen in this country than in any other; men who go into the wilds of the far west to yearly combat perhaps that terrible scourge, the yellow fever; a profession from whose ranks rose spontaneously the "*Noble Army of Martyrs*" that fell at Norfolk; the general expressions of the citizens of Philadelphia are those of regret that they should be so overrun with ruffians. The hotels have placarded in a conspicuous place, before the entrance to the conveniences of the house "For the use of guests of the house only. *This notice is especially intended for Medical Students.*" That the proprietors of hotels should not desire that their conveniences should be used by every loafer in the street, is very natural and very proper; but we conceive that they have no right to offer such a wanton insult to medical students, who are destined to form perhaps the most respected, and and certainly the most useful class of society. An eminent southern professor who paid a visit to Philadelphia last summer noticed this fact, and commented upon it in no measured terms.

In addition to the pride which a city should feel at presenting such advantages for medical instruction, and in having those advantages so generally appreciated, consider, for a moment, the tangible benefits which result

from the yearly presence of such a number of students. First, of course, we will look at it in a pecuniary light. There are probably fifteen hundred medical students in the city of Philadelphia every winter; many of these remaining in the city throughout the year. Calculating that each student spends $110 for instruction, and $250 for his other expenses, we have $540,000 spent in the city of Philadelphia by this despised class. In the face of this simple fact, that a daily paper should publish an article abusive of these visitors, would be in wretchedly bad taste to say the least, granting that all they said was true; and we supposed that the delicacy of a person of manly impulses would have prevented the appearance of such an article as is copied, in part, by the "Reporter." We venture to say that no medical man has felt sensitive at the good natured satire on the medical student in the celebrated character of Bob Sawyer; and there are few who have not exercised their sides over Punch's "Physiology of the London Medical Student." All this is very well and very funny; but we cannot regard some portions of the article quoted above, as any thing but an abusive perversion of the truth; when it says, for example, "Nobody in the world would pronounce them (the medical class) to be refined, liberally endowed young gentlemen," and the writer of that sentence may have repeatedly owed his life, and the lives of those who are nearest to him, to the skill and patient assiduity of men who once belonged to this class; if he has not, he may see the time when he will welcome one of these very men whom he describes with "hair as long as that of a savage, moustaches as fierce as the whiskers of a tiger" etc. etc. like an angel of light. Let the editor of the "*City Item*" think of this article the next time that the life of a near friend depends on the skill and kindness of the good physician.

Let us look at the advantages, in another point of view, which accrue to the city of Philadelphia, from its great number of medical students. The best medical talent in America is drawn there, by the large revenues from the schools. Thus, Philadelphia not only furnishes men, of which we, as a nation, are proud; but these men go to form a society as refined, as cultivated, and as intellectual, as any in the world. It has sent down to posterity names, not only venerated by us, but known by every one. It gives to us most of our valuable text books, and has produced several authors, whose works are used in European schools. Why is all this? It is because nearly $200,000 are annually paid for medical instruction, by *medical students*. In addition to this, men, from all parts of the world being acquainted personally with the most distinguished medical authors, and sitting for months under their teachings, an immense sale is made of medical works, published in

Philadelphia, and support, and employment, is given to hundreds of mechanics, as well as large fortunes to the publishers. All this, too, is due to medical students. These hotels, which put up the placards which we have noticed, come in for their share of the spoils; students put up at them while in search of a boarding-house, and some of them remain there during the entire session; we conceive that no one escapes by paying less than ten dollars at a Philadelphia hotel, and at this low estimate, the proprietors receive from students $15,000.

The medical student is a creature of a peculiar species, whose natural history is not understood by the world at large. His studies are peculiar. His mode of thinking is peculiar. Everything in his pursuits combines to disconnect him from other men. When he commences the study of medicine, has fainted at witnessing his first operation; can eat an apple in the dissecting room, cutting it with his cartilage knife; he is a changed man. He admires to discourse learnedly on the bones to unprofessional hearers; though his style of conversation is materially changed when he is at the "quiz;" he pronounces long names with fearful rapidity and inaccuracy; in short, he wishes to make still more mysterious to the uninitiated, the divine science of medicine. With these mental changes, his person is frequently neglected, especially when engaged in dissecting; he does not go into society, as his pursuits would be discovered by the nose, as well as by the eye and ear. This, as well as an absence of "metallic tinkling" in the superior femoral region, begets a carelessness of dress, which, perhaps, did not before exist, and will wear off as he emerges the practitioner. As is stated by the editor of the Reporter, students are gathered into Philadelphia from all quarters of the globe; many of them are from the south, bringing their southern garments, and while they may have been most elegantly dressed beaux at home, they do not appear to much advantage on Chestnut street.

Medical students are good fellows, mind their own business, most of them work hard at the profession, smell of the dissecting-room, and chew tobacco. They are of us and with us, and we hold it our duty to defend them.

Coxe on the Treatment of Membranous, or True Croup.—When innocent persons are incarcerated on the suspicion of a crime, their claims on our sympathy are undoubted, and when a helpless child, innocent of the slightest predilection towards membranous croup, is subjected to the dangerous, not to say disagreeable, processes which are recommended by Dr. Coxe,

we cannot close our heart to its cause, and must express our sense of the injustice of such treatment. Dr. Edward Jenner Coxe, Visiting Physican, Charity Hospital, New Orleans, has communicated a case of croup, treated successfully, according to his plan, to the *Boston Journal*, which must astonish some Bostonians, who have gloried in their townsman's, Dr. Ware's, labors in this disease. We consider the mode of treatment employed by Dr. Coxe too pernicious to pass without comment, especially as the Doctor ascribes a success to his plan, which is entirely due to a blunder of diagnosis. We apprehend, indeed, that the blunder has been made not once, but one hundred times, for the article says: "Now, when I can conscientiously assert that out of one hundred cases of true croup, which I have treated in Philadelphia and this city, but one has died, it is not to be considered strange that, without a desire of boasting, my faith in the mode of using the remedies, powerful as I know them to be, should be strong." Now, Dr. Coxe has treated a hundred cases of *true* croup with but one death: by true croup he can mean nothing but membranous croup; if his diagnosis be correct, M. Trousseau may cease his advocacy of tracheotomy, Dr. Ware will be forgotten, M. Bouchet's ingenious invention for tubing the glottis, is useless; for look at the statistics in regard to this disease in the hands of the most eminent practitioners of Europe and America. In the admirable article on Pseudo-membranous Laryngitis in Meigs' Diseases of Children, we have it stated, that Dr. Bond, of New York, says that of sixteen cases, seven died; of twenty-two cases seen by Dr. Meigs, ten died; of sixty cases observed by M. Ferraud, in the villages about La Chapille-Véronge, not a single one escaped; M. Guersent, after a careful consideration of the statements of different authors, says: in fact, the croup is one of the most dangerous of all diseases, and is generally fatal. He adds, that he has seen at least one hundred cases of spasmodic croup, (the same number cured by Dr. Coxe,) without a single death, while of ten children attacked with true croup, it is scarcely possible to save two. We conclude that the cases of spasmodic croup seen by M. Guersant, were hardly subjected to the active medication employed by Dr. Coxe. We will now give the case which forms the basis of Dr. Coxe's article:

H. L., a boy aged 13 years, of usual size, and healthy, for years has not had an attack of croup, although very subject to it some years since, when living in Mobile. Nov. 18th, he complained of feeling chilly, and an occasional cough, not hoarse or croupy. His mother, supposing it to be a slight cold, put him to bed early. Toward midnight, he awoke his brother in the same room, by his constant cough, which was dry and hoarse, with a noisy inspiration. After some time, the mother was called, who, recognizing the

disease, took him to her room, gave him several doses of sweet oil, nothing else being at hand, and, finding matters getting worse, she sent for me. At 3 o'clock, A. M., I was there, and found him laboring for breath, with the characteristic inspiration and cough, which once heard, never can be mistaken. He constantly complained of his throat, he could scarcely breathe, and swallowed with difficulty what was given. Apprised, when called, of the nature of the sickness, I took with me a bottle of hive syrup, and a small box of medicines which I keep for such occasions, and always find beneficial. The skin was hot and dry, the pulse tense, frequent and moderately full, the face flushed, the eyes injected, the boy restless, and evincing every sign of great distress. To act vigorously and promptly was imperative. At once I poured down his throat a dessertspoonful of hive syrup; and, as soon as ready, ten grains of calomel, six or seven of tartar emetic, and half a teaspoonful of ipecacuanha, were mixed with half a tablespoonful of hive syrup, and poured down his throat by myself. Several times, before vomiting occurred freely, although he had two or three times brought up with a hard cough, pieces of tough phlegm, the same mixture of calomel, tartar emetic, and ipecacuanha, in similar quantities, was given; in one or two of the last, having prepared a strong solution of nitrate of potash, about four ounces, in which was dissolved about six grains of tartar emetic, some of this was added. This last was repeated several times, in addition to the mixture. Although vomiting with hard straining occurred several times, accompanied by cough and tough phlegm, I was not satisfied.

The symptoms continued severe, and I began to fear I should not succeed, when I took about fourteen ounces of blood from the arm, which sensibly affected the pulse, caused a feeling of faintness, at least he fell on his side, had a more free vomiting, and, best of all, an evidently fuller and freer inspiration, with less of the stridulous sound. More of the same mixture was given at longer intervals; a mustard poultice was applied to the throat, and he was allowed a little rest. As I watched him closely, while he was lying quietly, I found his breathing more natural, and his croup, which occurred from time to time, softer, with but little of the peculiar sound. I waited quietly some time, and was satisfied he was asleep, and safe; I then mixed another dose of calomel, tart. emetic, ipecac., and solution of nitrate potassa and tart. antimony, and gave directions to the mother to give it, in case he had any return of cough, or difficulty of breathing; but if he continued to sleep, not to awake him, but as soon as he did awake, to give it to him. A little before six o'clock, I was in my bed at home. At half-past eight, A. M., I saw him again, when I found he was doing well; that he had slept more than an hour, awoke, took the dose that had been left, and dropped asleep again. He was awake when I called; he had coughed several times during my absence. I made him cough several times, and breathe freely, to satisfy myself. There was still some of the dryness of cough, and peculiarity of inspiration, with soreness of the throat. I allowed him a little sweetened milk and water, and a lemonade of gum arabic in flaxseed tea, for drink. The following was ordered:—℞. Nit. potassa, a drachm and a half; tart. antimony et potassa, two grs.; tr. verat. virid., fifteen drops; syr. morphiæ, six drachms; aquæ, two ounces. Dose, one teaspoonful every hour, until again seen. I omitted mentioning that his bowels were twice opened during the night, and once this morning. For one day, he was kept in bed; the next day he was on the sofa, in the parlor; the mixture, and occasional small

doses of hive syrup, being given during the day, as the cough continued, and the inspiration was not free from the peculiar sound. In a few days he was about the house, coughing occasionally, and taking hive syrup and paregoric at bed-time. Had there been any paregoric in the house on the first night, when he fell asleep, I should have given him one or more full doses with the other medicines, for the express object of making him sleep soundly for many hours, which is generally my rule, and always works well.

In conclusion, I would remark, that for the ordinary diseases of infants or children, I am not partial to much medication, if possible to be avoided; but in treating croup, as I do not wish my patients to die, I know no limit, either as to the quantity or frequency of the doses of those articles named, in which I put my trust. When I assert, as a solemn truth, that I have yet to see the first case in which the treatment laid down has produced any injurious subsequent effects, why should others so strenuously oppose this course of treatment, the only one which, in my opinion, is adequate to effect a cure, and prevent the dire necessity of resorting to tracheotomy. The fact, that my patient took even more of the active remedies than has been noted, and that no immediate or subsequent ill effects, but a perfect cure, resulted, is worthy of consideration.

We have copied the full report of this case; but at the first glance, our readers will not be able to appreciate the quantity of medicine taken by this devoted boy, between 3 A. M. and 6 A. M.

One tablespoonful of hive syrup, ten grains of calomel, seven grains of tartar emetic, one-half a teaspoonful of ipecac., and this multiplied by *several times*, of which several times, the last one or two, there was added some of a strong solution of nitrate of potash, in which was dissolved about six grains of tartar emetic. Here we have another several times, for "this last was repeated *several times*, in addition to the mixture." After this, "more of the same mixture was given at longer intervals; a mustard poultice was applied to the throat, *and he was allowed a little rest*"!!!

This is the treatment for the first three hours; we are unable to calculate the exact amount of drugs which were taken, on account of the indefiniteness of the author's statement; but at the lowest estimate, he must have taken 6 *tablespoonsful of hive syrup*, 3 *teaspoonsful of ipecacuhana*, 60 *grains of calomel*, 60 *grains, at least, of tartar emetic, and, perhaps, two ounces of nitrate of potash.* In addition to this, fourteen ounces of blood were taken from the arm.

For what, we now enquire, was all this medication employed? A glance at the symptoms is sufficient to show that it was merely a case of catarrhal, false, or spasmodic laryngitis, which would have progressed favorably with the most simple remedies, if any were employed. It is almost unnecessary to discuss this point; there is absolutely nothing in the history of the case

which would lead to the suspicion of the danger of false membrane. The attack was instantaneous; there was no initiatory fever; the fauces were not examined; there were no membranous formations discovered in the expectoration, nothing, in fact, which would lead us to suspect true croup, and everything which would indicate the true nature of the difficulty. In regard to the hundred cases treated by Dr. Coxe, with but one fatal issue, we are confident, if this be an example, that we can produce old women, who have seen, we were about to say, thousands of such cases, and the only difference would be, that it would be difficult to find one who had seen one result fatally.

We cannot too emphatically condemn such fearful medication, *in any disease*, as pernicious in the extreme, and especially so in a case where it cannot be that any vigorous measures were called for. In such cases, even when the bronchial passages are almost occluded with mucus, we seldom find it necessary to do more than dislodge it occasionally with a mild emetic of syrup of ipecacuhanna, or, what is still better, one of simple powdered alum, as recommended by Dr. Meigs. We hope that Dr. Coxe will learn, that in cases, such as he has described, there will be no "dire necessity of resorting to tracheotomy," even should he become a passive spectator of the course of the disease; and that such a course would be infinitely preferable to the one which he advocates so insanely.

The New York Medical Press: A Weekly Journal of Medicine, Surgery, and the Collateral Sciences. Edited by J. L. KIERNAN, A. B., M. D., and W. O'MEAGER, M. D.

We have received the first number of this new weekly, published in New York, and are pleased with its appearance, and the matter which it contains. Within the last year, we have had three new weekly journals, and this makes the second in the city of New York. We put it with pleasure on our exchange list.

Communications Received.—We have received communications from Drs. Merriam, Spencer, and Crooks, which will receive an early insertion; also, a number of books and pamphlets, which we will notice at the earliest opportunity.

Subscribers and exchanges, who have kindly forwarded to us the August number have been duly credited; but in the case of some subscribers, we have been compelled to look through the entire mail-book, to find their place of residence, as in most cases the post-mark has been absolutely illegible. Those who may send us any more copies would save us considerable trouble, if they would put down their post office, as well as the name.

Mathews' List of Drugs, Chemicals, etc., and Prices Current.—With this issue we publish a catalogue of the drugs and chemicals which are to be found in the extensive establishment of Mr. A. I. Mathews, and the current prices. This will appear with each number, with such modification as may become necessary. By this means, our readers will be able to accertain what medicines may be procured in Buffalo, and at what prices; and even should they not desire to purchase them here, they will be always posted in regard to the market price. This, we conceive, will be a very useful feature of the Journal, and it is intended to make it a permanency.

Professional Changes.—Dr. Jas. B. McCaw, well and favorably known as one of the editors of the "Virginia Medical Journal," has been elected to the chair of Chemistry and Pharmacy in the "Virginia Medical College," Richmond, Va. We have been most favorably impressed with him as an editor, and have no doubt, but that he will make an equally able teacher.

Dr. May's position in the "National Medical College," at Washington, D. C., has been supplied by Dr. J. G. F. Holston, who, we have every reason to believe, will prove a most excellent instructor.—*Savannah Journal of Medicine.*

Prof. Flint has promised us a letter for insertion in the Journal, giving an account of medical matters in New Orleans. We hope to receive it in season for insertion in our next issue.

Erie County Medical Society.—The annual meeting of the Medical Society of the county of Erie will be held in this city, on Tuesday, January 11th, 1859, at the rooms of the Buffalo Medical Association, No. 7 South Division street, at 10½ o'clock, A. M.

JAMES M. NEWMAN, Secretary.

Buffalo, Dec. 25th, 1858.

We would call the attention of the profession of the county to the above notice of the Secretary, and especially of our country brethren, hoping thereby to secure a more full atendance of their numbers than has been the practice for several years past. It should be remembered, that membership with the County Society constitutes the great dividing line between regular and irregular practitioners, and our country practitioners, who are desirous of preserving these lines of distinction, should manifest sufficient interest in the Society to attend its meetings. At the same time, we would exhort those who desire to be recognized as within the pale of the regular profession, and have heretofore neglected to do so, to make such a declaration, by a union with the Society. We regret to say, that very many practitioners in the country, who would repel the idea of being called irregulars, have neglected to comply with the requirement of the laws, and become members of the Society. A good opportunity to remove any imputations of the kind, will be afforded at the coming annual session.

At the semi-annual meeting in June, a committee was appointed to make arrangements for an annual dinner at the present meeting; and, it is, we presume, unnecessary to say, that the city members will be most happy to receive and entertain as many of our country brethren, in regular connection with the Society, at the festivities with which it is proposed to close the labors of the day, as may find it convenient to attend.

☞ Prof. Flint left Buffalo in the early part of November to enter on the duties of his Chair in the New Orleans School of Medicine. He expects to return in the latter part of February next. His correspondents, in the meantime, will please direct their letters to him at New Orleans.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. FEBRUARY, 1859. NO. 9.

ORIGINAL COMMUNICATIONS.

ART. I.—*Letter from Prof. Flint.*

NEW ORLEANS, Dec. 18, 1858.

DEAR A.:

I am seated to fulfill my promise to write, for the Buffalo Medical Journal, a letter giving some account of medical matters in this great metropolis of the South. Your readers will not expect any learned or scientific disquisitions. I shall strive not to be profoundly dull, and to limit the length of my epistle so as not to incur much risk of being tedious. Writing with the freedom of one who feels that his letter will meet the eyes of old and familiar friends (so the writer ventures to hope he may speak of the readers of the Buffalo Medical Journal) I may count on their indulgence on the score of criticism, if I fail to make my letter either interesting or instructive.

On my arrival at New Orleans in the middle of November, I found the epidemic of yellow fever had nearly ceased. A few cases were remaining in the hospital wards, and there were some admissions afterwards, and, indeed, within the past few days; but the disease no longer prevailed as an epidemic, and I assumed at once the charge of two medical wards which, but a few days before, had been crowded with patients affected with yellow fever. The epidemic was protracted to an unusually late period. It continues very rarely into the month of November. It had been also, as is well known, unusually severe. Between the months of June and Novem-

ber, there were nearly five thousand deaths from yellow fever reported to the Board of Health. I should be in a fair way to violate my engagements as to the dullness and length of this epistle, were I to undertake to discuss any of the *quæstiones vexatæ* pertaining to the origin, diffusion and pathology of this disease. The undertaking would not be less presumptuous than profitless. Every medical reader is of course aware how much has been written, and alas! written in vain, respecting these vexed questions. But the immense importance of reaching results which may contribute to render the disease preventable or controllable, is not lessened by the futility of past researches. The preservation of lives is intrinsically paramount to all other considerations; but one cannot help taking into view the influence of these epidemic visitations in retarding the growth of the city of New Orleans, which, otherwise, would become certainly not inferior to any other in the Union, if in the world, in size and beauty. That this, as well as other epidemic diseases, proceeds from a special causation, must be considered as settled, so far as it can be by logical inference, without demonstration; but that the special cause involves, if not in its production, in the efficiency of its operation, coöperating causes which sanitary measures would diminish, if not remove, is sufficiently probable to serve as a basis of action. A wise policy, as it seems to me, would dictate the adoption of plans of grading, paving, draining and sewerage, which, owing to the peculiar position of this city, must require, in addition to scientific skill, an immense expenditure of money, but which, if even so far successful as to abate the severity of the scourge, would prove, in a pecuniary point of view, a most judicious investment. Freed from the ravages of yellow fever, New Orleans, with its commercial advantages, its climate and resources, could not fail to become a magnificent city, possessing greater attractions, as a place of residence, than any other on this continent.

As regards the treatment of yellow fever, judicious practitioners, so far as I can learn, are disposed to place this disease in the category of continued fevers so far as concerns abortive or controlling measures. It has a definite career, or, in other words, intrinsic limitations, and, with our present knowledge, does not claim any special medication. My distinguished colleague, Dr. Fenner, has been led by recent experimental observations, to attribute a certain amount of remedial value to the veratrum viride and the chlorate of potassa. The precise importance which these remedies possess in this disease is to be settled by farther observations. It is a popular notion that during the last epidemic, the disease exhibited some unusual characteristics. I am assured that this is an error, and

that the disease, in its essential features, preserves its identity in successive epidemics, differing in intensity and in certain contingent phenomena, in different years. This notion, however, will continue to prevail, not only with the public, but, to some extent, with the profession, until the data for determining the natural history of the disease are obtained, by means of the analyses of a sufficient number of accurately recorded cases, observed during successive years. This labor is yet to be performed, as it is, in fact, with respect to a host of diseases. How plain is the path to usefulness and distinction for the patient and conscientious student of clinical medicine!

The first object of interest to the medical stranger in New Orleans, is the *Charity Hospital.* All have heard of this great institution, but many of your readers are probably not familiar with its provisions in behalf of medical knowledge. I confess that I had not fully appreciated these before being brought into contact with them as one of the visiting physicians and clinical teachers of the hospital. The hospital building is one of the most prominent of the public edifices of the city, and has ample grounds, beautified by orange trees, shrubbery, and flowers. It receives about 3,000 patients annually. At the present moment it contains seven or eight hundred, and during an yellow fever epidemic, has contained, at one time, fifteen hundred. The number of visiting physicians is seventeen, who, with three surgeons, the resident house surgeon, and his assistant, constitute the medical staff. Twelve resident medical students are annually appointed, whose duty is to record the daily prescriptions, and see that they are daily administered. An educated and experienced apothecary is attached to the institution. The nursing and dietary is under the charge of sisters of charity. The hospital is sustained by the State, and is open to all who apply at its gates for admission. A detached building is appropriated to cases of pregnancy. By legislative statutes, the institution is open to medical students at all times, without fee, or any restrictions whatever. The go in and out whenever they please, without the need even of the formality of asking permission. There are no limitations to clinical instruction, everything being left to the discretion of the visiting physicians and surgeons. In these respects there is nothing left to be desired; and the field for clinical study, as regards the number and variety of cases, can hardly be excelled by any institution in this country or abroad. The law, moreover, provides that a certain proportion of the medical and surgical officers shall be appointed from the faculties of the medical schools of the city. The arrangements for examinations after death are as complete as possible. Attached to the dead house, is a

dissecting room, commodious and well lighted, furnished with tables, water, etc. The students residing in the hospital are allowed to dissect bodies in this room at their leisure. There are no restrictions to post mortem examinations. It is even left discretionary with the medical officers to respect the wishes of friends in this regard.

The provisions for the study of anatomy are not less liberal. All bodies not claimed by relatives within twenty-four hours, are appropriated by the medical schools for dissection. Beyond this proper delay, no formalities are required; the subjects are at once transferred to the colleges, if desired. Honor to the State of Louisiana for legalizing the study of anatomy in fact, as well as in name! In no other state of the Union does the law recognize the claims of this study to the same extent. In other states, in which legal enactments have been made, they are so hampered, as to be but partially operative. Here there is no room for obstructions, and anatomical material, in abundance, is furnished by the schools to the student, gratuitously, or at a merely nominal price.

No State in the Union has done so much in behalf of medical education, by way of direct pecuniary appropriations, within the same space of time, as the State of Louisiana. The medical department of the University of Louisiana has been munificently endowed. Its building and equipments for medical teaching are probably inferior to those of no other medical institution of our country. The State, also, has already made a liberal appropriation to the New Orleans School of Medicine. Having the honor of being connected with the latter, I am, of course, more competent to speak of it than of the older institution. The School of Medicine is a young institution. It was chartered in 1856, and the present is its third annual session. The number of matriculants at the first session was seventy-six. This number was increased to 126 at the second session. The number for the present session is about 150, and there is reason to believe that this increase would have been considerably larger, had the yellow fever epidemic not continued up to the very commencement of the session. This growth, continued for a few years longer, will place the institution among the most flourishing in the Union.

This school was organized with a faculty of ten professors. The diseases of women and children were made the subjects of a distinct chair. This chair became vacant shortly before the commencement of the present term, by the death of the incumbent, Dr. Picton, an able and acceptable teacher, and a practitioner of great learning and experience, whose loss is deeply felt, not alone by his colleagues, but by the community. No member of

the profession was more highly and generally esteemed. He had resided in New Orleans, as a practitioner of medicine, for thirty-two years. An adjunct professorship of anatomy was also established, which was vacated after the last session by the resignation of the incumbent, Dr. T. S. Clapp, when the professorship was abolished, and a demonstratorship of anatomy substituted, which has been filled by the appointment of Dr. J. F. Groll, an accomplished anatomist and scholar. Another peculiar feature of this school was the appropriation of a chair to physical exploration, in conjunction with clinical medicine. The original occupant of this chair, Dr. Thomas Peniston, feeling obliged to resign, on account of ill health, the professorship is still maintained, and is held by your correspondent. The school, therefore, has now eight professors. The duration of the regular lecture session is twenty weeks, commencing on the fifteenth of November, with a preliminary term of a month. The institution has already a good anatomical and pathological cabinet, a splendid collection of specimens for the department of materia medica, prepared in Paris, a well furnished laboratory, and an admirably selected library of over two thousand volumes. More than fifty thousand dollars have been expended on the college building and its appurtenances, everything being judiciously adapted to medical teaching. In order to add to the material for clinical instruction, the faculty established, two years ago, a dispensary, where patients are examined and prescribed for, and the medicines prepared before the class. More than 3,000 cases have been treated at this dispensary, the number now averaging over 100 weekly. A portion of these cases are assigned to advanced students. Obstetrical cases, in abundance, are also furnished to candidates for graduation, both within and without the hospital, under the direction of the professor of obstetrics, Dr. Brickell.

It will thus be perceived that the facilities for medical instruction in this city are hardly surpassed by those of any city in the world. They are as ample as could be desired. That the field here offered for medical study has not been adequately appreciated by the medical profession at the south, and still less at the north, is certain. This fact is a sufficient reason for presenting to your readers the foregoing details. The establishment of a new school, and the spirit of emulation, arising therefrom, have given an impetus to medical education in New Orleans, which has already directed more attention to this, as an important point for the study of medicine. This is shown, not only by the success of the new school, but by the increased size of the classes at the medical department of the University of Louisiana. The latter was never more prosperous or useful than at this moment. With

the growing disposition of the south to patronize southern institutions, the number of medical students resorting to New Orleans during the winter season may be expected to continue to augment, and I venture to predict that, ere many years, the classes assembled here will not fall much short of, if, indeed, they do not exceed, those of any other city. Hitherto, the students who gather here, are, almost exclusively from the southern states. But, with a knowledge of the educational advantages which are here presented, northern students who intend to practice at the south, will find it advantageous to receive instruction, in part, at least, at a southern school. This will obviate an objection which, whether just or otherwise, undoubtedly retards the success of northern practitioners, viz, that they require a certain amount of practical acquaintance with southern diseases.

From what I have been able to learn of country practice of the south, it offers, in respects, greater inducements than of the north. The southern practitioner in the country has not a class of patients which, at the north, consume a large share of the time and strength of the physician with little or no pecuniary remuneration. Medical services rendered to the negroes of a plantation, are not only compensated, but paid in a lump at the end of the year. The fees for all medical services are better and sure, without the annoyance of making collections, which is so serious a drawback in northern practice. At the same time, the personal expenses of the practitioner are not correspondingly greater than at the north. It is certain that, as a class, the members of the medical profession at the south, who devote proper attention to practice, are more independant and easy in their circumstances than the majority of industrious and prudent northern practitioners.

To return to New Orleans: it would be as unnecessary as unbecoming for me to undertake to enlighten your readers respecting the distinguished individual members of the medical profession of this city. The names of Fenner, Stone, Dowler, Riddell, Hunt, Dowes, Mott, and others of the senior members, are well known at the north as well as at the south. I may say that the status of the profession will not be lowered by those who are now to be ranked in the class of junior members. The reputation of Brickell, Choppin, Beard, Crawcour, Smith, Peniston, and others, is not limited to this section of the country; and they have the enviable privilege of endeavoring to achieve more than those who have expended a larger portion of the working hours which make up the share of active life. The standard of professional attainment here is high. A larger proportion of the promising young medical men have prosecuted their studies abroad as well as at home.

It would be an eggregious mistake for any one to suppose that ability and education are less essential to success in this than in a northern city.

Of the peculiarities of southern diseases I may have something to write at a future time. As you are aware, a strong inducement for me to pass a portion of the year in this city, was to pursue my clinical studies here in order to compare diseases observed in different sections of our country. With the advantage of a hospital service amply adapted to my wishes, I shall be able to make a collection of recorded cases to be added to records already made at Buffalo and at Louisville. Whether any results of interest or value may be educed by means of analyses and comparison, is to be determined hereafter. At present I could give only the general impressions derived from a few weeks of study, and I am far from attaching sufficient importance to these to denote much space to them. Of the cases which have been admitted, thus far, into my wards, the greater number have been cases of periodical fever, typhoid fever, and pneumonia. Typhoid fever appears to prevail here quite as much as at Buffalo. Pneumonia is much more common than with us, either at this season or during the spring months. I have been struck with the larger proportion of cases of pneumonia in which the symptoms have denoted a low grade of inflammation, and the degree of solidification, as denoted by physical signs, slight. With us it is rare for pneumonia not to present, during its course, strongly marked bronchial respiration, bronchophony, and the bronchial whisper; but here I have already met with several instances in which the symptoms and signs were sufficiently characteristic, with feebleness and even absence of the physical phenomena just mentioned. All the cases of pneumonia thus far observed, have progressed satisfactorily under the use of opium, quinia, stimulants and nutritious diet, graduated according to the daily indications in each case. In no instance have depletion or reducing measures appeared to be indicated. Intermittent fever in the form as yet presented, has been controlled as promptly as with us by equal doses of quinia. Instances of anæmia and general dropsy succeeding protracted intermittent fever, or frequent relapses, are oftener presented than with us. Cases of typhoid fever offer its distinctive characters as strongly marked here as elsewhere, together with the same indications as regards management. Pulmonary tuberculosis is undoubtedly more rare, and it has seemed to me that among the cases observed, hæmoptysis is an event of less common occurrence than with us. I have met with an instance of the tuberculous deposit commencing at the base instead of the apex; and I am told that such instances are here not very uncommon.

Intercostal neuralgia, as one of the sequels of intermittent fever, is as frequent as at the Buffalo Hospital.

Of the climate of New Orleans at this season, I had not formed an idea altogether correct. The warmth has been more oppressive than I had expected. The humidity and warmth together form an atmosphere which we never have at Buffalo. I have felt more inconvenience from heat than at any time during the hot summer. I am now writing with the windows and doors open in order to get as free a current of air as possible. A zephyr from Lake Erie would be truly refreshing. A portion of the time, however, the weather has been delightful, resembling our finest days in October. A little time is required to become accustomed to the change, and recover one's habitual physical and mental activity. The first effect, after coming from our bracing atmosphere, is enervating; there is a disinclination to exertion, and the mind is reconciled to a state of inertia. This effect is temporary, but it is probably true that our rigorous winter climate, with all its inconveniences, is more conducive to a disposition to labor, whether corporeal or intellectual.

I have acquired in New Orleans a valuable relic, in which some of your readers may feel an interest. It is nothing less than a stethoscope, used, and probably made, by Laennec himself. It was presented to me by my colleague, Prof. Choppin, and it was given to him by a friend in Paris, who received it from the hands of Laennec. It is similar to the stethoscopes imported from Paris twenty-five years ago; about a foot in length, a single cylinder, the aural extremity not expanded, a plug in the pectoral end, intended to be removed except when used to auscultate the heart-sounds, and capable of being separated in the middle, for the convenience of carrying in the pocket. I infer that it was actually made by Laennec, for it is well known that he was accustomed to amuse himself with turning stethoscopes for his own use, and for his friends; and this looks like the work of an amateur mechanic. Some of the wooden cylinders, made within late years, especially those modelled after the stethoscope used by Dr. Walshe, are great improvements on Laennec's mode of construction. But with the advantages of immediate auscultation, and the great superiority of Cammann's instrument, whenever mediate auscultation is desirable, the time will soon come when all the various forms of wooden stethoscopes will be only interesting as relics of the past.

I promised that my letter should not be so long as to incur much risk of proving tedious. In order not to break my word, I must bring my desultory scribblings to a close. In concluding, I must express my congratulations on

the increased size of the class of the present session at the Medical College of Buffalo. That this an earnest of a continued increase, I do not doubt.

With my best regards to those of your readers who may honor this epistle with a perusal, I remain,

Truly yours,

AUSTIN FLINT.

Editor of the Buffalo Medical Journal.

ART. II.—*Case of Inflammation of the Spinal Cord.* By JNO. C. K. CROOKS, M. D., Honeoye, N. Y.

During the evening of September 29th, 1857, I was called to visit a young man, aged 17, who, I was informed by the messenger, was suffering from obstinate constipation, difficult breathing, and sundry other troubles, of which he could give but a vague account. Ascertaining that he had been ill for several days, and that he had had the professional services of a very worthy retired practitioner, who resided in his neighborhood, I resolved to postpone my visit till the following morning, and informed the messenger to that effect. Accordingly, in the morning, I called at an early hour, and found, greatly to my surprise, that the young man was laboring under a partial loss of sensibility, and almost complete paralysis of the whole body, below the origin of the phrenic nerve.

A history of the case revealed the following: Five days previous to my visit, after having labored hard upon the farm, pitching sheaves from a stack to a threshing machine, he began to suffer from a dull, heavy pain in the nape of the neck, and weariness of the upper extremities. At first, it was not severe, but becoming worse, and accompanied with a sense of constriction of the chest, his parents became alarmed, and the physician referred to was called in. He considered the whole trouble the effects of "cold and over exertion." Rest was strictly enjoined, and a gentle cathartic administered, to be followed with a Dover's powder, if the young man was unable to sleep from the difficulty of breathing. One or two repetitions of the cathartic procured an evacuation of the bowels, but no relief followed. Laxatives were then administered, but without effect, and small doses of pulv. Dov. and calomel, at short intervals. This constituted the treatment, with but little variation, up to the time that I was called, the symptoms of grave disease of the spinal cord becoming more and more marked.

The constriction of the chest, or sense of suffocation, was first observed;

then came a loss of power in the right arm, then in the right leg, then in the left arm, but to a less degree, and so on to the left inferior extremity, at the same time the sense of suffocation becoming greatly increased. In this condition I found him. He looked pale and anxious; the tongue was dry, with a brown fur in the centre; pulse 110, full, but quite irregular; the right leg was in a state of complete paralysis; the left could be rotated, slightly flexed and extended, but with a great deal of difficulty, and it seemed to exhaust the patient. The motions of the right arm were all arrested except the power to flex and extend the fingers, while the left was much stronger than the corresponding inferior extremity. He could void his urine, but with much trouble, being accompanied with exhaustion, as in exercising, or *trying* to exercise the extremities. In evacuating the bowels, he experienced still more difficulty, as the exertion greatly prostrated him, and occasioned anxious and labored respiration. His respiration was *entirely* abdominal, there being not the least perceptible motion to the walls of the chest. They were completely fixed — *motionless*. At times, there were severe colicy pains in different parts of the abdomen, and occasional frontal cephalalgia.

Upon examining the spine, I found the lower cervical and upper dorsal regions extremely sensitive to pressure, while between two of the upper dorsal vertebræ, there was an abrupt angular displacement — a lateral curvature. At, and above the curvature, the sensitiveness was most marked. I considered the curvature an old difficulty, and a predisposing cause for the present trouble, which was, evidently, acute inflammation of the spinal cord.

As calomel had been given in considerable quantity, I ordered a cathartic of castor oil and turpentine, to be repeated in four hours, and then, if no operation was procured, to administer stimulating enemata. I depleted topically, by scarifying and cupping along the sides of the spine, and followed the bleeding by a pretty free application of strong iodide of mercury oint. His feet were placed in a mustard pediluvium, and after removal, were enclosed as well as his legs, in mustard plasters. He was then placed in a comfortable bed, in a semi-recumbent position, to relieve, as much as possible, all embarrassment to the motions of the diaphragm; and, as the weather was fine, a free access to the external air given.

Oct. 1*st*. Patient much as upon the day previous; pulse 108, irregular; no evacuation of the bowels.

Ordered croton oil, to be followed by olium ricini and turpentine, and enemas of strong salt water, in large quantities, often repeated.

The respiration was still difficult, particularly toward evening.

Renewed the iodide of mercury oint.; extremities kept warm.

Oct. 2d. Slight change for the better; pulse 100, irregular; not quite as full; bowels had operated freely. The spirits of the patient had improved somewhat, as the difficulty of breathing was lessened; spine still very sensitive to pressure. As the gums were untouched by the previous use of mercury, I ordered calomel in small doses, frequently repeated, and unguarded by opium, as the bowels were strongly inclined to constipation; urine voided with less difficulty.

Oct. 3d. Having had an obstetrical case in charge, I did not see my patient till late in the evening. The weather was heavy, and a good deal of rain had been falling during the day. I found the young man apparently much worse; respiration anxious; pain in the bowels; pulse 110 again, and irregular; extremities cold, &c.

I ordered the mustard pediluvium repeated; administered stimulating enemata, which, together with encouraging words, soon restored the spirits somewhat, and quieted, in a degree, the labored respiration; gums remained untouched.

Continued cal., and re-applied the ointment to the spine.

Oct. 4th. Patient much improved; pulse 90, but irregular still; tongue becoming moist, and disposed to clean; *gums tender;* had had one or two dejections since last visit; respiration less labored; no improvement in the paralysis of the extremities; spine less tender.

From this time the young man slowly improved for several days; tenderness over the spine became less and less marked; respiration was better; tongue cleaned; bowels moved without much difficulty, and he began to have considerable appetite.

Suddenly the action of the heart began to falter, and its pulsations rapidly ran down to thirty-six per minute. Although I feared that disorganization of the spinal cord was going on, softening, induration, or suppuration, I determined to put him upon strichnine, and accordingly did so, beginning cautiously, and increasing as rapidly as the circumstances would allow.

For several days there seemed to be but slight amendment, the pulsations of the heart being about forty in the evening, and forty-five in the morning, after the rest of the night. Then they began slowly to increase, till they arrived at at sixty five per minute, where they remained stationary for weeks. As the heart recovered its vigor of action, the respiration improved still more, as also the strength of the extremities, but to a much less degree. His appetite now became excellent, and the accumulation of adipose tissue was quite remarkable in its rapidity.

After the lapse of two or three months from the beginning of the attack, he was able to stand erect, after being assisted upon his feet, and by being supported, he could slide his feet along the smooth floor, and make a little progress in walking; general sensation had greatly improved.

I now gave his parents, who were intelligent people, general directions as to treatment, regimen, &c.

Ordered the continuance of counter irritants to the spine, the extremities kept warm, regular exercise in the open air, when the weather would admit, cold sponge bath, with frictions, continuance of strichnine, alternating with the use of electricity, &c.

I now heard from my patient occasionally, and learned that he was steadily improving, furnishing him with remedies, whenever his supply was exhausted. This occurred for three or four months, when I had no more intelligence from him, till August 14th and 28th, 1858, when I called upon him. I found that he had greatly improved in the interim, although his parents were much discouraged with the prospects of his case. He could walk quite well, with the assistance of a cane, but could not yet go up stairs, or ascend a steep hill, from the weakness of the extensor muscles of the inferior extremities. For the same reason, whenever he accidentally fell, he could not arise without assistance. His respiration was good, the muscles of the walls of the chest having recovered their vigor to a great extent. His sensation was nearly natural; his bowels were regular, and he voided urine at all times, without trouble.

Notwithstanding this improvement in the functions of the spinal cord, he looked cachectic; had lost his fat; pulse was a little too rapid; became fatigued easily; coughed slightly, and although I could detect no pulmonary difficulty, I fear that tuberculosis is impending.

I recommended a general tonic treatment, gentle counter irritation over the chest, and a continuance of strychnine, which for some time had been omitted, in *greatly increased doses.*

Illness of myself, and a long absence at the west, have prevented my seeing him again. There are several peculiarities in his case — points of interest, of which I might speak, but I have already taxed your patience at too great length. More anon.

ART. III.—*The Determination, by Chemical Reägents, of the Identity or Non identity of Specimens of Writing Ink upon Paper.* By the EDITOR.

There is no subject in scientific jurisprudence, which has bestowed upon it an attention less commensurate with its importance, than the chemical examination of inks, as presented to us in ordinary specimens of writing. One can easily see the numerous applications which could be made, of an exact process, by which the chemist could assert that certain characters were written with the same, or with different inks; but strange to say, there are few books upon chemistry which pretend to give the composition, even, of the common varieties of ink, and nothing written which treats of the comparison of different specimens. It would, of course, be impossible to give the exact components of many celebrated inks, as this is a secret of the manufacturers, and a problem which has baffled many excellent chemists.

The following case is one of extreme interest, as the guilt or innocence of an individual was almost entirely dependent upon the fact of the identity or non-identity of two marks upon the same bit of paper. I will be unnecessary, for my present purpose, to give a full account of the case, and will be sufficient to note its more important features, an account of which was kindly furnished me by Mr. Albert Sawin, of this city, the able counsel for the defendant.

The case was tried in the last Criminal Term of the Superior Court, Judge Masten presiding.

"The defendant was indicted for forgery, and the alleged forgery consisted in making a cross (×), as the mark of one Joseph Umbleby, after the words "Joseph Umbleby, his mark," upon three notes of $322 each.

The people proved by four witnesses, Joseph, the father, and his three sons, in substance, that on October 15th, 1858, the father, Joseph Umbleby, although requested by his sons to sign the note as their security, and after at first having agreed to do so, finally refused, and did not sign, and that this refusal was made known to the defendant, who agreed to close the bargain with the sons without the father's signature, and that the notes were delivered to the defendant without the (×).

These witnesses were apparently fair and honest men, and quite intelligent. No impeachment of their general character was attempted.

To overcome this proof, apparently so impregnable, the defendant relied upon a variety of circumstances, but the counsel for him stood upon this position:

The body of the notes, and the words "Joseph Umbleby, his mark," were written October 14th, 1856, at the father's house in Hamburgh, (a country town near Buffalo,) by one of his sons, the only ink in the house, or that had been for months, being contained in a little sixpenny bottle, which was also used as ink stand. *The ink of the mark was the same as that of other parts of the note.*

The defendant's counsel concluded if it was a different ink, his client was guilty. The people's case was such, "that if it could be proven that all parts of the note were written with the same ink, from the same inkstand, the defendant was innocent."

The defendant's counsel applied to me some time ago, to test these signatures, and ascertain, if possible, the fact of the identity or the non-identity of the ink which composed the signature, "Joseph Umbleby" and the mark. I was applied to on account of the absence of Prof. Hadley, and the necessity of an immediate establishment of that point. As I had never undertaken anything of the kind before, and was not able to find any definite instructions in the books, I hesitated to assume the responsibility, and was not at all sanguine of the benefit which would be derived from my examination; nevertheless, I consented to undertake to make something out of it. After instituting a variety of experiments, I found, that on the application of dilute sulphuric acid to different specimens of ink, taken at random from old letters, etc., a color was produced, which was of a different shade in every specimen which was examined. This experiment, being repeatedly performed, seemed to establish a basis on which I could form an opinion of the inks in question, from such an application. The following is substantially the testimony which was given in relation to this point at the first trial, when the jury failed to agree:

In addition to the preparatory examinations which were made, with regard to the color produced by the application of dilute sulphuric acid to different specimens of ink, ten observations were made on specimens taken from the backs of old letters, dated at about the time that the notes were made. In these observations, two small bits of the paper, on which was a portion of writing, were cut out with the scissors, placed on a slip of glass, dilute sulphuric acid was applied to them simultaneously, and they were submitted together to a magnifying power of sixty diameters, so that they could both be examined at the same time, without moving the specimen. The examinations were made with the lowest power of Nachet's large instruments, and by reflected light. The results of these ten comparisons were then recorded, and it was found that no two presented precisely the same

shade of color. In the first observation, a very marked difference in shade was observed after the the application of the acid, though before its application, it would have been utterly impossible to have remarked any difference between the specimens. The colors produced were different shades of a light blue.

In the second observation, the result was the same; a light blue color was produced by the acid, but the shades presented a marked difference.

In the third observation, the result was highly satisfactory, a blue being produced in one specimen, and dirty brown in the other. The latter was from the back of a letter from a country town.

In the fourth observation, there was a very marked difference in shade, both being of a blue color.

In the fifth observation, the difference in color was very marked indeed; before adding the acid, the two specimens could not be distinguished from one-another; but after its application, a blue color was produced in one instance, and a pink in the other.

In the sixth observation, the same results followed; one specimen was rendered blue and the other pink, by the application of the acid.

In the seventh observation, the difference was very marked; one specimen was blue, and the other green.

In the eighth observation, one specimen was blue, and the other pink.

In the ninth observation, one specimen was blue, and the other brown; the latter was from a country letter.

In the tenth observation, the difference in shade was not great, but was perfectly apparent.

From the examinations which I had made in advance of these ten observations, I was convinced that it was possible to distinguish between two specimens of ink upon paper, by the application of an acid; and for my reagent, I chose the dilute sulphuric acid, though I was afterwards informed by Prof. Hadley that the muriatic would have been preferable, not because the immediate effect would have been different, but because the specimens could have been preserved without rotting the paper, as would be the case when the sulphuric acid were used. The importance of the scientific testimony in this case, however, and the necessity, not of discriminating between two varieties of ink, but of showing that two marks were made with the same ink, made it advisable to establish for my testimony the basis of a few recorded observations.

It will be seen by these observations, that no two inks presented the same shade after the application of the acid: four of the specimens were blue,

but of different shades: three were pink, with a marked difference in shade; two were brown, of a different shade; one was green. It made no difference whether the mark was heavy or light; the same *shade* was produced by the acid in the same specimen, and a different shade in different specimens. Care was taken that two specimens should be in the field of vision at the same time, and they were placed directly in apposition to each other. All these observations were confirmed by Prof. Flint, who was present at the examinations.

Having established the above points, attention was now directed to the notes; the comparison of the signature "Joseph Umbleby," the mark which followed it, the body of the notes, and the signatures of the two sons.

The first examination was of the signature "Joseph Umbleby," and the mark. Bits of paper, bearing the ink of the marks and signature were cut out of the note, placed in apposition upon a slip of glass, treated with dilute sulphuric acid, and submitted to a magnifying power of sixty diameters. They showed *exactly the same shade of a dirty brown, with no possible difference.* They were compared carefully and repeatedly by myself, and the fact was confirmed by Prof. Flint.

An examination was then made of other pieces cut from the signature and the mark. They were treated in the same way, and the experiment was followed by the same results.

A third observation was made, confirming the two foregoing.

Comparison was then made between the signature Joseph Umbleby, and the signature of the two sons, which were acknowledged to have been written with different inks, a fact which was apparent before the application of the acids. Here was found a marked difference, one being brown, as was said before, and the others blue.

From the facts above stated, I testified that, in my opinion, the mark in question was made with the same ink as the signature "Joseph Umbleby."

In the first trial, the testimony was precisely the same; but Prof. Hadley not being in the city, and it was not, as now, confirmed by a professed chemist. Before the last trial, however, I saw Prof. Hadley, gave him an account of my experiments, and he consented to repeat them. Though muriatic acid would have been preferable, for reasons which have been stated, Prof. Hadley used the sulphuric; as that was the reagent used in the previous experiments, and as it was not essential that the pieces of paper should be preserved. He made a few experiments upon different inks, which were entirely confirmatory of my own, and by pasting the specimens, treated in this way, opposite to each other on a blank sheet of paper, he enabled

the jury to see, at a glance, the difference in shade between the different varieties of ink, and the identity in shade between the mark and the signature.

Prof. Hadley was of the opinion, that the mark and signature were made with the same ink, and probably at the same time; he stated that the ink used was of an old variety, and such as is sold in large quantities in country towns. He added, upon cross-examination, that he thought it possible to discriminate between two specimens of ink, and to determine, almost, if not quite, positively, that two marks were made with the same ink, and at the same time; that ink was subject to chemical changes, and that these changes would not be the same, even in two specimens of the same ink, unless they were exposed to precisely the same influences, were present in the same quantities, and were used equally.

Mr. C. R. Walker, who is engaged in the establishment of Mr. A. I. Mathews, was called to the stand, and testified that he had tested the signature and body of the note and mark with the cyanide of potassa, and that they indicated iron in about the same proportion. He used acids upon them with the same effect. He examined scrapings of the ink with the microscope, and the granules presented the same appearance. He should have no hesitation in saying that they were written with the same ink.

The importance of the scientific testimony in this case was strongly urged upon the jury by the able counsel for the defendant, and after twenty minutes deliberation, they brought in a verdict of acquittal.

This case is instructive to us as scientific men, as we are liable to be applied to at any time, to examine signatures, and give an opinion in regard to the identity or non-identity of inks. I have, therefore, given the full account of my experiments, endeavoring to show that it is no difficult matter to make such an investigation, and that the results will generally be satisfactory. The precise chemical reactions which are induced by the application of an acid, I do not pretend to explain; but that a different color is produced by the application of acids to different specimens of writing, seems to me to be pretty well established. Did we know the exact chemical composition of the inks now in use, we would be able to make our experiments much more intelligently; but that is a secret of the manufacturers, and some of the popular varieties, Arnold's writing fluid, for example, have defied the analytical skill of the most experienced chemists. Of course such examinations should, if possible, be always made by an educated chemist; but there might be circumstances, like those under which the writer was placed, where it would be necessary for a physician, not particularly skilled

in chemistry, to give an opinion in such a case. For the benefit of those to whom this may happen, I will give the following conclusions, which I have derived from my experience in this single case:

Any acid of a proper strength may be used, but the muriatic is preferable, as it will not rot the paper.

The acid, applied to the specimens under examination, will produce a change in color. This will be generally blue, sometimes pink, sometimes brown, and sometimes, though rarely, green; occasionally, the mark is almost obliterated.

The color thus produced may be examined with a low magnifying power, by reflected light, or with the naked eye, which latter will commonly answer all purposes, and a difference in shade will be observed in different inks.

ART. IV.—*Cases from Dr. Hamilton's Clinic at the Buffalo Hospital of the Sisters of Charity.* Reported by J. BOARDMAN, M. D.*

Encysted Tarsal Tumors. Sarah C., aged sixteen years, was brought before the class, having a small encysted tumor upon the upper lid of the left eye. Upon examination, there was seen a small, movable, well defined tumor, nearly round, and about three-eighths of an inch in diameter. It had never been painful. To both the eye and finger, it appeared much as if a pea had been introduced under the skin upon the cartilage of the lid. This was the second tumor of the kind she had had within a year. Dr. Hamilton removed the first, a few months since, of which a slight scar only remained to mark the spot.

Dr. Hamilton operated, by cutting with a bistoury, in a line parallel to the edge of the lid, through the skin and the external wall of the tumors, the contents, which were fluid, escaped, and then he removed most of the sac. It was dressed with a piece of dry lint.

These tumors are frequently met with upon either lid, lying anterior to the tarsal cartilage. They rarely, if ever, exceed one-half of an inch in diameter, and, if left to themselves, generally open and remain fistulous, the

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*CORRECTIONS.—In the last number, page 464, line 18th, please read *the* interrupted sutures, instead of *his* interrupted sutures; also page 465, line 23d, read, the late *Dr. Horner*, in the place of *Dr. Homer;* also page 466, line 4th, read Ambrose *Pare*, not Ambrose *Rase.*

walls of the sac secreting a fluid, which runs out upon the cheek to the annoyance of the patient.

The cure is accomplished by destroying the sac, either by removing the entire tumor, or a portion of its walls, trusting to inflammation to destroy the secreting power of the part remaining. Some advise that the lid should be everted, and the tumor punctured through the cartilage, but generally the sac will be filled again in a short time. It is not always easy to remove the tumor, or even to open it with a knife, for, situated as it is in the loose tissue of the lid, it slides from under the edge of the knife, it being difficult to hold it firmly. This has led to the invention of an instrument, consisting of two plates, one of which is perforated; the lid is grasped between these plates, and the tumor projecting through the opening is thus held firmly, and can be easily removed.

Nasal Polypi. Wm. P., aged sixteen years, was brought before the class. For the last eight or nine months, he had difficulty in breathing through the right side of his nose, and for the last few weeks, the right nostril has been almost entirely closed. A large, fleshy tumor could be seen upon examination, filling the right nostril, and the probe discovered that it was attached by a broad neck, or base, to the superior maxilla, in front and below the opening of the antrum, that it filled the cavity of the antrum, and that it was rather firm in its consistence. His physician, six weeks before, had attempted to remove it by means of the forceps, but abandoned the operation on account of the excessive hemorrhage which took place. The trouble has increased since that time.

Dr. Hamilton attempted to remove it, by seizing the base with a strong pair of polypus forceps, making traction, at the same time rotating the instrument. In this way, he tore the tumor from its base, drawing it from the cavity of the antrum with comparative ease, for there were no attachments within the walls of the antrum, but the tumor seemingly filled the cavity, as the result of mechanical pressure. He then introduced the forefinger of the right hand through the external opening of the nostril, and with the finger-nail, scraped as clean as he could, the surface of the bone, where the polypi had been attached. The hemorrhage, which had been very free, through the whole operation, upon the withdrawal of his finger increased, so much so, as to threaten the immediate life of the patient. He re-introduced his finger, which, in part, controlled the bleeding, while an assistant prepared a plug, and obtained a flexible catheter; for this *great hæmorrhage* was unexpected; and he did not have the instrument (Belloc's

sound) for plugging the nostrils, with him. The plug was composed of a roll of patent lint, about half of an inch in diameter and two inches in length, covered with ceratum simplex, and tied about its center with three long, strong, silk threads. The catheter was introduced through the nostril, and the end brought out of the mouth, by means of a pair of forceps. Two of the threads were fastened to this end, and by means of the catheter, they were brought out of the nose, and the plug, being guided by the finger carefully over the soft palate, was drawn firmly into the posterior opening of the nares, completely closing it. Dr. Hamilton did not wait for a plug to be made for the anterior opening, but stopped it up with pieces of lint, forced up with his probe. Generally, he uses a plug like that at the posterior, for the anterior opening, around which the two strings are firmly tied, and each plug, thus holding the other in place, prevent all further hemorrhage. The third thread, the object of which is to withdraw the posterior plug, was brought out of the mouth, and the end fastened upon the cheek, by a piece of adhesive plaster. The patient was then placed in bed. The fourth day Dr. Hamilton removed the pieces of lint from the anterior opening, and attempted, by means of the thread carried over a finger, introduced behind and below the soft palate, to withdraw the posterior plug, but it was so firmly wedged that the thread broke. As there was a slight hemorrhage, it was left for three days longer; then the plug was grasped with a pair of forceps, and drawn gradually forward through the anterior opening. In a week the patient left the hospital, feeling free of his trouble, the truth of which, time alone can prove.

Polypi are the offspring of mucous membranes, and the name has been applied to all bodies, or tumors, hanging from them. They are spoken of by different writers, as being most frequently found in the nose.

Nasal polypi are not confined to any particular age, but may be found at all periods of life, though I do not recollect ever to have seen or heard of an instance in a child under ten years of age.

It is difficult to determine the cause of their production; generally, their appearance has been preceded by at least a feeble condition of the general health, though sometimes they occur in patients who seem to be perfectly well. Mr. Abernethy, in his lectures at St. Bartholemew's Hospital, states that "every disease connected with the pitutiary membrane, is connected with the state of the constitution;" and he states a case of a man who was in the habit, for a number of years, of having polypi removed from his nose. One day, examining him more closely, he discovered that his stomach was "all wrong." To use his own words: "I gave him a lecture about his bowels

and from that time he never had a polypus extracted from his nose for many years. Several years after, he fell down, as I believe, on the neck of his thigh-bone, and he was laid up for a long while; after that, he once called upon me to have the polypi extracted again." It is but fair to state, that by Mr. Abernethy, the bowels were accused of being the cause of almost every disease.

Dr. Hamilton classes nasal polypi as follows:

1st. Gelatinous, or oyster polypi.
2d. Hydatid, or muco-cystic.
3d. Fibrous, or fleshy.
4th. Carcinomatous.
5th. Fungoid.

Of these, the gelatinous, or oyster polypi, is, by far, the most frequent. "It is composed of the elements of the mucous membrane, expanded and spread out, and consists of a loose fibrous stroma, covered with epithelium." They grow from a narrow pedicle, are but very slightly vascular, and have a pale, grayish yellow color; growing often to a considerable size, so that they may be seen in the throat, hanging below the soft palate. Not unfrequently several exist at the same time.

The hydatid polypi are formed by a collection of hydatids, and appear like a collection of bags of water. Sir Astley Cooper taught that this variety gen erally was to be found in young persons. It is, however, a rare form, and in twenty-five recorded cases, in Dr. Hamilton's notes, I find but one case of the hydatid variety.

The fibrous polypus consists of a fibrous or fleshy tumor, covered with mucous membrane, growing from some of the bones of the nasal cavity, firm in its consistence, generally attached by a broad base, vascular, and liable to bleed freely from slight causes. This, like the two first varieties, originates without pain, and may never be the seat of much pain, unless it degenerates into the carcinomatous, or fungoid variety, which sometimes occurs.

The cacinomatous and fungoid variety, have the general character and appearance which those structures present in other parts of the body, and, like those tumors, equally resists curative treatment.

The two first forms are comparatively harmless, except that occasioned by mechanical pressure, never, I believe, degenerating into the malignant polypus. They are frequently entirely destroyed by an operation; yet, sometimes, returning again and again, year after year. The third variety, however, is a

more serious malady, endangering life, not only by profuse and frequent hemorrhage, but by pressure, exciting caries of the surrounding bones, and also by its tendency to degenerate into the carcinomatous, or fungoid variety. In its early stages, it is often removed with success, but it is exceeding prone to return, unless its base is entirely destroyed.

John Bell regarded all forms of polypi as of one and the same variety. He writes: "Polypus is never mild, nor even malignant; time, and the natural growth of the tumor, and the pressure it occasions within the soft and bony cells of the nostrils and fauces, must bring every polypus to one invariable form, in its last and fatal stage." He regards the early stages as curable, but as soon as the polypus becomes painful, he declares it to be incurable.

The symptoms which attend the formation of polypi are much the same as those attending a common cold. There is present sneezing, and some irritation of the nostril, snuffing, and a mucous discharge from the nose, a sense of fullness of the head, especially in damp weather, sometimes the tumor can be felt to move backwards and forwards with the expiration and inspiration. The voice becomes changed, the eyes are filled with tears, and the hearing is impaired from pressure upon the eustachian tubes; a sense of fullness and headache follow, the discharge becomes exceedingly offensive, and, at times, the patient is willing to submit to anything that promises the least relief.

To effect a cure, various means have been used, astringent and caustic applications, etc., but only to be given up as useless. The mechanical removal of the polypi is now held to be the only plan that offers fair prospects of accomplishing a permanent cure. To effect this, the ligature and forceps have both been used. Various instruments have been invented for passing the ligature around the neck of polypi, and both wire and silk, have each had their advocates, but at present the ligature is comparatively rarely used, save for a polypus which is attached far back in the nostril, the body of which may be seen hanging, below the palate, in the throat. But the removal, by the forceps, is the plan in most general use, and has proved the most effectual. It is accomplished, as described in the case at the hospital, by grasping the neck of the polypus with a pair of forceps, the blades of which are serrated, and making gentle traction, at the same time rotating the instrument; in this way, the whole base is thought most likely to be removed. The forceps, at times, will bring away, with the base, a thin plate of bone to which it was attached; but this is a matter of little moment, and by many is considered as good evidence of the complete removal of the tumor.

This last plan is the one of which Mr. Abernethy said: "It is as blackguard and unscientific an operation as any I know; but yet it is the only one I know of that will answer the purpose."

There was one part of the operation which has been described, to which Dr. Hamilton particularly called the attention of his class; the introduction of the finger into the external opening of the nose, and removing with the nail all that remain of the attachments of the polypus. This, at first sight, seemed impossible, but this was the second time that he had used his finger in that way. The first time, the patient was a lady, on whom he was operating for polypus. In the operation, it was difficult to remove the attachment as completely as he wished, and trying with his fingers, to see if he could not reach the point, he found, to his surprise, that he could introduce with but little trouble, his whole finger into the nose. He would not recommend that it should be done in every instance, but he wished the class to note that it could be done, if, at any time, there should arise a necessity for it.

In looking over twenty-five cases in Dr. Hamilton's notes, I find they are comprised of nineteen cases of the gelatinous variety, one case of the hydatid, and five cases of the fibrous, or fleshy polypi. He states he has never seen an instance of the carcinomatous, fungoid variety. In three instances, all of the fleshy variety, the polypi were not removed, and of the others, only four were removed with the ligature, fifteen were removed by the forceps, and, in three cases the method was not mentioned. The bleeding was slight, except in three instances, including the case mentioned in this paper, this case, also, being the only one in which it did not cease in a few moments of itself. In two of the cases not operated upon by removal of the polypi, the external carotid was tied on account of the great and frequent hemorrhage from the tumor. In both instances the tumor diminished in size, and, for a time, the bleeding entirely ceased; and though, after a time, it was the cause of death, yet, in one instance, much time, more than a year, was seemingly added to the life of the patient.

ART. V.—*Obscure injury of Hip. Difference of opinion in relation to the Diagnosis. Singular Result.* Reported by W. B. SPRAGUE, M. D., of Westmoreland, N. Y.

Dr. FLINT:—I enclose you the following letter, just received from a very intelligent young practitioner. It will serve to illustrate the occasional difficulty of diagnosis in accidents about the hip-joint.

Yours, truly,

F. H. HAMILTON.

Oct. 9th, 1856. Mrs. A. B., æt. 24, fell backward from a horse, striking upon the left hip, producing an audible snap, and a severe contusion. Dr. Phelps, of Manchester, was immediately called, and pronounced it a sprain, advising rest, &c. Dr. Loomis, of this place, saw the patient three weeks after, and found the limb shortened from half to three-quarters of an inch, with the leg straight and the foot inverted. He was not satisfied as to the character of the injury. Other surgeons, and among them Dr. Wolcott, of Utica, also examined the case, and were unable to determine the exact nature of the difficulty.

About ten weeks subsequent to the occurrence of the accident, *Sweet*, one of the natural bone-setters, came, and with his usual promptness and *accuracy*, declared every joint on the left side of the body to be dislocated, and accordingly pulled and twisted the patient, hurting her prodigiously, until every joint, from the cranio-vertebral articulation to the toes, passed under his manipulations. He then pronounced her 'all right,' charged twenty-five dollars for his services, abused the 'smart doctors who did n't know what ailed her,' and left a prescription for a liniment, containing seven different sorts, with alcohol and salt; also advising the application every night of a hot pancake to the sole of the foot.

I will not say that she obtained no relief from the preceding treatment.

In November of the following year she went to New Haven, and was there examined by several of the professors in the medical college, whose names she has now forgotten, but who united in pronouncing her case one of fracture of the cervix femoris, recommending her to wear a high-heeled shoe.

Dr. James Sweet, of that city, declared the sciatic nerve to be paralyzed, and prescribed liniment and steaming.

From that time until the night of December 6th, 1858, she suffered much pain and inconvenience, but did nothing in the way of treatment;

when, her husband, lying beside her in bed, to relieve a dull, heavy pain in the knee, extended the limb by placing one foot on each side of her ancle and pushing downward, making at the same time counter extension by means of his arms around her chest. Using on this occasion, a more than usual amount of force, (for he had often before operated in the same manner,) the head of the bone seemed to slide, with a snap, into its socket, and she felt immediate relief. Since then, the limb has been rapidly improving in strength and usefulness, and the patient walks easily, and with but a slight halt.

I cannot persuade myself from the above narrative, that this was a dislocation. I think it was a fracture of the neck, but that in the extension made by the husband something has given way which limited the motions of the femur. At some future period this interesting question may perhaps be determined more positively. F. H. H.

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

TUESDAY EVENING, Jan. 4, 1859.

The Association met.

Present—The President, Dr. Wyckoff in the chair; Drs. Lemon, Rochester, Miner, Wilcox, Whitney, White, Butler, Nott, and Flint, Jr.

The minutes of the last meeting were read and approved.

Prof. WHITE exhibited an interesting specimen of monstrosity. It was the offspring of a female aged 36 years. She menstruated last May, and became pregnant in June. In August and September she had some flowing. A specular examination was then made, and ulcerations were found on the os uteri, which presented a bleeding surface. Upon the application of the solid nitrate of silver, the hæmorrhage was arrested. The patient gained strength and was well up to the middle of December, when she was suddenly attacked with labor pains, and threw off the product which was exhibited to the Association.

The specimen was very curious; there was only half of the cranial surface, the remainder being entirely wanting; the legs were those of a six months fœtus, while the body was not larger than that of one at three months. There was the rudiment of one ear, and a single perfect eye, which was situated on the top of the head. The cord was wound tightly

around the neck, nearly dividing it. The placenta had undergone extensive fatty degeneration. The woman had before been delivered of seven or eight healthy and well-formed children.

Prof. White was of the opinion that the woman conceived in May, and that the development of the lower extremities had not been interfered with; which accounted for their large size in proportion to the other organs. It was impossible to say how much the monstrosity was due to a diseased condition of the uterus; but much was undoubtedly attributable to the fatty condition of the placenta. Most monstrosities are due to the enclosure of two ova in the same sac; but Dr. White was at a loss to account for the absence of half the head and the remarkable misplacement of the eye. In regard to the treatment of the uterine difficulty during the gestation, he was of the opinion that labor was arrested, rather than excited, by the application of the caustic. This had been the result of his experience in many cases; and he had, indeed, prevented abortion by that means.

Prof. ROCHESTER remarked, that he called to mind two cases of hæmorrhage during the early months of pregnancy, partial deformity of the children following; this may have been due to the flowing.

In the first case, the application of the nitrate of silver to the congested os uteri, relieved the flooding; the infant had a curvature of one of the limbs. The second case was a confirmation of the proposition of Dr. White.

Dr. MINER inquired if Dr. White, in his theory of the common formation of monstrosities, ignored the common impression that many of them were due to mental emotions of the mother: for example, a woman would insist that her child would have a hare lip, because, during gestation, she had seen a person with such deformity; and the result was as she had predicted. He also inquired if cauterization of the neck of the uterus, during gestation, was never attended with danger.

Prof. WHITE replied that he was correctly understood when he said that most monstrosities were due to a fusion of two ova. In regard to the effect of mental emotion of the mother in producing malformations of the fœtus, he could not say positively that it was so, but the supposition could not be entirely put aside. He had witnessed many cases where women had correctly predicted malformations, and many others in which these malformations did not occur in accordance with such predictions. In regard to the application of the nitrate of silver to the os and cervix uteri of a pregnant female, he always exercised a discretion; but he thought that in cases of

ulceration during the early period of gestation, such treatment was generally beneficial. He had an illustration of this within the last few weeks. In the case of a woman who was in her fifth pregnancy and had always before suffered from excessive nausea, which was especially troublesome at this time, he had applied the solid nitrate to the os, although she had passed the fifth month, relieving the nausea, and producing no unpleasant consequences. He never has any fear of applying this agent moderately to the outside of the neck, never passing the stick within the cavity, and it usually acts merely as a sedative. He is not in the habit of using the purest preparation of silver, but an agent which contains forty-nine per cent. of the nitrate of potassa, which renders it harder and much less active.

Prof. ROCHESTER gave an account of an obstetrical case which he had seen in consultation with Dr. GOULD. The patient was delivered by Mr. Robinson, at the request of Dr. Gould, who was unable, from sickness, to attend her, and an ordinary bandage was applied. The next day she was very ill; had tympanitis, high pulse, etc. On removing the bandage, Mr. Robinson discovered a tumor which he supposed to be the enlarged uterus, but he was unable to entirely satisfy himself of its character. Dr. Rochester then saw the patient with Dr. Gould. The tumor was nearly the size of a man's head, circumscribed and pyriform; its culminating point being the umbilicus. The probability of an umbilical hernia occurred to Dr. Rochester, which proved to be the case, as it was easily reduced. Afterwards there was no difficulty in determining the nature of the case. The woman died on the next day of metro-peritonitis.

Prof. ROCHESTER made a few remarks on the subject of vaccination. He thought that the mode which was generally employed in this country was by no means the best. He regarded the effects of vaccination with scab and lymph as quite different, especially in the protective power. He had lately re-vaccinated about one hundred persons, and had been successful in a much larger proportion of cases than he had expected. This he attributed to the imperfect result of the first vaccination with the crust, which is the ordinary mode. He also thought that the prevalence of variola resulted from this same cause. The vaccination with the crust might be good, but the protection was not perfect in some cases. If the lymph be taken at the proper time, there will be no admixture of pus, and the course of the vaccination, with such matter, will generally be more prompt and rapid, usually gaining one day. Where the crust is used, we frequently have an irritation

as from a foreign body, which will interfere with the process of absorbtion. His success in re-vaccinating had been about one in six, when it had been done with lymph obtained at the fifth or sixth day, before there was a well marked areola. He obtained the matter from a slight puncture, by collecting it on quills which had been slightly roughened by scraping. With pure lymph he had never failed; but had been repeatedly unsuccessful with the crust. Dr. Rochester claimed that the protection from a vaccination with lymph lasted through life.

Dr. MINER said that the objection to the practice of vaccinating with lymph was the difficulty of keeping it fresh; in the summer, it was impossible to preserve it for more than three weeks. He preferred to collect it on the seventh or eighth day.

Dr. WHITE remarked that his experience had commenced in 1832, with vaccinating with lymph which he had collected on threads and quills; and he had sometimes vaccinated from a fresh arm; he found it, however, very troublesome to obtain and preserve the virus, and soon began to use the crust. He now used the powdered crust with satisfactory results; this he introduced under the skin with a small silver canula. He thought it a very good idea to make the crust into a paste with glycerine; this had been mentioned to him by Prof. Moore, and he thought it worthy of a fair trial.

Dr. Mead was proposed for membership.

The Association then adjourned.

AUSTIN FLINT, JR., M. D.,
Secretary.

ART. VII. — *Diseases of the Urinary Organs. A Compendium of their Diagnosis, Pathology and Treatment.* By WILLIAM WALLACE MORLAND, M. D., Fellow of the Massachussetts Medical Society; Member of the Boston Society for Medical Improvement; one of the Attending Surgeons at the Central Office of the Boston Dispensary; Corresponding Member of the Glasgow Medico-Chirurgical Society. With Illustrations. Philadelphia: BLANCHARD AND LEA. 1858.

This volume has been for some time on our table, through the politeness of the enterprising publisher, and has long since received quite a careful examination, though we have not before had time to put our thoughts and opinions of it on paper. A compendium of the diseases of the urinary organs has been a desideratum; especially one which gave equal attention to the medical and surgical views of the subject. We have some works,

which embrace only certain classes of urinary diseases, which are very admirable. The well known work on urinary deposits by Bird, is certainly one of the most useful productions of late years, the value of which, every one who has attempted the microscopic investigation of the urine has experienced. We have also "Manuals of the Blood and Urine," by Griffith, Rees, and Marwick, and a little work on renal diseases by Frick. Neither of these, however, are as useful as the work of Dr. Bird. This part of the subject is not treated of by Dr. Morland, and it is well, perhaps, that he has omitted it; for though we are now able to recognize all the urinary crystals by means of the microscope, and we can tell, with almost unerring certainty, the exact composition of any urinary sediment; the relations of these deposits to disease are vague and uncertain, and it is only in a few cases that a knowledge of the urinary deposit is of much advantage to us in diagnosis, treatment, or prognosis.

The author has drawn largely upon the admirable treatise of Dr. Johnson on diseases of the kidney, and upon the Gross' work on the urinary organs. Both of them are excellent works; especially the work of Dr. Gross, with which every American surgeon is acquainted, and which is the most complete treatise extant upon the surgical diseases of the urinary organs. The section referring to diseases of the kidneys have been modeled after Johnson, and in the section devoted to surgical diseases, the author has closely followed Dr. Gross. The work is composed of the substance of two prize essays presented to the Boylston Medical Committee in 1855 and 1857. In regard to the arrangement of the subjects, we think that the author has made a great mistake, one which will very much impair the usefulness of the book; *i. e.*, its separation into two distinct parts; one treating of diagnosis simply, and the other of pathology and treatment. This makes it necessary to have two sections devoted to each disease; and when one has read what the author has to say in the first part, of diagnosis, he is compelled to refer to the second part, for the pathology and treatment. The matter is all there, it is true, but this arrangement will be a source of annoyance to readers who may have occasion to refer to the work for information on a particular disease. We experienced this annoyance when we first looked over the work: the connexion seemed to us entirely broken. When we read, for example, the account of Bright's disease, or, to take the nomenclature of Dr. Johnson, which is adopted by the author, "Fatty degeneration of the Kidney," we were surprised that so important a disease should have been treated of in a chapter of only ten pages; but nearly two hundred pages farther on, we have thirty pages devoted to the pathology and treatment of this disorde

In our humble judgement, it would have been infinitely better to have had the two chapters combined, so as to present a complete and continuous article.

Dr. Morland begins with a brief account of the anatomy of the urinary organs, which is followed by cases illustrative of difficulties in diagnosis, arising from their malformation, or mal-position. Then follows a short chapter, hardly two pages in length, on the diagnosis of affections of the supra-renal capsules. Here especially, the error in arrangement is apparent; for we first have but the merest skeleton of an article on diagnosis, a matter in which we are almost entirely in the dark, which would have been much more interesting, if combined with the article in Part Second, where we have an account of Addison's disease, with the researches of Harley, Séquard, Phillipaux, and others, into the function of the supra-renal capsules.

We now come to the diseases of the kidneys. Here, the author adopts, with certain modifications, the admirable arrangement of Dr. George Johnson, viz:

Nephritis.
- A. Acute Desquamative Nephritis.
- B. Chronic Desquamative Nephritis.

Waxy Degeneration of the Kidney.
Non-Desquamative Disease of the Kidney.
Suppurative Nephritis.
Nephritis from Retention of Urine.
Pyelitis.
Nephritis from Renal Calculi.
Tubercular, or Scrofulous Disease of the Kidney.
Cancer of the Kidney.
Hæmaturia.

The space devoted to the diagnosis of these diseases is about forty-five pages, when the author passes to the diagnosis of diseases of the ureters, bladder, and urethra. We have not the space to follow these chapters; sufficient to say, that the author gives a full account of the symptoms of these diseases, and the points which would render their diagnosis difficult.

The space occupied in the consideration of diagnosis is not quite one-fourth of the entire work; the remainder is devoted to pathology and treatment. Here we have laid down the most approved methods of treatment; and so far, it is good; but we conceive that the author has made an omission in not giving at least a brief account of the anatomy of the parts. It

is impossible for the student to understand all the pathological conditions of many diseases of the kidney, without the having a clear idea of its minute anatomy. It is true that he might be expected to know this, and if he does not, it would be easy for him to find it in other works; but this is a compendium, and it is intended to contain an abstract of what is important in the diseases of the urinary organs. Such an addition would have increased the size of the work but little, and would have added much to its value.

We have made the foregoing observations, at the risk of being thought hypercritical; but in a work which has not original pretensions, and is intended to serve as a hand-book to the practitioner, convenient arrangement is of the last importance; and we hope that that will be taken into consideration if another edition be issued. On the whole, we regard it as a useful and reliable work. The illustrations we recognize; they are also reliable, if we can judge by the faithful manner in which they have gone the rounds of works on urinary diseases.

We have also an appendix, which is composed of cases illustrative of the diseases treated of in the body of the work, and articles which have been published since the text was prepared. This is by no means the least valuable part of the book, as many of the cases are very interesting and instructive, and it contains abstracts of some extremely valuable papers on urinary diseases. The work has been issued in handsome style by Blanchard & Lea, making an octavo of 560 pages.

ART. VIII.—*The Uræmic Convulsions of Pregnancy, Parturition, and Childbed.* By Dr. CARL R. BRAUN, Professor of Midwifery, Vienna. Translated from the German, with notes, by J. MATHEWS DUNCAN, F. R. C. P. E., Lecturer on Midwifery, etc., etc. New York: SAMUEL S. & WILLIAM WOOD, 389 Broadway. 1858.

The little book which we have before us is a valuable chapter of a valuable work, and is likely to do much good, in giving to the profession the correct principles of the causation, diagnosis, and treatment of puerperal convulsions. It is a translation of a single chapter of Dr. Braun's work on obstetrics, which has lately been published at Vienna. The high position of the author among obstetrical writers, as well as the patient and well rewarded investigations which he has made in the disease under consideration, and its connection with "uræmic intoxication," render it a most valuable addition

to our list of translations, and lay the profession under obligations to the translator. Fortunately, it is seldom the fate of the general practitioner to meet with this fearful disorder; but when he does, his mind is harrassed, if it be not entirely made up in regard to the treatment of this malady, by the opposite measures, which are recommended by the highest authorities, and practiced by intelligent physicians. Some say, bleed, bleed, and bleed again, till the convulsions cease. Others, equally authoritative, deny the benefits of extensive depletion, and rely upon the inhalation of chloroform. Both methods have active supporters; and both, we are compelled to say, in a measure, are sustained by experience.

We regret that such a number of works are on our table, waiting for review, that we will be unable to go into a discussion of the author's views on this important subject, but will be compelled to give them merely the slightest passing notice, and refer our readers to the book itself. Here, the subject is nearly exhausted, and no where will the obstetrical student find it handled in an abler manner, and by a higher authority in this disease.

The author commences with an account of the symptoms of uræmic eclampsia. This need not detain us; suffice it to say, that the disease is faithfully and graphically described. When we come, however, to the premonitory symptoms and the causation, we find the matter fresher and more interesting. The author takes the decided ground, that eclampsia, or puerperal convulsions, is produced by a disease of the kidney, characterized by the presence of albumen in the urine, a congestion of the substance of the gland, which is attended by the exudation of the albuminous and fibrinous elements of the blood, and a want of power in eliminating the urea. This is induced by a venous congestion of the kidney, resulting from the pressure of the gravid uterus on the gland and its vascular appendages. The convulsions, however, do not depend upon the presence of urea in the blood, but upon the carbonate of ammonia, which is formed from the urea, through the influence of a ferment. These points we do not propose to discuss. It is sufficiently well established, however, that albumen is found in the urine of those who are attacked with puerperal convulsions; some authors have asserted that this resulted from the convulsions, but the view entertained by our author, that uræmia is the cause of the convulsions, is undoubtedly the correct one, and albuminuria, indeed, in many cases, preceeds the development of the convulsions by weeks. We also have the symptoms of uræmic intoxication, such as headache, buzzing in the ears, imperfect vision, etc., before the development of eclampsia.

We pass over the pathological anatomy, differential diagnois, etc., and

come to the prognosis. Uræmic eclampsia, is, as every one knows, an exceedingly formidable disease. According to Dr. Braun, 30 per cent of the cases have proved fatal. If the patient recover, the albumen disappears from the urine in a few days. An accident which may occur, is hemiplegia, which of course indicates an extraversation of blood in the brain. As would be naturally supposed, the fœtus is in danger so long as it is exposed to the poisoned blood of the mother, and very often it is born dead.

We now come to the section in which we take the deepest interest, namely, that which considers the treatment. Dr. Meigs of Philadelphia, teaches his class to bleed, and that with the boldest hand; sixty ounces; one hundred ounces; if that does not arrest the paroxysm, let it be repeated again and again. Dr. Braun, however, will not admit of such treatment; he considers that bleeding not only is not productive of good, but that it does great harm. This is now quite a common opinion; but we are rather disposed to agree with the translator, who says that his respect for some authorities will not permit him to join in the author's unqualified condemnation of the venesection, though he by no means recommends it. It is certain that we have had, and have now the testimony of careful and intelligent observers in its favor. Chloroform is the great remedy recommended by the author: this, in connection with cathartics, and cold to the head, constitute the important points of medical treatment. He regards it as a very important point, to hasten the expulsion of the contents of the womb; and in this, we believe, he is sustained by all authorities.

We are compelled, in keeping ourselves within the limits which we proposed for this notice, to pass over the other points of treatment, both relating to the disease itself and to its premonitory symptoms, without discussion or criticism. We have seen nothing in the work, with the exception, perhaps, of the theory of the almost universal production of uræmia by the pressure of the gravid uterus upon the renal veins, and the denunciation of blood-letting, which is not now approved by most obstetricians. It is a useful book, and should be in the library of every practitioner.

The work has been issued in a neat duodecimo of 182 pages by the Messrs. Wood of New York, and will be sent by them to those who may desire to purchase it, upon the receipt of $1.

ART. IX.—*Report of Mortality in Buffalo for the Month of Dec.*, 1858. By H. D. GARVIN, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Accident,	4	2	2	
Angina Maligna,	1	1		
Apoplexy,	1			1
Asthma,	2	2		
Bronchitis,	1	1		
Cancer,	2	1	1	
Child Birth,	2		2	
Consumption,	18	6	12	
Convulsions,	6	4	2	
Croup,	3	1	2	
Delirium Tremens,	4	3	1	
Debility,	5	2	3	
Diarrhœa,	2	1	1	
Disease of Brain,	2	2		
" " Lungs,	2	1	1	
Dropsy,	2	1	1	
Enteritis,	1	1		
Fever, Typhoid,	3	3		
" Typhus,	2	1		1
" Scarlet,	1			1
Gangrene,	1	1		
Gastritis,	2	1	1	
Hooping Cough,	1		1	
Inflammation of Lungs,	16	8	8	
" " Liver,	1		1	
Intemperance,	6	4	2	
Marasmus,	6	2	4	
Meningitis,	1	1		
Metritis,	1		1	
Old Age,	1	1		
Pyemia,	1	1		
Rheumatism,	1	1		
Small Pox,	4	1	3	
Still Born,	5	3	2	
Syphilis,	2	1	1	
Tabes Mesenterica,	1	1		
Thrush,	2	1	1	
Ulceration of Bladder,	1	1		
Unknown,	8			
Total,	125	61	53	11

SEXES.

Males,	61
Females,	53
Sex not given,	11
Total,	125

AGES.

Still-born,	5	Between 20 years and 30 years,	13
1 day,	0	" 30 " " 40 "	20
1 day and 30 days,	8	" 40 " " 50 "	5
Between 1 month and 6 months,	13	" 50 " " 60 "	11
" 6 months and 12 "	8	" 60 " " 70 "	4
" 1 year " 3 years,	14	" 70 " " 80 "	5
" 3 " " 5 "	3	" 80 " " 90 "	1
" 5 " " 10 "	4	" 90 " " 100 "	0
" 10 " " 20 "	4	" 100 "	0
	59		59
Ages not given,	7		59
Total,	125		

NATIVITIES.

American,	79	French,	3
German,	13	Holland,	0
Irish,	20	Wales,	0
Canadian,	0	Prussian,	0
English,	7	Italian,	1
Scotch,	0	Country not given,	2
Total,			125

New Operation for Hare-Lip.—Allen Duke makes this operation by paring the edges of the fissure obliquely from before backwards, and introducing the sutures, armed by two needles, just behind the skin, through the rest of the thickness of the lip. The removal of the upper suture is facilitated by bringing out the ends of the angle of the mouth and securing, with adhesive plaster.

When there is fissure of the jaw, the projecting portion is not completely severed, but, just enough to admit of its being used to fill up the space, the edges being pared and sutures introduced before the lip is operated upon.

He reports, in the *Lancet*, four operations upon children, whose ages varied from six weeks to four months.—*The Peninsular and Independent Medical Journal.*

Suffocation following the Operation for Hare-Lip.—Dr. Jacobi, in a Report on Infantile Pathology and Therapeutics, in the *Montreal Chronicle*, says that Professor Busch has directed attention to the fact that the infants accustomed to breathe through a large abnormal opening, with the mouth closed, are sometimes liable to suffocation after the operation for Hare-Lip, by continuing to keep the mouth in that condition. Professor Volkman reports a fatal case of this kind in the *Monatschrift für Geburtskunde and Frauenkrankheiten.* The little patient was one year old. Dr. Gurlt has also seen similar cases.—*Ibid.*

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Exsection of the Entire Fibula for Fibro-Cartilaginous Degeneration of the Bone. By A. Reeves Jackson, M. D., of Stroudsburg, Pa.

It is believed that the following case is the only one on record, in which either of the bones of the leg has been *entirely* excised. It is remarkable, also, as exemplifying with regard to the lower extremity what has been shown by recent operations of Prof. J. M. Carnochan, published in previous numbers of this journal, to be true, respecting the bones of the forearm, viz: that in some instances the long bones may be entirely removed without serious loss of function of the limb and corresponding joints.

In the leg, it is commonly the tibia that forms the subject of such diseases as require excision; and as that bone is the one that enters into the formation of the knee and ankle joints, and upon whose broad, articulating surfaces the weight of the body is sustained, obviously, the entire excision of it could not be performed without leaving the patient a hopeless cripple, with a perfectly useless limb, and in a far worse condition than after amputation.

The present case, however, shows most conclusively that the fibula, which is comparatively an unimportant bone, may, when so seriously and extensively diseased as to demand it, be entirely removed, and the patient left with a useful member, whose functions are but slightly impaired.

History. Mrs. R., thirty-seven years of age, the wife of a farmer, and the mother of four children, noticed, some time during the month of May, 1849, a painless swelling of the outer side of the calf of the right leg, about four or five inches below the knee joint. The enlargement slowly increased, and extended itself upwards and downwards towards the knee and ankle joints. The right foot and lower part of the leg became œdematous, and she walked with a slight limp, which she attributed to weakness of the part. Her general health continued unimpaired. She attended to her ordinary household duties until the early part of September, when, in stepping down stairs, she felt "something give way," and fell to the bottom. She was now unable to walk, and for the first time applied for medical assistance.

Dr. G. A. Kaski, of Bartonsville, Pa., was sent for, who, after attendin

the case a few days, and ascertaining its unusual character, requested my attendance in consultation.

Accordingly, we saw her together on the 19th September. On examination, we found the leg much swollen, painful on pressure, and the foot considerably everted. There seemed to be evident fracture of the fibula, although not the least crepitus could be produced. The leg was lightly dressed with splints and bandages, and cooling applications ordered to be applied.

I saw nothing more of the case for nearly three months, when I was again requested by Dr. Kaski to see her.

At this time, (Dec. 10th) the leg was much more enlarged, and the patient complained more of pain. The splints and bandages had been dispensed with for several weeks, owing to the irritation of the integuments which they produced. The eversion of the foot was still more marked than before. The general condition of the patient was, indeed, lamentable. She was greatly emaciated, although she did not present the appearances of a person suffering from malignant disease. Extensive ulcerations had occurred over the hips and sacrum, resulting from her long confinement to bed, and the discharges from which had seriously drained her system. There was much œdema of the parts about the ankle, foot, and on the fibular aspect of the leg. No fluctuation could be detected at any point.

Her condition was now such as to render it clear that something must be done for her relief, or that she would sink from exhaustion. Amputation of the limb had already been suggested to her, but to this measure the patient, as well as her friends, firmly objected. Excision of the affected bone was now proposed, and the nature of the operation having been explained to her, she consented to have it done. It was, accordingly, decided to excise the bone on the following Monday. In the mean time, she was put upon a course of tonic treatment, and the use of the most nourishing diet enjoined upon her.

Operation. The operation was performed December 22, 1849, in the presence, and with the assistance of Drs. Kaski and Foss, and Messrs. Kübler and Shick.

The patient having been put fully under the influence of chloroform, the leg was partly flexed, and a longitudinal incision made, commencing about a half inch above, and an inch in front of the head of the fibula, and extended downward to the external malleolus, dividing the skin and peroneii muscles. A second incision, starting from the same point as the first, was made transversely, and carried directly backwards about two inches. The flap thus formed was rapidly dissected off from the bone (or rather what was formerly bone) until the upper four inches were fully exposed. I now made an attempt to detach the head of the bone from its tibial articulation, but found it a very difficult proceeding. However, the substance representing the fibula, flexible and much thickened, was finally separated by passing a narrow-bladed bistoury between it and the tibia, the edges of the wound being held widely apart, at the same time, by an assistant with blunt hooks. Great care was necessary at this stage of the proceedings in order to avoid wounding the anterior tibial nerve, which was here seen passing down.

The upper portion, being now detached, was drawn outwards and made use of as a lever to aid in separating the remainder. Seizing it with the

left hand for this purpose, the fibres of the peroneus longus and the interosseous ligament were divided, the knife being kept close to the bone. In this manner, it was also separated from its connections with the soleus and the flexor longus pollicis pedis. Proceeding downwards, I found the attachments of the muscles and the interosseous ligament to the bone were so slight about its middle third, that they were readily separated by the handle of the knife. At one point there was scarcely any vestige of bone remaining.

The most difficult part of the operation consisted in removing the lower end of the bone from its attachments to the fasciculi of the external lateral ligiment of the ankle joint and the several short ligamentous attachments to the tiba. It was finally accomplished, however, by making a third incision, perpendicular to the first at its lower end, about an inch and a half long, and dissecting the flaps carefully back; then by pulling the diseased mass strongly outward, sufficient space was obtained for dividing the connection with a slender knife. Care was taken to avoid injuring the small slip of synovial membrane, which is here sent up, between the tibia and fibula, from the ankle joint.

The tibia and astragalus were both found to be unaffected by disease.

There was very little arterial hemorrhage throughout the operation. The peroneal artery, which was the only one of great size that was really in danger, was carefully avoided. Some of the anastomosing branches of the anterior and posterior peroneal arteries were cut, but torsion being applied to them, the bleeding soon ceased. The venous and capillary bleeding was troublesome for a time, but finally ceased, under the application of pressure, and the use of cold water.

Dressing and Progress of Cure. The edges of the wound were brought together, and retained by several points of interrupted suture and adhesive straps, the whole being covered lightly with a roller bandage. A well padded splint, four inches wide, and extending from a short distance above the knee joint to four or five inches below the foot, was placed along the tibial aspect of the limb, and confined by a few turns of the roller above the knee and to the foot, in such a manner as to draw the sole of the foot more nearly to its natural position. Cold water dressing was then ordered, to be kept constantly applied to the wound. A full dose of morph. sulph. was given at bedtime.

The sutures were removed on the third day, at which time union was found to have occurred throughout the greater part of the wound. The patient was kept upon the use of tonics, and a full diet allowed. The subsequent progress of the case was entirely satisfactory; and at the end of three weeks the patient was able to sit upon a chair, with the foot and leg resting upon an elevated cushion. In two and a half months, she was able to walk with a cane, by the aid of a stout gaiter-shoe, to the sole of which was attached a steel plate, three-fourths of an inch wide, and one-eighth of an inch thick, which, being applied to the outer side of the limb, extended upwards, to a point opposite the tibio-fibular articulation, and the upper end, being well padded, was secured by a broad strip of ferreting, passed around the leg, below the knee. This apparatus she used for about two years, when she at length threw it aside, and ever since has merely used a cane.

Functions of the Leg and Foot. She walks with a slight limp, bearing the weight of the body upon the inner side of the foot, the sole of which is considerably everted. Owing to the detachment of the biceps muscle, she has no power to evert the leg, when in a semi-fixed position. The soleus, however, continues to act from its tibial attachment. There is a tendency in the foot to be partially flexed from the detachment of the peroneus longus and peroneus brevis, those muscles being extensors of the foot, and antagonistic to the tibialis anticus and peroneus tertius, which flex the foot. The motion at the ankle joint is somewhat impaired, owing, perhaps, to the long continued eversion of the foot, and the consequent side pressure on the joint.

Appearance and Pathological Condition of the Bone. It is thickened throughout its entire extent, but most so about the middle and upper extremity. At the largest point it measures five and three-quarter inches in circumference. It is of a yellowish-white color, in consistence rather softer than cartilage, and thickly studded with osseous spiculæ, imbedded in a dense, elastic, fibrous tissue. Its external surface is rough and irregular, and presents numerous small cavities of varying size. The periosteum is entirely removed from the posterior surface of the upper half of the bone, and although still present on some parts of the anterior surface, it is much thickened and softened. At one point there is no bone whatever, for a distance of an inch and a half, the upper and lower extremities being held together merely by a few shreds of periosteum. The lower part of the bone is tolerably firm, enlarged to about twice its normal size, and the periosteal investment unaltered. The interior of the bone, however, is softened, and degeneration of the tissue considerably advanced.—*American Journal Med. Sciences.*

Amongst the printed communications, forwarded to Academy, Mr. Flourens noticed a pamphet by Mr. Martini, on the Effects of Santonine upon Vision.

Santonine (a crystalized and bitter substance, obtained from various kinds of Artemisias,) is possessed of this singular property, that a few minutes after being taken, it causes all objects to appear green. This color, according to Mr. Martini, is not the same for all persons, and varies, according to the doses of santonine. A person to whom this substance had been given as an anthelmintic, stated, twenty minutes after taking the dose, that surrounding objects appeared deep green, whereas to one of the Professor's pupils they seemed of a blue color. A young man, upon whom five grains of santonine produced the effect of spreading a yellow color over surrounding objects, thirty-six minutes after taking ten grains, saw them red, half an hour later, orange color, and again yellow. In no instance did this singular phenomenon last more than twenty-four hours.

Mr. Martini's experiments led to two other communications on the same subject by Messrs. Leroy d'Etiolles and Mialhe. Mr. Leroy stated that two children, to whom he had exhibited santonine, for worms, excreted green colored urine. Mr. Mialhe brought forward cases confirming Mr. Leroy's remark, and attributed the phenomenon to the oxidation of the santonine in the circulation.—*Jour. Pract. Med. and Surg.*

On Polypus of the Œsophagus. By Prof. A. H. MIDDELDORPFF, of Breslau.

The interesting monograph of Prof. Middeldorpff on polypus of the œsophagus, contains a complete *resumé* of the state of the science on this subject. We extract from it the following highly interesting case, observed by the author:

Jos. Jaensch, born in 1811, lost, accidentally, when young, the left eye, and a few years later, the left arm. He afterwards enjoyed good health, abstaining from excess of food and drink, and avoiding, particularly, irritating substances. In the spring of 1851 he contracted a violent catarrh, which rendered him deaf for a long time. A catarrhal inflammation of the pharynx remained, and embarrassed deglutition, particularly that of dry bread; excretion of pituitous liquid between the meals; sensations of pressure at the epigastrium and behind the sternum; painless dysphagia, but gradually increasing, very marked in certain positions of the patient, and accompanied by eructation, cough, and dyspnœa; the difficulty of deglutition daily augmented; finally, the ingestion of liquid aliments was alone possible. During an attack of violent cough, the patient once vomited sanguinolent mucus.

At the end of the year 1852, the trouble of deglutition having reached its intensity, he drank water copiously, and was seized with violent vomiting, during which a body resembling a kidney was raised into the mouth between the teeth. An intense dyspnœa followed. The patient succeeded in swallowing the body in question, and applied for medical aid. When Prof. Middeldorpff first saw the patient, he was pale and much emaciated; the finger, introduced into the pharynx to the posterior wall of the larynx, did not come in contact with any foreign body; a probe, of half a finger's diameter, was passed down in the median line, and in directing it to the right side, an obstacle was found, which could be easily overcome, and was not very deeply seated.

On the 14th January, 1853, Prof. Middeldorpff directed the patient to take a large quantity of warm water and an emetic. During the violent vomiting which ensued, a turgid and violaceous body appeared between the dental arches — this was the polypus. Prof. Middeldorpff seized it with the forceps of Museux, drew it toward the left commissure of the mouth, in consequence of which the difficulty of respiration was somewhat diminished; a ligature of waxed silk thread was applied over the tumor, at a level with the base of the tongue. The operation was attended with repeated vomitings and great dyspnœa. The polypus was afterwards divided with the scalpel, three-quarters of an inch above the ligature; it became turgescent, of purple color, and a great quantity of blood escaped from it; in a short time its color sensibly diminished. The patient afterwards swallowed the pedicle of the tumor and the ligature, the extremities of which were attached around the left ear; the vomiting, oppression, and dyspnœa ceased immediately; the patient felt very comfortable; it was ascertained, on repeated trial, that slight traction at the end of the ligature produced pain. The patient was ordered not to touch the thread, to use fluid and cold food, and to present himself every second day. Nothing remarkable occurred up to the eighteenth day after the extirpation. At this time, the loop of

the ligature rose into the mouth; it measured twelve millimètres in diameter, and thus encircled a pedicle of about thirty-seven millimètres in circumference. From this moment the troubles of the patient ceased; deglutition and respiration were unembarrassed; the appetite soon revived, and the patient gained in strength and flesh.

Prof. Middeldorpff saw his patient five years after the operation; his health was then excellent; the excretion of pituitous liquid had ceased. On external examination of the neck, nothing abnormal was discoverable; a probe of eight lines diameter still met with a slight obstacle at a level with the larynx; in short, the health of the patient was perfectly established.

Examination of the Tumor. The excised tumor measured eight centimètres in length, and four in thickness, and weighed about forty grammes; it was cylindrical; its smooth and shining surface presented some inequalities and excoriations, which bled easily; it was covered externally by a layer of stratified pavement epithelium; underneath this a layer of conical papillæ was detected; the papillæ were visible to the naked eye, and arranged with great regularity in a spiral around the longitudinal axis of the tumor, and received vessels at their base; underneath the papillary layer, the proper substance of the tumor was situated; Prof. Reichert found it, on examination, very vascular, but without nerves; it was composed of connective tissue, in which the cellular elements were still very visible: in other words, a connective tissue, not yet arrived at maturity; here and there fat globules, either free or in cells, were detected; it was, in short, a vascular fibrous tumor, covered with papillæ. By comparing the length of the extirpated portion with that of the remaining portion of the polypus, and by making repeated measurements and explorations in the dead body, Prof. Middeldorpff arrived at the conclusion, that the extremity of the polypus was situated about two inches from the carotid, and that the pedicle was attached at about a level with the larynx. Although these data are merely approximative, they harmonize, in a remarkable manner, with the results furnished by the catheterism.

Prof. Middeldorpff adds, that Dr. John was the first to describe polypi of the naso pharyngeal papillæ, in his dissertation, *De Polypis Narium;* Varsoviæ, 1855.—*De Polypis Œsophagi, Breslau, and Gazette Hebdomad., Oct.* 8, 1858, from *The N. A. Medico-Chirurgical Review.*

A Case of Hydrophobia from the Bite of a Pole-Cat—Tracheotomy. By R. De Jernett, M. D., of Greenville, Texas.

[The following well written report presents, in a graphic manner, the details of one of those touching and painful cases, which too often present themselves as gloomy episodes in the physician's life. The experiment with the operation of Tracheotomy, and the Doctor's inquiries in relation to the nature of the animal poison producing hydrophobia, are subjects of deep interest to the profession, and render the case one of much importance, as a record of that mysterious and terrific affection.]

Called February 24th to see Amanda S——, age ten years. About the 8th of January she was bitten by a pole-cat, in the night, while sleeping.

Her father hearing her cry, went to her relief, and had to choke the cat before he could disengage its hold. He remarked, it was sucking the blood from the wound, which was inflicted on right side of her mouth, in the lip. It was thrown out, and killed by a dog, which was also bitten, but did not manifest any symptoms of the disease up to the 24th February, when he was killed, fearing the disease might yet be developed.

The bite on A. S—— swelled the face, and was painful for four days; then healed as a bite of any kind would, and her health was good until Sunday, Feb. 21st, when her parents observed she was stupid and inclined to sleep. The patient spoke of an itching sensation in the cicatrix.

22d. Patient slept most of the day, and when not sleeping, rather petulant; still complains of itching in the cicatrix; appetite very good.

23d. Symptoms, so far as could be learned, were very much as yesterday, with this exception — has no appetite to eat.

24th. Patient arose from bed before day, and said she felt better than she had for three days; but in the course of an hour complained of spasms about the fauces, in attempting to swallow fluids; yet she could swallow solids with impunity. The family became alarmed, and Dr. Patterson was called in. The Doctor told me, when he was getting the history of the case, that he had some fears it was a case of hydrophobia; but, not being satisfied, and as the case presented some symptoms of worms, he gave a dose of calomel, and left.

The case grew worse very fast, and Dr. P. was sent for again at 3 o'clock P. M. He found her very restless, with jactitation of limbs and occasional slight spasms; he requested the parents to send for me.

When I saw her, 10 o'clock P. M., she was in bed, and very restless. Her father brought her to the fire, and seated her in a large rocking-chair, and she assumed an erect position, with her head rather thrown back, her face flushed; in the countenance was depicted a fearful expression of anxiety. She addressed me in a sobbing tone of voice: said — "I am bitten by a polecat — can you cure me?" — then seemed to smile with a forced effort, her face being very much contorted. I was informed by Dr. P. that her pulse had been low and irregular during the evening, the extremities had been cold and moist. Dr. P. had given ammonia, quinine, and some of the antispasmodics, with no other effect than that of raising the pulse. I asked her if she had any pain? She replied yes — in the forehead, the back of the neck, and, at times, under the sternum. We gave opium, with a hope of tranquilizing the system and procuring sleep, but in vain. She said there was a mat of long hair in her right eye. I could not see anything, though it was red, and running water — the left was also discharging tears, but not so much as the right; the pupils of both, very much dilated.

11 o'clock P. M. Pulse irregular, but frequent; extremities cold and moist; stomach irritable, constantly spitting a tenacious mucus, and complained of something rising in her throat about the size of her little finger, and on trying to get it out, it would slip down. By pressing forward the tongue with a spoon, I could see a tenacious and frothy substance rise up, in a conical shape, to the posterior nares, which interfered with the free action of the epiglottis; she would become restless, and throw herself back suddenly, as if badly frightened. Her mouth was widely opened during the inspection. When bidden, she would do anything that promised relief. The panic either proceeded from the difficulty in respiration, caused by this sub-

stance rising in the throat, or from the slipping of the spoon on the tongue, in her efforts to breathe; the latter is probable, because titillating the skin on any part of the body, or passing a current of air on the skin, produced these shuddering tremors.

I had a cup of water brought, and requested her to take some. She said: "I want it, and will try to drink." Violent agitation of the whole body supervened; finally, rallying sufficient power, she clutched it with both hands, and with a quick movement put it to her mouth. It did not more than touch the mouth, when it was thrown off with violence, and the body convulsed. She was also tried with milk, and with the same result. Her eyes were always directed to one side of the fluid till the moment of seizing it.

12 o'clock. Took about six ounces of blood from the arm, and gave two grains of opium; sinapisms to the extremities; but could not be retained, owing to restlessness.

1 o'clock A. M. Gave, by inhalation, two drachms of chloroform, which only exasperated the symptoms. Her symptoms all grew worse, vomiting came on, and at times delirium, when she would spring from imaginary evils, and halloo at the top of her voice, and occasionally bite the bedclothes.

Standing by, only to witness the futility of the means employed — while the disease was clinging on with unrelenting tenacity — we resolved to act upon the suggestion of Dr. Reynolds of Bellevue Hospital, to open the trachea, and introduce a tube. I proceeded to do so, and she breathed somewhat easier. In this, our *dernier resort*, we did not entertain a sanguine hope of success, for we were expecting death to occur every minute; but asphyxia seemed to be the threatening evil. If this had been done twelve hours sooner, I believe it would have saved the patient; but death occurred suddenly, in a hard convulsion, at 4 o'clock A. M., half hour after the trachea was opened, and sixteen hours from the time the disease was fully developed. The cicatrix, after death, was of a livid hue. No post-mortem examination.

Most writers believe this disease results from the entrance into the blood of the poison of a rabid animal. To this opinion, I cannot be reconciled; for this, with five other cases, within the last six years, have been bitten by these cats, and only two escaped the disease; and in one of them an extensive ulceration was set up in and about the wound. Only one dog has been known to have the disease during these six years. These cats are numerous in this country, and our dogs kill them frequently, and are bitten by the cats, yet the dogs do not have the disease.

I would like that some writer, able to do this subject justice, would give his views on the above facts.—*Southern Med. and Surg. Journal.*

Displacement of the Testicle into the Perinæum; Plastic Operation Unsuccessful; Castration. Under the care of R. PARTRIDGE, Esq.

Benjamin S., aged twenty-four, was admitted into King's College Hospital on April 30th, under the care of Mr. Partridge, on account of displace-

ment of the left testicle into the perinæum. It appeared that he was a soldier in the Horse Artillery two years ago, and that he was thrown forward, while riding, on the pommel of the saddle, and received the injury for which he was admitted. He fell from his horse, and vomited for some minutes. Next morning he observed a swelling in the perinæum, about the size of a hen's egg, and so painful that he could hardly move about. He then went into the military hospital, and was under treatment for about three months, but without benefit, the testicle only gliding further backward in the perinæum till it reached its present position, about an inch in front of the anus. The testicle had diminished in size, and was smaller than the right. The vas deferens could be distinctly felt. He sometimes had difficulty in passing urine; but at others it flowed easily. He was quite unable to work.

May 19th.—An operation was attempted for the purpose of replacing the testicle in its position. The patient was placed in the position for lithotomy; a transverse fold of skin was pinched up over the testicle in the perinæum, and divided. A band of fibrous tissue, which restrained it, (perhaps the remains of the gubernaculum) having been divided, the testicle was pushed up toward, and, as much as possible, into, the scrotum, and retained in its place by deeply placed subcutaneous sutures, and by a pad and bandage in the perinæum.

June 1st.—The wound was gradually healing. The patient complained of pain in the course of the spermatic cord.

June 14th.—It is noted that the testicle had gradually slipped back into its old position, and that the patient feels as much pain there as ever. As it seemed hopeless to attempt again the reduction of the testicle, it was determined to remove it. Accordingly, on June 19th, the patient was again brought under the influence of chloroform, and an incision was made on the spermatic cord. This was then taken up, a ligature placed on it, and the testicle removed. The ligature came away in a few days, and the patient is now convalescent. The testicle was, we believe, examined after removal, and found atrophied to some extent from pressure and injury, but otherwise healthy.

Remarks. We have not met with any other instance of this injury—dislocation, as it may be termed, of the testicle. It is, in fact, one of which it is difficult to conceive the possibility, in a perfectly natural condition of the testicle and its appendages, on the one hand, and of the scrotum, and other soft parts, on the other; and it was on this account that, in this case, some irregularity was suspected in the original conformation of the parts, Mr. Partridge having expressed his opinion that the gubernaculum had an unusual attachment which predisposed the testicle to pass down below its natural level. One thing seems plain, viz., that the testicle must have been in its usual place just before the accident, otherwise the patient could hardly have done duty as a horse-soldier. The treatment followed was undoubtedly judicious, and would probably, if another such case should occur, be more successful. In this, the communication between the scrotum and perinæum appeared to be too free to allow any chance of closing it by operation, and the testicle was producing an amount of misery in its new position which rendered it useless to think of leaving it there.—*British Medical Journal, July* 10, 1858, from *The N. A. Medico-Chirurgical Review.*

Remarks on the Treatment of Gleet by Local Remedies.

By Wm. Otterson, M. D., of Brooklyn, N. Y.

The slight discharge from the urethra so often met with after an attack of gonorrhœa, and variously known as "chronic blennorrhagia, gleet," etc., occurs under various circumstances, and its seat, cause, and treatment, are differently given by different authors. Cooper, Vidal, Acton, Hunter, Chelius, etc., give different views of the seat and pathology of the disease; yet they all concur in the general plan of treatment, viz., stimulating and astringent injections, cubebs, terebinthinates, and speak, as a last resort, of sometimes using the bougie. We find these writers placing the seat of the disease in the prostate (Cowper's) glands, the lining membrane of the urethra, the lacunæ, and in the fossa navicularis. I was disposed to think that Sir A. Cooper was nearest right, and that the glans penis and the lacunæ therein are the real seat of this affection. What the precise pathological condition of the glans is, I am unable to say; but it would appear that owing to its delicate structure, and the fact of its being the most frequent seat of acute attacks, that the onus of the chronic form of the disease should be centered upon this portion of the organ; and that many of the most obstinate cases of gleet (in the absence of stricture and disease of the prostate) are dependent upon a morbid condition of the glans, and not upon any disease or change of the lining membrane of the urethra itself. My reasons for this belief are: 1st, the amount and character of the discharge; 2d, the point of irritability upon passing an instrument; 3d, the inadequacy of injections to control the disease permanently; 4th, the failure of internal medication or hygiene to exert any special influence over it.

1st. The discharge is found to be nothing more than opaque mucus, which may vary in consistence according to circumstances. This in the morning occupies the meatus, at times almost blocking it up, and is easily removed if the patient runs the finger along the under surface of the urethra, beginning about an inch from the meatus, when the secretion escapes; after that, the urethra may be squeezed from the prostatic region to the meatus, and yet no more of the discharge be procured.

2d. In passing an instrument, when about an inch from the meatus, and corresponding with the fossa naviculatis, the patient complains of pain, and after the instrument passes this point the whole tract of the urethra beyond is free from any irritability. This I have found as an almost invariable result in my cases of obstinate and long standing gleet, when there was no stricture.

3d. Injections of all kinds have utterly failed to make any permanent impression upon the discharge, though there have been remissions for a few days at different times.

4. Internal remedies have failed to exert any perceptible influence over it.

If the lining membrane of the urethra were alone involved, the result of medication would be different, for we all know that, in acute gonorrhœa, many of what are called specific medicines *do* exert a modifying and decidedly beneficial influence over the diseased tract of the canal. But in this form of gleet they fail, because their action is not adapted to the disease of this particular structure. If Cowper's glands are the seat, then the application the author makes in these cases would appear to be useless, as the remedies are not applied to the portion of the canal where they are situated.

Treatment. I first examine the patient to ascertain if there is stricture, narrowing of the canal, etc., and if there are any such obstructions the usual measures are adopted to overcome them. Sometimes this alone will effect a cure; but if the discharge continues, I introduce a No. 8 metallic grooved bougie, the groove being filled either with citrine ointment or calomel; the latter I prefer as being more certain in its action. The instrument need be passed only a sufficient length up the urethra to get the point beyond the glans penis, when it should be carefully revolved several times; it should be allowed to remain in for three or five minutes, and then a probe, adapted to the curve of the instrument, should be passed down the groove; if they are then withdrawn simultaneously the whole of the calomel will be left in apposition with the parts.

This may be repeated two or three times a week, at the same time that the bowels are kept soluble. Upon withdrawing the instrument a little smarting may be complained of, and perhaps a few drops of blood follow, but this is not important. If this plan of treatment is followed assiduously, you can assure your patient with much confidence, that a very short time only will be required to remove every trace of the most obstinate and hitherto intractable gleet.

The writer has had quite a large number of these cases under his care, and formerly was in the habit of adopting the stereotyped practice, and have them linger from month to month, and finally to pass into other hands; but since adopting the view that *benefit can only be derived by direct alterative medication to the seat of the disease*, and pursuing the plan of treatment laid down in this paper, he has not failed to cure a single case, marked benefit arising after three or four applications even in the most unfavorable and long standing cases.

As some authors have recommended the use of mercury, with a view to produce its specific effect upon the system, I transfer one case from my notebook, illustrating its action in this affection.

Case I. L. W. consulted me an account of a chancre, which I cauterized with solid nit. argent., and after giving a cathartic, kept him upon blue mass and opium, until its specific action became manifest, and as there was some induration, kept up a slight mercurial action for some time by hyd. potass. and ext. sarsp. comp. This treatment being continued about two weeks, the chancre healed kindly, when, for the first time, the patient informed me that he had been suffering from gleet for about eight months, which, at the time he first applied, was quite severe; but he, thinking that the medication and regimen adopted for the cure of his syphilis, would also suffice for his gleet, did not mention it till after his primary disease was cured; but finding he was not free from his old discharge he wished further advice. I proposed the bougie, but he having been present when I had introduced it on his friend, desired that some other measure should first be tried. I consented, after giving an unfavorable prognosis. The old routine of injections, etc., was gone through, and after one month's trial, he concluded to submit to the bougie. Upon examination, no irritable point was found after the point of the instrument passed the fossa navicularis, no stricture or narrowing of the urethra. A perfect cure was effected in about three weeks, no relapse following.

CASE II. J. D. applied to me on account of a gleet which had troubled him about five months, the sequel of a gonorrhœa which he had treated himself with injections and bals. copab. Upon examination, I found some narrowing of the canal just anterior to the bulb, with irritability at this point, and at the point corresponding with the seat of the fossa navicularis. This constriction readily gave way by the use of graduated bougie, but the gleet still continued. I treated him on the old plan for six months, during which time all the different remedies were tried, and strict rules of regimen enjoined. In this time there were several remissions, but nothing permanent. At last I introduced the medicated bougie twice a week, at the same time removing entirely my dietetical restrictions. At the end of six weeks, although he daily drank large quantities of beer, he was entirely cured. Some may be disposed to think that this case required tonics and nourishing diet, but these had been given as one of the changes during the six months of the old treatment.—*New York Journal of Medicine.*

Changes produced in the amount of Blood-Corpuscles by the administration of Cod-Liver Oil.—Dr. Theophilus Thompson read (Nov. 18, 1858) a paper on this subject before the Royal Society.

The author had presented to this society, on the 27th of April, 1854, a communication descriptive of the chemical changes produced in the blood by the administration of cod-liver oil and of cocoa-nut oil, and advanced the conclusion, deduced from chemical analysis, that any favorable result derived from the use of these oils is associated with an increase in the proportion of red corpuscles. The present communication was an extension of the inquiry, but was confined to experiments on the influence of cod-liver oil on the blood. It comprehended the principal details regarding fourteen patients affected with pulmonary consumption in various stages of progress, and the result of analysis of their blood. In two instances no oil had been given; in the remaining twelve that medicine had been more or less freely administered, and an obvious contrast was noted in the condition of the blood, the proportion of red corpuscles to a thousand parts of blood in the two cases where no oil had been given being respectively 98.20 and 119.64, and in ten of the other patients varying from 142.32 to 174.76. In these ten cases the use of the oil had been attended with marked gain in weight and other evidences of amelioration. In another instance, in which the disease advanced, and a loss of seven pounds in weight occurred, notwithstanding four months administration of oil, the proportion was 114.39. In one example only was a favorable effect of the oil accompanied with a low proportion of corpuscles, viz., 84.83; but in this patient, hæmoptysis, so profuse as to endanger life by increasing the poverty of the blood, had apparently modified to some extent the ordinary influence of the remedy. The analysis was conducted by Mr. Dougald Campbell in the following manner: The whole quantity of blood abstracted having been weighed, the coagulum was drained on bibulous paper for four or five hours, weighed, and divided into two portions. One portion was weighed, and then dried in a water-oven to determine the water. The other was macerated in cold water until it became colorless, then moderately dried, and digested with ether and alcohol to

remove fat, and finally dried completely and weighed as fibrin. From the respective weights of the fibrin and the dry clot that of the corpuscles was calculated.

Dr. Copland observed that consumption is a disease which tends to produce a continual waste of blood-corpuscles, and that whatever promotes nutrition and excites the vital forces must have a beneficial tendency in such a disease; for with improved assimilation, there must evidently be a renovation of blood-corpuscles. On this principle, cod-liver oil, he believed, would be found efficacious in anæmia and rickets as well as in consumption, although he was not sure that it had any particular advantage over iron as a remedy.

Dr. Garrod thought that any future researches on this subject would be still more valuable if the analyses were rendered more specific, by ascertaining the proportions, not only of the red corpuscles generally, but also of the constituent parts of the corpuscles. Without such information, it was difficult to explain the fact that cod-liver oil is so far more useful in consumption than in anæmia; and it would be desirable to determine the amount of change produced by such a remedy in the proportion of hæmatin, globulin, iron, and fat, entering into the composition of the blood-cells.—*Lancet*, Nov. 27, 1858, from *The American Journal Medical Sciences.*

Ozonometer.—Dr. Lankester exhibited to the Chemical Section of the British Association for the advancement of Science, at its late meeting in Leeds, an instrument for measuring the constant intensity of ozone. This instrument consisted of two small rollers included in a box, which were moved by means of ordinary clockwork. Over the roller a strip of paper, prepared with iodide of potassium and starch is allowed to revolve, the paper becoming exposed to the air for an inch of its surface in the lid of the box Twenty-four inches of paper pass over the rollers in the course of twenty-four hours, and thus registers, by its color, the intensity of the action of ozone in the atmosphere. By this instrument, the intensity of the ozone for every hour in the twenty-four could be registered, and *minima* and *maxima*, with an average, ascertained. The register of ozone could also be compared with those of the anemometer, and the relation of ozone to the direction and force of the wind ascertained. Dr. Lankaster pointed out the importance of ascertaining the presence of ozone, on account of its undoubted relation to health. He drew attention to a series of tables which had been drawn up from the registrations of anemometer made at London, Blackheath, and Felixstow, on the coast of Suffolk. From these it was seen that the relation of these three places were 0, 22, and 55. The instrument acted also as a clock, and the time could be accurately marked upon the ozonized paper.

Mr. Marshall made some remarks on his own observations during the last twelve months, and stated that he had not been able to discover, though assisted in the investigation by medical gentlemen, that there was any obvious connection between ozone and the state of health.—*British Med. Journ.*, Oct. 16, 1858, from *The American Journ. Med. Sciences.*

New Modes of Administering Iodine. — Efforts have lately been made in France to administer iodine in a more efficacious manner than had hitherto been done. Mr. Leriche, of Lyons, has published valuable articles in *L' Union Médicale*, wherein he endeavors to show that iodine, combined with vegetable substances, advantageously replaces cod-liver oil. He proposes a syrup made of the juice of water-cresses and iodine, and also an iodine wine. The syrup has the advantage of not fermenting, and contains exactly one grain of iodine per ounce. The wine is composed thus: Bordeaux wine eight ounces; concentrated infusion of red roses about thirteen drachms; tincture of iodine one drachm and a half. Eight ounces contain one grain of iodine. From one to six tablespoonfuls may be given daily, according to the indications and the age of patients. In the space of three years, M. Lerich treated 38 scrofulous patients with the wine; 21 were perfectly cured after a treatment steadily pursued for some time; 8 did not improve at all; and 9 improved but slightly, either because the treatment was carried on imperfectly, or because it was left off too soon.

M. Boinet, on the other hand, well known by long-continued investigations respecting the use of iodine, read, on the 28th of September last, before the Academy of Medicine of Paris, a paper, in which he proposes to use iodine as an article of food. The author administers iodine as found in nature, viz., combined with those plants which contain the greatest quantity of the alkaloid. The latter, being thus given in minute doses, in a continuous and almost imperceptible manner, yields most advantageous results. M. Boinet uses faci, marine plants, cruciferæ, salts containing iodine, and some mineral waters holding iodine in solution. His excipients are ordinary bread, ginger-bread, cakes, biscuits, chocolate, wine, beer, syrups, &c., some being especially calculated for children. Trials were begun by M. Boinet as far back as 1849, upon subjects suffering very severely from the various well-known scrofulous symptoms, and most of them were cured after continuing the iodized food for several months. The author has not found that iodine administered for a long time produced a loss of flesh and atrophy of certain organs. Far from having these effects, the iodine, in his hands, has invigorated patients, and favored the development of organs. Messrs. Chastin and Trousseau are to report upon the paper.—*The American Jour. Med. Sciences.*

Therapeutic Properties of Sarsaparilla.—Dr. A. M. Adam, in speaking of Prof. Böcker, of Bonn ("Medical Notes from the Continent," &c., in *Edinborough Med. Journ.*, Oct. 1858), states his most recent pharmacodynamic experiments," which, I believe, are as yet unpublished, have been made with sarsaparilla. He informed me that, after carefully performing ninety-eight experiments with this drug on healthy people, he found that, contrary to all our usually received opinions on the subject, it possesses neither diuretic nor diaphoretic properties. Another series of twenty-six experiments, on the persons of uncured syphilitic patients, gave exactly the same results. Böcker also satisfied himself that sarza does not increase the efficacy of the agents, such as iod. potass., etc., which are usually given along with it; and that the good results obtained by the administration of this

salt, dissolved in the decoction of sarza, are in no degree attributable to any virtue in the solvent fluid. I told Dr. Böcker that I remembered hearing Professor Syme, many years ago, express his opinion on the utter uselessness of so expensive a drug as sarza, remarking, in his own quaint, forcible style, that he believed an "infusion of hay" would be just as good, and a vast deal cheaper. He seemed amused, and said that he entirely agreed with Syme; that infusion of sarza had no greater effect on the system than so much common tea; and that we must regard it merely as a pleasant, but very expensive, vehicle for the administration of other medicines."

[Our own clinical observations have led us to the same conclusions as have been arrived at by the learned professor of Bonn, as to the utter absence of any therapeutic properties in the sarsaparilla.]—*Ibid.*

Results of an extended Inquiry into the Quantity of Carbonic Acid evolved from the Lungs under the Influence of various Agents.—Dr. Edward Smith, in a communication to the Section of Physiology of the British Association for the Advancement of Science, stated that he had conducted a series of experiments extending over several months, and found, by his new instrument, that the quantity of carbonic acid expired varied most materially under the influence of different kinds of food, different states of the atmosphere, etc.

The paper went into an inquiry—first, as to the quantity of carbonic acid expired in twenty-four hours, with the variations hour by hour; second, the influence of season; and third, the influence of nearly all ordinary articles of food and of a few medicines. During the summer, respiration is always feble, as compared with the colder months of the year; and although the skin exercises most important functions, he found that it was not vicarious for the lungs in the expiration of carbonic acid; for while the lungs expired 600 grains, the skin threw off only six grains. The increase in the quantity of carbonic acid was greater and more enduring after eating oatmeal and rice than after partaking of arrowroot; whilst wheat produced the greatest quantity, though the increase was less enduring than with oatmeal and rice.

Tea, coffee, and cocoa were found to be respiratory exciters, and consequently increased the waste of the system; they could not be classed as food; but as tea induced perspiration, it was most valuable as a remedy against the action of heat. Tea caused the evolution of much more carbon than it supplied. Tea would also be useful in cases of drowning and interrupted pulsation. Brandy, sometimes administered in cases of drowning, had the very opposite effect to that desired, being a non-exciter of pulsation; whereas tea increased the action of the lungs and skin. If the object were to prevent the waste of the system, then alcohol might be useful, and tea would be improper; but if they wished to refresh themselves, tea should be taken.

The experiments made showed that those who were more susceptible of injurious influence by heat were the least able to bear any change of climate; and if this were borne in mind, it would be found of service to those who might contemplate going abroad—to the east or elswhere.—*British Med. Journal*, from *Amer. Journal Med. Sciences.*

EDITORIAL DEPARTMENT.

Quackery at Home and Abroad.—When our indulgent reader takes up this number of the Journal and sees the heading on this article, let him repress his inclination to turn to something more interesting than this well-worn theme. We would like to have a little familiar talk on medical topics, and would fain say something about quackery. Necessity compels us, however, to the course which some brilliant lights invariably adopt, that is to do all the talking ourselves. We will then begin by asking the question: Are we especially favored by Providence in the distribution of quacks; or are we greater sufferers than our brethren on the other side of the water? We opine that as a rule, the profession in this country suffers most; but occasionally we have accounts of such brilliant success of the gentry in Europe, that we feel almost inclined to yield the palm. An item has appeared in a late number of the Boston Journal which gives us some idea how the Parisians are sometimes humbugged, in the midst of their stringent regulations, in regard to the practice of Medicine. It has been said that the African race does not inspire the European with the same disgust which is felt for them by some of our philanthropic countrymen, and we therefore imagine that Paris would be an admirable field for the operations of a sable charlatan. We know that here, in the Southern States, it is not infrequent to find old negroes who have quite a celebrity in the treatment of various diseases; such a notoriety as is sometimes enjoyed by our old women in the North who have therapeutical tendencies and immense diagnostic intuition; but we have never before heard of a full-fledged black quack in successful practice. But for an example, see the following account of how Sambo is succeeding in the practice of Medicine in Paris.

*Quackery in Paris.**—There is now at Paris a negro who carries every-

**Appropos* of quackery in Paris, some of our readers may have heard of the libel suit against the *Union Médicale;* we clip the following, which gives the result of this remarkable suit, from a daily paper:

A curious libel suit has recently come off in Paris. Twelve homœopathic physi-

thing before him as a quack Doctor. He is a fine man of his race, covered with trinkets and diamonds, displaying great wealth in house, carriages, &c., &c., and obtains the most fabulous fees from the easily-gulled Parisians. Amongst his various feats, *L'Union Médicale* relates the following. He was sent for the other day into a very rich family, where a lady had for years suffered from very obstinate recurrence of fibrous tumors about various parts of the body. The best surgeons of Paris had failed in arresting the disease, and recourse was naturally had to wild systems of medicine; all these, however, including homœopathy, were powerless. Magnetism, necromancy, &c., &c., had their turn, but nothing succeeded. At last, the negro's turn came. When he had cursorily examined the patient, he exclaimed, "this lady is curable, and I shall get her well in fourteen days." "Well, then," said the husband, "undertake the case at once." "My fee is £800; £240 is to be paid at once, and £40 on every other visit." Much demur was made to such a demand; but as the quack threatened to leave the lady to her fate, he was allowed to pocket the £240, and has begun the treatment. The result is not known, but may easily be guessed at.—*Druggists' Circular.*

We have never thought of this before, but it now strikes us what immense natural advantages the black race has over the white in the field of quackery. Once out of the reach of the prejudice which would prevent success among *intelligent people*, in this country, all his national characteristics operate immensely in his favor. First among the essential elements of his calling, is *unblushing* effrontery, and a mendacity which is sometimes almost incomprehensible. We do not desire to enter into any discussion as to the equality of the white and black races; but in making a comparison of their characters, we conceive that it will be generally acknowledged that the black are superior in the above respects. There are, of course, noble exceptions to the rule; but, in general terms, it is as much the physiological state of a negro to disregard the truth, as it is for an Indian to be uncertain in his ideas in regard to *meum* and *tuum;* the beautiful character of "Uncle Tom" to the contrary notwithstanding. Another element of success would be a profound ignorance which it would be impossible for a light complexioned quack to attain. Strange as it may seem to the uninitiated, you know, kind reader, that this is a most important element of success. It is necessary for

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cians sued the Union Médicale for having asserted that "homœopathy was neither a doctrine, nor a science, but a trade," and that "if an epoch had ever presented itself at which the method of Hahemann could be employed by any one who was not abjectly ignorant—a crack-brained visionary, or a wretched charlatan—it was certainly not the present one." The editors and proprietors of the Union Médicale pleaded, by way of defence and justification, that what they had stated was only the truth. The tribunal before which the suit was brought, without passing any judgment on the rival claims of allopathy, yet held that the plaintiffs had no ground of action, and dismissed the case, with costs.

a person to be profoundly ignorant of the simplest principles of medicine, in order to take any stand in the ranks of the fraternity of quacks. Without that, how could the practitioner state that a certain disease in a child was due to "an absorbtion of calomel by the system from the flesh of an ox which had had a disease of the skin for which, *perhaps*, mercurial ointment had been applied and had *struck in*;" or that an induration on the finger produced by sewing, was "dependent upon a disease of the medium nerve?" This last *bon mot* was related to us by a patient only a few days since.

In both these qualifications, however, a white man might possibly equal the negro, though such a case would be only the rare exception; but there is a quality in which he would always be his inferior, namely, in external decorations. The natural admirable taste in dress of the black race, with which we are all so familiar, must have a tremendous effect upon the Parisian; and if the reader will return to the paragraph which we have quoted, he will see that this point is particularly mentioned. With all these qualifications, we will have to look no farther than the Parisian negro for our *beau-ideal* of a quack.

This we imagine is nearly as hard a case as we ever have in this country, and we cannot but suppose that it is but one of numerous instances; but look for a moment how the profession of France rid themselves of such an evil, while we submit to it from a necessity which arises from a person's right, in this country, to do what he pleases with his life and health. We copy the following from the Nashville Journal, with the editorial comment:

Quackery in France.—The Physicians Demand Protection of the Government.—Their Petition to the Emperor.

Sir:—At an epoch in which the history of your benevolence is written in ineffaceable characters on the face of France; at the moment in which society, imitating your example, is striving to ameliorate the condition of the poor classes, the medical corps deem it proper to call the attention of your Majesty to one of the social evils which paralyze your generous intentions.

Sir, alongside of that medicine which consoles and cures, there boldly marches an ignorant, sordid, and illegal medicine.

If, in the cities, the instruction of the masses can sometimes counteract its grievous effects, it is not so in the country, where unfortunately ignorance still predominates, and where it lavishes its scandalous and deceitful promises with unrestrained publicity.

Sir, there is in this a serious danger, which barrier constantly impedes that impulsion which you so freely give to morality and humanity.

Permit us to hope that your Majesty, so careful of the children of the Poor, and so provident for the aged poor, will deign to pursue his work

by protecting the whole community by an efficacious *repression* against the illegal practice of medicine.

Such, sir, are the wishes of the medical corps, so often called to the honor of propagating the benefits of your touching solicitude for the suffering, but too often fettered by prejudice in the accomplishment of its mission of humanity.

We have the honor to be, with the most profound respect, the very humble and the very devoted servants of your Majesty. [SIGNATURES.]

The above is a copy of the petition of the deputies of the Medical Societies of the Seine to the Emperor, who received it with great complaisance, and even with gratification. The Emperor expressed surprise that the practice of medicine was not more effectually protected by existing laws, and enquired if it were possible that remedies were advertised in the public journals, and sold to the public, without having received the sanction of the Academy of Medicine; and he promised that the petition should be sent to the proper Minister, with special instructions to examine it and give it the attention that its importance demanded.

Such a measure is impossible in this country; we might petition the legislature year after year without any result; and should we succeed in having any remedy attempted, we would, perhaps, be in as bad a situation as the profession of Massachusetts, who succeeded in procuring the passage of a law, by which irregular practitioners could not collect their fees in the courts. Quacks, however, still found their dupes, whom they compelled to pay in advance, saying with a great deal of force, that it was absolutely necessary, as they could no longer collect by law. This gave this class of practitioners such an advantage, that the profession actually petitioned for the repeal of the law which they had formerly desired, and were content to let the matter rest as before.

We fear that it is impossible for us to put a legal check upon quackery in this country; even the abortionists are permitted to advertise their nefarious compounds, and we fear will continue to do so in spite of us. The articles n our September and October numbers, by which we, in our enthusiastic nexperience, expected to do some good, met with so faint a response from journals and societies, that we reluctantly have given up the battle. We cannot but hope, however, that though our feeble efforts did so little, the powerful influence of the American Medical Association will do much in behalf of the cause. The mind of the profession will be admirably prepared for the subject, by a series of articles which have been commenced by Dr. Storer, of Boston, in the "*North American Medico-Chirurgical Review.*" Dr. Storer was directed to prepare a report on this subject, at the meeting of the Association at Nashville, 1857, but has not been able till now

to fulfill the task. We wish him all success, and are still convinced that a united action will do some good.

We have expended so much on the Parisian negro, that we have little space left for quacks in general. Where, by the way, do we draw the line? Are we not to regard the homœopathist in that light? We certainly are sufficiently abused, not only by homœopathic practitioners, but by those who employ them, to justify us, when speaking of them at all, to give the only rational view of their pretended system.

Yes, they are a variety of the genus quack, and should be regarded as such, and invariably treated as such by us! We are members of a noble and a dignified profession; one which has grown, by the accumulated labors of great men, to a science, our reverence of which must increase with every advance we make in its mysteries. As members of such a profession, we must countenance in no way the insolent upstarts who seek to rob it of its glory, who traffic in death, and who grow fat upon the spoils wrung from the sufferer deluded by their false promises of health and strength. It is undoubtedly the fact, that irregular practitioners derive most of their gains from persons whose minds, worn down by an incurable malady, and dissatisfied that they can extract no promise of cure from the conscientious physician, morbidly craving encouragement, will go to the quack who promises a perfect cure in a month, for $100, for example, *in advance.* This is the way in which money is extracted by our itinerant doctors, who find it necessary to migrate as soon as there is any danger of a falsification of their promises.

It seems to us that we have but one duty to perform in regard to irregular practitioners, and that that duty is due, not to ourselves, but to the profession which we have chosen. That is, never to countenance them in any way; never to consult with them, to satisfy a patient, for example; never to let the world say that there exists between us and any irregular, merely a friendly difference of opinion in certain points. We may differ in opinion with men with whom we are working for the advancement of a common cause, and acknowledge that we may be wrong and they right; but that is not the case with men who wish to throw discredit upon a profession, which, I hope, we all love with all our soul, and to decry the great names of those whom we cannot but revere. Let us guard our science above all things and do nothing which can take from its dignity, whether we be influenced by the head, or by the heart.

Correspondence.—We received last month the following interesting letters, but they were unfortunately crowded out of our last issue. We with pleasure, give them a place in this number:

CONNEAUT, Ohio, Dec. 16th, 1858.

DR. FLINT:

Dear Sir,—Allow me to present to your notice the following report of a case of malformation occurring in my practice. It struck me with peculiar interest, inasmuch as I had never heard of a like case. If you deem it of sufficient interest, you may give it an insertion in your valuable journal.

The case is that of a third child of healthy parents; labor natural, of about ten hours duration. At birth, it uttered a feeble cry, and required constant effort, on our part, to continue the respiration, so feebly begun. I allowed the cord to remain untied, until pulsation ceased at the placental extremity, using the ordinary means resorted to in cases of imperfect expansion of the lungs, with, however, quite unsatisfactory results; the child began to moan, which it continued to do, "except at short intervals," while it lived. It frequently become quite livid, as in cyanosis, with intervals of natural color. The action of the heart was rather that of palpitation, or labored beating; the pulse was scarcely perceptible at the wrist; bladder was evacuated two or three times; no evacuation of the bowels. The child continued to live, with but slight deviations from the above history, for about eighteen hours, when, in slight convulsions, it died. The fact that this was the third child of the same parents that presented the same train of symptoms, (the first surviving nine, the second five, and the subject of this report but eighteen hours,) led me to ask for a *post-mortem* examination, which was heartily assented to. Consequently, about twenty-eight hours after death, assisted by my friend, Dr. Fifield, of this place, we proceeded to the examination. The whole surface of the body, with but slight exceptions, was quite livid with capillary congestion, but chiefly so upon the depending portions. On opening into the cavity of the thorax, the parts appeared in natural position; but on attempting to remove the contents of the cavity, we discovered the pericardium to be adherent to the diaphragm, over a circular space, at least one and a half inches in diameter; a silver half dollar would not cover the space upon the diaphragm, from which the pericardium was carefully dissected off. It contained a more than normal quantity of slightly colored serum, as did also the right pleural cavity. The greater part of the lungs had the appearance of liver, and only in small portions did they crepitate, or give evidence of having been expanded. Upon inflating them, however,

they appeared quite healthy. The heart was filled with firm clots. The ductus arteriosus, and the foramen ovale were quite open, exhibiting no signs of contracting.

Query? May we infer from this that the same malformation existed in the two previous cases?

Very respectfully, yours,

E. D. MERRIAM.

WATERFORD, Erie Co., Penn., Dec. 11th, 1858.

AUSTIN FLINT, JR., M. D.:

My Dear Sir,—Enclosed you will find two pieces of glass, and a brief history of the case connected with it. The glass was in one piece when removed from the arm, but has been broken accidentally since. It being a case rather peculiar, you are at liberty to publish it if you think proper.

I was called to see Mrs. A., the wife of a hotel-keeper of this place, aged about 40; found her complaining of a difficulty to use her right arm, accompanied with some pain, just above the elbow joint, on the outside of the arm; said she thought she could feel a piece of bone loose in her arm. On examining it closely, I found a little tenderness, slight swelling, and was sure I could feel some foreign body, by pressing pretty hard upon the parts. I requested the lady to let me make an opening, but as she objected, I ordered a poultice, and the next day found her much the same as when I left her; all the symptoms had become a little aggravated. I then insisted on making an opening, and the lady finally consented. I made an incision one inch in length, and one-half inch deep. I then introduced my finger, and was certain I was near to a foreign substance. I then made my incision a little deeper, and with a pair of small forceps, I extracted a piece of common window glass, a little more than one inch in length, and one-fourth of an inch in width at one end, tapering nearly to a point at the other; there was no matter. The wound healed by the first intention, and the patient was soon well again. What is very remarkable about this case is, that the lady has no idea, up to this time, how the glass got into her arm; as she has never met with any accident, or received any injury, by which it could have entered her body anywhere. I requested her to think back, and see if she could not recollect some circumstance that would account for the glass being in her arm; but neither she, nor her husband, nor her parents, nor any of her relations can give me any satisfaction in regard to the case, she declaring that it never entered her body, unless taken with the food into the stomach, and that she has no idea of such an occurrence as that taking

place without her knowledge. I could find no cicatrix upon the arm, tha would indicate that the glass even entered there.

This lady, and her husband and relatives, are people of the best standing and are noted for truth and veracity.

Yours, &c.,

H. A. SPENCER, M. D.

The Annual Meeting of the Medical Society of the County of Erie was held in this city, on Tuesday, January the 11th, at the rooms of the Buffalo Medical Association.

In the absence of the President, Prof. Flint, the Vice President, Dr. L. P. Dayton presided, calling the meeting to order at 11 o'clock A. M.

The attendance was very large, a goodly number from the country being present. The transactions of the day were, however, marked with nothing of any very especial public interest. The ordinary business of the Society, only, was gone through with.

Drs. Rathbone, Whitaker, and Mead, were elected members of the Society upon their application, upon the conditions of their complying with the laws of the State, and with the by-laws of the society, in all things therein laid down, in reference to membership.

Dr. C. C. F. Gay delivered the Oration. Subject: ERYSIPELAS.

By vote, the society ordered its publication in the pages of this Journal.

Dr. John P. Cole was appointed *Orator* for the June meeting, and Dr. George Abbott his substitute.

The society elected the following gentlemen to fill the respective offices for the ensuing year:

Dr. L. P. Dayton, ...	President.
" James M. Newman, ...	Vice President.
" Jame S. Hawley, ...	Secretary.
" C. C. F. Gay, ...	Treasurer.
" James B. Samo, ...	Librarian.

Primary Board.—Drs. S. Eastman, J. Hauenstein, J. F. Miner.

Censors.—Dr. B. H. Lemon, Exam. in Anatomy and Physiology.
" Wm. Gould, " " Pract. Med. and Obstetrics.
" C. B. Hutchins, " " Chemistry and Pharmacy.
" Wm. Ring, " " Mat. Med. and Botany.
" L. J. Ham, " " Med. Jurisp. and Pathology.

The society had its annual dinner at the American Hotel, sitting down at about 4½ o'clock, to the number of some forty members, and spent several of the succeeding hours in a most pleasant manner, the interchange of kindly sentiments upon the occasion, serving, most certainly, in no manner to weaken any of the ties of friendship which existed among those who partook of these festivities; and, if any regrets accompanied or followed the feast of good things at the board, it was for those, who, from any cause, were not partakers with their fellows in the kindly intercourse of the occasion. May all who were present upon this occasion be permitted a reunion at the next annual meeting, and with them, the absent ones from this festival.

New Medical Exchanges.—Since our last issue we have received quite a number of new exchanges, which we hope may be able to live on the troubled sea on which they are embarked. Our friend, the New Orleans Medical and Surgical Journal, has been somewhat enlarged, a gratifying evidence of its temporal welfare. The following are the new Journals which we have received:

Semi-Monthly Medical News. Edited by S. M. Bemis, M. D., Prof. of Clinical Medicine, University of Louisville, and J. W. Benson, M. D., Prof. of Descriptive and Surgical Anatomy, University of Louisville.

The first number has a good appearance, in point of mechanical execution, and presents articles of value, from the pens of Drs. Metcalfe, J. B. Flint, Wyble, and J. L. Smith.

The Louisville Medical Gazette. Edited by J. L. Frazer, M. D.

This is another journal, published semi-monthly, in the same city. We wish them both success, if possible.

The Marysville Medical and Surgical Reporter. Edited and published by Lorenzo Hubbard, M. D., and B. H. Teed, M. D.; containing original Essays on Medical Subjects, and reports of important cases occurring in their own practice. "New Lights often come through Cracks in the Tiling." Vol. 1, No. 1. November, 1858. San Francisco. 8vo., pp. 14.

The above Journal appears to us to be a medium for the self-glorification of the editors, Drs. Hubbard and Teed. It contains only original essays by

them, and cases from their *own practice*. However much this may increase their practice in their own region, we do not think it will be the means of earning much glory for them abroad. It consists of fourteen pages, published quarterly, at the moderate price of $3 a year, or $1 per quarter, about seven cents a page; this is about twenty-one times dearer than the ordinary Journals.

The St. Joseph Journal of Medicine and Surgery: A bi-monthly Journal, devoted to the advancement of Practical Medicine and Surgery, under the auspices and supervision of the St. Joseph Medical Society. Editorial Committee: J. H. CRANE, M. D.; O. B. KNOLE, M. D., and G. C. CATLETT, M. D.

This is the third number of an excellent Journal, published at St. Joseph, Mo. The editor complains that his editorial brethren have not rendered him the courtesy of an exchange. We can only say, for our excuse, that this is the first number which we have seen. We gladly put it on our exchange list.

Dr. Horace Green.—Our readers may be aware of the excitement which has been made in New York over the death of a Mr. Whitney, the only heir to an immense estate, which was alleged to have been caused by the treatment employed by Dr. Green, *i. e.*, the operation with which he has so closely identified himself, that of tubing the larynx. We are glad to learn that the investigations into the matter by the academy have been completed, and it is conclusively shown that the operation had no instrumentality in producing the fatal event; that there was no rupture of the trachea, as was currently reported, and that the operation was performed but once, and that eight days before death. The testimony before the academy is summed up in the New York Times, which takes a high-toned and honorable view of the alleged conduct of Dr. Mott and Dr. Beales. According to the "Times," and this paper professes to report the proceedings of the academy, Drs. Mott and Beales allowed the rumors, which have been so rife, to circulate on the bare assertion of the patient, who was quite ill, that Dr. Green had killed him by putting a tube in his throat. These gentlemen did not acquaint Dr. Green with this fact; the patient died and they made a post mortem examination, to which Dr. Green was not invited, and even when they discovered no injury to the air passages, they made no movement towards contradicting the rumors.

We have not the space to discuss minutely the merits of this matter, but are convinced from our examination of the facts, that Dr. Green's treatment had nothing to do with the death of Mr. Whitney. If the conduct of Drs. Mott and Beales be as is stated by the "Times," no comment is necessary. There could be no greater and more flagrant violation of professional honor. Dr. Green has courted an investigation and has been most amply vindicated.

Buffalo General Hospital.—The subjoined report of the state of this institution will be most gratifying to its numerous friends and supporters, and shows a degree of prosperity which the hardness of the times did not prepare us to anticipate. We have already given an account of this institution, which will be one of the most complete hospitals in the country; from the report below, which we have copied from a daily paper, the time does not seem far distant when the whole of the original design will be completed.

Annual Meeting of the Buffalo General Hospital Association.—The annual meeting of this association was held on Wednesday afternoon, at the office of Charles E. Clarke, for the purpose of electing Trustees for the ensuing year, and receiving the report of the Treasurer. The following were the gentlemen elected: Charles E. Clarke, Andrew J. Rich, George S. Hazard, Henry Martin, George Howard, Bronson C. Rumsey, Jason Parker, Roswell L. Burrows, Wm. T. Wardwell.

A motion was adopted, to prepare a report of the history of the institution, to include a statement of its transactions for the year, and also the report of the Treasurer, which was presented at the present meeting and adopted. The following is the Treasurer's Report:

Buffalo General Hospital in account with Wm. T. Wardwell, Treasurer,

		Cr.
By balance from last Report,		$6,851 93
Received from Donations,		8,242 59
" " Patients,	$191 00	
" " " (Erie Co.)	38 14	
		229 14
" " Interest on Deposits,		49 50
		$15,373 16

Dr.		
Construction Account:		
Contract,	$6,988 86	
Extra work,	2,459 84	
Plumbing, &c.,	1,335 05	
Boiler,	450 00	
		$11,233 75

Furnishing account,		776 68
Interest on mortgages,		544 30
Insurance,		100 00
Expenses:		
Groceries and flour,	$223 07	
Monthly statements of Warden,	892 96	
		$1,116 03
Medicines, liquors, &c.,		331 88
Sundry expenses,		8 45
Printing, gas bills, &c.,		129 30
		$14,240 39
Balance to new account,		$1,132 77

Wm. T. Wardwell,
Treasurer.

Buffalo, January 12, 1859.

Examined and found correct, Jan. 12, 1859.

A. J. Rich,
B. C. Rumsey,
Auditing Committee.

The present amount of liabilities is as follows:

Due on bond and mortgage,	$7,740 00
" sundry bills,	2,204 19
" contract,	1,000 00
	$10,844 19
Amount cash on hand,	1,132 77
Subscriptions considered good,	1,435 00
	$2,267 77
Whole amount paid from organization to date,	33,183 85
On real estate, $15,290 00	
Less mortgage, 7,740 00	
$7,550 00	
Construction account, 22,330 89	
Furnishing account, 854 54	
Present value of property,	$30,735 43
Balance, interest, insurance, expenses, &c.,	$2,448 42

Wm. T. Wardwell,
Treasurer.

Buffalo, Jan. 12, 1859.

Subscriptions and stock (doubtful) $6,725 42

Several handsome donations have been made to the institution during the past year, including $1000 from the estate of the late Judge Waldron, and a lot of land from Hon. A. H. Tracy, on which $3000 was realized. It is to be hoped that our citizens will not lose their interest in so noble a charty, but will continue to support it liberally.

Deaths of Medical Men.

Death of M. Bérard.—We learn with regret that M. Bérard, Professor of Physiology at the Faculty of Medicine at Paris, has just died, after an illness which had prevented him from lecturing for the past three years.—*London Lancet.*

At Cambridge, Jan. 4th, Dr. Samuel Sawyer, aged 54.

In New Orleans, Oct. 28th, after a long and painful illness, Dr. J. M. W. Picton, for the past thirty-two years an eminent practitioner in that city, and late Professor of Diseases of Women and Children in the New Orleans School of Medicine.—*Boston Medical Journal.*

We learn as we are going to press that the distinguished physician and pathologist, Dr. Richard Bright, of London, is deceased. He died about the middle of December, after a very short illness. The *Medical Times and Gazette* of December 18th, from which we take this announcement, does not mention the cause of death.—*American Medical Monthly.*

Dr. Canton, of Warsaw, Ala.

Dr. J. S. Duval, of Houston, Texas.

Dr. David Uhl, is reported to have died recently at Bolivia, Venezuela. Dr. Uhl was the same whose name was so unfortunately connected with the Burdell affair at New York. Let the memory of his misdeeds die with him.

Observations on the Deaf and Dumb. By RICHARD J. DUNGLISON, M. D.

We have to thank the author for a copy of this valuable paper, which lately appeared in the North American Medico-Chirurgical Review. This article is instructive as throwing great light upon a subject which has been almost ignored by the profession. The statistics which are presented by Dr. Dunglison, are especially valuable. According to the article, Switzerland, in addition to being afflicted in certain districts with Cretinism, presents a most remarkable quantity of deaf mutes, one in every five hundred and three. The prevalence of this calamity in certain districts, is also noted. The author goes on to enumerate the causes, such as "Family predisposition," "Intermarriage of Relations," "Society," etc., with the causes of acquired deaf-dumbness. This is a most interesting subject, and has been ably handled by Dr. Dunglison.

Publications Received.—We have received from Messrs. Blanchard & Lea, of Philadelphia, Dalton's Treatise on Human Physiology, Ricord and Hunter on the Venereal by Bumstead, Condie on Diseases of Children, and Erichsen's Science and Art of Surgery; from Wiley & Halsted, Green on Bronchitis, and Prescriptions of American Practitioners by the same author; from Robert M. De Witt, New York, Lectures on Obstetrics, Tyler Smith. Edited by A. K. Gardner; from J. B. Lippincott & Co., Malgaine's Treatise on Fractures, Translated by Packard.

We have also received the eleventh volume of the Transactions of the American Medical Association. This has been delayed this year, not from any negligence of the publishing committee, but owing to the difficulty in receiving some of the proofs. These publications will receive an early attention. We have also quite a number of pamphlets on our table which we hope to be able to notice in our next issue.

To Subscribers.—The publisher is endeavoring to straighten the business of the Journal as much as possible, and with that intention will send bills with the present number to all who are in arrears for this volume. Subscribers are asked to remit the amount of their indebtedness before the next issue, when they will be able to take advantage of the advance rates, $2 50, and receipts will be sent then with the April number. After that time, however, we will be compelled to require the full price, $3. As our subscription list is much increased within the last two months, and we are desirous of supplying the perfect volume to all that desire it, we renew our offer to credit 50 cents to any subscriber who will send us the August number, of which we are still short. *Two dollars and the August No.* will be received in payment for the current year.

Hints to Craniographers.—We have received an excellent article on the subject of Craniography, presented to the Academy of Natural Sciences, of Philadelphia, by Prof. J. Aitken Meigs. The author recommends the publication of catalogues of the various craniological collections, which will enable those interested in that subject to compare the specimens, and make advantageous exchanges of duplicates. Such a movement would, undoubtedly, be productive of much good.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. MARCH, 1859. NO. 10.

ORIGINAL COMMUNICATIONS.

ART. I.—*Cases from Dr. Hamilton's Clinic at the Buffalo Hospital of the Sisters of Charity.* Reported by J. BOARDMAN, M. D.

Nævi. ——, aged three years, was brought before the class, with a nævus, or mother's mark, upon the right hand. It was found upon the child at birth, and had not extended or changed its appearance, till within a few weeks, at which time the mother discovered a small ulcer upon it, which was slowly increasing in size, notwithstanding all of her efforts to heal it. It was this ulcer that induced the mother to bring the child to Dr. Hamilton. Upon examination of the right hand, there was found a large red, or purple discoloration of the skin, very slightly elevated above the surface, extending from the wrist, over the back of the fingers, and nearly surrounding the base of the thumb and the base of the fore-finger. There was no pulsation; it had been without pain, and the abnormal structure was confined to the skin itself, not involving any of the tissues underneath. A small, superficial, sloughing ulcer, about half an inch in its longest diameter, was to be seen upon the nævus, between the thumb and fore-finger. This was the only mark of the kind upon the child.

Dr. Hamilton remarked, that in this case, nature was undertaking the cure of the disease, and that he should not seek to cure the ulcer at present. He thought, probably, the ulcer would not extend over the whole of the diseased surface. Inflammation and ulceration were often artificially produced by the

surgeon, to cure nævi, and, as nature had taken upon herself this duty, it was best not to interfere. If he should be able to cure the ulcer at present, the probability was, that the hand would be the source of much trouble, for with such proneness to ulceration, each scratch, abrasion of the skin, or even contusion of the surface, would, very likely, be followed by ulceration, which would be a source of great trouble. A gently stimulating ointment was ordered for the child.

A., aged 13 years, was brought before the class, with a nævus upon the face. An examination showed an oval tumor, extending from a point below the right eye, a little above the alæ of the nose, diagonally downward and backward, toward the point where the facial artery passes over the inferior maxilla. The diameters were about one and three-quarter inches by one inch, and it was elevated already three-eighths of an inch above the level of the skin. The tumor was of a brownish purple hue, and upon its surface were to be seen a few rather coarse hairs. It was without pulsation, and never had been the seat of pain, save that in winter it was liable to crack, bleed, and slightly ulcerate. It was congenital, but his father thought it had increased a little in size of late.

Dr. Hamilton advised the removal of the tumor, not only because of the tendency to increase, but because this form was prone to degenerate in time into a malignant growth. He called the attention of the class to the principal difficulty of this case — the removal and consequent loss of so much skin from the side of the face. Nature heals a wound in which there has been a loss of the integuments in two ways: by the production of new skin and, also, by a contraction, or pursing in, of the surrounding skin, as can be seen in the healing of burns, or of ulcers upon the leg. Where the parts are comparatively free, the contraction will be the greatest. In the present case, there might be danger of ectropion of the lower lid being produced, or of the angle of the mouth being lifted and drawn backwards. If this tumor were destroyed by the ligature, or by the caustic, he thought the scar would be more irregular, and the danger of deformity much greater, than if the tumor was removed by the knife. Many times, when the surgeon removes such a quantity of skin, that deformity, from contraction, which is liable to ensue, he can, in part, or entirely, overcome, by either transplanting a piece of skin from some other part, or by sliding some of the adjacent skin towards the wound. Here he could not obtain a supply either from the temple or forehead. The distance was too great, for always there must be a sufficient pedicle left to support the lip of the flap, until it becomes firmly attached

to the parts to which it has been transplanted. He was unwilling to turn a flap *upwards* from the neck, for his experience had taught him that, in these flaps turned upwards, sloughing was very apt to occur, sometimes destroying almost the entire flap, even in those instances where a thick flap could be obtained, but a neck flap must necessarily be rather thin. He could not extend the incisions towards the ear, and slide forward a piece of skin, with any hope of success; for the ear would be a fixed point, and the alæ of the nose, and the angle of the mouth were movable, therefore they would yield, and deformity would ensue. In this case he should seek to make the upper part unite by means of sutures, in such a way, that the danger of ectropion would be very little, if any, leaving the lower portion of the wound open, he hoped new skin would be formed, so that the drawing of the angle of the mouth would be slight. He then proceeded to operate, drawing the lines of his incision close around the base of the tumor, with tincture of iodine, as is his custom in all plastic operations, and in those operations where he wishes to save all the integument possible. With his knife he then made an incision around the whole tumor, and dissected it carefully away. He had expected a copious hæmorrhage, but, although blood freely followed the knife, yet a moment's pressure with the sponge restrained it, and there was but one vessel that required the ligature. The upper edges of the wound were brought together with three interrupted sutures, the lower one of which Dr. Hamilton said, he expected would be torn out, but, in the mean time, he expected the two other sutures would have caused the integument to unite. The wound was then dressed with simple cerate and lint.

Dr. Hamilton divides this disease into three principal classes:

1st. Capillary.
2d. Venous.
3d. Arterial.

The capillary form appears as slightly elevated spots or patches upon the skin, having a red, or purplish hue. It involves only the skin, and is an enlargement and multiplication of the capillary vessels of this tissue. It is always congenital, and though often, at birth, of an exceeding small size, it is not unusual to find it, in time, the cause of considerable deformity. The most frequent seat of this disease, Dr. Hamilton thinks, is upon the cheek, a little below the centre of the eye; and though nævi are most frequently found upon the head, neck, and arms, occasionally they are found in almost every part of the body; often appearing as but the enlargement of a few capillaries, which may remain without change throughout life, or without any known

cause, suddenly they may take an increased action, and spread over more or less of the surrounding tissue; ulceration may ensue, and cause the destruc- of a part, or even the whole, of the nævus; for this tissue seems to have a much lower vitality than healthy skin. No pulsation is to be found in the tumor, but this, like the other varieties, if wounded, is exceedingly prone to hæmorrhage.

The second variety is found principally of enlarged veins, and may be situated entirely in the skin, or may involve the subcutaneous tissue. The arteries supplying the part are slightly enlarged, but constitute a small part of the tumor, compared with the veins. It is more elevated than the preceding variety, and has a soft, doughy, inelastic feel, and is without pulsation. It generally is of a bluish, or bluish-purple hue, though sometimes of a brownish cast. It does not always affect the skin, but may be confined to the tissue immediately underneath. When wounded, there is a copious flow of venous blood, but the hæmorrhage is generally controlled by moderate pressure. This is a much more dangerous form than the preceding, life being endangered not only by the frequent bleeding, but also by the proneness of the tumor to degenerate in character. Miller writes:

"Medullary or melanotic matter may be deposited in and around it, or come altogether to take its place — the original character of the growth being entirely lost. This I have seen occur in an erectile tumor of the cheek."

The third variety, or that form which may be known as aneurism by anastomosis, depends almost entirely upon the arterial enlargement and increase, for its formation, and unless assistance is rendered, is almost certain, in time, to terminate the life of the patient by the loss of blood. It is most frequently found upon the head, neck, and upper extremities. Originating in the tissues underneath the skin, it forms an elevated tumor, irregular in shape, soft, slightly elastic, and compressible, having a spongy feel. A pulsation, or thrill, is to be felt in the tumor. As the skin becomes involved, it assumes a reddish purple hue. The vessels leading into the tumor are much enlarged, and carry a plentiful supply of arterial blood to the tumor. The tissue is almost identical with normal erectile tissue, "but with this difference, that whereas in the normal, there are periods of complete repose and collapse, tension and fullness occurring, but occasionally by local determination; in the morbid, there is never utter placidity and repose. The tumor is more full and tense at one time than at another; yet at all times it is full and active, evincing an undulatory movement, if small; when large, it may be found pulsating strongly, and with *bruit*, as in ordinary aneurism.

In all cases, its bulk is temporarily increased by mental excitement, muscular exertion, and whatever suddenly and much excites the circulation."

In regard to the structure of nævi, comparatively little is known, especially concerning the connection of the different vessels with each other. Paget writes:

"As in the natural development of parts, so in what is morbid, organization, to a certain point, precedes vascularity, and the formation of blood-vessels follows on that of the growths into which they pass. But here the case appears reversed. The calibre of the blood-vessels increases, and the solid tissues between them diminish; all the growth of an erectile tumor is an enlargement of blood vessels, with diminution of the tissues in which they ramify; or, rather, it is often an enlargement, not of blood vessels, but of blood-spaces: for though, in the first stages of the disease, the walls of the vessels may grow, and elongate, so that the vessels become tortuous, yet, after a time, the walls waste rather than grow; apertures seem to form through mutually apposed blood-vessels. Hence, at last, in place of branching and anastomosing tubes, there is only a network formed of the remains of their walls."

Nævi, or vascular tumors, are, by far, the most common of congenital tumors. The first two varieties, I believe, are always congenital, never originating after birth; but the third variety occurs at any period of life. It may originate from an injury, or without any apparent cause. I have seen an instance of this, originating from a slight blow upon the scalp, which resisted different attempts to effect a permanent cure, and eventually caused the death of the patient. I know that some writers speak of nævus, as a disease that may begin at any period of life, but I think this remark will apply only to this last variety. All varieties are prone to a rapid growth during the period of childhood; but they may remain inactive throughout a long life, never increasing beyond their first discovered size, or at any time, even after fifty years of inactivity, rapid growth may begin, or they may, of themselves, spontaneously disappear. At times, active growth takes place, resulting in ulceration, which terminates the life of the tumor. This fortune, however, is to but a few. In most cases where active growth has commenced, the patient must receive aid, or he will die from hæmorrhage, as it will certainly take place.

The surgeon endeavors to accomplish a permanent cure, in one of three ways. Either by producing a change of structure in the tumor, by arresting the circulation in the diseased mass; or, by the destruction, or removal of the diseased tissue.

By producing a change of structure. This may be at times accomplished by pressure. Seven or eight years since, a man came into this hospital, with a small vascular tumor situated on the roof of his mouth. Having a clay pipe in his month, a blow upon the bowl, caused the end to lacerate the mucous membrane of the roof of his mooth. From this, a vascular tumor, the size of a small bean grew, which, in ten days, the time of his first presenting himself, had nearly taken his life by frequent hæmorrhages. Astringents would control the hæmorrhage only for a short time. The actual cautery destroyed the tumor, but it was reproduced in one or two days. A piece of gutta percha was fitted to the roof of the mouth, and brought between the teeth, in such a manner, that when the lower jaw was shut upon the gutta percha, presseure would be made upon the tumor, and, also, there would be space sufficient between the teeth to supply him with food. The jaws were then bound firmly together. At the end of several days, the mouth was opened and examined, and it was found that the tumor had disappeared. Heated needles are sometimes passed in various directions through the tumor. Vaccinnation may be performed upon the part, and the inflammation will at times effect a cure. A seton may be passed through the diseased structure, and left till sufficient inflammation is produced. Injecting the tumor with some irritating fluid, may be tried, but this is apt to be attended with sloughing. These means are best adapted to the first and second variety.

By arresting the circulation in the tumor. This is accomplished, not entirely, but nearly so, by ligating the artery supplying the part. This will not always effect a cure, but there are times when it may be almost the only thing that can be done.

By the destruction, or removal of the diseased tissue. The actual cautery, or caustic applications, may be employed to effect this, but, in general, the knife, or the ligature is the instrument employed. The knife may be used in cases where there is not a great supply of blood from numerous arteries, or where the tumor is of a small size. The surgeon must expect, and be prepared for a profuse hæmorrhage, for generally there will be many arteries that will require the ligature. If the tumor is large, or if the surgeon expects great hæmorrhage, he should resort to the ligature. The best method is to pass a double ligature through the base of the tumor, and tying the different ends, the base of the tumor may be divided into two parts, each surrounded by a ligature. If the tumor is large, it may be best to pass a second double ligature, at right angles to the first, tying it in the same

manner. Should the tumor be situated where a scar would cause much deformity, and if the skin has not become involved in the disease, a ligature may be passed, by means of a needle, around the base underneath the skin, avoiding, in a great degree, the scar. Sometimes the tumor is so flat, that a ligature cannot easily be applied; then two needles may be passed through the base of the tumor, at right angles to each other, and suffered to remain with their ends projecting; a ligature may then be placed around these, and thus be held in its place. Some of these means will generally accomplish a cure; but, unfortunately, in this disease, the surgeon sometimes is obliged to yield to a master, and see his patient pass from his hands, notwithstanding that his utmost skill and care has been exerted.

ART. II.—*Case of Removal of both Testes for Spermatorrhœa, by a Botanic Physician—Case of Death from Inhalation of Chloroform.* By La Fayette Avery, M. D., South Otselic.

An article published in the December number on Spermatorrhœa, and one in the January number, on the Use of Chloroform, have prompted me to communicate the following items in my experience. I had supposed that I had the minutes of the only case of spermatorrhœa ever treated by the process of castration; and, although I was in error on that point, the following case may yet be thought worth publishing:

In the summer of 1857 a messenger came to my office, and gave me a very pressing invitation to ride a distance of three miles, and assist a botanic practitioner in removing the testicles of a man who was suffering from the above mentioned disease, and had expressed his desire to be dealt with in that way. The patient, a man of about thirty-five years of age, was a large, bony fellow, and otherwise healthy. He had been the rounds of all the irregular practitioners of the county, without obtaining relief, and now somewhat feeble, cold, and bloodless, had desired to be rid of the troublesome cause of his nocturnal pollutions. I declined the honor of being present during the performance of the proposed surgery; but a neighboring physician, who had also been invited to attend, allowed his desire for amusement to get the better of his sense of professional propriety, and he consented to be present, as a looker on, in the matter; and from him I have learned some of the particulars of the operation.

The patient, after all things were ready for the operation, was allowed a good glass of whiskey, to assist his firmness, and then requested to doff his

pantaloons, and lie upon his face across a bed, with his feet standing upon the floor. The operator then seized the scrotum with his left hand, and drawing it backwards, after the manner of our farmers, in similar performances, made the incision, and after a tedious dissection, succeeded in extirpating one of the glands. The patient, in the mean time, complained much of the dullness of the knife, and demanded a respite, and some whiskey, which were allowed him. The botanic then borrowed a knife of keener edge from the physician in attendance, and removed the remaining testicle with more celerity.

I know but little of the after history of the case, except that an abscess occurred on one side of the scrotum, notwithstanding which, his recovery was tolerably rapid. For a while, things went on swimmingly with the patient. His seminal emissions were much less; his blood was of better quality, and his general health improved. He congratulated himself all around: the disturbers of his peace he had preserved in spirits, and placed upon a shelf at the foot of his bed; warmth and health came back to him, and increased upon him every day, but what he most felicitated himself upon, was the discovery of a shorter road to divorce from matrimony than any hitherto known to the courts, for his wife left his bed and board on the instant.

His present condition, as I learn from inquiry, is as follows: General health partially restored, and he is able to do a moderate day's work. There is still spermatorrhœa, and he much regrets the loss of his seminal glands. He can look no one in the face, and says he would give one thousand dollars to have his manhood back again.

I observe, with pleasure, that you have turned your attention to the subject of anæsthetics, and, in a measure, criticise the use of chloroform. I imagine that a small part of the misfortunes resulting from the use of that article have yet seen the light, and that when the lapse of time shall have removed the fear of personal discredit in communicating the whole truth, by those who have had experience with it, a fearful picture will be presented. Having, myself, put a fellow being out of existence with the article, I am anxious to bear my testimony against its use, by relating the case.

In the fall of 1850 I was requested to remove the leg of Waldo Ferris, who had been under the treatment of a quack, for an injury of the knee, which had resulted badly, rendering an amputation at the thigh indispensable. Ferris had been a strong man, and had indulged in intemperate habits, but now, at the age of forty years, was free from disease, except the injured limb. He was considerably emaciated, being much worn down by his disease, yet his appetite was good, and he smoked his pipe, and conversed freely.

He was prepared for the operation when I arrived, and had an experienced dentist on hand, to administer him chloroform. I advised against its use, on account of his debility, but finally yielded to the solicitations of the patient, and allowed it to be given.

He was placed upon the table, and assisted by Drs. Jaimeson and Ford, I proceeded to the business before us. Some chloroform was poured upon a silk handkerchief and applied to the patient's mouth and nose without intermission, for, as near as I could judge, a minute, when I noticed a labored breathing on the part of the patient, and at the same time Dr. Jaimeson mentioned a partial failure of the pulse. I immediately ordered the dentist to desist with the chloroform, and gave a swallow of brandy, which improved the pulse, but still the patient breathed in a stertorous manner, and his face was congested and purple. No more chloroform was given. I hesitated a moment, and then proceeded to remove the leg and dress the stump, the patient continuing insensible, and snoring; face still of a purplish hue, and pulse feeble and frequent. We then put him in bed, and used all the means we were master of to rally him, but without avail. He died in about twenty-five minutes from the time he first inhaled the chloroform, his face purple to the last.

The dentist was a reliable man, and he assured me that he had previously used of the same chloroform, and had found it to be good. On examining the vial containing the article, not more than two drachms were wanting, and the dentist said the vial was not full when first uncorked.

Now, this patient evidently died of the chloroform, as the reflections of any physician will satisfy him; and I desire to know what right a surgeon has to use an article that sometimes produces such effects as this. I, for one, have parted company with the poisonous thing, and am very confident that I shall not renew my acquaintance.

ART. III.—*Dislocation of the Head of the Femur into the Obturator Foramen, in a Child two years and three months old. Reduced by Dr. Reid's Method.* By CHAS. A. BOWEN, M. D., St. Catharines, C. W.

Mrs. J., on the 3d of December, 1858, being in a bad humor with things in general, and her child in particular, a little girl two years and three months old, saw fit to pull it violently from where it was sitting, on the floor, by its right leg, and then give it a severe application with her hand, *a posteriori*. As the baby did not cease crying the moment she left off beating it, (which

all sensible babies ought to do, no matter how hard or many the slaps,) she caught it by the shoulders. and thumped its gluteal region violently against the seat of a wooden chair, with much force. About half an hour after this *interesting* proceeding I was called to see the child, and found the little sufferer on a woman's lap, moaning most piteously; I asked the woman what was the matter, to which she replied, that the mother had broken one of the baby's legs, as it was longer than the other, and she could not stand on it. After making a careful examination of both inferior extremities, I satisfied myself that the head of the right os femoris was resting in the obturator foramen. The knee was bent, but capable of extension, and when I placed the two legs side by side, the right was about three-fourths of an inch the longer. The foot pointed forwards, and the toes could be inverted or everted, apparently without much pain. The usual flattening of the hips was present, and as the child was rather thin, I could feel the empty acetabulum through the super-imposed tissues. There being no doubt as to the position of the head of the femur, I proceeded to reduce the dislocation, after Dr. Reid's method. Placing the little subject on a table, (the pelvis being steadied by an assistant,) I put my left hand over the seat of dislocalation, and grasped the knee with my right, carrying it up and across the opposite thigh, as high as the umbilicus. The knee was next pressed towards the abdomen, to throw the head of the femur out of the thyroid notch, and then shoving up with my left hand, I carried the knee somewhat to the right side, and suddenly straightened the leg. The first and second attempts were alike unsuccessful, but on trying the third time, and using a little more force, I had the satisfaction to feel the head of the bone slip in with a palpable jerk. The child would not put its foot to the floor for the first two weeks, nor did it commence to walk until four weeks had elapsed, and then only a few steps at a time.

It is now eight weeks since the accident, and the little one is running around as well as ever.

ART. IV.—*Case of Strangurated Inguinal Hernia, Successfully Treated.* By H. De La Cossitt, M. D., Greenville, Mercer Co., Pa.

On the evening of the 29th of November, 1858, John Carmical, of Pymenturning, Mercer county, Pa., aged 35, when returning home from one of his neighbors, discovered a hardness and fullness of the left side of the scrotum, which caused pain in his bowels, and vomiting.

At 12 o'clock, P. M., I was called to visit him, but did not go; the mes-

senger informed me he had taken cold, and his privates were swollen, and he was suffering great pain. I sent, then, some medicine.

On the second day after, I visited him. On examination, found a case of hernia, the scrotum largely distended, hard and purple.

I bled, gave tobacco injections, warm bath, and used every reasonable means, but could not reduce the protrusion.

The case progressed until the morning of the fifth day, when he agreed to submit to an operation.

After removing the hair from the parts, I placed him on a table, with his shoulders somewhat elevated, and his legs hanging over the end of the table, placing his feet on stools, and one assistant on each side of him. I then made an incision, about two inches, through the integuments, dissected to the sac, and found a portion of the omentum; then enlarged the opening to four inches, when blood and serum, to the amount of a gill, discharged; then extirpated the omentum; supposed it would weigh six ounces. It was black and fetid; the intestine extended down five inches, also black, (his bowels tumid and tender. After cleansing the parts with a sponge and warm water, I introduced my left index finger to the stricture, and followed it with the probe-pointed bistoury, which I passed under the stricture, enlarged the opening, then returned the intestine, brought the wound together with sutures, adhesive straps, and a compress, and secured them with a roller; gave castor oil and turpentine for cathartic. His bowels opened on the second day; his pulse was 120, attended with sweat and hiccup.

Quinine, ammonia, wine, spirits of nitre, and turpentine, were ordered to be given, as his situation demanded.

All passed off well for eight days, when I visited him, and found the excrements passing out at the wound, which continued for fifteen days. During that time there was a natural stool every two or three days; the same dressing was continued, being removed and cleaned once every day. The wound closed on the 36th day from the operation; the natural passage was good every day. I discharged him from further attention. He is now convalescent. Such cases should not be delayed over the second day; an operation should be resorted to when the circumstances demand.

This is the fifth case that I have operated upon for hernia; three recovered. We, in a country practice, are not permitted to operate until often too late to save the patient. We are taught in this case never to despair no matter how gloomy or desperate the case may be. Nature is the great architect, requiring from man his assisting scalpel, which he must use with discrimination and dexterity.

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

TUESDAY EVENING, Feb. 1, 1859.

The Association met.

Present—The President, Dr. Wyckoff in the chair; Drs. Newman, Jansen, Butler, Hawley, Whitney, Treat, Wilcox, Congar, Miner, and Flint, Jr.

The minutes of the last meeting were read and approved.

Dr. Mead was elected a member of the Association, on his complying with the usual formalities.

Dr. MINER read the following paper upon Tetanus:

Since the Association made it my duty to report upon the frequency of tetanus, and its proper treatment, I have collected some facts upon the subject; though, by no means, do I pretend to speak upon the general subject of tetanus, or discuss its many points of interest and importance.

I find that actual statistics upon the point of frequency in our county, are not within the reach of any research. Some of our older physicians have met, in their own and others' practice, three or four cases, while others, of equal experience, have never met a single case. In the absence of more definite knowledge, and to give some idea of the frequency of the disease in our climate, I propose to draw from the United States mortality statistics of the census of 1850. I will not detain you with a detail of all the States; a few will serve to show its comparative frequency in the colder and warmer climates.

States.	No. Deaths.
In Maine,	1
" New Hampshire,	2
" Vermont,	1
" Massachusetts,	6
" Rhode Island,	3
" Connecticut,	6
" New York,	23
" New York city, State N. Y.,	5

While taking the southern portion of the country:

States.	No. Deaths.
In Louisiana,	215
" Kentucky,	38
" Mississippi,	60
" Georgia,	23
" Alabama,	6

In the north-western states and territories, no cases are recorded as dying from this cause. It is not to be supposed that this record is very correct; since the regulations concerning the registry of deaths is very imperfect, and in many places wholly unknown.

The number of deaths is so near the number of cases, that could we know the actual number of deaths, we should be able to judge with sufficient accuracy of the frequency of the disease.

Of the whole number in the United States, 694, there were 367 under one year of age, this including the negro children, who die of trismus nascentium, the disease affecting infants soon after birth; said to be very common in the West Indies, and some of the southern states.

In speaking of the frequency of the disease, I have already intimated that a large majority of the cases terminate fatally. This disease, so frequently affecting negro children, is said, rarely, if ever, to terminate favorably. The disease in our climate, produced by some injury, constituting the traumatic tetanus, is fatal, except in rare instances, where the disease is not fully developed, where the paroxysms of spasm are mild and infrequent, and where it partakes of the chronic form, as it has been quite inappropriately termed, appearing late after the injury. In this, I know I am exposed to attack, by physicians ambitious to report some wonderful remedy or new plan of treatment which they have invented or applied, and which has thus far given evidence of great promise. It is not so dangerous to be attacked in our opinions by doctors, who lose no cases of tetanus, or croup, or similar diseases, usually fatal in other hands, as to be doctored by them. That the disease does sometimes, in the milder cases, terminate favorably, there can be no doubt; that it will do this, independently of any medication, may be also abundantly demonstrated.

I do not desire to say that medicines exert no mitigating influence, and that all cases have a direction, which proper medication cannot, and does not, change, but rather that the acute cases are, in great majority, fatal, while those of milder character do sometimes recover.

Perhaps I shall be pardoned for digressing sufficiently from the rule under which I write, to speak briefly of the pathology of tetanus, since treatment cannot be properly considered independently. This will open up a field for inquiry and research, so extensive, I fear I shall be led from my purpose, and trespass upon your time and patience.

The most common view of that form of tetanus which follows some wounds, is, no doubt, that the exaltation of spinal nerve force, upon which the tetanic phenomena depend, is the result of continuous irritation of some

afferent nerve at a remote point. Of this view, Dr. Marshall Hall, is, perhaps, the most distinguished exponent. Many facts are cited, which strongly favor it. On the other hand, there are many difficulties it does not meet. We have no proof that mere local irritation of a nerve is capable of producing such a condition of the spinal cord, as that which we see in this remarkable disorder.

Some pathologists have, therefore, been led to suppose that this condition may possibly be brought about, not through the nerve at all, but through the blood, and may be due, in fact, to the development and introduction into that fluid of some morbid poison. These are the two theories which divide medical opinion on this subject. Wm. Bull, upon the supposition of blood poison, and with the view that the poison resembled strichnine in its physiological action, in the summer of 1853, endeavored to put this question to the test of experiment. The method followed was identical with that proposed by Dr. Marshall Hall for the detection of strichnine.

An aqueous solution of the spinal cord of a man, who had died of tetanus, was carefully made. A portion of blood was also prepared from the same man; into each a frog was placed, as in a bath. Alcoholic extracts from the same cord were also injected into the cellular tissue of other frogs, and introduced under the integument; although the results were entirely negative, yet this question of blood poison is still open for consideration.

Whatever might have been the fate of the doctor's frogs, it would not seem capable of giving us any proof upon the question of blood-poisoning in tetanus, had they died suddenly, and in spasms; and this question, no less difficult to decide, presents itself: Was it tetanic poison, or dead animal poison? I can readily conceive that these wounds, though often apparently healthy, are yet the laboratory, where chemical changes are taking place, and poisonous compounds eliminated, resembling those morbid products, which are known to exist soon after the extinction of life; that there is, indeed, a partial death of the parts, and that it is subject, in more or less degree, to chemical changes, which are supposed to produce, in animal decompositions, the most virulent and fatal poisons of which we have any knowledge.

Objections, I am aware, may very properly be urged: that wounds heal, and are, to all appearance, healthy, before any symptoms of tetanus appear; that we have no known products of animal decomposition, which produce anything of tetanic convulsions; that the nervous system seems alone to suffer; and other objections of equal weight and importance; but none, so far as I am aware, unanswerable, or fatal to this hypothesis, which certainly

is not capable of demonstration, and even may be regarded by many as not the most probable.

"Considering how signally our present modes of practice fail in this dreadful malady, it is not creditable, if no efforts be made to gain some deeper insight into the nature of this disease, to go on with a repetition of the old remedies, while one after another of our patients die under our care, and not at the same time do all in our power to gain some new and clearer views of the essence of the disease, is not the part of men, whose office is to save life, and who are earnest in their vocation. New theories should be advanced; more searching methods instituted, and deeper research made, since common observation has taught us all it can teach."— *Wm. Bull.*

Post-mortem appearances fail in throwing any very strong light upon us in this darkness. The nerves leading to, or from, an injury which has been followed by tetanus, are often in no way effected other than in wounds, followed by no such results. The spinal cord is sometimes affected with irritation, congestion, or effusion. That this is not the *cause* of the disease, but only the *results* or *effects*, seems highly probable.

The wounds themselves, however, are often unhealthy, and the source of unhealthy discharges. The only cases which have fallen under my observation were excellent examples and illustrations of this fact. In one, there was a slough of the integument, and final separation of the bones of the finger; in the other, Dr. Wyckoff and myself found a discolored and changed appearance in the cellular tissue, immediately surrounding the wound, without appearance of healthy inflammation and ulceration, though the splinter of wood, which was the cause, remained eight or nine days, when it was removed by Dr. Wyckoff, at his first visit.

Before speaking of the remedies useful in this disease, I will say that, perhaps, there is no disease in which curative and preventative measures have been more extensively used than tetanus, and none in which greater difficulty existed in determining what influence they exerted. With our ignorance of the pathology of tetanus in consideration, we are not surprised that the treatment in many cases is strictly empirical. Neither do we wonder that the most opposite remedies have been occasionally used with apparent success; and, each, in turn, rejected, as unworthy of confidence. The success of our remedies, when applied in the treatment of diseases, which naturally terminate fatally, is more easily estimated. In the influence of remedies in malignant diseases, few are mistaken.

In our ignorance of the inner nature of this disease, and any remedies, which apply as specifics, we must consider the symptoms, constituting, as they do, plain indications for treatment.

It is of the greatest importance, first to remove any exciting cause; but amputations, and all severe operative measures should be avoided; it has never been justified by favorable results, though formerly extensively adopted.

To abate or control the tetanic spasm, all the narcotics and antispasmodics have been perseveringly and faithfully tried. More recently, chloroform and ether have been claimed as most worthy of confidence.

While I deny its ability to prevent the regular return of the spasm in all cases, yet I am ready to admit, that at present, it does really promise us very much. How much, is yet to be determined. I have found, that though a patient is fully under the influence of chloroform, the spasms recur at about the same intervals; the depressing influences of both the disease and chloroform are conjoined, and it still remains to be satisfactorily shown, that anæsthetics are serviceable and safe.

It must be certain that much depends, in these cases, upon the faithful administration of *food*, *stimulants*, *tonics*, and *anodynes*. With their timely aid, cases which show any opportunity for their effects, will be greatly sustained, and chances for favorable termination increased.

Dr. BUTLER reported a case of *Purpura Hæmorragica* occurring in a nursing child six months old. The kidneys were shown the Association. The history was as follows:

Dr. Butler saw the child early in January; it was pale and waxen in appearance, having a branny eruption on the lower part of the neck, extending to between the shoulders. A simple lotion was ordered, with cod liver oil internally.

On January 15th his attention was called to the eruption on the neck, which had assumed a scarlet appearance, and was inclined to bleed.

Applied mr. tinct. iron, with iron internally.

January 20. Attention called to the child on account of diarrhœa. Hydrag cum creta improved the bowels. The mother called attention to large bruises on both sides of the head, and posteriorly, on the occipital bone, saying the child had fallen from the bed during the night, and supposed it was due to that. An examination of the body revealed spots on the arms, back, legs and foot, of bluish color, resembling bruises.

Dr. Rochester saw the child, and agreed with Dr. Butler in pronouncing it, unmistakably a case of purpura hæmorragica.

Treatment. Gallic acid gr. j, with brandy every four hours. This seemed

to make a feeble impression for a few days, but the child gradually sank, and died January 28.

Post-mortem, four days after. No decomposition or smell apparent; external appearance, as during life, pale, with blue and purplish spots on the head, chin, neck, arms, fingers, legs, feet, and on the back, near spine; none on abdomen, or thighs; the abdomen and chest only examined; the skin cut dry, not a drop of blood exuded; lungs healthy, though considerably collapsed; heart and liver healthy; gall bladder, full of greenish yellow fluid; spleen, perhaps, slightly enlarged, of a dark purple color, no spots, normal in appearance. Found both kidneys diseased, being much engorged with blood in the centre, or pelvis, the left more than the right. The vessels at the apex, and around the left, much congested.

Remarks. This case is, perhaps, a little peculiar, beginning in a scurfy desquamation on the neck. Purpura hæmorrhagica is described as generally commencing on the legs. After the discharge of blood began it did not cease; no cough, no blood oozed from mouth, gums, or vagina. Eberle, in his practice, mentions having seen but one case, occurring in a child seven years of age, recovered. "Dr. Habershon saw five cases in his practice, three of them fatal. Found the spleen diseased in all the cases, of a dull red color, studded with pale yellow spots." Condie remarks, that it is of more frequent occurrence before than after puberty; and attacks those in badly ventilated rooms, badly fed, &c.

Dr. JANSEN reported a case of gonorrhœa in a male child, four years of age. He had a discharge, which was apparently gonorrheal, with swelling of the parts, and phymosis. Cold dressings were first applied without benefit. Warm water dressings were then substituted, which relieved the inflammation. The patient recovered in a few days. Dr. Jansen enquired if any members of the Association had seen cases of gonorrhœa at this early age.

Dr. TREAT had seen a discharge in female children which closely resembled gonorrhœa.

Dr. WHITNEY had seen an undoubted case of gonorrhœa in a child four years old.

Dr. FLINT, Jr., remarked that there was a disease of female children, which was not very uncommon, which consisted in a discharge from the genital organs, much resembling gonorrhœa. Authors stated that it was difficult, in

some cases, to distinguish between this infantile leucorrhœa and gonorrhœa. He had been called upon to treat a case, which was supposed to be a gonorrhœa, contracted from a boy, who was accused of having violated the patient, a little negro girl, six years old. The boy was indicted for rape, and in his testimony, Dr. Flint stated that doubt would arise in the case, and that it would be almost impossible to pronounce, with certainty, that the disease was gonorrhœal. The boy was examined about ten days after the alleged violation, and was found healthy. The other circumstances of the case, however, were sufficient to convict the prisoner. This case yielded in the course of three or four weeks.

Dr. NEWMAN mentioned that there had been a discussion of this subject in the English journals some time ago. Parties had been arrested on suspicion of having committed rape upon children, and were nearly convicted, upon the testimony of the children themselves, when medical investigation brought to light the fact, that infantile leucorrhœa was an epidemic in that neighborhood. He thought that the readiness with which the disease yielded to treatment, was a valuable diagnostic sign; cases of leucorrhœa yielding in a few days to simple measures, and gonorrhœa continuing for weeks.

Dr. WILCOX had seen three cases of infantile gonorrhœa. In one case, the eye was lost from gonorrhœal opthalmia, and the patient had gonorrhœal rheumatism. In one of the remaining cases, the patient also had gonorrhœal rheumatism; and in the other, he had every reason to be confident in his diagnosis.

Dr. BUTLER mentioned an ordinary case of gonorrhœa, in which the discharge persisted for a long time, but finally stopped, when the irritation of the flannel shirt was removed; the discharge was, he thought, kept up by the contact of the red flannel.

Dr. WILCOX presented to the Association a small iron chain, ten inches in length, which had been accidentally swallowed by an infant, and was passed *per anum* on the following day without inconvenience.

Dr. MINER mentioned the case of a person who had swallowed an ordinary pin, which came out at the knee six months afterwards.

Drs. Rathbun and Whittaker were proposed for membership.

The Association then adjourned.

AUSTIN FLINT, JR., M. D.,
Secretary.

ART. VI.—*A Treatise on Human Physiology. Designed for the Use of Students and Practitioners of Medicine.* By JOHN C. DALTON, JR., M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York; Member of the New York Academy of Medicine; of the New York Pathological Society; of the American Academy of Arts and Sciences, Boston, Mass.; and of the Biological Department of the Academy of Natural Sciences, of Philadelphia. With two hundred and fifty-four illustrations. Philadelphia: BLANCHARD & LEA. 1859.

Although the mode of investigation of physiological phenomena, and, in fact, much of the general aspect of the science has been materially changed within the last few years, this department of our science has always seemed to us most seductive, whether theorized upon, as by the older physiologists, or studied with the rigorous experimental investigations of those of our own day; and we regardthe scientific life of a man wrapped up in physiological studies, and making advances in the mysterious workings of the animal organism, as one which can leave the most grasping mind nothing to desire. The field is so boundless; the paths which lead from it to kindred studies, so numerous and varied, that occasion is offered for the exercise of almost every quality of the human intellect.

The science of physiology is now most intimately connected with anatomy, chemistry, natural history, and general pathology. Investigations in this direction have, of late, elucidated innumerable disputed points in practical medicine and surgery, and added an interest to obstetrics, which, without this, it could never have offered.

Look back for only a space of thirty years, and see what difficulty the older physiologists experienced, on account of their limited knowledge of minute anatomy. Leeuwenhoec, Muys, Bauer, Fontana, and others, were then applying the microscope to investigations of the tissues, and were publishing most conflicting anatomical descriptions. Take, as an example,the ultimate muscular fibre. In regard to the size, chiefly, these anatomists were at issue. Muys supposed it to be the many hundred times smaller than the finest hair, which is commented upon by Bostock as "too minute to permit us to form any conception of it." Leeuwenhoec stated that they differed in size in different animals, and that the ultimate muscular fibre of the frog were much larger than those of the ox; others thought that it was always of the same size. An hypothesis which was in vogue seventy-five years ago, was, that the muscular fibres were continuous with the nerves. This was supported by no less distinguished a man than Cullen. Boerhaave, Albinus, and other eminent men, thought that the muscles were the same as the tendons, only

that the substance of the latter was more condensed. Bauer, however, made some experiments, which were considered very remarkable. These are described in Bostock's Physiology, a work published in 1825: he thought that the muscular fibres were of the same diameter as the blood globules, and succeeded in reducing the fibre to the blood globule, by depriving both of their coloring matter. He then estimated the diameter of both at $\frac{1}{2000}$ of an inch. Bauer evidently saw the little squares which are in the muscular fibrillæ, but he made his estimate much too large, both for these disks and the blood globules; the muscular disks being in reality about $\frac{1}{10000}$ of an inch in diameter, and the blood globule $\frac{1}{3500}$.

Many are, even now, disposed to complain of the indefiniteness of microscopical assertions; but we conceive that the anatomical facts which the microscope has now established, are definite enough, when compared with the blind investigations fifty years ago.

We have mentioned some of the difficulties which were formerly in the way of accurate physiological investigation, when the world was receiving the light thrown upon this subject by Bichat, to give an idea of the necessity of anatomy to the science of life. Animal chemistry was in about the same state; and, it was this state of things which drove thinking minds into the wild theories which have had their rise and fall. Groping in the dark, as they were in that day, appreciating the importance of the knowledge of healthy vital phenomena to the practical branches, it is not to be wondered that men of genius were fain to reason from assumptions, or ill established data, as there were none other at their disposal. Marching hand in hand with these physiological changes, were the exclusive pathological theories. The solidists, the humoralists, the vitalists, the mechanical theories of disease, the chemical explanations of morbid phenomena, the inflammatory theories, the anæmic doctrine, etc., all had their origin from an effort at simplification and generalization; an attempt to bring the pathology of all maladies under one general rule, as it was attempted to make all physiological phenomena amenable to a general law. As science advanced a little, man, in his self-conceit, must give a definite explanation of all the workings of nature; he could not be content to leave anything unaccounted for; and, therefore, the necessity of refuting every theory, which had a shadow of plausibility, swelled the text books on physiology to a most enormous size. Carpenter's Physiology, which is very much used, grew from a book of five hundred and fifty pages, in 1846, to one thousand and fifty in 1853. A work of this size is too much for students, and, indeed, for practitioners. One who makes physiology his specialty finds it useful as containing nearly all opinions upon

every physiological subject; but can at once see that it is not the book from which a student is to learn. Students who are learning physiology, and practitioners who wish for facts, without wading through endless discussions, need a small book. Prof. Draper has lately published one of comparatively small size, but this, we fear, does not answer the purpose; it is not a sufficiently good exponent of the present state of physiological science, and much room is taken up with the discussion of questions purely theoretical, and which are not to be settled in that way.

The work before us, however, in our humble judgment, is precisely what it purports to be, and will answer admirably the purpose for which it is intended. It is, *par excellence*, a text-book; and the best text-book in this department that we have ever seen. We have carefully read the book and speak of its merits from a more than cursory perusal. The plan of the work is that adopted by the author in his oral teachings, which is the best arrangement of this subject. In the first place, we have an introduction, containing a few general considerations, no more, indeed, than are absolutely indispensable to a correct understanding of the subject as it is presented in the body of the work. In reading this introduction, we are struck with the vigor and originality of mind which characterize all the author's literary efforts. This forcible grasping of the essence of the subject, without unnecessary prelude or useless expressions, will serve to engage the attention of the student in the important truths on which the science is based. These superadditions are often presented, both in text-books and in the lecture room. A deficiency is especially apt to occur in the description of the organic chemical constituents of of the animal organism; we must not look at fibrin, albumen or casien, as so many atoms of carbon, hydrogen, oxygen, and nitrogen, but merely as *fibrin*, etc. This point is forcibly expressed by the author, who says:

"It is the object of the anatomist to make himself acquainted with every constituent part of the body. Those parts, therefore, which cannot be recognized by their form and their texture, he distinguishes by their chemical reactions. But afterward, he has no occasion to decompose them further, or to make them enter into new combinations; for he only wishes to know these substances *as they exist in the body*, and not as they exist under other conditions."

This is the great point, namely, to know these substances "*as they exist in the body.*" It does not convey any very distinct idea to say that albumen is composed of C. H. N. O. S. Ph. in certain properties, for when we look at fibrin, which possesses proporties widely different, no difference in the quantity of these elements can be detected by the chemist; and the chemist, from these elements, cannot reconstruct albumen or fibrin. This is the chemical

division of anatomy; and we employ this to ascertain the chemical properties of these substances, not to decompose them, for, as the author states, we only wish to study them in their actual condition in the body.

The author is equally happy in his enunciation of a principle, which should regulate our study of physiological phenomena. We must not, he says, make phenomena correspond to laws, or neglect a phenomenon because it is not in exact accordance with some so-called law. "For the law is not superior to the phenomenon, but on the contrary, depends upon it, and derives its whole authority from it." This should be the great starting point for all scientific investigations; and with workers who regarded this precept, nothing would be lost, no observations would be useless; but, as it is, we need not say how often phenomena are innocently perverted or neglected, because they do not conform to some law, or even to a preconceived notion. This is, perhaps, more liable to occur in microscopic researches than in any other, for, with this instrument, it is easy enough to see, or imagine to see, almost anything. This introduction occupies but ten pages, but it contains a great deal in that small space, giving an earnest of the manner in which questions will be considered in the body of the book.

The author has divided the study of physiology into three sections. The first treats of nutrition, in all its bearings. The second treats of the nervous system; and the third, of reproduction or generation.

The section devoted to nutrition is, by far, the most elaborate and best digested part of the work. The importance of this subject, in some of its bearings, its relations to practical medicine and pathology, and the brilliant results of investigations which have lately been made in this direction in all parts of the scientific world, have rendered it now, perhaps, the most interesting division of physiology. In this department, the author has distinguished himself both as a writer and teacher, and we venture to hope that America will yet have a considerable share, through Prof. Dalton, in unravelling some of the points which are yet *sub judice*. The author first describes the proximate principles, as they are called by Robin and Verdeil. These he defines in the following way: "A proximate principle is properly defined to be *any substance, whether simple or compound, chemically speaking, which exists, under its own form, in the animal solid or fluid*, and which can be extracted by means which do not alter or destroy its chemical properties." These he then divides into three classes: First, those which are purely *inorganic* in their nature. Second, *crystalizable substances of organic origin*. Third, *organic substances proper*. In the first class, are included those sub-

stances which are found in, and derived from, the external world. In the second class, are included those which make their appearance first in the organic world, and which are crystallizable having a definite chemical composition: as the sugars, and fats. In the third class, are included those which appear first in the animal organism, and which do not have a definite chemical composition; the protein compounds are examples of this class. After a consideration of the particular substances belonging to these classes, with an account of the method of separating them from each other, or their chemical anatomy, we have, following in natural order, the substances by which these are renewed or regenerated in the processes of nutrition, or articles of food. After having considered these substances, we have an account of the processes by which the more complex are prepared for the nourishment of the tissues, namely, digestion.

In following our author through the consideration of the processes of digestion, we find nothing which need detain us in the physiology of mastication, etc., and we come to a consideration of the digestive fluids. The idea that the first of these fluids, the saliva, had a certain action upon the amylaceous articles of food, received much apparent support from the fact, that starch was converted into sugar, by the saliva, in ten minutes, or less, when exposed in a test-tube to a temperature of 100 degrees. Experiments which are cited by Dr. Dalton, however, and which he has himself repeated, show conclusively that, though this action undoubtedly takes place in the test tube of the chemist, it does not result, in the carnivora, in the laboratory of nature. If a dog be fed with starch, and the fluids be drawn off from the stomach, by means of a gastric fistule, it can be detected by the iodine test, for ten, fifteen and twenty minutes after, as starch, and is never changed into sugar in that situation. This fact Dr. Dalton attributes to the admixture of the gastric juice, which prevents the effect which is produced by the saliva in the test-tube. The function of the saliva, then, is purely mechanical; and has not the chemical action which is super-added to this by some physiologists. The mechanical action of the saliva is an established physiological fact, the only disputed point being its action or non-action, in the normal digestive processes, upon starch.

Following, then, the alimentary mass into the stomach, we come to the consideration of the "gastric juice and stomach digestion." After a clear and graphic description of the mucous membrane of the stomach, the author, passing over the numerous theories, which were formerly in vogue in regard to the action of the stomach, commences with the experiments upon the celebrated Alexis St. Martin, the Canadian boatman, in whom there existed a

gastric fistula. Here, in reality, we have the commencement of a proper understanding of the action of the stomach and gastric juice, which has been much advanced by recent experiments upon inferior animals with artificial fistulæ. One of the great benefits which resulted from experiments upon St. Martin, was, that we were shown the value of similar experiments upon the lower animals. Undoubtedly, the experiments which have been made upon dogs with gastric fistulæ would have been made if the case of St. Martin had never occurred; but we would then have been in uncertainty in regard to the analogy which exists between the stomach digestion in dogs and the human race. In regard to the chemical properties of the gastric juice, it was not formerly acknowledged that its reaction was invariably acid; but now this point is definitely settled, and the division of opinion among physiologists of the present day is in regard to the kind of acid which is present. This free acid is now known to be a most important element, and, indeed, indispensable to the solvent property of the fluid. Opinions upon this subject are divided between three substances: the muriatic acid, the lactic acid, and the biphosphate of lime. The latter hypothesis is supported by a French observer, M. Blondlot, who supports his theory in a late number of the *Journal de la Physiologie.* His arguments, however, do not appear to us to be very conclusive. Dr. Dalton is in favor of the lactic acid, which is the opinion of Prof. F. G. Smith, of Philadelphia, MM. Robin and Verdeil, Bernard, and most French physiologists. Bidder and Schmidt, however, and Prof. Dunglison assert that they have always found, in the gastric juice, an abundance of the chlorohydric acid. Dr. Dalton refers to a series of experiments by Bernard, which have shown that the hydrochloric acid, which was detected in these experiments, probably resulted from a decomposition of the chlorides, and that the lactic acid is the free acid, at least in the gastric juice of the dog.

The next in the order of digestive fluids is the intestinal juice. Of this fluid our information is but meagre: it has been found exceedingly difficult, and, indeed, almost impossible, to obtain it in its pure state in sufficient quantity for purposes of study: the author, with commendable judgment, has, in this instance, as in other cases, where the physiology was a matter of speculation, refrained from profitless discussion. The space devoted to the consideration of the intestinal juice does not occupy more than three pages. He shows, however, that this fluid, whatever may be its chemical properties, has a decided and rapid action upon the amylaceous articles of food; a dog which has been fed largely with meat and boiled starch, disposing of all of the latter article in an hour's time.

The emulsifying properties of the pancreatic juice, as demonstrated by Bernard, are next considered; following which, is an account of some instructive experiments by the author, upon intestinal digestion. This subject has been little studied by physiologists; and since the peculiar, and almost exclusive actions of the various digestive fluids upon different elements of food has been demonstrated, as the action of the gastric juice upon the albumenoids, leaving the other elements untouched, dissecting, for example, the areolar tissue from between the fat cells, the action of the pancreatic juice upon the fats, or that of the intestinal fluid upon starch, these functions have been considered rather too exclusive. The gastric juice is generally thought to finish its digestive function in the organ in which it is secreted; but Dr. Dalton has shown, from examinations of the contents of the small intestines, drawn from an artificial intestinal fistula, that the solvent action of the gastric juice operates after the alimentary substances after they pass out at the pylorus. A microscopical examination of the muscular fibre, as it passes down the alimentary canal, shows a progression of the process of disintegration; its anatomical characteristics becoming less and less marked as it descends. In the next chapter, which treats of absorption, we find nothing which attracts our attention as particularly new.

We now come to the consideration of that great organ, which was formerly accused of being the cause of so many disorders, namely, the liver. When we glance for a moment at the physiology of the bile, we will see how vague must have been the pathology of this fluid, when we knew even less of its *rôle* in the animal economy than we do at the present day. Even now it is not uncommon to find physicians who attribute all obscure disorders to the liver; "liver complaint" is still prevalent; and almost every one is "bilious" at a certain time of the year. But let us look at the actual state of our knowledge in regard to the function of the bile, which is admirably expressed in the book before us, and see its bearing upon the pathology of the liver. We do not certainly know whether this fluid is excrementitious, or whether it plays an active part in the economy; physiologists are divided upon this point; and the arguments which would lead us to the first supposition are met by others, which point decidedly to the second. The pathology of a part must have physiology for its basis, and we cannot say that the function of an organ is disordered, when we do not know the nature of that function.

We have examples of advances in the physiology of organs, which are not accompanied by an equal march in pathology, and in none is this more strikingly shown than in diabetes mellitus, and its relation to the newly

discovered sugar producing function of the liver. At the first blush, it would seem that we had made a great advance in the pathology of diabetes, when we discovered where sugar was produced in the animal economy, and where it was destroyed; but we cannot now say that our pathological knowledge of this disease has become much more certain, or that our treatment is less blind or empirical. In regard to the glycogenic function of the liver, which was discovered by Bernard in 1848, it is a curious fact that from time to time, it has been absolutely denied, and experiments have been made tending to show that the liver has no such office; we cannot conceive how any one, who has studied the experiments of Bernard, can have the slightest doubt as to the facts which they established.

We next have a short chapter on the spleen, long enough, however, to give us all that is known of the function of this gland. Though we were enabled, by the researches of Bernard into the glycogenic function of the liver, to view this organ as a ductless gland as well as an ordinary gland, in view of its secretion of bile, very little advance has been made in our knowledge of the other ductless, or blood glands, like the spleen, or *thyroid gland*. Passing over the numerous hypotheses in regard to the spleen, Dr. Dalton is disposed to regard its function as connected with that of the abdominal lymphatic glands; he considers the spleen "as an unusually developed lymphatic, or mesenteric gland."

The remaining chapters of section first are devoted to the blood, respiration, animal heat, circulation, and secretion. It is not our purpose to follow the author through his consideration of all these subjects; some of the disputed points only, and but few of these, will engage our attention.

In reading the chapter on respiration, we were disappointed in not finding more definite statements in regard to the relative quantities of oxygen and carbonic acid in the arterial and venous blood. Magnus, whose *tables* are quoted by every author on physiology, is here referred to, in regard to the proportion of oxygen to carbonic acid in arterial and venous blood. It is an important point, however, to determine whether there is more carbonic acid in venous or arterial blood. By almost all authors, Magnus is quoted as giving more carbonic acid to the venous blood; but Robin and Verdeil quoting directly from the work of Magnus, say that there is *actually more carbonic acid in the arterial than in the venous blood.*

"The carbonic acid contained in the blood would occupy, in a gaseous state, a space varying from a third to a fifth of that occupied by that liquid. After Magnus, there is more of it in the arterial blood than in the venous blood, in the proportion of 6.49 cubic *centimètres* in 100 in the arterial

blood, to 5.50 cubic *centimètres* in the venous blood, that is to say, in the proportion of 0.99 gram, or one-fifth in favor of the arterial blood, which gives 0.123 grams in 100 in the arterial blood, and 0.104 grams in the second. As already, there is more oxygen in the proportion of 2.41 or 3 to 1.20, and of azote in the proportion of 1.51 to 1.00, we see that there is more gas in the arterial blood than in the venous blood."

This is a literal translation from the work of Robin and Verdeil, and the figures are deduced from the tables of Magnus, which are there quoted from his original work. We do not propose to go into the physiological significance of these facts, but have quoted them as in opposition to the assertion of nearly all physiological writers, who generally quote Magnus, as showing exactly the reverse. We were surprised that Dr. Dalton, in referring to the work of Robin and Verdeil, did not give attention to this point.

Passing now to circulation, we find an important point of issue in the theory of the production of the sounds of the heart. The mechanism by which the second sound is produced, is now definitely settled; but that of the first sound is still under discussion. The view of Dr. Dalton, in reference to the production of the first sound, is undoubtedly correct as far as it goes, but the observation of Prof. Austin Flint upon this point, which appeared but a few weeks ago in the transactions of the American Medical Association, seem to throw more light upon this subject. According to Dr. Dalton, the first sound is "dependent *altogether* upon the closure of the auriculo-ventricular valves," as the second sound is experimentally demonstrated to be dependent upon the closure of the aortic and pulmonary valves. There is no doubt, in our mind, that the closure of the auriculo-venticular valves is *one* of the means of production of the first sound; and the anatomy of these valves (their greater length) accounts sufficiently for the difference in pitch between the two sounds, but it is not sufficient to account for the great difference in duration. Prof. Flint, by a series of observations upon the healthy chest, has resolved the first sound into two elements, a valvular element, which alone exists in the second sound, and an element of impulsion: he is able to separate these two elements by ausculting in the erect and supine position, the latter removing the heart from the thoracic parietes, or by interposing some soft substance, like a few folds of a handkerchief, between the pectoral extremity of the stethescope and the chest. In this way, when the impulsion element of the first sound is eliminated, the first sound is of the same duration as the second, but invariably lower in pitch; the first sound, also, has the valular quality, which is so marked in the second. These observations appeared while Dr. Dalton's work was in press. The movements of the heart are very accurately described, and agree with the

first description, as given by Harvey. At each contraction, the heart elongates, hardens, the apex is pushed forward, it moves slightly from left to right, and rotates from left to right. These movements are described differently by some authors; but a careful examination of the heart, exposed in a living animal, will demonstrate them.

A consideration of the different secretions finishes section first, and the rest of the work is devoted to the nervous system and reproduction.

We have already occupied as much space in this review as the plan of our journal permits us to devote to a single work, and we had intended, indeed, to devote most of our attention to the chapters upon nutrition, because here the author is particularly clear and original; the statements which he has here made are most of them deduced from experiments, which are generally described, and can be repeated by those interested in this subject. The physiology of the nervous system is by no means as interesting as that which we have just finished; and the author is evidently of our opinion, for here he is much less elaborate. We have, however, in this section, the subject presented in a clear and forcible manner, and an account of most of the experiments which have been made in this department, and which have developed important facts. But, passing to reproduction, the interest with which we studied the processes of nutrition in section first is revived. We can forgive the author for being a little meagre in section second, for the subject itself is barren; there is, also, a cruelty in the experiments on this subject, which makes a person of tender sensibilities unwilling to pursue it by means of vivisections.

The author commences the section on reproduction, with a consideration of its nature, and a description of the different modes by which it is accomplished; then follows a discussion of the subject of spontaneous generation; an idea which is now almost universally abandoned. We then come to "sexual generation," and the mode of its accomplishment. Following the processes of sexual generation in plants, and in the lower orders of animals, we finally come to the generation in those of a higher grade, the anatomy and production of the egg by the ovaries in different classes of animals, with a similar account of the male organs of generation and their product Rising in the scale of being, we see the important bearing of the corpus luteum, and the changes impressed upon it by the fecundation or non-fecundation of the ovum; in other words, the corpus luteum of menstruation and pregnancy. The investigations into this subject, in which the differences between the corpus luteum of menstruation and of pregnancy were so clearly established, are sufficiently familiar to the profession, as forming the basis of

an essay, to which the prize of the American Medical Association was awarded some years since.

The section on generation is, throughout, as complete as could be desired, and is the best digest of the subject we have ever seen. We were especially struck with the author's description of the anatomy of the placenta; having in view the varied and obscure description which we have of this organ in most text-books on physiology, we studied Dr. Dalton's account with a great deal of attention, and are convinced that no student can peruse that chapter, without having a perfectly clear idea of the subject. The anatomical view which Dr. Dalton adopts is experimentally proven by him, and leaves no room for doubt, as to its reliability. The fœtal tufts, which are the enlarged villi of the chorion, during the third month, have considerably enlarged, and become branched in the uterine follicles; this enlargement continues until the capillaries surrounding the uterine follicles become fused together, and form sinuses, which receive the enlarged tufts of the chorion, and each enlarging in opposite directions, the walls of the sinuses and the walls of the tufts become adherent, so that it is impossible to separate them without rupture. There is, however, no absolute connection between the two systems of vessels; the processes of interchange between the mother and the fœtus, which are so indispensable to the development of the latter, go on, by endosmosis, through an intervening membrane.

The fact that there is no connexion between the maternal and fœtal uterine vessels, is capable of demonstration if we can obtain the uterus of an undelivered woman at full term. One author has had four opportunities of this kind, and has demonstrated the facts which we have just stated. In these experiments, he removed the uterus from the woman, and found the placenta still firmly attached.

"Let the fœtus now be removed, by dividing the umbilical cord, and the uterus, with the placenta attached, placed under water, with its internal surface uppermost. If the end of a blowpipe be now introduced into one of the divided vessels of the uterine walls, and the air forced in by gentle insufflation, we can easily inflate, first, the venous sinuses of the uterus itself, and next, the deeper portions of the placenta; and lastly, the bubbles of air insinuate themselves everywhere between the fœtal tufts, and appear in the most superficial portions of the placenta, immediately underneath the transparent chorion; thus showing that the placental sinuses which freely communicate with the uterine vessels, really occupy the entire thickness of the placenta, and are equaly extensive with the tufts of the chorion."

These experiments demonstrate, beyond a doubt, the extent of the uterine sinuses, and the fact that there is no direct communication between the blood of the mother and the blood of the fœtus.

The remainder of this section is devoted to involution of the uterus and the processes of development of the embryo. This part of the subject is extremely interesting, but we have not the space to extend our analysis.

Looking back upon the work we have just finished, we must say a word concerning the excellence of its illustrations. No department is so dependent upon good illustrations, and those which keep pace with our knowledge of the subject, as that of physiology. The wood cuts in the work before us are the best we have ever seen, and, being original, serve to illustrate precisely what is desired. Authors have been in the habit of drawing too exclusively upon the mass of wood cuts which are in the possession of medical publishers ; cuts must be original, to illustrate to the entire satisfaction of the author, unless his work be but the merest compilation. There is no such objection to be made to the work before us; for of two hundred and fifty-four illustrations, two hundred and forty-three are engraved from the original drawings of the author, and many of them are more graphic than any we have ever seen. As the author says in his preface, in the departments of the nervous system and reproduction "simple, clear, and faithful illustrations are indispensable for the proper understanding of the printed description," and in this he has most admirably succeeded.

ART. VII.—*Selections from Favorite Prescriptions of Living American Practitioners.* By HORACE GREEN, M. D., L.L. D., President of the Faculty, and Emeritus Professor of the Theory and Practice of Medicine in the New York Medical College; Corresponding Fellow of the London Medical Society; Member of the American Medical Association, etc. New York: WILEY & HALSTED, 351 Broadway. 1858.

A number of these prescriptions have already appeared in the pages of the *American Medical Monthly*, to which some have been added, and the whole is published in a neat octavo of two hundred pages, by Wiley & Halsted, of New York. The mechanical execution is admirable, and the work itself, though rather of a novel character, will undoubtedly be quite useful, as many of the formulæ are in constant use by our most eminent practitioners. There is, however, a tendency in it to lead to a routine, in place of a practice in accordance with the great principles of our science.

ART. VIII.—*Report of Mortality in Buffalo for the Month of Jan.*, 1859.
By P. H. STRONG, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Abscess of Liver,	1	1		
Accidental,				
By Burning Fluid, 1				
By Drowning, 1				
By a Falling Tree, 1				
By Falling down Stairs, 1				
Poisoned by Opium, 1	5	3	2	
Anæmia,	1	1		
Apoplexy,	3	2	1	
Acute Bronchitis,	1	1		
Cholic, (Painter's,)	1	1		
Cancer,	1		1	
Congestion of Lung,	2	1		
Congestion of Brain,	2	1	1	
Consumption, (of which 7 were certified by undertakers.).	15	7	8	
Convulsions, Infantile, (of which 8 were certified as (fits) by undertakers,)	15	10	5	
Croup,	6	3	3	
Debility, Infantile,	3	2		1
Delirium Tremens,	1	1		
Diarrhœa, Infantile,	2		2	
Dropsy,	2		2	
Dropsy of Pericardium,	1		1	
Dropsy in the Brain,	3	3		
Dysentery,	1		1	
Fever, Congestive,	1	1		
" Inflammatory,	1	1		
" Puerperal,	1		1	
" Scarlet,	5	3	2	
" Typhoid,	2	1	1	
Fistula in Perineum,	1	1		
Frost Bitten,	2	1	1	
Heart, Disease of,	3	2	1	
Hæmorrhagica Purpura,	1		1	
Hooping Cough,	2	1	1	
Hypertrophy of Liver and Spleen,	1	1		
Inflammation of Brain	4	2	2	
Inflammation of Bowels,	1	1		
Inflammation of Lungs,	5	3	2	
Inflammation of Stomach, Chronic,	3	1	2	
Intemperance,	1		1	
Marasmus, Infantile,	2	1	1	
Old Age,	5	1	4	
Ovarian Tumor,	1		1	
Paralysis,	1	1		
Pericarditis,	1		1	
Peritonitis,	1	1		
Premature Birth,	1		1	
Pyemia,	1	1		
Rheumatism,	2	1	1	
Still Born,	3	2		1
Stomatitis Materna,	1		1	

REGISTER OF MORTALITY—CONTINUED.

DISEASES.	No.	Males.	Females.	No Sex given.
Small Pox,	3	3		
Suicide by Hanging,	1	1		
Unknown,	5	4	1	
Total,	128	73	53	1

Of this number there were certified by Undertakers,	30
" " " " by Coroner,	9
Died at the Almshouse,	5
" Hospital of the Sisters of Charity,	4
" Foundling Asylum,	

SEXES.

Males,	73
Females,	53
Sex not given,	2
Total,	128

AGES.

Still-born,	3	Between 20 years and 30 years,	10
1 day,	0	" 30 " " 40 "	10
1 day and 30 days,	8	" 40 " " 50 "	15
Between 1 month and 6 months,	18	" 50 " " 60 "	8
" 6 months and 12 "	8	" 60 " " 70 "	5
" 1 year " 2 years,	6	" 70 " " 80 "	7
" 2 " " 5 "	16	" 80 " " 90 "	0
" 5 " " 10 "	6	" 90 " " 100 "	0
" 10 " " 15 "	1	" 100 "	0
" 15 " " 20 "	6	Unknown,	1
Total,			128

NATIVITIES.

American,	85	French,	3
German,	17	Holland,	0
Irish,	18	Swiss,	1
Canadian,	0	Prussian,	0
English,	4	Italian,	0
Scotch,	0	Country not given,	0
Total,			128

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

The Cessation of the Elimination of Odors a sign of Bright's Disease.—M. De Beauvais read a paper on the "Deficent Elimination of Odorous Substances through the Urine in Bright's Disease," at the meeting of the Academy of Sciences, October 25th, from which we take the following conclusions:

"Odorous substances, fixed or volatile, do not pass by the urine in confirmed cases of Bright's disease, so long as the coloring matters are eliminated. Since 1849 I have continued my experiments with the juice of asparagus, or with the essence of turpentine. I have repeated them, without interruption, on a great number of subjects, at different stages of albuminuria, in the service of Prof. Rostan, during my residence as *interne* in Hotel Dieu, in 1854, '55, and 56. In the convulsions of children, as in those of pregnant and lying-in-women; in scarlatina complicated with anasarca; in diseases of the brain; in neuroses; in paraplegia with lesion of the genito-urinary organs; in organic affections of the heart, liver, lungs, kidneys; in purpura, scurvy, diabetes, fevers, phlegmasiæ, diseases of the skin; in the principal cachexiæ, and cholera, I have easily determined, by the aid of this particular sign, if albuminuria was connected with the existence of lesions belonging to Bright's disease. Indeed, I repeat the fact that the suppression of the function of eliminating odors does not take place, except in this affection exclusively. It is constant, absolute, incurable. The following example demonstrates this:

"In a man attacked with Bright's disease, whom I treated for five years, I never saw the passage of odors reäppear in the urine, in spite of the general dropsy and the notable diminution of the albumen, and the real amendment of the constitution.

"*Deductions.*—Albuminuria may, then, in these cases, cease for a longer or shorter time, but the passage of odors is never reëstablished—a capital fact, which demonstrates the persistence of the lesions, and the impossibility of the radical cure of Bright's disease. The autopsies made at Hotel-Dieu sustain us in stating that this functional trouble coincides almost always with anatomical lesions of the second stage of Bright's disease. In a pathological view, the suppression of this curious function, observed exclusively in Bright's disease, proves the speciality of this affection, and the

morbid changes which are peculiar to it. In a physiological view, this abolition of elimination of odors confirms the importance and the nature of the *rôle* of the cortical substance, in the secretion and elaboration of the urine. I regard to prognosis and therapeutics, this particular sign reveals at once the gravity and fatal incurability of the confirmed disease.

"*Conclusions.*—With these premises, I lay down the three following propositions: 1st. The deficiency in the elimination of odorous substances by the urine is an exclusive sign pathognomonic of Bright's disease. 2d. This new sign, well ascertained, confirms, at the first view, the value of the symptom, albuminuria, the degree and the nature of the corresponding anatomical lesion. 3d. In default of albuminuria, a capital symptom, or of characteristic dropsy, the absolute suppression, incurable from the passage of odors in the urine, imposes on us at once the diagnosis, prognosis and treatment.—*Cincinnati Lancet and Observer.*

Experiments on Digestion.—Dr. Geo. Harley read a communication on this subject before the Section of Physiology of the British Association for the Advancement of Science, at its late meeting in Leeds.

The communication was illustrated by numerous experiments showing the properties of the saliva, the gastric juice, the bile, and the pancreatic secretion. The author stated that, contrary to an opinion lately published by Bernard, he had found that the human saliva contains both sulphocyanide of potassium and iron. The latter substance, however, can only be detected after the organic matters contained in the secretion are destroyed by burning. Dr. Harley had ascertained that a person of nine stone secreted between one and two pounds of saliva in twenty-four hours. The gastric juice, the author said does not destroy the power possessed by the saliva of transforming starch into sugar; consequently, the digestion of amylaceous food is continued in the stomach. The gastric juice has the property of changing cane into grape sugar. The author made some remarks about the cause of the gastric juice not digesting the living stomach; and said that his experiments showed that it is not the epithelium lining the organ which prevents its being digested, but the layer of thick mucus which covers its walls. When the latter substance is absent, the gastric juice attacks the wall of the living stomach, and digests them, causing perforation and death. As regards the bile, it seems that this secretion takes an active part in rendering the fatty matters of our food capable of being absorbed into the system. The most curious of all the digestive fluids, however, is the pancreatic secretion, for it unites in itself the properties of all the others. It not only transforms starch and other such substances into sugar, but it emulsionizes fats, and even digests protein compounds. As a remedy in indigestion, pancreatine should be greatly superior to pepsine, which can only digest one kind of food, namely, protein. The author said he had been laboring to obtain pancreatine in a perfectly pure state, and had been to a certain degree successful. With pancreatine, we should be able to digest any kind of food we pleased; and, therefore, the obtaining of it in a sure state of purity would be an invaluable boon to suffering humanity.—*British Med. Journal*, from *Amer. Journal Med. Sciences.*

On the Quantity of Oxygen contained in the Venous Blood of the Glandular Organs, in the state of Function and that of Repose; and the employment of Carbonic Oxide for the quantitative determination of Oxygen in the Blood. By M. CLAUDE BERNARD. From the Proceedings of the Academy of Sciences, (Paris,) September 6, 1858. Translated for the Record, by D. F. WRIGHT, M. D.

In a communication made to the Academy in the February of the present year, I showed that in its normal and physiological state,* the venous blood of the glands is scarlet, when those organs are discharging the products of their secretion, and black, when the same organs, being in a state of repose, are discharging nothing. In another communication, made on the 9th of August, I showed by what physiological mechanism two orders of nerves determined by their influence the variations of color which supervene in the glandular venous blood.† To-day I purpose to examine the chemical modifications of the blood, which are associated with its changes of color in some one vein.

But I ought to explain that we are not here engaged in a chemical analysis of the blood. In this examination of the various kinds of venous blood from the glands, the only question will be the relative determination of the oxygen, which is the gas to which has always been attributed the red color

*In the physiological state, the excitation of the secretor nerve (*nerf secréteur*) is always accompanied by an acceleration of the circulation, and with a scarlet coloring of the venous blood. These phenomena are the more marked in proportion as the organ is smaller, and more independent, from the distribution of its vessels, of the circulation in the neighboring organs. I know no other gland where the phenomena are more distinct than in the submaxillary gland of the dog, which fulfills all these conditions. But to provide against erroneous impressions regarding these various phenomena, I will remark that the sum of what I have said proves clearly that this red coloring of the venous blood is a consequence of the action of the nerve which accelerates the circulation, and not a cause of the secretions, since it continues after the division of the sympathetic nerve without secretion taking place; and to the same purpose we observe that if an obstacle be offered to the passage of blood through the glandular vein at the same time that we excite the secretor nerve, the secretion can again take place, though the blood, accidentally retarded in its course, is not able to retain the scarlet hue. In certain voluminous glands, as the parotid of the dog, the blood has greater difficulty in entirely renovating itself, in consequence of its volume, and in consequence, moreover, of the communication of the glandular veins with the neighboring muscular veins, which furnish a blood excessively black during the masticatory movements of the animal. Thus it has not yet been possible to demonstrate the the phenomena in that gland, though it exists, but masked by the circumstances I have pointed out. Thus, in discriminating between the cause and effect, we see that the essential physiological action of the secretor nerve is to accelerate the circulation, and to render the venous blood red when this acceleration is as intense as possible; and there is no reason at all for seeing contradictions to this principle in the less marked presentations of the phenomenon, when these are the results of circumstances altogether secondary.

† Thus far I have pursued my researches in regard to the nerves which accelerate and retard the capillary circulation, and I have discovered that these two orders of nerves are not met with in the glands alone, but that they exist in other parts of the body. I have established, especially in the dog, that some filaments of mylo-hyoid branch of the inferior maxillary trunk of the fifth pair accelerate the circulation in the vessels of the face. I shall in due time give these experiments, when occupied successively in the phenomena of the local circulations, which are at present so little understood.

of the blood. And again, I should not have felt justified in thus encroaching upon the domains of the chemist, if I had not found it necessary to employ (for considerations purely physiological, as will be seen) a new and very simple method of determining the oxygen in the blood.

I have now for about ten years been making experiments relating to the poisoning of animals with carbonic oxide, which I repeated in my course at the College of France, in 1853 and 1856.* Now, in studying the toxical action of carbonic oxide on the blood in the living animal, I arrived at the discovery that this gas poisons animals rapidly, because it instantly displaces the oxygen of the blood-globules, and cannot afterwards be displaced by the oxygen of the air; whence it follows that the blood-globules being, as it were, paralyzed, became incapable of absorbing oxygen, and circulate as inert bodies, without being able thenceforth to sustain life. If all the blood globules are contaminated with a sufficient quantity of carbonic oxide to displace all their oxygen, death is almost instantaneous, and life can no more be recalled by artificial insufflation; if a part of the blood has escaped the deleterious action, the death may be more slow, etc.

In a word, I considered the eminently toxical action of carbonic oxide as the consequence of its energetic affinity for the matter of the blood globules.

In fact, carbonic oxide has more affinity than oxygen, for the blood globules, since carbonic oxide rapidly displaces the oxygen, while the oxygen is incapable of replacing in its turn the oxide of carbon.

It is the peculiar toxical property of carbonic oxide, the principal of which I believe I was the first to discover, that conducted me, by a natural inference, to its employment in displacing the oxygen of the blood. This method offers the advantage beyond the ancient modes, of being at once very rapid and more accurate, because, from that very toxical action which carbonic oxide has been found to exercise upon the blood, those causes which occasioned the disappearance of oxygen during the experiment are obviated.

During the last two years, I have employed this method in a great number of researches, and last winter in my course, which had for its principal subject the study of the blood, I developed in public the advantages of this method of analysis by corrobating it with numerous experiments, which were executed by M. Leconte, and which were instituted for the purpose of determining the relative quantity of oxygen in specimens of blood from the different organs of the body.

I will explain in a few words how I operate: I draw off the blood from the vessels by means of a graduated syringe, and I make it pass rapidly, with the aid of a bent iron canula, through a graduated tube of glass, placed over mercury, and previously filled with carbonic oxide gas. I thus obtain the blood protected from the contact of the air. As soon as the blood is introduced, I agitate it rapidly, in such a manner as to effect complete admixture, and to prevent coagulation. I maintain the contact of the blood with the carbonic oxide during an hour amd a half, at a temperature of from twenty to thirty degrees, (68° to 86° Fahrenheit,) taking care to agitate the vessel two or three times at intervals during that period. The total volume of gas

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*Notes of M. Bernard's Lectures on the Blood. With an Appendix by Walter F. Atlee, M. D. Philadelphia: 1854, pp. 19 a 22. Lecons sur les Effets des substances toxiques et medicamenteuses. Paris: 1857.

is ordinarily unaltered, since the carbonic oxide displaces the oxygen volume for volume.*

Under the influence of the carbonic oxide we see all the kinds of blood assume the same persistent vermillion tints, which I have long ago pointed out as characterizing the action of carbonic oxide on the blood, whether circulating in the vessels of the living animal under treatment, or separated from the body.†

I am in the habit of employing for each experiment twenty-five cubic centimetres of carbonic oxide and fifteen cubic centimetres of blood: with this quantity of gas, all the oxygen of the blood may be displaced. We can ascertain this fact by making a new addition of carbonic oxide; and in this second admixture we find no further sensible evolution of oxygen.

To analyze the resulting gaseous mixture in which the displaced oxygen is contained, we observe the methods already in use: the carbonic acid is separated by potassa, the oxygen by pyrogallic acid, and the residuum of carbonic oxide is estimated through its transformation into carbonic acid by the electric spark.

After this preface—a long one, I admit, but, as I believe, necessary—I arrive at the essential object of my communication, which is to ascertain whether the red venous blood from the gland contains as much or more oxygen than the black blood from the same source. I have concluded that it was necessary so to state the question. To explain: in the actual state of our knowledge, we are only able to make two hypotheses relative to the cause of that vermillion coloring of the blood which flows from the gland when in function, with an activity so great that, as we have said, it is affected with pulsations like the arterial current when the reäction is very intense. We may suppose that the red venous blood is simply arterial blood which has passed the capillaries so rapidly as not to have had time to become properly venous, that is to say, to give off its oxygen so as to receive carbonic acid in its place. Or we may just as well admit that the red venous blood is ordinary venous blood, with this difference, that it is venous blood which does not continue black, because, having become venous at the moment of secretion, it disposed of its carbonic acid by the glandular excretion, which otherwise would have rendered it black, as happens when the gland is not secreting and the carbonic acid cannot escape. This latter opinion acquires a great degree of probability, from the fact that all the liquid secretions furnish a large quantity of carbonic acid, either in solution or in a state of chemical combination. The comparative quantity of oxygen contained in the blood at its entrance into a gland and at its departure from the same organ is alone competent to determine the adoption of the one or the other of these two hypotheses. If, in proceeding from the gland, the red venous blood contains more oxygen than the black blood, and as much as the arterial blood, it is plain that it

*I pointed out this displacement of oxygen by carbonic oxid, volume for volume, in my course for 1856, p. 184, but I have since discovered that when much carbonic acid gas is present, there is an augmentation of the total volume of the gas.

† Since I discovered and pointed out in my public lectures this property which carbonic oxide possesses of rendering the blood scarlet in a persistent manner, as well as its toxical action on the blood-globules, these facts have been noticed in several works. I will particularly cite on this subject the publication of Dr. Atlee, of Philadelphia, who attended my course in 1853. Dr. F. Hoppe has endeavored to utilize for medico-legal purposes this property of carbonic oxide of rendering blood persistently scarlet.

has never become venous at all. If, on the contrary, the red venous blood contains less oxygen than the arterial, and that in the same proportion as that which distinguishes the black venous blood, we must accept the second opinion, so as to infer that during secretions the arterial blood becomes venous as usual, with this peculiarity, that it remains red, because it disburdens itself of its carbonic acid on the spot, instead of waiting to eliminate it by the slower process of pulmonary exhalation.

These, then, are the terms of the problem which I propose to solve: let us understand exactly what the experiment is competent to prove to us.

I have operated on the blood of the renal vein because the volume of the organ permits us to obtain with ease quantities of blood sufficient for comparative analysis.

In a vigorous dog, during digestion, after having, with proper precautions, exposed the renal vessel of the left side, I rapidly drew off* fifteen cubic centrimetres of blood from the renal vein, and immediately brought it in contact with twenty-five cubic centimetres of carbonic oxide. This was done while urine was passing off abundantly by the ureter, and the venous blood was almost as bright a red as the arterial. Immediately afterwards, one of the numerous branches of the renal artery was divided just at its entrance into the kidney, and from its cardiac section I drew off fifteen cubic centimetres of blood, which I likewise placed in contact with a like quantity of carbonic oxide. Then, in order to interrupt the urinary secretion, I removed the fatty envelope of the kidney. A few seconds afterwards, the urine ceased to flow from the ureter, and the blood of the vein came forth black, like venous blood of the vena cava. At that moment I drew off fifteen cubic centimetres of black venous blood from the kidney, which was, like the two others, placed in contact with twenty-five centimetres of carbonic oxide. After keeping it an hour apart, in a stove, at a temperature of from thirty to forty degrees the analysis of the gas in contact with the three different kinds of blood, as above described, gave the following results as regards the quantities of oxygen which they contained, calculated for one hundred volumes of blood:

	Volumes of oxygen.
For the red venous blood, ...	17.26
For the arterial blood, ...	19.46
For the black venous blood, ...	6.40

In a second experiment, the red venous blood was drawn, as before, from the renal vein during secretion, the arterial blood from the aorta, and the venous blood from the *vena cava*. The results in one hundred volumes of blood were—

	Volumes of oxygen
For the red venous blood, ...	16.00
For the arterial blood, ...	17.44
For the black venous blood,.	6.40

*This rapid drawing off of venous blood from the renal vein is somewhat difficult to effect. It is necessary to avoid tying the vein, since the blood then comes forth black on account of the obstacle to the circulation. For this reason I prefer to penetrate from the right through the vena cava, and plung the canula of the syringe just into the left renal vein, in which the circulation will not then be interrupted..

According to these experiments, then, we see that the red venous blood from the kidney (and it is presumable that the same takes place in blood from other glandular organs) differs from the ordinary venous blood, in the fact of not being as yet de-oxidized. Thus we shall find our first hypothesis verified, so far as that blood has retained the characteristics of arterial blood. Nevertheless, though it is true for the proportions of oxygen found there, the absolute proposition cannot be considered exact. In fact, the red glandular venous blood contains much less fibrin than the arterial blood; it furnishes also less water, since it has supplied it for the secretion; and, moreover, this red venous blood shows itself more alterable than the arterial: that is, it becomes black spontaneously much sooner when it has been separated from the vessels.*

However that may be, limiting our researches, for the present, to the immediate object of our investigation, namely, the proportion of oxygen in the venous glandular blood, we observe this singular fact: that it is precisely during their function, that is to say, while they are secreting, that the glands suffer the blood to pass along red without de-oxodizing it, and that while they are not in function, and are discharging no product, the blood which issues from them is black, deprived of much oxygen, and charged with carbonic acid.†—*Nashville Monthly Record.*

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*We remark these same properties in the venous blood from the head, when we have previously divided the great sympathetic in the region of the neck.

The experiments which I have been making on this subject since 1852 have shown that after the section of the sympathetic, the circulation is considerably accelerated, the temperature augments, and the venous blood comes forth red, and the pressure augments. If, now, we galvanize the peripheral or superior extremity of the sympathetic, the circulation diminishes in intensity, at the same time that the blood becomes very black. It is especially in horses that all these facts presents themselves with the most decided evidence. The excessive instability in composition of this red venous blood demands that we bring it as quickly as possible in contact with the carbonic oxide, which prevents it from becoming venous, and from de-oxodizing itself by the formation of carbonic acid.

† It is not my present intention to examine the question of the quantity of carbonic acid produced: I will only say, that with the carbonic oxide I have never found a quantity of carbonic acid corresponding to the quantity of oxygen which had disappeared; a fact which leads us to suspect that there must be something intermediate between the oxygen and carbonic acid. Here, occurs to us anew that contrast between the glandular and muscular organs to which I have often before called your attention. The venous blood issues from the muscles all the more black and the more de-oxidized, the more energetically the organ performs its function of contraction; from the glands, the blood issues the more red and the less de-oxidized, the more the organ performs its function and secretes with intensity. But ought we to consider that opposition in the apparent phenomena as the proof of a radical difference in the processes of nutrition and secretion as they occur in the glands and muscles? In a word, are we able to say that while the muscles consume oxygen directly, in virtue of their functional activity, the contrary is the case with the glands? or ought we not much rather, in the face of that singular result, to entertain doubts of the justice of our manner of designating the functional conditions of the glands?

This, at least, is my opinion, and I think that these researches will lead us to interpret differently that which we call the state of repose and the state of function in the glands, and to distinguish there one state of chemical activity, and another of activity purely mechanical. I shall be able hereafter to allege various arguments in favor of this opinion, but I will end here with the very definite facts which I have thus far ascertained, confining myself to the mere statement of this obscure aspect of the question, which will serve as a point of departure for ulterior researches.

On the Comparative Influence of the Male and Female Parent upon the Progeny. By J. B. THOMSON, L. R. C. S., Edin., Resident Surgeon, General Prison, Perth.

The following cases appear to me illustrative of a very curious and not unimportant chapter of anthropology, viz: "The comparative influence of the male and female of the human family upon their progeny"—a subject upon which very crude and indefinite notions are held, not only by the public, but by the members of our profession. It is a settled point with many, that it is foolish to search after any laws regulating the transmission of particular textures, features and constitutions from either parent to the offspring. These philosophers are satisfied with the unsatisfactory veiws of the poetical Lucretius:

"Fit quoque, ut interdum similes existere avorum
Possint, et referant proavorum sæpe figuras,
Inde Venus varias produit sorte figuras
Marjorumque refert voetus vocesque, comas-que."

While it is admitted that we can found little upon mere supposed general physical or psychical resemblances, I think the method of enquiry followed in this paper, is a correct one, and that a number of individual instances of the transmission of abnormal peculiarities from parent to progeny being accumulated and balanced, will lead to a safe and scientific induction.

Mercatus, in his work, "De Morbis Hereditariis," says truly, that the parents, grandparents and great-grandparents transmit quality, character, form and structure, proportion and disproportion, or any preternatural condition of a single member or organ, part or parts. Of this statement there can be little doubt. We may go further, and affirm that, where we find such irregularities and defect plainly appearing in one parent, and reappearing in any of the offspring, such irregularities or defects are due to the influence of that parent. The order of causation is not to be questioned. And further, when striking abnormal conditions, physical or mental, are transmitted in families, the statistics of such should form data upon which to found a proof whether, and in what proportion, the influence of the male or of the female predominates. Beginning with physical peculiarities of the external structure, transmitted from parents to their progeny, let us examine " the transmission of the skin peculiarities."

CASE I.—*Hereditary transmission of webbed fingers.*—A. M., Alva, has had a family of 9 children, 5 sons and 4 daughters. He himself and his four daughters are webbed betwixt the middle and ring fingers, or close-fingered, as their mother calls it, i.e., the skin stretches across and unites these fingers together. None of the sons have this peculiarity. A. M.'s grandfather had the same; also his mother and two sons and one daughter; his uncle, two daughters and one son, this son having all the fingers of both hands webbed together. A. M.'s daughter has one daughter webbed betwixt the middle and ring fingers of both hands.

CASE II.—*Hereditary transmission of webbed fingers and toes.*—(This case, from a recent number of the Lancet, is so similar to the former, that I make no apology for transferring it to this paper, for the sake of illustrating my argument.) W. S. has three fingers united throughout by skin, viz., the middle, the ring, and little fingers of both hands. His mother has the same, but W S. is the only one of seven children so malformed. Her uncle (her father'

brother) had the same, and her paternal grandfather had the three smaller toes on each foot similarly united.

CASE. III.—*Hereditary transmission of fingers and toes partially webbed.* J. B., Menstrie, has a daughter with six toes on each foot, the little toe and its neighbor being well webbed; also two little fingers on each hand partially adherent by skin. J. B.'s great-grandfather had the same number of toes and two little fingers on the left hand also partially webbed. No other member of this family can be traced to have had any abnormal physical conformation.

CASE IV.—*Supernumerary toes and fingers webbed.*—J. R., Tillicoultry, has the following peculiarities in his family, viz: one girl webbed betwixt the little toe and its neighbor; one son with two little fingers on each hand and two little toes on each foot. No hereditary trace of these peculiarities can be found in any of the ancestors of this family, unless we admit the account of the mother as the true cause. She says, that when she carried this boy in utero, she met with an accident which split her little finger in two, so that it always afterwards looked like two fingers.

From the small number of cases now set forth, it would be unsafe to draw any strong proofs, lest we should be placed in the category of the philosopher in Rasselas, who was always coming to conclusions without any thing being concluded. But, although we admit that such a small number of cases is not proof positive, we must allow that they point to the following deductions-viz:

1. That the male parent has a principal share in the transmission of hereditary skin peculiarities to the offspring.

In case I, we have a grandfather, a father, and an uncle sending down an abnormal condition directly through the male line; and a striking resemblance to the male parent belonged to all those descendants who inherit this skin peculiarity. On the other hand, we have a grandmother and a granddaughter transmitting the same directly to their children.

In case II, the paternal grandfather, and in case III, the great-grandfather, was the original progenitor, to whom the physical malformations were traced back. Leaving out No. IV, where the origin is very doubtful, we have the following proportional cases, in which the immediate influence of the male exceeds that of the female parents:

CASE I.—Transmitted immediately by		Male, 10	Female, 4
II.	"	3	1
III.	"	2	0
		15	5

But these cases point to another interesting deduction.

2. That the skin peculiarity in all these cases, where it could be traced back, had its origin in a male progenitor. In No. 1, it came in with a grandfather; in No. 2, with a paternal grandfather; and in No. 3, with a great-grandfather. A curious question here arises: Did the influence of the originator of this malformation extend itself through several generations who bore his peculiar characteristics? Is it true, as Dr. Harvie has recently asserted, that the male is the real producer of the species? Is it true that the influence of the male (in certain instances) extends beyond the first impregnation?

The consideration of these cases, which show the influence of the male to

be greater than that of the female parent in the transmission of skin peculiarities, led me to look at the history of certain skin diseases which are hereditary, and the following instances occurred to my recollection:

Case of the porcupine family.—The original porcupine man, Edward Lambert, had six children and two grandsons, with the same singular skin as himself, resembling, it is said, an innumerable company of warts, of a dark brown color, and a cylindrical figure, rising to an inch in height. In this case, the disease originating in a male, continued to all the family of six, and descended to the grandchildren.

Leprosy, too, seems to be chiefly derivable from the male parent. In Dr. Simpson's curious inquiries into the history of leprosy, we find quoted from the old Burgh Records of Glasgow (1589), "Robert Bogell, sone to Patrick Bogle," both lepers in that city.

The modern experience of this malady in Norway, where it has so unaccountably increased of late years, has led to serious enquiry how it is to be prevented. Leprosy, or the spedalskhed is held by Drs. Broek and Danielson to be purely hereditary; and so strong is the opinion of the male being the chief propagator, that the proposal has not only been laid before the Storthing or Norwegian Parliament to prohibit the marriage of a leper, but it has been a topic of public and professional discussion how far it would be just to deprive the male infants of leprous parents of the power of propagation. Ligature of the vasa deferentia, we learn, has been seriously contemplated as a national measure.

The analogy of the lower animals confirm these veiws of the paramount influence of the male in transmitting generally the character of the skin to the progeny. The spawn of the salmon being impregnated with the male trout, the skin and the spots upon it showed the character of the trout, and vice versa the salmon being the male. With birds, generally, the outer textures follow the male. With quadrupeds, the same rule holds. An intelligent and experienced sheep farmer informs me that it is the practice to cross the blackfaced sheep on the Ochils with the Leicester ram. The Ochil ewes are blackfaced and have horns. The Leicester ram is not blackfaced, and has no horns. The breed follow the Leicester ram, whitefaced, and in the proportion of about 85 per cents. have no horns. A few years ago, on the estate of Ava, there was a black ram with five horns, two on either side, and one on the center. The breed by the common white ewe took the abnormal character of this ram, with a few exceptions. We know also that the products of the male ass by the mare, and of the stallion by she-ass, can be distinguished by the skin having the distinctive characteristics of the sire.

Numerous examples of this law must be well known to cattle-dealers; and this subject is admirably treated by Mr. Orton of Southerland, in his ingenious papers "On the Physiology of Breeding."

We may safely, I think, conclude from the facts before us:

1 That in the lower animals, and in man also, the influence of the male is greater than that of the female parent in the transmission of the skin texture to the progeny.

2 That the exceptional cases (probably more in man than in the lower animals) lead us to look for some primary or secondary law presiding over the physiology of generation.

I intend to continue this enquiry as to the influence of the male on the other textures and organs of the body, in a series of cases and notes.—*Virginia Medical Journal.*

EDITORIAL DEPARTMENT.

Dr. Horace Green and the New York Academy.—We have just received the February No. of the *American Medical Monthly*, which contains a full report of the investigations of the New York Academy of Medicine, into the case of Whitney, which was referred to in our last issue. We then commented upon the alleged conduct of Drs. Mott and Beales, as not in accordance with our views of professional honor. As we made this comment upon the authority of the New York *Times*, before hearing from the Medical Journals, we reproached ourselves, somewhat, for not having waited a full report; the authenticity, however, of the report in the *Times*, seemed undoubted. A full report has now appeared, which occupies about forty pages of the *Monthly*, and which we have carefully read. The distinguished reputation of Dr. Mott, earned by his meritorious labors in the cause of medical science, should make one hesitate to attack his reputation as a high-minded and honorable physician. It is due to ourselves to view his conduct in this affair with a charity which he did not show to Dr. Green, and we here only imitate the action of the Academy, which finally passed the following preamble and resolution, avowedly to shield the accusers, as well as to exonerate the accused:

"*Whereas*, Various statements made by the public press and otherwise, have reflected on the reputation of Dr. Green, and of Drs. Mott and Beales, as having conduced by their treatment to the death of Mr. Whitney; therefore

"*Resolved*, That we, the Academy of Medicine, after a full examination of the reports of the case, and the *post-mortem* examination, do consider that his death was in nowise the consequence of improper treatment, but was the unavoidable result of a complication of diseases."

This "*compromise*" was passed by nearly nine-tenths of the members present, and was afterwards made unanimous.

We have not sufficient space to publish the full report of the proceedings of the Academy, but we quote the analysis by Dr. Douglas, of the *Monthly*, with his comments, with which we cannot but agree.

A most unusual and unparalleled proceeding occupied most of the last three sessions of the Academy of Medicine. A gentleman, a son of one of

the wealthiest of the citizens of New York, had been for two months a patient of a physician of this city, whose reputation is of both hemispheres. After one of the visits to this physician's office he was suddenly taken ill, and upon returning home, he sent for his former physician. Some alarming symptoms supervening, they were attributed to an operation performed by the first physician, and, from the social position of the family, the opinion of the second, at first cautiously expressed, perhaps, soon became a rumor, and passed through all the ramifications of society. The patient finally died, and in the mouths of the people, and even in the opinion of those of the profession, who had not heard the real facts of the case, his death was laid at the door of the first physician. The most ridiculous and unheard-of reports were circulated, till at last the rumor found its way within the walls of the Academy, and the hearing of the statements of all the physicians engaged in this case constituted the principal occupation of three of its sittings.

In this number of the Monthly will be found a full account of the transactions of the three sessions, as reported in the Times and Tribune. The accuracy of this report is unquestioned, and it must, therefore, stand as the actual proceedings of the Academy. It is now history, and will serve in the future to illustrate the condition of medical ethics and medical science in the city of New York, in the year 1859.

It is a pertinent question to ask, how came the public so interested in the death of this gentleman? A few words of explanation will add an introductory chapter to the already written history, and will show how soon, in this age of steam presses and eager reporters, everything which catches the ear of rumor is laid bare to the eye of the world.

We now invite the attention of our readers to the proceedings of the Academy, while we present this introductory chapter, for it is so connected with the history of the case, that, like the preface of a book, it is suggested by the case itself.

The statement by Dr. Green of the history of the case of Mr. Whitney, as long as he was under his care, tells its own story.

Then follows the statement made by Drs. Beales and Mott, with explanatory remarks by Dr. Beales. From this we learn that the excitement of the patient and his family was intense; that the patient attributed all his ills to the treatment received from Dr. Green; so positive was he of this, and so sure was the family of it, that had Dr. Green presented himself at the house he would have been met by personal violence. This feeling was not quieted by the family physician, but the excitement was permitted to express itself in violent criminations of Dr. Green. Fifteen hours after his last visit to Dr. Green, emphysema of the neck and face was observed, which gradually extended over a portion of the trunk. The patient was sure Dr. Green had injured his throat, and the emphysema was attributed to this injury. But how was the patient to know that any wound about the throat would produce emphysema? assuredly, only through his attending physician, who could account for it in no other way, and without looking for any other lesion, took the intemperate expression of the patient as evidence that the windpipe had been seriously injured. Here, then, was the source of the rumor of perforated windpipe; it was the physician's diagnosis, and no sooner expressed than it was taken up by a hundred tongues, and passed from mouth to mouth with the rapidity with which bad news always flies. Through the whole week of the patient's last sickness, this story gained credence. Each

day's symptoms confirmed the previous day's rumor. At last the patient died, and a Sunday newspaper in chronicling his death, attributed it to the unskilful hand that had perforated the windpipe. Correspondents of papers, from without the city, taking up the hue and cry, which had then become loud and deep, sent abroad their news item, and back from city and village came the echo of death from punctured windpipe. The truth becoming known here, a flat denial was given by one of our city newspapers to this unfounded rumor. Here the matter rested till brought before the Academy.

With one single exception—that just referred to—the newspaper reports were all antagonistic to Dr. Green, so that the "suspicious source" of these rumors must be manifest to all who read the history of this case.

This only in the way of preface. We now come to the consideration of the case itself.

And first of Dr. Green's statement: Oct. 25, Mr. Whitney was examined and operated upon by Dr. Green.

Diagnosis: Tubercular softening under the left clavicle; throat granulated and inflamed; left tonsil slightly enlarged and ulcerated; epiglottis thickened, and its border whitened by a line of erosions. Treatment: "Enlarged and ulcerated portion of tonsil was removed; pharynx and sub-tonsillary fossæ, and the border of the eroded epiglottis, were cauterized."

This was the treatment pursued on the first day. Oct. 26 and 27, the local treatment by the probang was extended into the glottis. Nothing was done between the 27th October and the 9th November, when treatment was again renewed, to be interrupted till the 18th November. At both of these latter visits the local treatment was the same as that used on Nov. 27. On the 20th November another physical examination was made, and a diagnosis similar to that given on the 25th October was the result. Then followed an interruption of two weeks, when, on the 4th December, another application to the larynx was made by the sponge probang. Dec. 6th, the gum elastic tube was passed down the larnyx and trachea, "and a drachm of the nitrate of silver solution, of the strength of fifteen grains to the ounce, was injected into the left bronchus." Dec. 9th, patient called again; was better, with less cough and diminished expectoration. He desired the tube to be passed. and the injection to be made at this visit. It was not used for reasons stated by Dr. Green. The patient came back on the 14th, his last visit, when the sponge probang was used.

This ends Dr. Green's record. In it we find a diagnosis clear and distinct; a plan of treatment founded on that diagnosis, and consonant with Dr. Green's views.

The sponge probang was used at every visit, with one exception, (Dec. 6,) when the tube and injection was used, much to the patient's satisfaction and relief.

Here commences the record of Drs. Beales and Mott. It is prefaced by Dr. Beales with a distinct avowal of antagonism to Dr. Green, and with a controversial animus, which should be foreign to the discussion of such a subject.

Reviewing the history of the case, as furnished by Drs. Beales and Mott, we find no diagnosis, no evidence that the nature of the difficulty under which the patient suffered was known to the attending physicians; but we do know that their diagnosis was perforated windpipe, from the reports which, as we have already shown, came from the family, and eventually

found their way into the daily papers, and were carried into all parts of the country. We know it too from the post-mortem examination, for this perforation was sought for by them, and they expected to find it; a red point in the larynx, a little below the left chorda vocalis, led them to exclaim: "There is the point of laceration of the mucous membrane, by which the air has escaped into the cellular tissue to constitute the emphysema." On close inspection, and wiping the part with the sponge, no abrasion nor aperture could be discovered.

In all the history, we find no record of any examination of the chest having been made, no suspicion of any lesion in that region, no note of any remarkable characteristic in the expectoration; in fact, no evidence whatever that their attention had been directed to the lungs by the symptoms of the patient.

On Dec. 17th, and following days, he is said to have had considerable *mucous* secretion, which interrupted his respiration and gave him great trouble to expectorate, and was referred to the throat.

Impressed with the idea of a punctured windpipe, they could discover no other cause for the emphysema, which appeared early in the morning of the second day, fifteen hours after the last visit to Dr. Green.

Nor do we find any diagnosis of any special lesion in the throat, until the 19th, when we read from the record that "it is certain there is some serious lesion in the vicinity of the glottis," though the character of that lesion is not stated. That lesion they supposed to be a laceration of the windpipe, as we have shown. Early in the morning of the 21st the patient died, according to their record, "partly from exhaustion, partly by asphyxia."

From this we pass to the post-mortem examination. An abscess was found "about the size of a large hen's egg, and extending a little in front of the pharynx, and downward and below the thyroid cartilage. At the upper and posterior part of this abscess there was an opening into the pharynx, large enough to admit the end of the forefinger." The larynx and trachea were declared to be "natural and healthy," without "an abrasion." In the lungs, "just at the root," an open cavity about the size of a small walnut, of a reddish brown color and irregular villous surface, as though a slough had separated. At the upper and anterior part of this cavity, there was a small opening through both pleuræ.

The upper lobe of the left lung was mostly in a state of hepatization, and the pleuræ lying over this part of the lung was covered with "soft, *strumous-like* fibrin," which at first glance was taken for white thick pus.

Two prominent lesions, therefore—an abscess in the pharynx, and a cavity in the left lung, neither of which had been discovered or suspected during life, and a healthy and uninjured windpipe, when a punctured windpipe had been supposed to exist.

In connection with this point, we will simply draw attention to the singular incompleteness of the autopsy. Neither the cartilages of the larynx, nor the vertebræ, nor the intestines, nor any other organ, save the lungs and the internal surface of the larynx and trachea alone, were examined. Yet upon this meagre examination, a positive opinion is expressed.

Pursuing this analysis further, but not in the order in which the history of the case was given at the Academy, we reach the certificate of death given by the physician in ordinary, with the advice and consent of the consulting physician, viz.: *Effusion into the lungs.* The certificate given is a sufficient commentary on itself.

This completes the history of the case. In order to regard it from all points, we now propose to take up some of the statements made by Dr. Beales in his additional remarks, and to contrast them with the facts, as given in this short resume, and with the statements of his colleague. We shall then draw our conclusions therefrom.

About the end of October, the patient, who was then under the treatment of another physician for tubercular disease of the lungs, was examined by Dr. Beales, who pronounced his lungs free from tuburcles. Here, then, is an error of diagnosis, either on the part of Dr. Green or Dr. Beales. We have seen that Dr. Beales not only made an error of diagnosis, in the case already related, but failed to discover the former lesions which were the cause of the severe symptoms observed in the case of Mr. Whitney, and which eventuated in his death. A cavity, too, is found in the lungs, just at the point designated by Dr. Green at his first examination, (Oct. 25,) nearly itwo months previously. If this, then, is a tuburculous cavity, Dr. Green's diagnosis was correct, and Dr. Beales' wrong. That it was a tuberculous cavity Dr. Beales denies, and states his reasons, drawn from the post-mortem In reply to this Dr. Green quoted an extract from Rokitansky's Patholo gical Anatomy, giving the exact description of this form of tubercular cavi.ty.

The epiglottis, Dr. Green said, was thickened and eoroded at the first examination, and it was cauterized. At the post-mortem it was found "extraordinarily healthy, and free from the slightest vestige of disease." We must conclude from this that the treatment must have been very favorable in its effects. But Dr. Beales thinks otherwise, and says that under the circumstances "I am forced to believe that Dr. Green erred in his diagnosis, and that these various operations were unnecessary and uncalled for." We hardly think this comes with a good grace from one who has fallen into an error similar to that he charges upon another.

Pursuing our reading, we find in the next sentence that Dr. Beales avows his ignorance of the effects of nitrate of silver on the substance of the lungs, and yet he volunteers an opinion as to its effects, before closing the paragraph.

If he will study the proceedings of the Paris Academy of Medicine, he will find that the very operation which he condemns as "at all times attended with extreme peril and risk of the patient's life," is safe, easily performed, and in daily use by the principal physicians of Paris, and commended by such as Trousseau, Depaul, Velpeau, and others, in the treatment of some diseases of the air-passages in children. If he will read the periodical medical literature of our own country, he will find that the probang is passed daily into and through the larynges of children with the greatest impunity, and with the effect of saving lives in those diseases where, before the introduction of this method of treatment, the mortality was almost certain. That a solution of the crystals of nitrate of silver, of the strength of 15 grains to the ounce of water, produced an ulceration of the lungs which resulted in a slough, no one, who knows the effects of the solution of the crystals of nitrate of silver, would assert.

That a slough or eschar could have been made at the "root" or apex, or superficies of the lung, by the injected fluid, and the patient exhibit no symptoms of any kind to warrant this assertion during the period of fifteen days which intervened between the operation and his death, we cannot believe. Eight days of this period he was apparently as well as he had been

for several months, and even better than usual, according to his own statement.

The position of this "cavity" or "eschar," is badly defined. In the post-mortem it is stated to be "at the root, or at the commencement of the bronchial ramifications;" while Dr. Beales designates it in one place "as a shallow depression or scooping out of the actual apex or superficies of the lung," and in another place, "a slough or eschar at the apex of the lung." We cannot reconcile these conflicting statements.

There are some facts in connection with this point of the case which were not presented to the Academy, and which may have some influence, both in illustrating the character of the cavity in the lung, and account for the abscess in the pharynx. For that reason we will introduce them here.

It is known that the injection into the lung was made December 6th. The patient after this was better. It is also known that on the 12th of December he drove a pair of horses some distance into the country on Long Island, dined with a relative, and returned to New York in the evening by the same conveyance. It was remarked that day by his friends that he appeared in better health and spirits than they had known him to be for many months. At this very time, according to Dr. Beales, a destructive sloughing of the lung was progressing, and yet no expectoration, no pain, in fact, no symptom to indicate it.

It seems to us, that this drive into the country was the starting point of the abscess in the pharynx, which was in its incipiency on the 14th, and therefore the whole pharynx was sensitive to the application of the probang, and yet it was not sufficiently developed to attract attention. This abscess, Dr. Beales says, has been called a *chronic* abscess, and he calls Dr. Green to account for so naming it. We find no record in the whole transaction that this has been so called by Dr. Green or any of his friends, and we conclude that it is, therefore, only a "man of straw" which Dr. Beales has ingeniously set up for the purpose of demolishing, as he attacks this abscess most unmercifully—*on paper*.

Dr. Beales makes another charge against Dr. Green, that on the 14th December "the pharynx was accidentally lacerated by the probang." Into this laceration, says Dr. B., "doubtless portions of the various foreign bodies he attempted to swallow, food and medicine, were forced," and as a result, "sloughy abscess." We find no mention in the post-mortem that any portion of food or medicine the patient had taken were found in this laceration, and "doubtless" this is a mere hypothesis of Dr. Beales, and founded upon the same basis as his assertion relative to the effects of nitrate of silver upon the substance of the lungs.

It would be well to inquire, before making such an assertion, if an instrument introduced into the throat, through the mouth, could be brought into contact with this portion of the pharynx with force sufficient to produce a laceration of the mucous membrane, however slight. For our part, we do not believe it is possible, and the opinion expressed by Dr. Mott would seem to sustain it; for he said, in the debate which ensued, that speaking "anatomically, that abscess could not be reached *per orem*—through the mouth;" and in another place, "that any man, knowing the anatomy of the pharynx and larynx, would say immediately that that abscess could not have been got at by the fauces, so as to have been opened." It seems strange to us then, how Dr. Beales could account for its being produced in the manner he

suggests; for if an instrument could reach it to produce it, another assuredly could reach it to open it.

We believe that the theory—for theory alone it is—which Dr. Beales has erected is incorrect, unsubstantial, and without a shadow of a foundation.

There are other incongruities in the remarks of Dr. Beales, which we shall also point out, for the reason that we believe great injustice has been done Dr. Green by the first false reports, which could have been quieted, had the attending physician been so disposed to do—and because these incongruities will show the animus with which Dr. Beales closes his remarks in the following language: "This is all I think it needful to say in answer to these unmerited and disgraceful inuendoes."

And first, of the abscess in the pharynx. This abscess was filled with pus and destroyed filamentous tissue. It was confined by the deep, dense cervical fascia, and yet so full as to give a remarkable prominence to the thyroid cartilage. How this was possible, with a hole in the abscess as large as the end of the forefinger, is beyond our comprehension. The pressure of the parts alone, not taking into account the horizontal position of the patient, would cause the contents of the abscess to seek an exit wherever the opening might be, while the horizontal position would have favored this flow, had there been an opening there previous to the death of the patient. We regard this statement as prima facie evidence, that the opening was a post-mortem one, as all who are in the habit of making necroscopic examinations know how easy it is to make accidental incisions when removing hollow organs, and how difficult it is to avoid tearing their walls.

In order "doubtless" to make his case a very strong one, Dr. Beales says that "not the slightest sign of any chronic disease in or about the lung was found;" and further states what was supposed to be unanswerable, "that so striking was this fact, that Dr. Mott told the family after the post-mortem examination that we had not seen any disease that might not have been produced within a week." This, therefore, releases the operation of the catheterism and injection from any participation in the disease of the lung, or places Dr. Mott and Dr. Beales in a position of antagonism; for the operation referred to was performed fifteen days before the death of the patient, and eight before the commencement of his fatal illness.

Another point upon which Dr. Mott and Dr. Beales are at variance, refers to the question of medical ethics and medical courtesy. At the sitting of the Academy of the 4th of January, Dr. Mott said, "that he had proposed, as had Dr. Beales, that Dr. Green should be called in during the progress of this case, which was not assented to by the family." At the sitting of January 19th, Dr. Beales says that "had Dr. Green shown any sympathy for the family, &c., it would have afforded an opportunity to Dr. Mott and myself to have introduced him. Under the circumstances, it was no pleasant thing to ask permission of the family, and I frankly allow, *we* did not."

Many other incongruities and conflicting statements could be pointed out, but these are quite sufficient to show their value, and to point the moral, which may be drawn from Dr. Beales' closing sentence, already quoted.

Altogether, this is a most curious case in its developments; and those of our readers who have followed us through the analytical argument we have made, from the very words used by the parties, will agree with us, that it was a most unusual and unprecedented proceeding. The unscientific and incorrect certificate of death—the excuse given, that of desire to shield Dr.

Green, when all the harm that could reach him had already been accomplished by the thousand vague reports, is a most singular development of the customs and manners of the profession here.

To us the case seems perfectly clear. We do not believe that the lesion in the pharynx, or that in the lung, could, in any manner, be attributed to the operations of Dr. Green. The abscess in the pharynx might, and probably would, have occurred had Mr. Whitney never seen Dr. Green, nor had his throat operated upon. Several of a similar character, and in nearly the same location, occurred in this city at the same time. The cavity in the lungs, we believe, was a tuberculous cavity, situated near the surface of the lung, surrounded by tuberculous hepatization, and, by a singular coincidence, it burst in an access of coughing into the pleural cavity, causing collapse by the effusion of pus and air into the pleural cavity. From the pleural cavity the air, after a certain time, gradually forced its way through the opening in the costal pleura, at the point where the two pleuræ had been slightly adherent, and thus the time intervening between his first collapse and the appearance of the emphysema can be accounted for. This not an unusual occurrence, and is, therefore, not a mere hypothetical case.

The opening in the abscess of the pharynx, we believe, to have been a post-mortem opening, for we find no evidence either in the history of the symptoms, or the progress of the case, to warrant us in entertaining the idea that it existed there before.

There are a few thoughts, as regards the effect of such a discussion both upon the profession and the public, with which we should like to close our remarks. As, however, we have already taken up considerable space with the subject, we shall defer these to another time, should there be occasion to return to it.

The foregoing remarks were prepared before the last meeting of the Academy, as a resumé of its two previous sittings. We have delayed issuing this number of the Monthly, in order to complete the proceedings, which were continued at the first meeting in February. For the purpose of accomlishing this, we have added sixeen pages to our usual issue.

The last sitting of the Academy offers nothing essentially new to remark upon, except the singular method of argumentation employed, and which may be formularized thus:

The abscess in the pharynx was first an abscess which could not have been discovered; and if it had, it could not have been opened; and if it had been opened, it would have been attended with no beneficial results.

Again, this abscess is filled with pus and broken-down filamentous tissue. Then it is no longer an abscess, but a *cavity*, filled with a little pus and disintegrated cellular tissue; and, finally, it is an empty cavity, with a *little pus* at its lower portion, and disintegrated filamentous tissue about its sides.

The lesion in the lung has also its protean characteristics. It is first a cavity, and then a mere scooping out of the superficies of the lung; first at the root, and then at the apex of the lung.

Before finally dismissing this subject, we have one word to say, relative to Dr. Watson's theory. We believe it to be untenable, from his own showing. We take him at his word, that the lesion in the lung was of long duration; not of a week, nor a month's standing. Why should it be the result of gangrene? Because the patient was in the habit of drinking to excess in early life; because he had a cough and foul breath. This is insufficient

ground for such a theory, particularly when we learn, as Dr. Watson states, that several members of his family had died of tubercular disease of the lungs. The reply to Dr. Watson's question relative to the medical treatment employed by Dr. Green, is another reason for us to doubt the correctness of Dr. Watson's theory. It is evident that there was a cachexia established in this patient, which very frequently terminates in tubercular disease. There is no necessity, then, for seeking for an unusual occurrence to account for his symptoms. The foul breath (which was not remarked before) and cough can be accounted for far more easily than by supposing a gangrene of the lung. From the history of the patient, then, from the history of his symptoms, and from the post-mortem appearances even, the inevitable conclusion to our minds is, that the lesion of the lung was a tubercular lesion. J. H. D.

Annual Meeting of the New York State Medical Society.—The fifty-second annual meeting of the New York State Medical Society convened in the Common Council Chamber, City Hall, yesterday morning at eleven o'clock.

The society was called to order by Dr. Thomas C. Brinsmade, of Troy, the President. He addressed the members at considerable length, thanking them for the honor conferred on him, in selecting him to preside over their deliberations. He congratulated the society upon its success, and the influence possessed by it, and referred to the value of its transactions as comparing favorably with the transactions of the London Medical Society. Believing that a proper interest was not manifested by the physicians of the State in medical societies, the president addressed circulars to the societies of every county in the State, and received answers from twenty-eight counties. In these counties, little more than one-half of the regular physicians were members of the societies, and not more than one-third of these attended meetings. He dwelt upon this apathy, and called the attention of the society to it, in the hope that it might be remedied.

He recommends an interchange of transactions with other State societies. He approves of the institution of a second degree in the medical profession, and suggested that the first degree be styled Doctor of Medicine, and the second degree, Bachelor of Medicine. He alluded to the necessary steps to be taken to secure these degrees, and commented upon the justice and necessity of this course, believing that it would greatly elevate the profession. There are five medical journals published in the State, and three republished. The medical profession of this State now occupies a higher position than at any other time. He recommends that a suitable delegation be sent to the great medical meeting at Louisville.

On motion of Dr. Alden March, a vote of thanks to the president for his inaugural address was adopted, and a copy requested for publication.

The following committees were appointed by the president:

On Credentials—Drs. B. T. Barker, Alexander Thompson, S. B. Willard.

On Nominations—First District—Dr. —— Foster; second do., Dr. J. H. Parker; third do., Dr. B. P. Staats; fourth do., Dr. H. Corliss; fifth do., Dr. N. H. Dering; sixth do., Dr. F. Hyde; seventh do., Dr. H. Jewett; eighth do., Dr. F. H. Hamilton.

Dr. A. H. Hoff moved the appointment of a committee to invite the governor and state officers, and the medical members of the legislature, to take seats with the society during the session. Adopted, and Drs. Hoff, Taylor, and Sprague were appointed such committee.

Dr. Sprague moved that so much of the president's address as relates to the republication of important papers in the earlier publications of the society, now mainly out of circulation, be referred to a select committee of three. Adopted, and Drs. Sprague, S. D. Willard, and Thorn, were appointed such committee.

A communication was received from Dr. Thomas McCall, of Utica, regretting his inability to be present with the society, and enclosing a paper entitled "The Commandment of Knowledge, in relation to Medical Doctrines and Methods."

Dr. Parker, of Dutchess county, read a paper on "The Treatment of Varicose Ulcers," which was referred to the publishing committee.

The committee on credentials presented their report, which was accepted.

Dr. Vanderpoel, of Albany, moved that the resolution adopted at the last meeting, appointing a committee to make arrangements for a dinner, be reconsidered, and the resolution laid upon the table. Adopted.

Dr. George Cook, president of the Canandaigua Lunatic Asylum, was made an honorary member of the society.

Dr. William Taylor, of Manlius, moved the appointment of a committee to consider what action, on the part of the society, can be taken, best calculated to insure a more general vaccination throughout the State. Adopted.

The committee to invite the governor and others, to take seats with the society, reported that they had discharged that duty. Report accepted, and committee discharged.

Dr. March invited the members of the society to visit the hospital at one o'clock, to witness the operation of amputation, the patient being Montgomery Bull, whose arm had been terribly lacerated by machinery. The invitation was accepted, and the members proceeded to the hospital, where the opera-

tion was performed by Dr. J. H. Armsby, of Albany, the arm being amputated at the shoulder.

The society then took a recess untill three o'clock.

AFTERNOON SESSION.

The society reconvened at three o'clock.

Dr. Sprague moved the appointment of a committee of three, to request of the Assembly the use of their chamber, in which the annual address may be delivered; and, also, to invite the governor, and the members of the legislature to be present. Adopted.

Drs. J. S. Sprague, B. P. Staats, and Ball, were appointed said committee.

Drs. W. C. Rogers, of Green Island, Swinburne and Moore, of Albany, C. R. Agnew, of New York, and C. R. Millington, of Herkimer, were invited to take seats with the members of the society.

The Chair announced the following committee on Dr. Taylor's resolution, adopted at the morning session: Drs. Wm. Taylor, Blatchford, and Alden March.

A communication on the subject of "Partial Dislocation, Consecutive and Muscular Affections of the Shoulder Joint," by Alfred Mercer, M. D., as read before the Onondaga County Medical Society, was presented, and referred to the publishing committee.

Dr. March presented a sketch of the life of the late Dr. James A. Billings, as read before the Genesee Medical Society, which was referred to the publishing committee.

The censors of the southern district reported that they examined, June 29, 1858, Carl August Ludwig Baur, and finding him qualfied, recommended him to the President for a diploma. Report accepted.

A communication was read from the agent of Messrs. Garmer, Lamoureux & Co., which accompanied specimens of granules and drages, or sugar-coated pills.

A communication from Tilden & Co. was also read, accompanying which, were a variety of medical preparations. They have also forwarded to Dr. Howard Townsend a large numer of specimens for the cabinet of the Albany Medical College.

Dr. John Swinburne, of Albany, read a very interesting paper on "The Treatment of Fractures of the Femur," which was referred to the publishing committee.

Dr. Parker moved that the Pharmaceutical preparations presented to the society be referred to a committee of three, to report at the next meeting.

A brief discussion ensued, in which the impropriety of the society endorsing any particular medicine, was urged by different members.

Other members urged that the society had already adopted a resolution endorsing certain preparations, the efficacy of which were very justly doubted, and the object of appointing the committee was to investigate the subject.

The resolution was adopted by a vote of twenty-four to twenty-one, and Drs. E. H. Parker, Howard, Townsend, and Saunders, were appointed the committee.

A resolution of thanks to Tilden & Co., and Garmer, Lamoureux & Co., for their specimens, was adopted.

Dr. Shove, of Westchester county, read a paper on "Congenial Fissure of the Soft Palate," which was referred to the publishing committee.

Dr. Cook, of Canandaigua, by invitation of the society, made a statement to the society of the establishment and progress of the "Brigham Hall" Lunatic Asylum, at Canandaigua. An application has been made to the legislature to incorporate the institution.

Dr. Alden March, of Albany, read a paper on "The Displacement of the Heart." Referred to the publishing committee.

Dr. Saunders, of Madison, read a paper on "Cerebro-Spinal Meningitis," in Madison county. Referred to the publishing committee.

Dr. Gray, of the State Lunatic Asylum, and Dr. Bailey, of Albany, were invited to take seats with the society.

Dr. Hudson, of New York, exhibited to the Society an artificial leg, explaining its construction, formation, &c.

Dr. S. D. Willard, from the committee appointed at the last meeting "to petition the legislature, asking them to amend the statute, that the State Medical Society may elect permanent members, by senatorial districts, now or hereafter established," reported that the interests of the society would not be promoted by a change in the present statute. The committee believe that the interests of the society might be enhanced by increasing the number of its honorary members residing without this State, and they recommend a change of the by-laws.

The report was adopted.

The society then adjourned until Wednesday morning at ten o'clock.

SECOND DAY.

The society reconvened at ten o'clock yesterday morning, when the minutes were read and approved.

Drs. J. H. Reynolds, of Saratoga, F. M. Hopkins, of Essex county, M. R.

Peck, of Glens Falls, B. F. Ethridge, of Herkimer, Thomas J. Wheeler, of Cattaraugus county, and James Wynn, of New York, were admitted as honorary members to take seats with the society.

Dr. B. F. Barker moved to amend the by-laws, so that the society may elect six honorary members annually, instead of two. Adopted.

A communication was received from the Herkimer County Medical Society, covering a "Dissertation upon the Influence of Vegetation upon Animal Life and Health." Referred to publishing committee.

An address, read before the Sullivan County Medical Society, by John D. Watkins, M. D., on "Pneumonia, Bilious and Typhoid," was presented, and referred to the publishing committee.

A communication was received from the Albany County Medical Society, covering a paper, read before the Society, by Dr. S. H. Freeman, being a "biographical sketch of the late Hon. Samuel Dickson, M. D." Referred to publishing committee.

An invitation from Gov. Morgan, to visit the executive mansion in the evening, was received and accepted.

Dr. S. D. Willard, secretary, reported that he had exchanged transactions with the State medical societies of Connecticut, New Hampshire and California. Exchanges had also been made with thirty-five foreign societies, and, through the regents of the University, had received several communications in return. He had also received letters from Dr. M. S. Perry, of Boston, Mass., and Dr. Henry S. Dickson, of Charleston, S. C., acknowledging the receipt of honorary diplomas. The secretary also stated that, on looking over the papers of the society, he had found a number of volumes of the transactions of the society from 1832 to 1837, which he had caused to be bound.

A motion was made and adopted, that each member, wishing copies of the volume, be charged seventy-five cents each.

Dr. Mundy, of Staten Island, moved the appointment of a committee of three, to investigate the facts connected with the Quarantine.

The resolution giving rise to a debate, which promised to be extended, Dr. Snow moved to lay it on the table. which motion was adopted.

Dr. Allabeu moved that the Legislature be petitioned to pass a law authorizing physicians and surgeons, when employed by coroners to make *post-mortem* examinations, in cases coming under their notice, to charge a fee commensurate to the services rendered, to be audited by the Board of Supervisors, and paid by the county in which such services were obtained.

After a brief debate, the resolution was laid upon the table.

Dr. Goodrich presented a report of the removal of a tumor from the upper and posterior surface of the cranium; result fatal; by C. E. Isaacs, M. D., one of the surgeons of the Brooklyn City Hospital. Referred to the publishing committee.

Dr. F. H. Hamilton, of Buffalo, read a paper "On Shortening in Fractures in the neck of the Femur." Referred to publishing committee.

Drs. Joseph Lewi, Babcock, Henry March, Adams, and Fondey, of Albany, and Dr. Cullen, of Brooklyn, were admitted to seats with the society.

Dr. James McNaughton, from the committee to whom was referred the several essays, offered in competition for the prize offered by the society, for the best dissertation on scarlet fever, awarded the prize to Henry A. Carrington, of Hyde Park, New York. Report accepted.

A communication was received from the Westchester County Medical Society, covering "Biographical sketches of the deceased physicians of Westchester county. Referred to publishing committee.

Dr. A. H. Hoff, of Albany, presented "an address on the Registration of Diseases, by W. C. Rogers, M. D.," as read before the Albany County Medical Society. Referred to the publishing committee.

Dr. S. D. Willard, of Albany, read a very interesting paper on "Diptherite," or the sore throat disease, so prevalent in Albany.

Dr. J. V. P. Quackenbush, of Albany, read a report, in accordance with a resolution passed at the last annual meeting, on "Inversion of the Uterus," which elicited a very interesting discussion, after which it was referred to the publishing committee.

Dr. Taylor, from the committee to whom was referred the subject of Vaccination, reported that if Vaccination can by any means become general, the loathsome, disgusting, and often fatal disease, the small pox, would be effectually eradicated from the land. The committee believe, however, an action of the Society would be inadequate to insure such a result. It is believed the small pox is more generally prevalent in this State at the present time, than at any former period since the introduction of Vaccination, and this is owing in a great measure to neglect on the part of the public as to Vaccination, and perhaps to some extent to the imperfect manner in which Vaccination is performed. The committee reccommend that application be made to the Legislature for the passage of a law which shall authorize and empower the trustees of each of the several school districts in the State, to exclude from the benefits of public instruction, all who have not been vaccinated. A resolution directing the appointment of a committee to obtain the passage of a law

by the present Legislature in conformity to the plan above suggested was offered.

The report of the committee was accepted, and the resolution adopted.

Dr. Thompson moved that a special committee be appointed, to which shall be referred so much of the President's address, as relates to the conferring of the second degree. Adopted, and Drs. Howard Townsend, Alexander Thompson, and Thos. W. Blatchford, were appointed such committee.

The committeee reported that the use of the Assembly Chamber had been granted to the Society, for the delivery of the President's address, and that the Governor, and other State officers, and members of the Legislature had been invited to attend.

Recess until 3 o'clock.

AFTERNOON SESSION.

The Society reconvened at 3 o'clock.

Dr. Bly presented to the Society an artificial leg, and explained its mechanism.

Dr. Bacon read a paper on "Facial Paralysis." Referred to the publishing committee.

Dr. Foster, of New York, offered the following:

Whereas, It has ever been the pride and glory of the Medical Profession that its function are not limited to the cure, but extend also to the prevention of disease; and whereas, the causes of disease among crowded populations are to a great extent under control, and susceptible of being avoided or removed by judicious sanitary regulation, as has abundantly demonstrated in many instances where such measures have effected great reduction in the bills of mortality; and whereas the first object of every civilized goverment should be to protect the health and lives of the citizens, therefore,

Resolved, That this Society has seen with great satisfaction the progress which the science of Public Hygiene has made in the good opinion of the public, and looks forward to the time when, under the direction of those skilled in this branch of Medical science, the ratio of mortality may be reduced to a minimum.

Resolved, That this Society warmly approves the action of His Honor, the Mayor of the city of New York, in his efforts to place the control of the Sanitary affairs of that city in hands of Medical men, who alone are competent to exercise it.

Resolved, That the Legislature of the State are called upon by every motive of policy and humanity to sustain and promote all such laudable attempts to improve the health and save the lives of the community by the passage of such laws as may be necessary to give them immediate efficiency.

The resolutions were adopted.

Dr. Howard Townsend, of Albany, read a papar on "Hypophosphites." Referred to the publishing committee.

Dr. John Ball, of Brooklyn, read a paper on a case of "Hydrops Sacci Lachrymalis." Referred to the publishing committee.

Dr. James Lee, of Saratoga Co., presented a report of "The Diseases of the County of Saratoga." Referred to the publishing committee.

Dr. Parker, of New York, made an oral report on "Obstetrics," and requested the members of the Society to furnish him with statistical information.

Dr. S. H. French, of Broome Co., expressed himself gratified with the remarks of Dr. Parker.

Dr. Seth Shove, of Westchester Co., presented a "Biographical Sketch of Dr. Geo. C. French, of Westchester Co., prepared and read before the West chester County Medical Society. Refered to publishing committee.

Dr. Horace Willard, of Albany Co., read a paper on "Rupture of the Cul de Sac of the Colon." Referred to the publishing committee.

The Society then adjourned until 10 o'clock, Thursday morning.

THIRD DAY.

The Society convened at 10 o'clock yesterday morning. Minutes read and approved.

In yesterday's report of the proceedings we omitted to state that Dr. Bissell, of Utica, presented a paper on "Misplacement of the Uterus," which was referred to the publishing committee.

J. S. Sprague, from the Committee on so much of the President Address, as relates to the re-publication of such of the Transactions of the Society as are not in circulation, reported in favor of the republication of the Addresses of the Presidents of the Society, for the first twenty-five years of its existence. Report accepted.

Dr. F. H. Hamilton, presented the following papers: "Statistics of 753 Obstetrical Cases," by Dr. N. C. Husted, of the New York Academy of Medicine; also, "Death Rate in the State of New York, according to the last Census," by Dr. Stephen Smith of the Academy. Referred to the publishing committee.

Dr. Goodrich, of Brooklyn, submitted a paper on "Vital Statistics of the City of Brooklyn." Referred to the publishing committee.

Dr. Wynn, of New York, moved that the County Medical Society be requested to furnish the next Annual Meeting of the State Medical Society with a complete list, so far as the facts can be ascertained, of the number of their members in each year, and of those who have died, together with the ages at which death took place. Adopted.

The name of Dr. Turtelot, of Middle Grove, Saratoga, was yesterday printed Dr. Turblot.

Dr. Wynn, of N. Y. made a very interesting statement to the Society, on the subject of Mortality in the United States, and the Mortality on account of Intemperance.

Dr. Edward Duffy, of Albany, was invited to take a seat with the members of the Society.

Dr. B. P. Staats, of Albany, moved that the publishing committee cause as many as may be practicable, of the Addresses of former Presidents of this Society (which have not already been published,) to be published in the Transactions of this Society. Adopted.

Dr. Bissell, of Utica, moved that the committee on statistics be continued, and that the Legislature be requested to publish the usual number of blanks. Adopted.

Dr. F. H. Hamilton, of Buffalo, moved that in the law enacted in the Legislature of this State, during the session of 1827, permitting both parties to testify in all civil suits, our prrofession, in common perhaps with the public generally, have an important interest; and that we therefore earnestly recommend to the several members of the Senate and Assembly from their respective districts, that they resist all attempts for its repeal; unless, indeed, it is fully proven that such repeal is demanded by the public good, whose interest ought certainly to be considered as paramount to the interest of individuals or classes. Adopted.

Dr. Goodrich moved the appointment of a committee of three to inquire into the subject of Anesthetic agency, in regard to its origin and its first introduction into Medical and Surgical practice in the United States, and that the committee report all facts in the premises, of interest to the Medical profession, and report at the next annual meeting. Adopted, 12 to 14, and Drs. Goodrich, Jones and F. H. Hamilton where appointed such committee.

Dr. B. P. Staats, of Albany, called attention to the fact that at the last meeting of the Society, the physicians of Warren or Essex Counties, were requested to investigate the case of the woman, who, it was alleged lived without eating.

Several gentlemen stated that it had been pretty well demonstrated that the case was an imposition.

Dr. Ferguson, however, expressed an opposite opinion, and gave an account of his visit to the woman in question.

The subject was then dropped.

The committee on Dr. Taylor's Vaccination Report, consists of Drs. Taylor, Blatchford and March.

Dr. Mundy of Staten Island, offered a resolution, that, in the opinion of this Society, a Quarantine establishment, the object of which is to prevent the introduction of foreign pestilential and infectious diseases, should, in order to obtain the object desired, be located in an isolated place; and an institution of this character, situated in the midst of a dense population and near large cities, and where there is constant interchange and communication, between such place and the places which it is designed to protect, fails to answer the purposes for which it was established. Laid on the table.

Dr. Coates of Genessee county, moved that a committee be appointed to report at the next meeting, the best method for securing the appointment of a "Commission of Lunacy" for the State of New York. Adopted; and Drs. Coates, Coventry, Gray and Cook were appointed such committee.

Dr. J. V. P. Quackenbush of Albany, Treasurer, reported the receipts for the year to have been $143.39, and the expenditures $88.49, leaving a balance in the hands of the Treasurer of $54.80. Report accepted and referred to the usual committee: consisting of Doctors Sprague, Barnett and Sanders, to examine the accounts.

Dr. Thompson, of Cayuga, offered a resolution that the committees to whom was referred so much of the President's Address as relates the institution of the Second Degree in the Medical Profession, be authorized to present the subject to the Convention of Professors, to be held at Louisville, Ky., in May next, as it may think proper. Adopted.

Dr. Saunders, of Onondaga, moved the appointment of a committee of three, to take into consideration the propriety of condensing, in such a manner—the forms for the Registration of Medical and Surgical Statistics for the use of County Practitioners—as will ensure a better attention to the subject, and to report at the next annual meeting. Adopted, and Drs. Sanders, Orlin, and Cogswell, appointed such committee.

The committee to examine the Treasurer's report, reported they had discharged that duty and found the same correct.

The Society then proceeded to an election of officers for the ensuing year, Drs. Sanders and Burton acting as tellers.

The following officers were elected:—

President—Prof. B. Fordyce Bakker, New York city.
Vice President—Dr. Daniel T. Jones, Onondaga.
Secretary—Dr. Sylvester D. Willard, Albany.
Treasurer—Dr. John V. P. Quackenbush, Albany.

Permanent Members—Drs. Franklin Tuthill, Horace K. Willard, Seth Shove, Uriah Potter, Henry N. Porter, C. M. Crandall, A. J. Dallas, P. H. Strong, John Ball, M. C. Hasbrouck, James P. Boyd, R. L. Allen, John Putman, Stephen Hegadorn, J. F. Trowbridge, H. M. Conger.

Committee of Publication—S. D. Willard, Howard Townsend, A. H. Hoff.

To be recommended to the Regents of the University for the Honorary Degree of Doctor of Medicine—Drs. Peter P. Staats, of Albany; M. H. Cash of Orange; J. M. Sturdevant, of Oneida; Richard Laming, of Tompkins.

For Honorary Members—Drs. Silas Durkee, of Boston; John M. De La Mater, of Ohio.

Nominated for Honorary Members—Drs. Ernest Hart, London, England; John Jeffries, Boston, Mass; Henry Bronson, New Haven; G. Mendenhall, Ohio; W. Fraser, Montreal; Charles I. Isaacs, U. S. Army,

CENSORS.

1st Dist.—John Ball, Peter Van Buren, John McNulty.
2d " J. S. Sprague, S. H. French, Geo. Barr.
3d " B. B. Staats, T. W. Blatchford, P. McNaughton.
4th " Alexander Thompson. G. W. Burwell, A. Van Dyck.

Delegates to the American Medical Association left to be designated on application to the Secretary.

Dr. Staats offered a resolution, tendering a vote of thanks to the President for the impartial manner in which he had discharged the duties of his office.

A vote of thanks was extended also to the Common Council of the city of Albany for the use of their Chamber.

The President, Dr. Brinsmade, the addressed the Society in a few parting words, as follows;

Gentlemen—In retiring from this Chair, the duties of which I have so imperfectly performed, I should do injustice to my feelings should I not most heartily thank you over and over for the assistance, courtesies and kindness I have received from you all and which will always be remembered with great pleasure. I hope you may all return to your homes and ordinary arduous, but honorable duties, and have pleasant remembrances of this meeting.

The Society then adjourned *sine die.—Albany Atlas & Argus.*

Return of Prof. Austin Flint.—Prof. Flint has now been more than a week on his way home from new Orleans, and will be in Buffalo before this number is issued; according to all our accounts, the winter has been as pleasant as possible, and the advantages of teaching, both clinical and didactic, all that could be desired.

Private Medical Instruction.—By reference to the advertising sheet, it will be seen that Prof. Austin Flint and the editor, propose to form a class during the coming summer, for private instruction in branches which cannot be so elaborately taught in the regular course. This will commence on the first of May and continue six months, embracing practical lessons in all departments of physical exploration and clinical medicine, at the Buffalo Hospital of the Sisters of Charity, with a course of microscopic anatomy and the application of the microscope to the various departments of medicine. Facilities for this kind of instruction are abundant in Buffalo, and it is hoped that those pursuing this course will be enabled to learn, *practically*, the important applications of physical exploration to the diagnosis of disease, and the use of microscope, which has of late become so important to the practitioner.

Annual Commencement of the Buffalo Medical College.—This institution closed its session on the 23d ult., with a much larger class than usual. The number of students in attendance was sixty-seven, thirteen of whom received the degree of Doctor of Medicine. The commencement exercises took place at American Hall in this city, when the degrees were conferred by the Hon. Millard Fillmore, Chancellor of the University, who made a few appropriate remarks. Prof. Hamilton then followed in an able charge to the graduates, in which he took up, among other things, the subject of hygiene and its bearings upon our natural physique. Seldom have these interesting exercises been witnessed by a larger or a better audience; the interest manifested by our citizens was alike flattering to the speaker and the institution which he represented.

Errors in sending Bills.—Our kind-hearted subscribers must pardon any errors which may be made in sending them accounts, and may rest assured that they will all be satisfactorily rectified on hearing from them. In our anxiety to have the business affairs of the Journal in a proper shape, we may send bills to those who have remitted; we, however, will make no more mistakes, but some are now unavoidable. Receipts will hereafter be sent for all money remitted to the publisher.

☞ At a meeting of the class of '59 of the Medical Department of the University of Buffalo, N. L. Bates was called to the chair and H. R. Stagg was appointed secretary.

The following resolutions were unanimously adopted:

Resolved, That we tender our warmest and most sincere thanks to Dr. Austin Flint, Jr., for his lectures on Physiology, and we congratulate him on his successful *debut* as a teacher in this important department of medical education.

Resolved, That we consider him worthy of our hearty commendations, inasmuch as he has been one of the first men in this country to illustrate his lectures by demonstrations upon the living subject.

Resolved, That we, as a class, advise all medical students to listen to this most able lecturer in the department of his choice, assuring them that all will find in him the scholar, the gentleman, and friend.

Resolved, That a committee of five be appointed to present the above resolutions to the Buffalo Medical Journal and to the daily papers of our city for publication.

The following gentlemen were appointed such committee in accordance with the above resolutions:—C. C. Dellenbaugh, F. M. Byington, W. W. Potter, L. Damainville, U. C. Lynde.

New Arrangements.—The publisher has lately been able to make arrangements with the enterprising house of Baillière, and with B. Westermann & Co., of New York, by which we will be enabled to receive with regularity, French, German, British, and Spanish Journals, as well as to order, with facility, medical works published in those countries. This will be a material improvement in our Journal, which we will spare no trouble to make as good in foreign news as any of its class in the country, as we will publish occasional translations from these periodicals.

Books and Pamphlets Received.—In our next number we intend to make amends for our delay in noticing books and pamphlets which have been sent to us. The report of the Whitney case has usurped the space which we had intended to devote to them.

New Appointments in the Medical Department of the University of Buffalo.—Dr. Sanford Eastman, who was appointed last year lecturer on Anatomy in the Buffalo Medical College, has been appointed professor of this branch.

The editor of this Journal has also been honored by the appointment to the professorship of Physiology and Microscopic Anatomy.

Pacific Med. and Surg. Journal.—We have missed the last few numbers of this Journal, and, as we see extracts from it in some of our exchanges, conclude that it has not met with the fate of its predecessors in California, but has forgotten our existence. Will the editors please remember us.

New Tribe of Aborigines, without Hair.—The discovery of a new tribe of aborigines is thus reported in the Sidney Empire:

"A gentleman, who, in May last, was at a remote station down the Balonne, called Goree, about 100 miles below Surat, fell in with four blacks, who had come to that part of the Balonne a few days previous, and who appeared to belong to a tribe unknown to white men. They presented the remarkable peculiarity of being entirely without hair, and they stated that neither the males nor females of their tribes had hair on their bodies at any period of life. The complete baldness gave them a strange unearthly appearance, at which it is said the Balonne blacks were at first very much terrified. These aboriginal strangers said they saw white men's bones and equipments beyond the river Barrow or Warrego, from which they had come. It is conjectured that these remains may be those of Leichardt and his party, and we believe the whole particulars have been communicated to the government, with the view of a fresh search being made to clear up the mystery of the long-missing travelers."—*London Lancet*, from *Boston Med. and Surg. Journal.*

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. APRIL, 1859. NO. 11.

ORIGINAL COMMUNICATIONS.

ART. I.—*Partial Dislocations; Consecutive and Muscular Affections of the Shoulder Joint.* By ALFRED MERCER, M. D., Syracuse, N. Y.

CASE I. Oct. 12th, 1856, was called to attend Mrs. B. in her first labor; aged 24, nervous temperament, spare habit, lax fibre; had suffered from chorea in childhood, and recently, from what herself and friends termed rheumatism. In the last throes of labor, convulsions set in; after bleeding, spontaneous delivery soon took place, but convulsions followed in a few minutes, for which she was again bled, and a calomel purge administered. When consciousness was restored, in the night, she complained of pain and soreness about the right shoulder, and continued to do so on the following morning. While her linen was being changed, we handled the arm, and saw and examined the joint; there was no swelling or deformity to be observed, and the elbow was in a natural position, but any movement of the arm increased the pain in the shoulder.

The patient had a slow getting up. For two weeks she could not be raised in bed without a sensation of faintness. The pain continued in the shoulder, intermitting with pain in the head, about as often, and as severe in the head as in the shoulder, which was regarded as neuralgic or rheumatic. In the interval, I examined the shoulder two or three times, and found nothing wrong about it; used an anodyne liniment, and left Dover's powders

for the pain, but the suffering was not thought sufficient for their admintration.

Nov. 5th, twenty-four days after labor. I had not seen the patient for several days. I was requested to call and examine the shoulder, for they had just discovered that it did not look like the other, and feared it was out of place.

By this time the patient had so far regained her strength as to be able to sit up a little in bed. On examining the joint, I found the head of the os humeri drawn forward, and, perhaps, a little downward, against the outside of the coracoid process. The head of the bone was prominent in front; the whole shoulder was thinner than the other, and flattened behind; the spine of the scapula, and the acromion, slightly projecting; the point of the shoulder tender to the touch; the arm in a natural position. The deltoid, the infra and supra spinatus muscles, appeared to be atrophied. The head of the humerus seemed to rest on the anterior edge of the glenoid cavity, and against the outer side of the coracoid process; and could it be carried backward one-fourth, or three-eighths of an inch, it would seem to be in place.

On the following day, the patient under chloroform, assisted by Dr. Pease, the head of the humerus was restored to its normal position without difficulty; a pad was placed in the axilla, and the arm brought well forward across the chest and secured by a roller, but still the shoulder had a flattened appearance behind, owing to the atrophied state of the muscles; and from their consequent feeble action, the head of the humerus did not remain well in place, which was again drawn forward, as I suppose, by the superior power of the pectoralis major; but I hoped time and use would restore the antagonizing power, and give perfection to the joint. In this, however, I was to a greater or less extent disappointed.

In February following, I was prosecuted in the case for mal-practice. I learned that Drs. Shipman, Hoyt, and others, had examined the shoulder. In conversation with these gentlemen, they both agreed with me in relation to the position of the head of the humerus, and that the synovial membrane and ligaments of the joint had not been ruptured. Dr. Shipman thought, from the lax state of the muscles, if the patient would let him, he could restore the bone to position, with the unassisted effort of his hands. The friends of the patient claimed that there was no difference in the appearance of the shoulder now and before it was reduced, and that it had never been reduced; they were correct as to its appearance, and I, no doubt, was in an error in attempting to reduce it. The patient could move the arm backward and forward, but could not carry the elbow far from the side, or

the hand behind her or to the head, and the point of the shoulder was still tender, but there was less pain in the joint.

Fifteen months after her first labor she passed through a second without difficulty; the accoucheur arrived just in time to receive the child with his hands. Without any particular debilitating cause, the patient was very feeble; and a few days after confinement, was still further reduced by flooding. About this time she had retention of urine, calling for the use of the catheter, and also had what she and her friends called "faint spells," attended with muscular spasms, and sometimes, with frothing of the mouth. In one of these "spells," brought on by mental excitement and noise and confusion in the house, she unexpectedly died, and was buried without the body being examined.

Since the death of the patient, I have learned she had several similar attacks during the interval of the two labors, in one or more of which, the family were summoned to see her die; and that the arm was more useful than pretended.

We might inquire as to the cause and time of this displacement, and correctness of the diagnosis. The diagnosis is confirmed by Drs. Shipman, Hoyt, and Pease, whose opinions will hardly be questioned. If the displacement occurred at the time of the convulsions, it is strange the deformity, which was afterwards very plain to be seen by the attendants even, who first discovered it, should have been overlooked for twenty-four days by these self-same attendants; saying nothing about my own examinations of the case, and then the muscles were atrophied, which was not a momentary work from any cause, but a work of time. And we believe the displacement was a work of time, coming on gradually as the posterior muscles of the shoulder gradually wasted away and lost their antagonizing powers against the pectoralis major.

We have numerous examples of this loss of antagonizing power from paralysis, and atrophy, or from permanent spasms of one or more muscles or sets of muscles, as in paralysis of one side of the face, strabismus, club foot, wry-neck, lateral curvature of the spine, drooping of the wrist in lead poisoning, and in some forms of anchylosis of the joints.

We know, too, that convulsions themselves frequently produce luxations. Prof. Hamilton relates the case of an epileptic, (Trans. N. Y. S. M. S., 1855, p. 40,) in which the shoulder was frequently dislocated forward, and which he failed to reduce in a prolonged effort, but which the muscles themselves reduced the following night. I have seen an epileptic, who frequently had the humerus thrown into the axilla; and I am acquainted with a lady of

lax fibre, who has many times been awakened from her sleep with the pain of a dislocated shoulder from morbid muscular action; and recently the newspapers have related of luxation of the shoulder from sneezing; and a case is on record, where the patient could luxate the shoulder at will, by muscular action. (Cooper's Dict., new edition.) And then, there are numerous cases of spontaneous luxation, both of the hip and shoulder-joint, on record, from relaxation of ligaments, spasms, and paralysis of muscles, and obscure rheumatic affections of the joints, and, no doubt, congenital luxations depend upon the same class of causes.

Mr. Stanley reported several of these cases in the London Lancet for 1840; and of these luxations, Mr. Erichsen, (Science and Art of Surgery, p. 249,) remarks: "The head of the bone slips out of the articulation without any well marked signs of disease about the joint, and certainly without any previous destruction of it." In these cases, there is either a paralytic condition of the capsular muscles, as has been observed several times in the shoulder, the deltoid having become paralyzed, and thus allowed the bone to slip out of place; or, as has been noticed in the hip, obscure rheumatic or neuralgic pains have been seated in the joint.

This dislocation may not be confined to one joint, but may affect several. Thus, some time ago, there was a case in University College Hospital, in which both shoulders and hips were dislocated spontaneously. In many cases it occurs suddenly, and often without pain to the patient, the deformity of the limb attracting attention to the accident, though in others it has been preceded by rheumatic affections of the joint. The treatment of these cases, he says, "is not very satisfactory." Reduction in many, cannot be accomplished, but in others, it may be effected readily enough, though the bone cannot be fixed in the joint, out of which it slips again.

Case II. Feb. 2d, 1857. P. L., aged 24, a strong, muscular, laboring man, in a drunken scuffle, dislocated his left shoulder into the axilla, which was successfully reduced the same evening by Dr. Pease, through whose politeness I saw the case, three weeks after the accident. On examining the shoulder, it was seen to be thinner than the other, flattened behind, and fuller in front, the spine of the scapula and acromion prominent, the deltoid, and the infra and supra-spinatus muscles atrophied, and the head of the os humeri drawn forward against the outside of the coracoid process. The patient could move the arm forward and backward, but could not raise it from the side. Under the influence of chloroform, the bone was readily reduced, but directly returned to its former position, and all efforts to retain

it in place proved abortive. Seven months after, since which time I have lost sight of the patient, the movements of the arm had improved, but the shoulder presented the same general appearance.

Case III. Mrs. B., a well developed woman, of full habit, aged 56, seven years since, was thrown from a carriage, dislocating her right shoulder, which was reduced a short time after the accident, but the shoulder was painful, and tender to the touch, and almost useless for months after. She could carry the arm forward and backward, but could not raise it from the side, or carry the hand behind her, or raise it to her head, for fourteen months. She has gradually gained better use of her arm, bnt now, July, 1858, she cannot raise the elbow from the side more than half-way to a horizontal position without assistance, but with assistance, the arm may be carried into any position, without pain or resistance. Measurement shows no appreciable difference in the size or length of the arm, or size of the shoulder; but the point of the shoulder is still tender to the touch, is prominent in front, and correspondingly flattened behind. The head of the humerus appears to rest against the outside of the coracoid process, but the fullness of habit obscures the diagnosis, compared with the other cases. Several doctors, at different times, have examined the shoulder; some have said it was not properly reduced, and advised a suit for mal-practice.

I examined the shoulder again in November last; it presented the same general appearance, although the patient was much thinner in flesh from recent sickness. Some six weeks previous to this examination, in a sudden and thoughtless effort to raise the arm above the head, the muscles unexpectedly obeyed the will; since which time she has had perfect use of it, though the deformity still remains. She thinks she felt or heard a snap when the arm went up, but it was followed by no pain, soreness, or swelling.

In all other cases, the head of the humerus seemed to settle well into the glenoid cavity, when the elbow was carried across the chest.

In view of surgical literature, it might be questioned whether these are really partial dislocations of the shoulder-joint; but what are they if they are not? The head of the humerus is not in its natural position in the glenoid cavity, neither is it thrown out of it, which would seem to answer to a common-sense idea of a partial, in distinction from a complete luxation, where the articulating surfaces are wholly removed from each other.

Surgical writers would seem to have paid but little attention to this class of affections. Gibson, McClellan, S. Cooper, Liston, and others, as far as I am acquainted with their writings, have passed the subject over in silence.

Mr. Druitt has a short article on Partial Dislocations of the Shoulder-joint, but what he says on the subject is evidently compiled from Sir Astley Cooper, who reports four cases under the head of "Partial Dislocation of the os Humeri," in his work on fractures and dislocations, p. 358, N. E. The head of the humerus would appear not to have been in the same position in all of Sir Astley's cases; and he speaks of them, too, as depending altogether on a traumatic cause; yet a moment's reflection on his account of the first case will show it to have been muscular in its pathology. He says: "By extension of the shoulders backward, I at last brought the head of the bone to the glenoid cavity, but it directly again slipped forward as the extension ceased." The slipping forward, as the extension ceased, can be attributed to nothing but morbid muscular action.

Of his second case, he says: "The os humeri rests against and under the coracoid process," and of his third and dissected case, he says: "The os humeri was situated under the coracoid process, which formed the upper part of the new glenoid cavity."

Mr. Erichsen, (Science and Art of Surgery, p. 245,) expresses some surprise, that Sir Astley Cooper should have described this as a partial dislocation, when the head of the humerus was apparently completely thrown from the glenoid cavity; and remarks, that these "dislocations appear to point to a form of injury of the shoulder-joint, which of late years has been specially described by the French surgeons, as a variety of dislocation downward; that form of displacement, indeed, which by Boyer, has been described as the *dislocation inward;* by Malgaigne, the *subcoracoid luxation*, and by Velpeau, as the *subscapular dislocation*, in which the head of the humerus is placed in front of the neck of the scapula, and under the subscapular muscle."

Mr. Erichsen would confine the term partial dislocation to that form of displacement described by Mr. Soden. (See Sir A. Cooper's Fractures and Dislocations note to N. E., p. 361, and Mr. Smee, Ranking's Abstract, 1847, p. 102,) cases which these gentlemen have dissected, and found the long head of the biceps either ruptured or thrown from its groove, and the head of the humerus drawn forward and upward against the acromion.

Mr. Miller describes two forms of partial dislocation of the shoulder-joint. One in which the long head of the biceps is ruptured or thrown from its groove; the other, he calls a "subluxation on the coracoid process," and says a partial displacement may take place in this direction. There is slight flattening of the shoulder, with a corresponding degree of displacement beneath the acromion, and the head of the bone is felt, and seen projecting on

the coracoid process. Reduction is beset with no difficulty; in fact, the manipulations required for a diagnosis generally succeed in effecting replacement. The accident is rare."

In this, Mr. Miller evidently refers to a partial luxation from an external injury. He says the accident is rare, and no doubt it is, if it occurs at all from such a cause, and its reduction is beset with no difficulty. He would seem to have no idea of a partial luxation from a muscular cause.

On this subject, Prof. Hamilton writes me, that "the subluxation" of the shoulder-joint, "as an immediate result of an accident, and continuing, (as described by Sir Astley Cooper,) has been denied by almost every surgical writer since his day; Malgaigne says it is impossible, and so I think, also." Or, to quote Malgaigne: "As for myself, the question is definitely settled, that there cannot be a traumatic luxation which retains the head of the humerus at the external side of the coracoid process, but there is a subluxation of the humerus, owing to inflammation of the joint, and retraction of the ligaments. (Malgaigne's Dislocations, p. 567.)

Bransby Cooper, better perhaps than any other English writer, would seem to comprehend the nature of these affections. Speaking of partial dislocations forward, he says, (p. 288, Lectures on Surgery): "I have no experience of this accident, and believe it more frequently the effects of disease in the joint, or constitutional derangement, than of external injury."

Of the different luxations to which the shoulder-joint is liable, he says: "There is a fourth luxation spoken of by Sir Astley Cooper, termed a partial dislocation, in which the articular surface of the humerus glides upon the inner edge of the glenoid cavity, and rests upon the base of the coracoid process of the scapula. In such cases, I believe the capsular ligament is not torn through, and that the partial displacement depends upon the relaxation of the muscles from some constitutional cause, and the difficulty which occurs is less in reducing the dislocation than in maintaining coäptation."

Mr. Liston says, (article Anchylosis): "Often, too, a loss of muscular power, either by sloughing, or wound, or paralysis, on one side of the joint, by destroying, as it does, the balance of power which naturally exists, will bring on this 'muscular' form of anchylosis. The sound muscles are no longer opposed by their antagonists, pull the limb into an unnatural position, and, as there is no power to overcome this influence, they keep it contracted."

And speaking of muscular atrophy, Mr. Paget says, (Surgical Pathology, p. 90): "Besides the general atrophy of muscles, a similar affection occurs sometimes as a primary or spontaneous affection of one or more muscles.

We find, sometimes, one of the muscles of an extremity, or of the back, thoroughly atrophied, while the others are healthy, and no account can be given of its failure." * * *

"Mr. Mayo has recorded two cases of apparent spontaneous atrophy of the muscles of the shoulder, in which, a few weeks after severe pain, but no other sign of acute inflammation, all the muscles about the shoulder became simply, but exceedingly, atrophied."

Rokitansky, (Ranking's Abstract, 1857, pp. 1, 41,) relates the case of a laborer, who, after allowing his wet clothes to dry on him, had severe pain in his left shoulder, but no swelling. He could not raise his arm, and after a week, the shoulder was found wasted, and as the pain subsided, the wasting advanced, till the deltoid, supra-spinatus, infra-spinatus, and teres muscles seemed completely absorbed.*

These affections of the shoulder-joint are of interest to the surgeon, both in a pathological, and in a legal point of view—for a prosecution was commenced in one case,† and it was a subject of earnest conversation in the other two—that their nature should be understood.

I have presented what was at hand to illustrate their pathology; and at the risk of being tedious, I wish still further to continue my observations, in somewhat of a general way, on the obstacles to reduction, and the condition and means by which reduction is effected and maintained.

But first a word or two on the anatomy of the shoulder-joint; and we find what is quite to our purpose in the Dublin Dissector:

"The deltoid, and the four capsular muscles, supra, and infra-spinatus, teres minor, and subscapularis, which have been just described, are of great use to the shoulder articulation; the head of the humerus is so large, the glenoid cavity so superficial, and the capsular ligaments so loose and long, that but for these muscles, the bones could not remain in opposition; hence, in case of paralysis of this region, the joint becomes elongated and flattened, and a *partial dislocation exists*."

Tonic muscular contraction, the projecting lip of bone surrounding the articular cavity, and the difficulty of returning the head of the dislocated bone through the ruptured capsule of the joint, are regarded as the great

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*On this and kindred subjects see New York Journal of Medicine, vol. 11th, new series, p. 427, and William Roberts on Wasting Palsy.

† The suit has never been tried. I sued the party for my fees in justice court, and when we were ready for trial, the whole matter was agreed to be referred, which has not yet been done, and the patient is dead.

obstacles to reduction. But muscular contraction, no doubt, is the great obstacle, and it is also the equally great reducer of dislocations, the surgeon only acting to bring the axis of the dislocated bone in the line of direction of the articular cavity. In a downward dislocation of the shoulder, the muscles are acting to draw the head of the humerus upward and inward. The surgeon counteracts these forces by extension downward, and with the heel in the axilla, as a wedge, or fulcrum, he carries the head of the bone outward, and when these counter forces have brought the head of the humerus below and to the outer side of the glenoid cavity—the muscles still acting in the same direction—and as the head of the bo e glides over the under rim of the glenoid cavity, the muscles, with a unanimity of action, and with a greater power than the operator can possibly exert, or, perhaps, greater than they have exerted at any time, for any other purpose, the bone is restored in an instant to its normal position, and frequently with such force, in spite of the extension, as to produce an audible concussion.

Mr. Skey remarks on this subject:

"I consider that the muscles are the immediate agents of reduction, and not the surgeon, whose entire duty consists in placing the bone in a position to give them the opportunity of displaying this harmony of action, and of exerting a power even beyond that of the mechanical agent of extension. I believe if we bring the bone sufficiently down, and place it in the neighborhood of the articulation, the muscles will replace it with as much ease as that which originally dislolocated it."

Now if these views are correct, and I believe every surgeon will admit they are, in relation to the part played by the muscles in the reduction of dislocations, such a thing as a partial dislocation of a ball and socket-joint, the muscles retaining their normal action, is impossible, that could not be readily and permanently reduced.

If from accident, the head of the os humeri should be thrown on the rim of the glenoid cavity, it would rest there as on a pivot; the muscles, healthy, would still be acting to draw the bone upward and inward, toward the body, from both before and behind, and any considerable movement of the joint, would so disturb the balance of the rounded head of the humerus on the articular rim, that it would be either drawn completely from the glenoid cavity, or back into it.

Where the socket is as shallow as in the shoulder-joint, it can have but little influence in retaining the head of the humerus in position; and where the movements are so free and varied, the capsular ligaments must be lax when compared with other joints, to admit of such freedom of motion; and

where the strength of the joint depends so much on its muscles, when, as part, or all of them, are disordered in action by paralysis, atrophy, or morbid contractions, we can readily understand how they can produce distortion of the joint.

A partial dislocation of the hip-joint is a thing almost wholly unknown; although it is subject to spontaneous luxation from muscular spasms, rheumatic, and other diseases of the joint, and from relaxation of its muscles and ligaments.

All the partial luxations of the shoulder occur in the direction of its overhanging and protecting processes—the acromion and coracoid—and the question arises, whether these luxations would not be complete, as in the hip-joint, whatever might be the cause, were it not for these obstacles. We have no partial dislocations of the shoulder-joint downward or backward; they are either complete, or not at all, in these directions.

The most powerful muscles of the shoulder-joint, no doubt, are the pectoralis major and the deltoid; the one to draw the humerus forward, the other upward; and when the posterior muscles lose their antagonizing power, there is nothing to resist the pectoralis drawing the humerus forward against the coracoid process.

All muscles are opposed by some force, in their contractions. When they have not, their extremities, within certain limits, continue to approximate each other—shortening of the thigh, in fracture of the femur, is a familiar example—and when the posterior muscles of the shoulder lose their antagonizing power, the ligaments of the joint, with the glenoid cavity, tipped as it is with its articular cartilage, would offer but feeble resistance to the continued strain of the pectoralis major; and the head of the humerus would be drawn forward against the coracoid process, almost as readily as the eye would be turned inward or outward, by the paralysis or spasms of the recti muscles of the eye in strabismus. And if this morbid action should still go on, (as it did in a case occurring in the practice of Dr. Campbell, of Livingston county, N. Y., and reported by Prof. Hamilton in the Trans. N. Y. S. M. S., 1855, page 42,) the head of the bone would most likely, as in this case, descend on the outside of the coracoid process, then glide under it, and again mount upward on the sternal side of the coracoid process, under the clavicle, rather than ride directly over it.

The deltoid is powerful in its upward action, and is chiefly antagonized by the long head of the biceps; and when this tendon is ruptured, or thrown from its groove, we have the only true partial dislocation of the shoulder from a traumatic cause, as admitted and described by Soden, Smee,

Malgaigne, and Erichsen; and a force capable of rupturing the long head of the biceps, would, no doubt, render the luxation complete, were it not prevented by the acromion process, which could not take place in this direction, without a fracture of that process, and extensive laceration of muscles.

With these facts and considerations before us, the immediate cause of the affection of the shoulder-joint, to which I have directed your attention—call it what we may—would seem to depend on morbid muscular action, the anterior overpowering the posterior. But the true pathology lies farther back than this, in the constitution, or in the nervous system, or local inflammation, which may have degenerated the muscular fibre, or interrupted its nutrition.

In case No. 1, the shoulder, no doubt, received some injury during the convulsions; most likely a strain, for I remember to have seen one of the arms, which, I cannot say, in an awkward position, and cautioned the attendants not to make too great an effort to restrain the movements of the patient; but the nerve fibres or nervous centres may have been at fault, or a simple overstrain of the muscles from the convulsions alone may have been the cause of the paralysis and atrophy, for a single overstrain of a muscle is sometimes followed by loss of power. (Barclay's Medical Diagnosis, p. 179.) Paralysis of the bladder from distension of urine is a familiar example. And then the previous and subsequent history of the patient, the chorea of childhood, the rheumatism, the shifting pain from shoulder to head, the retention of urine after her second confinement, and the convulsions, with frothing at the mouth, in the one of which she died, all point to deep-seated nervous and constitutional disease.

From what has been said, we should hope something like a rational pathology might be made out for the other two cases of partial displacement following the successful reduction of a complete luxation.

Mr. Druitt, no doubt, had something like these affections in view, in saying: "Injuries of the shoulder-joint are liable to be followed by various obstinate and intractable affections. Sometimes the deltoid wastes away, owing probably to injury of the circumflex nerve."

If such a thing is possible, from a traumatic cause, as a partial luxation of the head of the humerus, where the bone is retained external to the coracoid process—save the upward luxation from rupture of the long head of the biceps, or its being thrown from its groove—the muscles uninjured, its reduction, in the language of Mr. Miller, can be beset with no difficulty; but when the displacement depends on morbid muscular action, as we think we have shown it always must, retentive reduction is beset with almost unsurmountable difficulties. In fact, the conditions of successful reduction, as laid

down by Mr. Skey, are more than complied with in these partial luxations, for the bone is not only in the neighborhood of the articulation, but is in partial contact with it.

In case second, all contrivances to retain the head of the bone in position, utterly failed, and I believe all attempts at forced reduction are entirely useless. Simple reduction, and retention of the head of the humerus, in its normal position, could, of itself, be of no service, unless power could be given to the posterior muscles and ligaments of the joint, to retain it there. We should hardly expect a successful, retentive reduction in a case of lateral curvature of the spine, yet the two affections would seem to arise from the same cause, loss of tone in muscular fibre, and we believe the same principles of treatment are applicable to both affections. Constitutional treatment, to give tone and vigor to the system, with frictions, shampooing, electricity, and exercise, or any other means that would be likely to give tone to muscular fibre and increase its nutrition, would seem to be the most rational treatment, and offer the greatest hope of success; but this treatment would be of little service, should the atrophy be dependent on lesions of the nervous trunk or centres.

ART. II.—*Monthly "Esquisse" of Parisian Medicine and Surgery.* By THEOPHALUS MACK, M. D., Lecturer on Materia Medica and Therapeutics, in the Medical Department of the University of Buffalo.

[Under the above caption, I propose, Mr. Editor, to send you a monthly sketch of the most interesting items in the French journals of the present year, as they shall appear. I shall commence at once with January, having just now received all my periodicals for that month. In this way, I hope to be able to present to your readers, promptly, such discoveries, opinions, and general advancement in the science termed medical in that country, as it is incumbent upon every practitioner to be thoroughly conversant with.]

A very interesting discussion has been sustained at the "Academie des Sciences," between two of its most distinguished members, MM. Desprets and Dumas, upon "The Composition of Bodies, hitherto Reputed Simple." We merely allude to the fact of this question being brought up very forcibly, no practical benefit having so far ensued.

The question of spontaneous generation was discussed at the *séance* of the third of January. The *savants* were unanimous in condemning heterogenesis.

M. Castorani labored to show that the various affections of the cornea, known under the general denomination of keratitis, are produced by the penetration into the cornea of abnormal secretions from the conjunctiva.

M. Claude Bernard maintained that the placenta is destined, in the first period of the fœtal development, to accomplish the glycogenetic function of the liver.

M. Petrequin announced the cure of a large hydrocele of long standing, by galvanism, with a single pair of Bunsen's battery. The indication, he says, being to stimulate the vitality of the tunica vaginalis, and reëstablish the equilibrium between absorption and secretion, he obtained it for his patient, by applying one pole of the battery upon the base, the other upon the summit of the hydrocele. The sitting only lasted half an hour. He was then put to bed, and the next day his hydrocele had disappeared. A moderate compression was kept up, internal treatment, also, and now, after a month, he can demonstrate that it is a radical cure.

M. Bozeman, one of the principal promoters of operations for vesico-vaginal fistula, has converted M. Robert at the Hotel Dieu, who was previously sceptical, from the fact, that notwithstanding the important labors of Jobert, the success in France of such operations had been the exception. The honor of the initiative in successful operations is very properly given to America; the English operators having wisely adopted the American method, and, as in the hands of Mr. Baker Brown, of London, with the happiest results. One paragraph, however, of Mr. Robert's article I must transcribe; it is too good to be lost, and shows how utterly "at sea" our trans-Atlantic *confrères* constantly prove themselves to be, respecting American practice:

"We should say, at first, that vesico-vaginal fistulæ, rare enough in France, are, on the contrary, frequent in England and in America (?) on account of the position, which, in those two countries, women are made to take during parturition. They make them *sit upon an arm-chair (fauteuil);* the pelvis is then in a dependent position, and the head of the fœtus presses strongly upon the vaginal walls; hence, *fistulæ are frequent.* Surgeons, therefore, have numerous operations to make, and it appears that Mr. Baker Brown, of London, occupies himself specially with this part of surgery." (*Gaz. des Hôpitaux.*)

The patient reported appears to have been a very unpromising case for the operation, the fistula being very large, and the operations by simple suture, and by the autoplastic process of Gerdy, having been successively tried, and having failed, M. Bozeman proceeded to unite the edges with ten points of suture with silver wire, without any lateral incisions, the edges

only being freshened. The advantages of the American operation are: 1st. The silver sutures; 2d. The position of the patient, on the knees flexed upon the pelvis, and the elbows, the head low; 3d. The speculum being in the form of a curved gutter, made of copper, plated; 4th. The greater extent of surface made raw, even extending to sound portions of the vaginal mucous lining; 5th. The curved scissors; 6th. Not permitting the suture to pass through the mucous membrane of the bladder; 7th. The short interval between each suture; 8th. The plate of lead, through holes in which the sutures are finally secured, compress the wound uniformly; it avoids the contact of liquids with the wound, and it supports the rings of lead which replace knots, and thus prevents irritation; lastly, the cares consecutive to the operation have a much greater importance attached to them in the American process. One thing more, the *decubitus dorsalis* is recommended to be strictly maintained, and the sutures to be allowed to remain ten days.

A case of hallucination in a child, ætat five years, convalescing from pleuropneumonia, is reported, with the following remark:

"I have already reported numerous examples of hallucinations observed during the course, and, above all, at the decline of acute pneumonia. In some instances we could attribute this complication to the abuse of alcoholic drinks. Here this cause could not be adduced. It must be admitted that the acute disease was sufficient to produce it. As we have seen, the hallucinations manifested themselves, when all the symptoms of the pneumonia had disappeared, and in the midst of a complete apyrexia. They appeared to have been produced by debilitating causes: privation of nourishment, loss of blood, &c. They ceased finally upon the administration of some spoonfuls of an opiate potion, and light aliments."

A case of hysteric trembling, simulating chorea, was admitted to the Hotel Dieu, Dec. 7, ult.; the diagnosis established by the general hysteric group of symptoms. The patient was immediately submitted to prolonged baths; every day she passed two or three hours in a large bath of tepid water, and in fifteen days the cure was complete.

A "triple operation for cataract" has been performed by Dr. Magne, with cure. Both eyes were couched successfully, but about fourteen months after the operation, the cataract was thrown into the anterior chamber in one, where it remained in front of the iris, masking the pupil, until it was dexterously extracted with a curette, piecemeal through a puncture of three millimètres at the external part of the cornea. Ice is highly lauded for its assistance in this case.

M. Bosel obtained a cure of salivary fistula, by obliterating the duct of Steno.

A rare example of general tuberculosis, at the *Hôspital Beaujon*, occurred in the service of M. Barth. The diagnosis was pulmonary tuberculisation, with degeneration of the abdominal and pelvis ganglia; tumefaction of the knee developed under the same influence. Upon autopsy, the pia mater was covered with tubercles, about the size of grains of coarse wheat flour, dry adherent pleuræ; lungs infiltrated with tuberculous granules, pericardium glued to pleuræ; the walls of the heart are hypertrophied, and adherent, by a fibrous reddish substance, strewn with tubercular granulations; tubercles in the mesenteric glands, peritoneum, glands of Peyer, lumbar, and iliac glands, liver and kidneys. The knee presented tubercular deposit in the fatty tissues which unite the crucial ligaments. The serous surface of the capsule of the joint was studded with grains of the same nature.

At the *Maison de Santé*, an adenoid tumor was removed from the female breast, having returned five times in the course of six years, non-malignant, and having caused no trouble to the general health.

A case of blue coloring of the skin has been observed near Colmar, on the Upper Rhine, in the person of a blonde, aged nineteen; *chromhydrosis*, probably consisting in a "secretion of animal indigo, by the sudoriparous glands."

M. Robert has drawn attention to the accidents resulting from the development of the wisdom teeth; ostitis, and periostitis of the maxilla, neurosis, inflammation of the adjacent soft parts, migratory abscesses in the throat and neck, ulcerations of the gums, and abscesses, below the chin, &c.

A case of death, consequent upon the inhalation of chloroform, occurred at the *Hôspital Saint Louis*, on January 15th. It was administered to aid in the reduction of a dislocated shoulder. The quantity poured upon the compress for inhalation did not exceed fifteen to twenty grammes. The radial pulse, up to the moment of its cessation, did not furnish any particular indication. The reduction was effected in about three minutes, and in about five the patient was dead. Post-mortem examination only showed a peculiar flaccidity of the heart, and a want of consistence in the muscular fibres, which could be torn by the least pressure of the finger.

Legrand du Saulle describes a very important sign in the medico-legal history of the attempt upon chastity of little girls—a crime we find increasing lately. This sign is the infundibuliform depression of the vaginal orifice, observed twenty-nine times before the age of eleven years, twenty six times between eleven and fifteen, four times between fifteen and twenty, and once in a woman of forty-one. M. Tardieu has verified this sign in sixty cases out of one hundred and eighty-one criminal attempts upon women; they

are given above. In the case at forty-one, there was an abnormal contraction and rigidity of the vagina.

At the Hospital of Tenes, Algeria, M. Serni reports a case of albuminuria, complicated with incomplete amaurosis and eclampsia. At the Sectio Cadaveris, in addition to other usual pathological appearances under such circumstances, an elongated lamella of bone was situated between the folds of the falx cerebri. He regards it, however, as a coincidence, attributing all the symptoms to the disease of the kidneys.

M. Rocque, in an inaugural thesis upon the "*menopause*," (the climacteric period), establishes a similarity between the rise and decline of genital life. He carefully distinguishes between diseases attributable to the *menopause*, and those incident to the age of forty or fifty years.

M. le Docteur de Lamare has taken the possibility of the contagion of phthisis into consideration, and arrives at the following practical conclusion: that without declaring phthisis to be contagious, it is better not to multiply points of contact with phthisical patients, such as occupying the same bed, &c.

In the *Académie de Médicine*, M. Malgaigne has had a very hot engagement with M. Trousseau, as to the value of tracheotomy in croup, and the substitution of "*tubage of the larynx*." The *quæstio vexata* of tracheotomy brought forward a discussion replete with practical instruction upon the operation, and the cares consecutive, necessary to ensure favorable results. Some bold expressions of doubt, as to the cypher of successful cases reported, having been collated only from cases where the operation was imperative, other treatment having failed. The conclusions at the close of this debate were: 1st. The tubage of the larynx, as it has been applied up to the present time, has not appeared to us sufficiently useful, or enough exempt from dangers, to merit the *approbation* of the Academy. 2d. Tracheotomy, in the actual state of the science, is the only mode of procedure, when there remain no other chances of safety in the employment of medical measures.

CHIRURGICAL SOCIETY. Illustrative of the reproduction of bone by the periosteum, M. Larrey read two observations; one of necrosis of six inches of the femur, (shaft) enclosed in bone of new formation, which, from the report of the case, appears to have been secreted by the periosteum. Two applications of the trephine, and the use of the gouge, enabled the operator to extract, in fragments, a sequestrum of the length mentioned. A second observation was that of a ball penetrating to the medullary canal of the tibia at its upper end, and after remaining four months, being removed by the

trepan, at the lower end of the bone, about two inches above the malleolus internus. Here the ball had destroyed the internal wall of the tibia, the vessels and nerves of the medulla, in fact, all the elements of nutrition of the tibia. Hence vitality could not have been conserved to this portion of the bone, except through the means of the periosteum.

The laryngo-tracheal apparatus of a patient who had worn a canula in the larynx for about one year, presented the following appearances:

1st. The fistulous opening giving passage to the canula, the skin becoming continuous with the mucous membrane by a transition analogous to that which takes place at the opening of the nares, smooth and clean.

2d. This opening, seated in the crico-thyroidean membrane, which has preserved its characters. (The operation was performed in consequence of the transfixion of the larynx from right to left by an iron fork.)

3d. The thyroid cartilage formed an angle more acute than in the normal state; its two quadrilateral portions are movable upon each other, and united by a fibrous tissue along the vertical prominence of its anterior face. The mean notch, in its inferior border, is much greater than usual, and has increased at the expense of the right quadrilateral portion.

4th. The arc of the anterior circle of the cricoid has much increased in volume. The external face is rugose, as if crusted with newly formed cartilage, and presents, on the left side, a little cartilaginous tubercle, very prominent.

5th. The cricoid and thyroid cartilages are immovable one upon the other. This man had never been able to pass more than three or four hours without his canula, from the difficulty of respiration.

A case of *complete* and *simple* luxation of the carpus upon the forearm was reported.

M. Gosselin cited a recent case of aneurism, or pulsatile tumor, of the left tibia, cured by ligature of the femoral, compression having failed.

At the Society of Practical Medicine, the principle that no age should be fixed for weaning infants, but the progress of dentition should alone be our guide, was maintained.

A frightful and inexplicable accident befel a physician, M. Causé, residing at Budesheim. Desiring to light a cigar, a little piece of burning phosphorus fell upon his hand, and caused a burn over one of the phalanges. The suffering became so severe, that the doctor incised the part himself freely, and created slight hæmorrhage. This measure being ineffectual, he had his finger amputated. This operation did not produce the result hoped for, and in a consultation of several physicians, amputation of the arm

was judged indispensable. The unfortunate doctor, after courageously submitting to this new operation, died in a few hours. Although the poisonous property of phosphorus is well known, this sad catastrophe should serve as a terrible lesson.

Of the recent steps in advance made by science, cheapening the elements in the Voltaic circle must prove of great practical utility; thus a cylinder of lead is made to replace the zinc in the Bunsen battery, and the salt of lead formed has a commercial value. MM. Fonvielle and Humbert form a constant and economical battery after the following manner: They place jars, containing each a galvanic pair of zinc and charcoal, in a vase, hermetically sealed. The vases are furnished with two orifices; one inferior, through which chlorine is admitted, and one superior, for its exit, as it is generated from the liquid. The gas traverses the exciting liquid in the closed piles, and maintains it in a constant state of concentrated chlorination.

Marsh's apparatus is insufficient for the detection of small quantities of antimony; it is necessary to resort to incineration to discover minute traces of this metal. The filtration of air through a layer of pulverized charcoal has already been applied successfully. The charcoal does not act as an antiseptic, strictly speaking; it absorbs the emanations, submits them to a slow combustion with the oxygen its pores are filled with, which changes the carbon into carbonic acid, and the hydrogen into water.

Cutaneous anæsthesia is a frequent symptom, according to M. Voisin, of hysteria, most frequently after a free attack of that malady, a diminution, and often absence of cutaneous sensibility. If the immediate cause of hysteria has its seat in the brain, and this paralysis of the cutaneous nerves results from the loss of consciousness, there would appear to exist a relation of cause and effect between loss of consciousness and anæsthesia.

At the *Charité*, a young girl, aged 17, shows an enormous hypertrophy of the mammæ, thus described:

"The breasts of this young girl represent two enormous pedunculated appendages, falling over, and covering the chest and belly, down to the pubis. Measured in their greater diameter, they are seventy-five centimètres for the left, and seventy-two centimètres for the right. The circumference of the pedicles was about fifty centimètres. Their weight, as far as it was possible to appreciate it, was about six and a half kilogrammes for the left, which appeared a little more developed. The skin covering these enormous mammary glands, (for, as we shall see at the right time, we had not to deal with either cancers, or adenoid, or lipomatous tumors, but just with a simple hypertrophy of the glandular tissue, as well as of all the anase, cellular, skin, &c., which entered into the abnormal

constitution of the breast); the skin, we say, did not appear, at any point, to have undergone any alteration, or any modification in its texture; it was white, soft to the touch, elastic, mobile upon the subjacent parts; in a word, it offered all the characters of the normal integument of the breast; it had acquired a gradual development, proportional to that of the gland, and of the other parts of the breast; consequently, it is neither thickened and hypertrophied, as in elephantiasis, for example, nor chapped, or rendered thin, as the integuments generally are, which have suffered a considerable and rapid distension. It was not drawn *(tiraillée)*, save at the commencement of the breasts, at the pedicles, there where she supported all the weight of the breast in standing. The nipple did not exist, or, at least, it was flattened, and almost entirely effaced, but its place was perfectly indicated by the areola of a brownish tint, and extremely large."

Menstruation had been suppressed for six months. Amputation was performed upon each at an interval of twenty-one days. The hæmorrhage from the very much enlarged veins, gave some trouble, but the operations proved successful; the menses reappeared, and she departed on her way rejoicing.

Dr. Legouest is energetic in the laudation of injections of chloride of zinc, 1 part in 1000 in solution, in the treatment of urethritis. In diptheritic angina, a correspondent recommends immediate ablation of the tonsils, if at all hypertrophied, or indurated. To abort the disease during its pharyngeal period by ablation or cauterization, is certainly the most rational therapeutic method.

At the Chirurgical Society, M. Desomaux sustained the propriety of operating for hare-lip upon newly-born infants, and advanced two successful cases to sustain his position.

M. Becquerel denies the fungosity and granulations of Recamier in the inner surface of the body of the uterus, and attributes all the improvement consequent upon the use of the curette *(grattage)* to a certain degree of acute inflammation, superinduced, by the use of the instrument, upon the existing chronic inflammation of the mucous membrane.

M. Follius' presentation of a patient, affected with contraction of the anus, in consequence of the operation for hæmorrhoids by the ecraseur, gave rise to a discussion in the Chirurgical Society, as to the use of that instrument, and the mode of operating. The utility of the instrument was fully sustained, but the lateral or partial section of the tumors was maintained to be preferable to the circular method.

M. Huguier demonstrated that enterotomy for imperforate anus should be practised in the right inguinal region, and not in the left, the operation of Littre. The illiac flexure of the colon in the fœtus and newly-born infant

is found to the right, and not to the left. This fact is also of consequence in the reëstablishment of the anus in the normal site. In place of searching for the rectum behind, and to the left, as generally practised, our researches should be directed *in front, and to the right.*

At the *Académie des Sciences*, M. Halma-Grand read a memorandum, having for title "The Conditions, Physical and Chemical," which should preside in the composition of every febrifuge, as a substitute for sulphate of quinine, and especially of the ferrocyanide of sodium, and of salicine. The properties are bitterness, the ordinary attribute of tonics, and an azotized composition, which ensures the facile absorption of the medicament.

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

TUESDAY EVENING, March 1, 1859.

The Association met.

Present—The President, Dr. Wyckoff in the chair, and Drs. Wilcox, Eastman, Strong, Hawley, Butler, Gay, Ring, Treat, Lemon, Hutchins, Newman, and Whitney.

The secretary being absent, Dr. Lemon was appointed secretary *pro tem.*

Dr. GOULD reported the following case:

January 9, was called to see Mr. A. W., aged 33 years; about a year ago was sick with typhus fever, and had not been well since. Had been treated for debility last fall; complained at that time of lassitude and want of energy; said his complaint was laziness, as he suffered no pain; appetite good, slept well, &c. January 5th, he was advised to take a lobelia emetic, which operated powerfully. From that time to the 9th he grew gradually deaf, and at the time I visited him, he could scarcely be made to hear anything. This continued until the 16th, when diarrhœa set in, and patient died on the 17th. I have omitted the treatment, which consisted of light alteratives, blisters, applications of iodine, &c., as the indications required.

Post-mortem, sixteen hours after death. Present Drs. Wilcox, Lemon, Gould, and medical students Gould and Robinson. There was some congestion of the brain. Between the membranes and surface, several small clots were found, and some slight adhesions. The blood appeared like a mixture of pus and blood; corpus callosum softened; effusion in right venticle; choroid plexus injected; whole brain appeared injected and softened. On opening abdomen, found the liver and spleen enormously enlarged. The

liver weighed twelve pounds and twelve ounces; the spleen six pounds and twelve ounces; the stomach and intestines healthy; kidneys same; about four ounces of fluid in the pericardium; all other organs healthy. The blood in all parts of the body had the same dark, grumous, and partially decomposed appearance, as noticed in the brain, and presenting an unusual appearance not easily explained.

The liver exceeded the usual weight, by at least eight and a half or nine pounds, and the spleen by at least six pounds.

Specimens of each were furnished Dr. Austin Flint, jr., for microscopical examination.*

Dr. WYCKOFF exhibited to the Association, specimens of tape-worm, and gave the following history of the case:

February 12, 1859, Mrs. A., aged 27 years, called upon me with a piece, or rather four pieces, of tænia solium, in all about two yards.

Mrs. A. says she has enjoyed uniformly good health until the last seven or eight months, during which time she has complained of a gnawing pain in the epigastrium, sometimes a sensation of sinking, general lassitude, pain in the limbs, dimness of vision, dizziness, a dull heavy headache, loss of appetite, a dry cough or sensation of choking, difficulty of swallowing, sore throat, and she thought she felt something in the œsophagus, as if crawling or moving up and down.

I prescribed half a pint of dried pumpkin seeds, well bruised, made into a decoction with a quart of water; eight ounces to be taken every four hours; the first in the morning, fasting, and the whole followed by oleum ricini ℥, which operated upon the bowels three times. The first two dejections contained a few small pieces of the tænia, intermixed with fœcal matter; but at the third, the whole mass of worms was expelled, entirely free from fœcal matter.

Upon examination, assisted by Dr. Miner, I find the small tapering portion near the head of five different worms, and the head of none. In measuring all the pieces carefully, we found the whole amounting to forty-one yards, the longest worm about seven yards.

Two days after the expulsion of this large mass of worms, I repeated the dose of pumpkin seeds, at the urgent request of my patient, but without effect.

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*These specimens were examined, but not very minutely; no changes in their intimate structure were discovered.—A. F., Jr.

November, 1856, the former dose was repeated. Since that time the patient has had uniform good health.

Dr. TREAT had observed a species of tape-worm in the "blue pike," which is caught in Lake Erie. He had formerly used pumpkin seed infusion, when it had such a reputation in this disease. He had used granulated tin, with success in two cases, thirty feet having passed at one evacuation in one case, and about the same quantity in the other.

A discussion then followed among the members of the society, on the different varieties of tape-worm.

Dr. TREAT made some remarks, which gave rise to a discussion, on the propriety of great caution, on the part of medical men, in giving the sanction of their names to instruments.

The Association then adjourned.

BENJ. H. LEMON, M. D.,
Secretary *pro tem.*

ART. IV.—*Erysipelas. Its Constitutional Origin and Treatment.* The Annual Oration delivered before the Erie County Medical Society. By C. C. F. GAY, M. D., one of the Consulting Surgeons to the Buffalo General Hospital.

Mr. President and Gentlemen:

In compliance with your action at the last meeting of this society, which made it incumbent on myself to deliver the annual address, I propose to offer, briefly, a few general observations upon Erysipelas, having especial reference to its constitutional origin and treatment.

My only apology for obtruding this subject upon your attention at this time is, that I have hitherto had better opportunities for observation, a better practical knowledge, and I may add, sadder experience with this, than, perhaps, with any other disease which it has been my province to treat.

The term erysipelas is employed in a very vague and indefinite sense. There is nothing in its etymology that indicates its pathology. It is used in our current medical literature, without prefix or suffix, as both the generic and specific term, to denote each and every variety of the disease, leaving us to adopt that which a detailed account of its treatment would suggest.

With us the disease so rarely occurs as to attract little notice, while in many other localities, it contributes largely to swell the aggregate amount of disease.

In order to exhibit its ratio of mortality in this city with other diseases, I have prepared a tabulated statement from the reports of the health physician for the past four years.

There were reported for

	Females.	Males.	Total No. of Deaths.
1854,	1	0	1
1855,	3	5	8
1856,	2	6	8
1857,	Sex not given.		4
Total number for four years,			21

Number occurring each month:

Month.	No. of Deaths.
January,	2
February,	1
March,	6
April,	5
May,	1
June,	0
July,	0
August,	2
September,	0
October,	1
November,	3
December,	0
Total number,	21

The whole number of deaths occurring in this city from all causes during the same time, were 8880, making one death from erysipelas in every 442, or a fraction over ½ of 1 per cent.

I may here be permitted to remark that the value of these reports is very much impaired from the fact of there being no allusion to the specific form or duration of the disease.

Ignoring its frequency and mortality, other reasons of sufficient magnitude present themselves, such as will not absolve the physician, as the guardian of the public health, from giving to it that full amount of thought and consideration which any disease merits and demands.

Could reliable statistics be obtained, (assuming the disease to be common

elsewhere,) they would afford abundant and indubitable proof that the chronic affections of a large per cent. of the whole number of those who resort to the tricks of empiricism for their cure are derived from, and occur as a sequence to an acute attack of the disease under consideration. It has become a too common occurrence with the versatile and unstable, after recovering from an erysipelas, discovering perchance a red patch or blotch upon the surface, alarmed for the healthfulness of their blood, to resort to the whole round of popular nostrums, and after freely imbibing without relief, to turn away from everything legitimate in medicine, to seek relief in the infinitesimal doses of Hahnemann, or the wet sheet of hydropathy.

Waving all greater claims to our consideration, here are minor ones which should arrest the attention of every physician who cherishes in his heart the welfare of his profession.

I shall not presume to offer any observations, or describe in detail its symptoms or treatment. Endeavoring to avoid all unnecessary divisions into distinct and separate species, I shall assume simple erysipelas to be the true type of the disease; phlegmonous and malignant, to be results or modifications of it; all having a common origin and pathology.

The term traumatic, which only signifies an exciting cause, becomes insignificant when employed to indicate a distinct species. It would be equally appropriate to designate other species by the terms zymotic and telluric.

Sporadic and epidemic are significant expressions only so far as treatment is involved.

The disease has a pathology peculiar to itself, possesses a self-limitation, and assumes so many different forms and phases as justly entitles it to the appellation of a protean malady. It is subject to, and obeys the same general laws as do the other exanthemata; but unlike them, does not possess the power to protect the system against its own recurrence.

It is primarily a disease of the blood mass, to which, however, there may be exceptions. "Influences, especially of a mechanical kind, are so strictly local, that it would be far-fetched to derive all local disorders from a general casual disease. The latter would, perhaps, be a transfer of the alienation locally produced."

To attempt to prove that this was always a general disease, would threaten to mislead us into the error of exclusive humoralism. Nevertheless it may often exist in the system in a latent state, only awaiting the presence of the exciting cause fully to develop it.

The topical inflammation is but a localization of a general disease or its

local manifestation. I apprehend, however, it is often regarded and treated as the primary affection.

John Higginbottom, F. R. C. S., Nottingham, on Nitrate of Silver in Erysipelas, says:

"During a period of more than twenty years, I have attended a great number of cases of erysipelas, many of them extremely severe in their nature, and during that period I have lost only one patient, a middle aged female, in whom the erysipelas was attended with very severe *constitutional* symptoms, with sore throat," &c.

Now from this statement, it is legitimate to infer first, that he regarded the local inflammation as the primary disease; and secondly, that the only case of true erysipelas treated by him during that long period, proved fatal when the very local means were used, upon which he almost exclusively relied for its cure. These differences in regard to its pathology, must of necessity lead to discrepancies in treatment and errors of treatment. As the local inflammation in its characteristics, unchecked and untrammeled in its progress by local applications, is not unlike an inflammation induced by artificial vesication, I would suggest that as "nature is everywhere busy by the silent operation of her own forces," endeavoring to cure disease, she may have instituted this as a revulsive means of protection to the delicate structures of the brain, structures most liable to implication: else, why the choice of the face and scalp as its location in preference to any other. Do we not, as the interpreters of nature's laws, imitate this process in the treatment of other diseases?

The danger to be apprehended is not so much because of the intensity of the local inflammation without, as from the fire within; the two conditions being homologous, the one being derived from and dependent upon the other.

General Treatment. Here great contrariety of opinion exists among medical men: while one class are advocates of the tonic plan, another places most reliance upon the opposite.

A few years since, a distinguished physician of Philadelphia recommended venesection for an ordinary case in private practice. At the same time and place, I saw at the hospital stimulants administered and pushed as nearly to the point of intoxication as could be induced.

When such palpable differences exist; when the medical light and experience of yesterday is snuffed out and extinguished by the physician of today, who becomes competent to decide?

Having read some years since a paper written by Dr. Corliss, which was published in the Transactions of the State Society, in advocacy of the success attendant upon the use of quinine and wine, I at once adopted his suggestions and prescribed tonics with an indiscrimination that "knew no variableness, neither shadow of turning," but soon became convinced that what was indicated for malignant, was not so good for the simple form of disease.

A case came under my observation occurring in the person of one whose predilections were strongly in favor of hydropathy, the sum total of whose treatment consisted of two blue pills and one dose of castor oil. For another, whom I was called to attend, who was apparently much debilitated, I prescribed quinine and wine, which evidently served as a tonic for the disease, if not for the patient. Here I conceive were errors of omission and of commission; while the one took too little medication, the other took too much. The one dated his complete convalescence two months after the attack, when copious supuration from a dozen boils gave exit to the poison within; the other, hers, some weeks afterward, to the effects of a mercurial purge. The tonic plan, though not always admissible, with the profession, I believe, greatly preponderates. It is almost always judicious in the extremes of life, and in constitutions impaired by excesses. It is, perhaps, always a disease of debility; indeed the meagre statistics I have exhibited go to show it to be a disease of the spring months, when the constitution has become impaired by the rigors of a winter. In an ordinary case, however, I cannot believe tonics called for, or that depletion is admissible in any case.

The best general plan of treatment, in my esteem, may be summed up and embraced in the almost obsolete but nevertheless appropriate term, depuration. It would be an act of supererogation to enter into detail and to specify particular remedies for the full development of this plan, yet I cannot forbear the mention of one drug, which in efficiency is paramount to all others. I allude to colchicum. If there be any one drug, whose *modus operandi* is eminently that of depuration, it is this. It kindly excites all the emunctories by which the blood poison is eliminated.

When given in combination with Dover's powder, it is rendered more efficient and becomes deprived of the unpleasant effects usually attributable to it. I was led to its use for the reason that I believed there existed some points of analogy, pathologically, between it and that other form of disease for which colchicum is so much prescribed and held in so good repute.

Local Treatment should always be subsidiary to the general. To cir-

cumscribe the local inflammation when it attempts to spread itself over too great a surface, should be accomplished, if possible; but to attempt by the same means utterly to suppress it, I deem to be hazardous in the extreme.

Nitrate of silver has become so closely identified as a local application with this affection, that I cannot forbear to give you the words of the late Dr. Drake in relation to it. He says:

"I am compelled by experience and inquiry, to believe that the criteria by which to select the topical applications in this acute, not less many chronic affections of the skin, are as yet but little understood, and perhaps will never be very obvious. It has long seemed to me that the practice with these agents was essentially empirical and tentative; it will, I fear, continue so. That they have all done good, cannot be doubted; yet as they are always used in connection with constitutional treatment, it must be quite impossible to decide on the relative value of the external and internal. That the latter is on the whole much greater than the former, is, I think, quite certain, and it seems exceedingly probable that in many cases the cure depends entirely upon the internal, while the external applications may receive the credit. In this way we may account, in part at least, for the opposite reports made by different physicians on the efficacy of the same applications. One has used it in connection with an appropriate — the other an inappropriate internal treatment, and consequently the apparent results were different. In the midst of this uncertainty, we may presume that when the constitution of the patient is vigorous, and the phlogistic diathesis is strongly developed, the mucilaginous, farinaceous, and oleaginous applications may be most proper; while in feeble constitutions, with an early failure of the vital forces and a tendency to œdema or gangrene, the more stimulating should be chosen."

Iodine. The application of iodine will prove effectual in circumscribing a local inflammation when nitrate of silver fails, and is doubtless more reliable than any other agent.

Oiled Silk. The very best application, except when it is desirable to stimulate the surface, I have found to be the oiled silk. By its use, the surface is well protected from the atmosphere, it is light and cool, soothing and grateful to the patient. Probably no better application could be made in an ordinary case; conjoined with the iodine, it is applicable to all cases.

That form of erysipelas which exists when the local inflammation dips deep into the areola tissue, assuming the modification denominated phlegmonous, I have come to regard in many cases as the most desirable result, by virtue of the better convalescence of the patient.

As its treatment comes more immediately within the province of surgery, I dismiss it with the single remark, that tonics and stimulants are only moderately tolerated until after free exit is given to the pus.

Should there be an insufficient amount of vigor in the patient for the formation of pus, or to eliminate the blood poison from the system, or from whatever cause, should the disease become malignant, we have a very grave malady to combat. I must confess to some obscurity in regard to the applicability and significance of the term. Used in contra-distinction to benign, it always implies an intractable disorder.

A single remark or two in addition to what has already been said of the pathology of erysipelas may not be altogether inappropriate here. This modification of true erysipelas almost always involves pyæmia: especially is this true when prevalent in the hospitals. So close is the analogy between the symptoms of this affection and primitive pyæmia, that the diagnosis is involved in doubt. To know the true causes which produce death is of the first importance to the physician in treating any disease. In this disease is the brain attacked with inflammation by metastasis? Do we have phlebitis or secondary pyæmia? Questions which I leave for others more capable than myself to answer. However, it is the more rational to presume that we have in the majority of cases the latter complication; indeed, autopsies almost invariably reveal purulent depots within the joint cavities. It is, perhaps, so far as treatment is concerned, of no practical utility to know when the one condition or the other exists. Should incipient pyæmia be present, the disease is amenable to treatment; beyond this our art ceases to have control, and the patient must sooner or later succumb.

The indications of treatment are evidently to prevent these purulent depôts, and to ward off the secondary results of inflammation. To accomplish which, tonics and stimulants are demanded from the first, and should be administered with boldness, for they are beyond a doubt our chief reliance.

Much importance has hitherto been placed upon the use of the muriated tincture of iron. But I have had an experience with it so far short of success, that with myself, Fowler's solution and quinine have long since taken precedence of it.

An *erysipelatous inflammation* holds so close a relation with the disease, I have considered as to merit brief notice in this connection.

It may occur independently of, but more frequently, after an acute attack of simple erysipelas. It is vexatious both to the physician and patient. There are few maladies which give more trouble or less satisfaction to the general practitioner. It almost deserves the distinctive title of *relapsing erysipelas*. It clearly indicates the presence of the erysipelatous diathesis and although the simple form may have had its rise, progress, and decline,

still the specific influence has not yet become extinct. This condition may result from an untimely suppression of the local inflammation of a general disease, or a transfer of it. It is in any event a sequence of blood lesion and constitutional disturbance. Indeed a local inflammation of this character can so seldom exist, *per se*, independently of some lesion of the general system, that to argue in favor of its constitutional origin would seem superfluous.

Rokitansky says:

"When, owing to whatever cause, a local disease has been checked in its development, it subsides only to reäppear in another part, often with augmented force and with the supervention of a new general disease." * *

Suppuration is equivalent to the extinction of the discrasis; without this issue, it is liable to localize itself again in other organs, or the same tissue between which there is intimate relation of sympathy.

The first thing to be done toward its treatment is to "unlearn the Willanean nosology and diagnosis," to look beneath the surface and to study the nature and causes of that vitiated condition of the blood, which, if it does not originate the disease, renders it at least proof against local treatment and ordinary remedies.

"By rectifying whatsoever is obviously wrong in the general system, we put the patient into a condition in which the local disease has a chance of getting well; and sometimes this is all we have to do; the *vis medicatrix naturæ* will accomplish the rest."

The best remedy, conjoined with an appropriate constitutional treatment which suggests itself, though seemingly a severe one, is the seton.

Having myself had recourse to it in two or three instances, in the treatment of this affection, I can vouch for its efficacy in doing more towards eradicating this peculiar discrasis and the restoration of the patient to health in one week, than can be accomplished in a much longer period of time by any other therapeutical means.

By thus effecting a speedy and permanent cure; empiricism, whether appearing in the form of flesh and blood or of pills and potions, becomes deprived of large and bountiful supplies of aliment upon which it has hitherto fed like the cormorant, and fattened, because of the credulity of those who are its most willing dupes.

ART. V.—*Cases from Dr. Hamilton's Clinic at the Buffalo Hospital of the Sisters of Charity.* Reported by J. BOARDMAN, M. D.

Fracture of the Femur. D. L., aged 15 years, while playing upon a hand-car on the railroad, fell in front of the car and was struck by it on his left thigh. He was immediately brought to the hospital.

On examination three hours after the accident, discovered a fracture of the left femur, a little above the union of the lower third with the upper two-thirds of that bone. There was but little swelling of the limb, and the skin did not appear to be much bruised. The limb was shortened, distinct crepitus could be felt, and motion was perceptible at that point. The fracture could be reduced with comparative ease, but extension being removed, the ends of the bone would slip past each other.

His limb was dressed in the usual manner, with Desault's straight splint. Only slight swelling followed, and the boy being very quiet, the bandages did not become displaced, and therefore were left untouched until the seventeenth day, except they were tightened by being sewed over and over with a strong thread. At this time, Dr. Hamilton took the dressings from the thigh, examined the limb, and found that union had taken place, though as yet the bone was not firm. He measured the limb and re-dressed it before the class. The points taken for this measurement, were the anterior superior spinous process of the ilium, and the lower edge of the patella; also the lower ends of the external and internal malleoli of both legs. The left femur was found to be three-quarters of an inch shorter than the right.

In measuring a limb, the only reliable way is to take fixed and corresponding points upon both legs and carefully mark them with ink, or the tinct. of iodine, and when sure that the points are correctly marked, then with a string, or tape-line, compare the distances on one leg, with the distances on the other. It is best to select two or three different points upon each limb; and if the result is the same when the different measures are compared, it is a proof that the result is correct. It has been, and still is, the custom with a few physicians, to bring both heels together, the patient lying on his back in bed, and from the fact that both heels are brought together, they firmly believe that the result of their treatment is perfect. But this mode of measuring is exceedingly incorrect; for almost every one can easily, without any perceptible movement of the pelvis, cause either leg at will to appear longer than the other.

Dr. Hamilton has carefully measured a large number of fractured femurs

— cases treated not only by himself and by other American surgeons, but also by European surgeons — and union has never taken place without any shortening. The usual shortening in oblique fractures of the femur, is from one-half to three-quarters of an inch. In children, the femur often unites with no apparent shortening. The degree of lameness, however, is not in proportion to the amount of shortening. I have seen a person walk quite lame, whose leg was not shortened more than half of an inch, and again, I have seen a patient hardly appearing lame with one femur one and a-half inches shorter than the other. It is not an uncommon occurrence to find a person, even years after a fracture of this bone, with a shortening of one-half to three-quarters of an inch, entirely unaware of any difference in the length of his legs.

Dr. Hamilton, in re-dressing the limb, called the attention of the class especially to the various *little things*, as they might be named, but which add so much to the comfort of the patient, often prevent a great deal of anxiety on the part of the attending surgeon, and assist greatly in accomplishing a good result.

On being called to a case of supposed fracture of the femur, the surgeon should carefully remove, if it has not been done, all of the clothing from the limbs; examine and accurately determine the nature of the accident. If the case proves one of fracture of the femur, he should carefully ascertain the exact point at which the bone is broken, and also the character of the fracture, if possible; also the condition of the skin, for if the latter is much injured, his dressings must be so arranged as to avoid pressure over the wounded parts. In doing this he will be obliged to hurt the patient, but good surgeons will be careful in regard to giving pain to any one under his care. The day has gone past, when the worth of a surgeon is to be estimated by his rudeness, or his seeming indifference to suffering, and now he is deemed worthy of confidence whose hand is the lightest, and who carefully avoids giving his patient unnecessary pain.

After learning all that he can by his examinations, let the surgeon prepare the splints that he will wish to use, see that he has a number of pads made, not only for the splints, but also to protect certain parts of the limb. These pads should be made of cotton batting, or wadding, carefully arranged, smooth, free from all lumps, and sewed in a piece of cotton cloth, by lapping one edge over the other so that there may not be a hard seam. If loose cotton is used without being placed in cloth, it is liable to become displaced under the splint, and the surgeon cannot as readily ascertain whether the splint is entirely and evenly protected from undue pressure at any point. If

loose cotton is employed, the dressings are apt to look slovenly, and also the limb will require much more frequent dressing. Dr. Hamilton often remarks, that the work of a *good surgeon* will be neat in appearance; also that a broken bone slovenly dressed, will, in most instances, give poor results. See that the bandages are prepared and properly rolled; also let the surgeon prepare four strips of adhesive plaster, two inches wide, and long enough to extend from the knee to at least ten inches beyond the foot. Let him prepare a perineal band. The one generally used by Dr. Hamilton for the last few years, is made as follows: a piece of strong cotton cloth, one and three-quarters of a yard in length, and four inches wide, is taken, and in the center is placed a few folds of wadding, or batting; over this is laid the half of a newspaper that has been folded so as to form a strip about one and a-half inches wide. The cloth is then folded and sewed in the same manner as in the pads, and when complete forms a band about two feet, the center of which is padded, while the ends are free. The surgeon cannot be too careful in seeing that this band is perfectly free of all lumps, or ridges, and that even the lapping of the cloth is on the outside, over the paper, for he is obliged to rely upon this for his counter-extension, and if the perineum becomes ulcerated, it will be the cause of trouble, to both him and his patient. Experience has proved that a newspaper folded in this manner, is of great assistance in preventing the wrinkling or cording of this band; and it also possesses this great advantage over many other substances, that it may be found in almost every place · in this country, at least, there is hardly a house so destitute as not to contain a newspaper. I have seen bands thus prepared that had been worn from four to six weeks, almost without a wrinkle; and so far as cording was concerned, it would have done to have used them a second time.

After the surgeon has seen that all of his apparatus is prepared, and has placed it where it can be conveniently obtained, then, but not till then, should he proceed to dress the limb. An assistant holding and steadying the knee, the surgeon applies two straps of adhesive plaster to each side of the leg from the tuberosities of the tibia to the maleoli, which are protected from undue pressure, by small pads placed over them. A pad is then placed under the leg just above the heel. It is held in place by bandages which extends from the toes and is carried evenly over the foot and leg to the knee. Experience has shown that in cases of fracture, the heel is exceedingly prone to ulceration, due to the partial arrest of circulation by the bandages, together with the long continued pressure from the weight of the leg. This pad is intended to be thick enough to prevent this pressure

on the heel. The bandage also assists in retaining the plasters in their place, for, in warm weather especially, they are a little apt to slip when extension is made by them; also it prevents the swelling and stagnation of the blood, which necessarily would ensue if the thigh alone was bandaged. The perineal band is then carefully slid under the limb and brought to its proper place, the free ends extending above the hip. The long splint, which he has chosen, is then placed by the side of the limb, and a long pad, or junk, which reaches from the hip to the sole of the foot, is interposed between it and the leg. This pad should be made to fit the limb, being a little thicker opposite the knee and ankle. The ends of the band are carried through two holes in the upper end of the splint and tied together, and the free ends of the adhesive plaster are made fast to the extending apparatus in the foot-board, or if the splint is without any such apparatus, these ends are carried through two holes in the foot-board and firmly drawn down and tied together; in this case, whenever it is necessary to increase the extension, they must be untied and made shorter. The whole limb and splint must then be carefully raised by an assistant, while the surgeon places a splint underneath, one upon the inner side, and a third upon the upper side of the thigh. These splints should extend from the pelvis down to the knee, and should be so protected by pads, that neither the ends nor the sides of the splints shall come in contact with the skin. A bandage is then thrown around them, including the long splint, and as this bandage is carried down the limb, a large pad, three or more inches in thickness, is placed under the knee and thus held in place. The bandages used should be perfectly smooth, and applied to the limb with as few folds, or wrinkles, as is possible; for each fold is hard and apt to produce pain, if not ulceration. Sometimes the splints are held in place by four or more strips of bandage tied around them. This is convenient, if from any cause the surgeon wishes to open and examine the limb daily; or in case he expects considerable swelling of the thigh, he can readily loosen or tighten the bandages as the case may require. The bandage over the plaster, if well applied, will rarely require to be disturbed till that part of the treatment is dispensed with, which generally is about the fifth or sixth week. The object of the pad under the knee is to support that joint, and to prevent the leg from being perfectly extended. If a patient is placed upon his back with his limbs straightened out, without some support to this joint, in a few hours, intense pain will be produced, due to the unnatural straining of the flexor muscles of the leg. After the bandages are applied, and everything made comfortable, they should be basted together by a needle and thread. This will do much towards preventing

their getting loose and displaced, and often prevent the necessity of a re-application of the bandages.

As a general rule, the patient should be seen every day for the first ten days after the accident. The surgeon should carefully examine the dressings, see that every part is right, that the splints have not become displaced, or that they do not cause pain by pressure, that the bandages are smooth and evenly applied, that they are neither too loose nor too tight, see that the extension and counter-extension is properly made, that it is not too great, that the skin is not becoming excoriated underneath the perineal band, that the heel is not painful from pressure, and finally, that the dressings are comfortable. It may seem but a little thing, but, nevertheless, it is of great importance that the surgeon should ascertain cause of pain, if any should be present, in a limb thus dressed, and if possible, remove it early; for not unfrequently, as often is the case with the heel, the pain may not be very severe, and lasting only from twelve to twenty-four hours, and then almost entirely disappearing; but when a few days after, the surgeon removes the dressings, he is surprised to find that sloughing has taken place, and that the fracture has become complicated with an ulcer, which becomes the source of great trouble, not only to himself, but also to his patient. If the dressings become loose or displaced, or if they cause pain, they should be taken off, and the limb re-dressed. With some patients this will have to be done quite often; a few will need to be re-dressed but a few times in the course of treatment, which generally is continued six weeks; then, if the union seems firm, the patient may be permitted to leave the bed, and go about with crutches.

Dr. Hamilton recommends, and as a general thing, uses the long, straight splint of Desault, in the footboard of which he has placed an endless screw, by means of which he makes extension. I myself have used the straight splint, with two holes made in the foot-board, through which the extending straps were carried, and then tied together. The best result that I have had in treating an oblique fracture of the femur, in an adult, was in the case of a man about 33 years of age, in which the amount of shortening was only one-quarter of an inch. This patient was treated by means of a long, straight splint, which I made out of a thin piece of clapboard, with a foot-board, rudely fashioned from a thicker piece, in a barn on the place. I made it, that I might dress the limb, and make the patient comfortable, till I should see him again; but on visiting him the next day, I found him quite comfortable, and the rude splint answering every purpose, and therefore did not change it.

ART. VI.—*The Modern Practice of Midwifery. A course of Lectures on Obstetrics: delivered at the St. Mary's Hospital, London.* By Wm. Tyler Smith, M. D., Member of the Royal College of Physicians. With an Introductory Lecture on the History of the Art of Midwifery, and Copious Practical Annotations, by Augustus K. Gardner, A. M., M. D., late Instructor on Obstetrics in the N. Y., Preparatory School of Medicine. Author of the "Causes and Curative Treatment of Sterility," etc. Illustrated by 212 engravings. New York: Robert M. De Witt, Publisher, 160 and 162 Nassau street.

The work before us is a republication from the pages of the *London Lancet*, of the lectures of Dr. Smith. These lectures have been already embodied in a systematic work on Midwifery published in London; but here they have been preserved in their original form, preceeded by an introductory lecture on the history of Midwifery delivered by Dr. Gardner, in 1851, at the N. Y. College of Physicians and Surgeons, to which are added copious annotations by the American editor.

In the editor's preface we find the hope expressed, that the work as now issued, "may not fall under the general obloquy of American editions of foreign works." We would enquire, what is the cause of the general, or, we would prefer, the frequent objections of the profession of this country to foreign republications? Certainly if works issued on the other side of the Atlantic are of sufficient value to warrant their republication here, we should be obliged to our publishers for giving them to us at a smaller cost than the foreign editions, with a saving of the expense of duty, transportation, etc! But what is objectionable in these republications, is the quantity of editorial notes and comments, and the well worn illustrations, by which they are almost always adorned, diverting from the appropriate channels of our national literature the original labors of our distinguished men; for then, American researches appear tacked on, as it were, to the work of some European celebrity, instead of helping to build up a national literature.

This is an injustice which is done to our own eminent men; but, on the other hand, there is frequently an injustice to the foreign authors, of which they might reasonably complain. Their books are edited by men who only wish to link their names with that of a distinguished author, by means of notes, etc., which only encumber the text, and frequently, by their puerility, injure the character of the original work; one can always be successful if he look after deficiencies with the desire to find them, in order to increase his own importance. We do not approve of these copious annotations of American editors; if European writers ignore our advances in science, let them be rebuked through the pages of our Journals, some of which are extensively

circulated in other countries, and let us have the pages of their own works as they originally appeared. There are valuable American works in the several departments of our science, which, taking cognizance of *European* labor, are the proper exponents of *American* advancement.

The work before us is valuable, and worthy of the high reputation of its distinguished author, but we should have been much better satisfied if it had appeared without the introductory lecture of Dr. Gardner, his paper on "obstructed labor from rigidity of the os uteri," which was read before the N. Y. Academy, and his copious annotations. These two papers by Dr. Gardner are introduced with no apology, either on the part of the author, or implied by a peculiar pertinence. The zeal of the editor has also led him to embellish a page with the horrid wood cut representing a female figure placing another in a proper position for the use of the "elevator perinei," which appeared in Dr. J. Marion Sims' tawdry address before the New York Academy of Medicine.

We cannot enter in a review of Dr. Smith's work, and can only state, from the examination which we have made of it, our good opinion of it as a practical work on midwifery. It is hardly as complete, however, as many text-books which we have on this subject, and in all probability, not so much adapted to this end as the work which appeared in London.

ART. VII.—*The Science and Art of Surgery. Being a Treatise on Surgical Injuries, Diseases and operations.* By JOHN ERICHSEN, Professor of Surgery and of Clinical Surgery, in University College, and Surgeon to University College Hospital. An improved American edition, from the second enlarged and carefully revised London edition. Illustrated by four hundred and seventeen engravings on wood. Philadelphia: BLANCHARD & LEE, 1859.

We have merely to notice the issue of a new and extended edition of this admirable text book, as it is now favorably known to every student of Surgery. This edition is materially enlarged and has been revised by the author with the greatest care. The volume before us has also received some clippings from the notes of the American editor, in the former edition. We cannot but think, as we remarked above, that a faithful reprint is the best way to present most European books to American readers; there are few points of importance, however, in American Surgery which are not appreciated by our transatlantic bretheren, which it is well enough to introduce into a reprint, but they are not numerous. The new edition of Erichsen's Surgery is brought fully up to the times, and will sustain its reputation as a reliable text book and guide to the practitioner.

ART. VIII.—*Report of Mortality in Buffalo for the Month of Feb.*, 1859.

By P. H. Strong, M. D., Health Physician.

DISEASES.		No.	Males.	Females.	No Sex given.
Accidental,					
By Burning Fluid,	2				
By Drowning,	1	3		3	
Apoplexy,		2	2		
Convulsions, Infantile,		15	10	3	2
Croup,		3	1	2	
Cholera Infantum,		2		1	1
Congestion of Brain,		1	1		
Congestion of Lungs,		2	2		
Debility, from birth,		9	3	6	
Dentition, difficult,		1	1		
Diarrhœa,		2	1	1	
Disease of Heart,		3	3		
" Kidney,		1	1		
" Lungs,		1	1		
Dropsy in Brain,		5	1	4	
Exposure, (infant found in street,)		1		1	
Fever, Puerperal,		1		1	
" Scarlet,		5	2	3	
" Typhus,		2	1	1	
Hooping Cough,		1		1	
Hypertrophy of Heart,		1	1		
Inflammation of Brain and Meninges,		1		1	
Inflammation of Larynx,		1		1	
Inflammation of Lungs,		11	9	2	
Inflammation of Stomach,		2		2	
Inflammation of Veins,		1	1		
Marasmus, Infantile,		1		1	
Old Age,		6	3	2	1
Ovarian Tumor and Ascites,		1		1	
Paralysis,		1		1	
Premature Birth,		3	1		2
Rheumatism,		2	1	1	
Small Pox and Varioloid,		6	3	3	
Spinal Disease,		1		1	
Still Born,		9	6	3	
Syphilis, Secondary,		1	1		
Tuberculosis Pulmonalis,		10	7	3	
Unknown,		4	2	1	1
Total,		121	65	49	7

SEXES.

Males,	65
Females,	49
Sex not given,	7
Total,	121

Died at the Almshouse,		6	
" Hospital of the Sisters of Charity,		5	
" Foundling Asylum,		4	15
" in city at large,			106
Total,			121

Of this No. there were certified by Undertakers, (9 still-born),	45
" " " by Coroner,	2
" " " by Irregular Practitioners,	23
" " " by Regular Physicians in Public Institutions,	15
" " " by Regular Physicians in Private Practice,	36
Total,	121

AGES.

Still-born,	9	Between 40 " " 50 "	8
Under 1 year	42	" 50 " " 60 "	0
Between 1 year and 5 years,	26	" 60 " " 70 "	4
" 5 " " 10 "	6	" 70 " " 80 "	3
" 10 " " 15 "	5	" 80 " " 90 "	1
" 15 " " 20 "	3	" 90 " " 100 "	0
" 20 years and 30 years,	4	" 100 "	0
" 30 " " 40 "	6	Unknown,	3
Total less than 5 years,			78
Total at 5 years and over, and unknown,			43
Total,			121

NATIVITIES.

American,	93	French,	0
German,	15	Holland,	0
Irish,	10	Swiss,	0
Canadian,	1	Prussian,	0
English,	1	Italian,	0
Scotch,	0	Country not given,	1
Total,			121

Comparative Feb'y mortality for the 5 years next preceding 1849 :

For February, 1854,	140	
" 1855,	147	
" 1856,	111	
" 1857,	191	
" 1858,	116	
Average February mortality for 5 years,		141
For February this year,		121

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Removal of the Placenta in the Early Months of Pregnancy by Evulsion.

By O. C. GIBBS, M. D., Frewsburg, Chautauque Co., N. Y.

In the discussion of this subject before the New York Academy of Medicine, as reported for, and published in the October No. of the Monthly, several obstetricians expressed the opinion that instrumental delivery of the placenta after abortion, even in alarming cases of hæmorrhage, was unsafe and unnecessary.

To take part in a discussion, in which men of such extensive experience and wide-spread reputation have participated—men whose opinions are so worthy of respect and confidence, as are Drs. Barker, Gardner, Hubbard, Sewall, Underhill, &c., may seem like the height of presumption on our part. But, holding to some opinions of a positive character upon this subject, we trust we shall be exempted from the charge of egotism in giving them expression, though our field of observation may be more limited than that of another man who may hold opposite opinions.

We would preface our remarks, by saying that our opinions do not differ materially from those of Dr. A. K. Gardner, as at different times expressed. We might differ in the choice of instruments; also, perhaps, as to the time for their use. But more of this further on.

Uterine hæmorrhage, if considerable, is always a source of anxiety, danger and alarm, and never more so than when it succeeds delivery, whether mature or premature. In such cases, it retards recovery, endangers life, and is often the immediate cause of death.

This last statement, we presume, will not be denied, for it is too well known that deaths from hæmorrhage, after labor or abortion, are, by no means, infrequent, and when death is not the direct result, from loss of blood, the patient is frequently so prostrated as to be many months in recovering perfectly, and often, other diseases are superinduced, leading more remotely to the grave. Dr. Thomas F. Cock, of New York, says, "such hæmorrhages are of importance, because, in many cases, they have proved fatal; and their treatment demands some peculiarities beyond that usually pursued in flooding." (See New York Journal of Medicine, July, 1857.) Hence the importance of fully understanding the causes of such hæmorrhages and their most appropriate methods of treatment.

Dr. Gardner has truly said, "there is no time for vacillation in opinion or action; no time to run home to hunt up some method of treatment. The surgeon, if he finds himself at at fault in this anatomy, while an assist-

ant compresses the artery, may turn to his manual for light respecting the course of an artery; but in the floodings of the parturient there can be no temporizing. (See American Medical Monthly, vol. iii., p. 420.)

It is not infrequently the case, that in the early months of pregnancy the uterus expels the fœtus, while the placenta is retained, but partially detached from the uterine walls, in which event, excessive hæmorrhage is an accident of difficult prevention. In all such cases as have fallen under our observation, the hæmorrhage has immediately ceased on the complete detachment and removal of the placenta. The question now under consideration is whether hæmorrhage, under such circumstances, shall be arrested beyond the probable contingency of a return, *by an immediate removal of the placenta with instrumental aid, if need be*, or whether the case shall be trusted to those uncertain remedies, styptics and the tampon, aided by time and the recumbent posture? In our ten years of rather limited comparative experience, in cases of alarming uterine hæmorrhages following abortion, we have lost no time in detaching and removing the placenta, and we have seen no reason to regret our course.

Even in cases of hæmorrhage before the uterus has expelled the ovum, *where the life of the patient is in jeopardy, and all hopes of saving the life of the embryo have vanished*, we have not hesitated to separate the embryo from all vascular connection with the uterus, and remove the products of conception; in which event the hæmorrhage has invariably ceased. The propriety of this latter course is not at present under consideration; we have simply to deal with a partially detached and retained placenta. In such cases how shall the removal be accomplished? We answer, *with the fingers if it can be, with instruments if we must.* What are the objections to such removal? No one hesitates to introduce the hand into the womb to accomplish turning, or to remove an attached placenta at full term. The irritation produced by the introduction of a suitable instrument to remove a retained placenta following abortion in the earlier months, is much less than that caused by the introduction of the hand at full term, and infinitely less than that caused by the disintegration and decay of the retained placenta. For the last eighteen months, the instrument which we have used is that described and figured by Dr. Carey, of Dayton, Ohio, in the American Medical Monthly, vol. vii., p. 4, and subsequently in the Western Lancet, vol. xviii., p. 276. Though designed for the removal of the ovum, in cases of necessity, it is decidedly the best and safest instrument we ever used for the removal of the secundines. We certainly prefer this instrument to the "crotchet" of Dr. Dewees, or the "placental forceps" of Dr. Henry Bond. In regard to the propriety of the removal of the secundines after abortion, we might cite various high authorities, but we will content ourselves simply with quoting Dr. Churchill. He says, "if the fœtus alone be expelled, we may wait a while, (if no flooding occurs,) to see if the uterine efforts will not detach the secundines; if not, perhaps we may be able to reach the lower portion of them with the finger, and gradually withdraw them; if this fail, we may frequently succeed with the ergot of rye. But there are many cases in which none of these plans will succeed. Are we then to leave the case to nature? We know that after a time, the shell of the ovum will putrefy, dissolve, and be discharged; but experience too often proves that this process involves considerable danger; danger of hæmorrhage first, and afterwards of uterine phlebitis. With regard to the danger of uterine

phlebitis from absorption of a putrid ovum, it is sufficiently imminent to warrant interference if we are called early enough." Dr. Churchill does not recommend, but rather reprobates the use of instruments for the removal of the secundines, when the same benefits can be obtained by the fingers, as perhaps first recommended by Dr. Wainwright. Upon what grounds this reprobation is made we cannot conceive, for the judicious use of a proper instrument will produce as little, if not less disturbance, as the necessary manipulations of the fingers within the uterus. We are tempted to quote here a remark by Dr. A. K. Gardner, in an able paper upon uterine hæmorrhage: "How shall the small and fragile placenta be seized hold of and withdrawn? Some have recommended the introduction of one finger into the uterus, and bringing down one edge of the placenta, and twisting it round and round, not only thus to detach the entire mass, but to also so shape it that it may the more easily pass through the os. Where this can be done, by all means do so! But it should be remembered, that in the great mass of cases it is impossible to reach the os, so as to pass one finger into the cavity; far less to effect any good result, if it arrive there, to say nothing of the utter impossibility of aiding the finger with the thumb of the same hand." (See American Medical Monthly, vol. iii., p. 441.)

We propose to give two cases; the first and last in which we have used Dr. Carey's instrument, which will fully illustrate the time and the circumstances when and in which we seek instrumental aid. The first case has been previously reported, but it none the less subserves our present purpose.

Case I. June 18th, 1857, we were called to see Mrs. M., aged 40 years. We found her sitting up, and she said she was feeling very well. A few hours before, she had miscarried, at three and a half months, with but trifling pain and no hæmorrhage. She had previously borne several children, the youngest of which was now ten years of age. The placenta had not come away, and it was on that account that she sought medical aid. On examining the case per vaginam, we traced the slender cord within the uterus. Mrs. M. was a very fleshy woman, of firm muscle, and the soft parts not having been distended by the passage of a full-grown child, resisted the introduction of the hand into the vagina. Pressing the hand firmly up, we could just introduce the end of the finger within the os uteri, but not sufficient to reach the placenta, or with the finger to depress the uterus. In our efforts at extraction, the slender placental cord was broken, after which the womb seemed to float before the finger, and all further efforts at extraction, with unaided fingers, were utterly useless. There was no hæmorrhage, and consequently no necessity for immediate action, but because of the extreme anxiety, on the part of the patient, to have the placenta removed immediately, and because our business would call us daily, for a few days, some ten or twelve miles away, were the above mentioned efforts made at extraction. We now gave ergot in full and repeated doses, utterly without effect. We now left our case as we found it, instructing the friends to lose no time in sending for us should hæmorrhage occur.

We had no idea of abandoning the case wholly to nature. Dr. Huston, of Philadelphia, says, "time, rest and opium, are the grand remedies in abortion, for which there are no substitutes." We were disposed to give the patient the benefit of all these, while we took a little "time" ourselves to prepare for an emergency, which we had every reason to expect would soon

come. We instructed our friend Fox, an ingenious gunsmith, to make an instrument, immediately after Dr. Carey's model, which instrument was held in reserve for future use, when the urgency of the symptoms should demand active interference. During the night of the third day, we were summoned, in great haste, to the bed-side of our patient, who was reported as flowing profusely. Residing two miles away, of course some little time elapsed from the commencement of flowing to the time of our arrival. We went to the case with considerable misgiving; patient and persevering efforts for extracting the secundines had been fruitlessly made with unaided hands; no better result could be expected from a repetition of the effort, and we had yet to learn what confidence could be placed in the instrument which we were now prepared to bring to our aid. It was true, we could resort to the tampon, but this would only protract the case; it would not remove the placenta, nor insure against a recurrence of the hæmorrhage on its removal. We found our patient almost senseless and pulseless from loss of blood, and friends were weeping in an agony of grief at the prospects of her immediate dissolution. A dose of camphor and brandy was administered immediately, and we sat down to our patient without delay. The vagina was emptied of clots, and the hand was pressed firmly up, until the end of the finger reached the os uteri. Carey's instrument was now passed up, guided by the finger, until the claw entered the os; it was now turned to the one side, with the intention of bringing its convexity in immediate contact with the uterine walls, and then gently carried up to the fundis. From this position the instrument was made to sweep the entire cavity of the uterus, carefully keeping the polished surface of the convexity of the claw facing towards its walls. The instrument was now turned on its long axis, and carefully brought down; the placenta was immediately felt in contact with the end of the finger, which was still kept in the os; with the finger acting as one blade of a pair of forceps, and the claw of the instrument as the other, the placenta was grasped, and at once removed. The hæmorrhage immediately ceased, and the patient made a good recovery. Though the time was not accurately noted, it is presumed the placenta was removed in less than two minutes from the time of sitting down to the patient. (See a former paper of ours in the Western Lancet, vol. xviii., p. 645.)

Case II. October 10th, 1858, was called to see Mrs. B., a feeble woman of nervous temperament. She was deadly pale, and almost pulseless from loss of blood. She had been flowing more or less profusely for the last three days, and had been attended, because of our absence, by Dr. Boyd. Ergot, acetate of lead, opium, gallic acid, and the tampon, had all been used with no permanent effect. The patient was supposed to be about six weeks pregnant, and, from the amount and persistency of the hæmorrhage, all hopes of saving the life of the ovum was abandoned. As soon as these facts were ascertained, we sat down to the patient, emptied the vagina of clots of blood, passed the finger to the os uteri, and then, along the finger, passed Dr. Carey's instrument into the uterus, and with the same manipulation as before described, the ovum was removed. The hæmorrhage immediately ceased, and the patient made a good and speedy recovery.

In the discussion before the Academy of Medicine, as reported in the October No. of the Monthly, several gentlemen present deprecated the use of instruments, while they commended the use of the tampon as safe and

reliable; all, however, agree in the desirability of immediately removing the secundines, where hæmorrhage is profuse. We are disposed to question both the safety and reliability of the tampon. First, it is not reliable, because it does not remove the cause of the hæmorrhage, which is liable to recur at each removal of the tampon; neither does it perfectly and promptly arrest hæmorrhage, for, however thoroughly the vagina may be plugged, it is still capable of containing more or less blood, and often hemorrhage will continue until the uterus is distended to the size which it had attained previous to the occurrence of abortion. Second, it is not always safe; for, if the patient has flooded until there is imminent danger of immediate death, the cavity of the womb will not infrequently continue to receive blood, after the introduction of the tampon, quite sufficient to greatly enhance the danger, if not to prove actually fatal. It is needless to say that there is always an uncertainty attending the final removal of the tampon, and danger attending its too long use. There is always a liability of uterine inflammation from the presence of the placenta and clot in the uterus, and of phlebitis from the absorption of pus during the process of putrefaction.

Other members present preferred to trust the expulsion of the placenta to the influence of ergot. In the first case above reported, ergot signally failed, and this was not the first time we have seen it do so, when our anxiety was wrought to the highest pitch by the imminence of the danger. Others have been so often disappointed, under like circumstances, as to doubt its influence entirely in promoting uterine contractions.

For ourselves, we do not doubt that a good article of ergot, when properly administered, will increase the force of uterine contractions, in cases of labor, at the full term of uterine gestation. We would, however, say, that our experience justifies the conclusion that there is a difference between *increasing* the force of uterine contractions, when such contractions already exist, at the normal terminus of the gestation period, and in *originating* contractions, when nature is not making normal efforts in the same direction. Dr. Huston says, "the use of the ergot of rye, under these circumstances, is not without inconvenience," for it increases pain and nervous excitement, which are not infrequent and unpleasant attendants in these cases. Dr. Budd objects to the administration of ergot after severe hæmorrhage, "as he has often found it a direct sedative." We presume that others have observed the same sedative action. The following is a case in point. Mrs. R., aged about 35 years, a widow, in very feeble health, has, for several years, been subject to occasional and profuse uterine hæmorrhage. She has received treatment at the hands of several physicians, with no permanent good effect. Four days ago, October 22d, we were called, in the absence of her attending physician, to prescribe. She was flowing profusely, and was very faint and quite exhausted. A diligent search discovered no cause of the hæmorrhage. Suffice it for our present purpose to say, that the tampon was used; cold water was injected into the bowels; acetate of lead and opium, gallic acid and turpentine, were administered by the mouth. The hæmorrhage would return with each removal of the tampon, though, it is true, less actively than at first. Yesterday morning the hæmorrhage began to increase again; the tampon, saturated in a strong solution of alum, was applied. We left two doses of fresh ergot (one drachm each,) with directions that one be taken immediately, the other after an interval of six hours. Nothing else was advised. We were called to the case at nine o'clock last night, and found our

patient complaining of universal numbness, and a deathly faintness at the stomach, similar to that which a large dose of opium will produce; yet we were assured that none had been taken. The pulse was reduced from one hundred to sixty, and the surface of the body was covered with a cold, clammy sweat. It is proper to say, there had been no hæmorrhage since morning. From her feelings, the patient was positive internal hæmorrhage was going on. Quinine, with the compound aromatic powder, was administered in repeated doses, and to-day the patient is much improved.

We have reported this case, simply to illustrate the depressing effect of ergot, which, in some cases, might enhance the danger of death.

Dr. Barker says, the tampon in his hands, while it stays the blood for the present, excites uterine contractions, which expel the placenta when the tampon is removed. The tampon will not excite contractions, unless placed within the cervix. It is true that the tampon should always be placed there, but our observations lead us to the conclusion that the vagina is its more general seat.

We fully concur with Dr. Barker, when he says, "there is no question as to the propriety and necessity of at once removing the retained portion of the ovum. The only question is as to the best method of accomplishing this." Upon this last point our opinion has been expressed. The hook of Dr. Dewees should only be used when the placenta is wholly detached, and even then we think a better instrument could be selected. In abortion, when the placenta is wholly detached, we think hæmorrhage is extremely rare; for we have seen hæmorrhage cease on separating the vascular connection between the womb and placenta, even before the latter was expelled. The forceps of Dr. Bond we consider but little better, and, in some hands, might be even more objectionable. The polished and convex surface of Dr. Carey's decidual separator is admirably adapted to glide along the inner surface of the womb, and, with a little management, to separate the placental attachment. We now use it, *without delay*, for the removal of retained secundines, after abortion, *when any considerable hæmorrhage is present;* and we have seen and can see no possible danger from its judicious use. Instead of making it, in such cases, our *dernier*, we make it our first resort. We have little doubt but that the uterus will invariably contract, on the removal of the secundines *in abortion*, yet from habit, we almost invariably give ergot.—*American Medical Monthly.*

A Case of Spontaneous Hydrophobia. By Dr. Henrich.

F. K., thirty years of age, suffered on the twenty-ninth of May, 1857, of cephalalgia, which radiated from the forehead to the occiput, and of all the symptoms of a cold in the head. On the morning of the thirtieth, he complained of chills, and distressing horripilations. Dr. Henrich examined the patient attentively, without finding in the throat or elsewhere a single sign of disease. In the evening he was called in great haste to the patient, whom the found sitting in the bed,the face bathed in perspiration, pale and expressing terror; the eyes injected, brilliant, haggard; the voice hoarse, anxious, and broken. The patient complained of pain and constriction in the throat

and chest, of intense thirst with impossibility to drink, and of dryness of the mouth. The respiratory movements were accelerated, superficial, and irregular; they became normal in the interval of the spasms, which followed each other rapidly; but when the throat became constricted, the patient seemed to suffocate, and carried the hand to the neck as if to remove an obstacle to respiration. The saliva flowed in great quantity from his mouth. Pulse ninety, and feeble. Pharynx a little reddened, and covered like the mouth with viscid mucus.

After earnest entreaties, Dr. Henrich finally succeeded in trying to overcome his violent horror of liquids; after having for a long time struggled against a convulsive contraction of the muscles of the forearm, he could finally bring a glass of water to his mouth, but hardly had the first few drops of the liquid touched his lips, when he was seized with a violent attack of suffocation. He threw his glass away with a gesture of despair, and taking refuge in the remotest part of the bed, cried out to take the water away; that he could not swallow; that he was suffocating.

In this condition he remained during the night. The impression of light or of a current of air exercised, however, no perceptible influence upon the spasms, and the vesicles of Morochetti were not found on the margin of the tongue. In spite of venesection, a blister on the chest, etc., all the symptoms were aggravated the next day; chloroform exasperated them; and they became less violent only for a few moments, after the patient had lost about a pound of blood through the wound made by the venesection, which had opened again; but soon they returned with greater intensity; tetanic convulsions and opisthotonos supervened, and the patient expired half an hour later. He had preserved the full power of his intellectual functions until tetanus came on.

On autopsy, a very slight swelling of the base of the tongue was discovered; the pharynx was in a healthy condition; some pulmonary hypostasis, and two hæmorragic suffusions in the mucous membrane of the stomach were found. All the other organs, the spinal marrow included, presented no alteration. The blood was black, liquid, and diffluent.

Dr. Henrich assured himself, by the most careful inquiries, that the patient had never been bitten by a dog, either mad or healthy, and that he did not believe himself at all attacked by hydrophobia. For three weeks previous, however, he was in low spirits, and without being otherwise sick, had a presentiment of his approaching death, as he said. He indulged, however, in excessive coïtus, (he was married and kept two mistresses,) and was troubled with grief and sorrow. To these two causes combined, the appearance of the terrible malady may be attributable.—(*Henke's Zeitschrift für Staatsarzneikunde*, 1858, p. 361.)

This case, which belongs to the third class of spontaneous hydrophobia of M. Chomel, (*Dict. de Méd.*, tome xv., 1837,) is, among all the published cases, one of the most characteristic. Cases of similar kind have been reported by MM. Ely, Burggreave, (*Gaz. des Hôpitaux*, 1854,) Lessmann, (*Preuss. Vereinszeitung*, 1854,) Bulley, (*Assoc. Med. Journ.*, 1854, Nov. 11,) and Putegnat, (*Journ. de Méd. de Bruxelles*, June, 1853.)—*Gazette Hebdomad.* 1858, 40,) from *The N. Amer. Medico-Chirurg. Review.*

Carate, a non-classified Disease of the Skin. By Dr. G. Van Arcken.

The name of this disease, of which the author has failed to find any description in dermatological works, is derived from *cara*, the Spanish for *face*, and *ate*, the Indian for *look*—the word, according to Dr. Van Arcken, meaning "Look at his face." It occurs in New Granada and the northern parts of South America, and presents three varieties—the blue, the white, and the rose-colored. The *blue* is the mildest, attacking persons of fifteen to twenty-five years of age, and consisting in the appearance of blue, round or oval spots on the face. The spots coalesce, and extend down the neck on to the chest, where the ribs are often so distinctly marked as to cause the patient to resemble a zebra. The hands are a favorite seat of the disease, and again, the lower end of the tibia. It sometimes appears on the glans penis; but the female organs of generation remain free. The *white* variety rarely occurs in the male; it is commonly accompanied by diseases of the ovaries and uterus. The color is of a dead chalky white, and attacks people of from thirty to forty years. The *rose-colored* variety is the worst kind, and frequently follows the white, in which case there appears on the chalky spots of the latter some very minute red spots, which gradually enlarge, until the whole assumes a pale red color. Those affected with this disease are mostly Sambos, Mulattoes, and others of a dark complexion. It always commences on the hands, extends from them to the face and neck, and then down over the abdomen. It attacks both sexes equally. Dr. Van Arcken attributes the disease to a combination of such influences as filth, exposure, syphilis, and unwholesome food. Syphilis prevails so extensively, that scarcely one in a thousand inhabitants is free from it. It seems, therefore, to be a necessary complication of every disease occurring in those parts. Carate is regarded as incurable by the native practitioners; Dr. Van Arcken has found alterative mercurial treatment, iodides, and arsenic, successful remedies. The blue variety he cures in about eight weeks; the other two forms require a longer period; "but the complete cases, whether they be congenital or contracted afterward, are better left alone." Carate is never fatal by itself.—*Ranking's Half-Yearly Abstract of Medical Sciences.*

Varicocele—Clinical Lecture of M. Nélaton.—Messrs. Editors: Some of your readers may be pleased to know the views of this surgeon, who, having been attached for many years to the Military School of St. Cyr, was enabled to examine several cases of varicocele, and was induced to believe that this affection, though by no means rare, is neither well understood nor suitably treated—that errors are found in all the surgical works mentioning the subject—that the general causes to which its formation is attributed are wrongly stated, and really have no bearing in the matter.

Among the causes which our classical writers have much insisted on are found the three following:—hernia, with its consequent treatment, the truss; abdominal tumors; constipation.

If one examines the period of life when the varicocele is most frequently seen, namely, from the sixteenth to the twentieth year, instantly he has a

negation of the causes mentioned above, and considered the more predisposing agents in the malady.

Firstly: Hernia is very rare at that age. M. Malgaigne, in 300 cases occurring between the ages of ten and forty years, finds only twenty-six cases between the tenth and twentieth year.

Secondly: Abdominal tumors are excessively rare in young subjects, especially at that period when you encounter the varicocele.

Thirdly: Constipation. Young subjects are but rarely found who labor under this affection to a degree which, by its obstinacy, could be sufficient to produce a compression on the spermatic vein, and form the varicocele.

Again, hernia is much more frequent at the right than the left side—whereas varicocele is found almost constantly at the left.

From the autopsies which M. Nélaton has made, he proves that when a varicocele exists, the spermatic vein is tortuous, knotted and dilated throughout its course in the abdominal cavity; the hernia sac or the truss pressing upon the vein would cause the dilatation of the vessel below the inguinal ring only, and not within the cavity of the abdomen.

Anatomy has furnished a *supposed* solution of this abnormal condition, and to the question, why is the varicocele most frequently found in the left spermatic vein, has given a plausible explanation, by referring to the anatomical disposition of the vein, and the manner in which it joins the large trunk into which it pours its contents.

The right spermatic vein, near its junction with the ascending vena cava, pursues a direction nearly similar to that of the larger vessel, and by a gradual approach joins it an acute angle, the two currents readily uniting and flowing onward without obstruction.

The left, on the contrary, it is stated, joins the emulgent renal vein at a right angle, thus in a direction perpendicular to the current of blood coming from the kidney—a current considerably larger and moving with greater force. From this it appears that the spermatic vein is unable to empty its contents into the renal, in consequence of which, is formed the varicocele.

This, however, is not true; the left spermatic vein does not enter the renal vein in a direction perpendicular to the latter, but bending outward from its course, turns again inward, describing a double curve on itself, and falls into the renal vein, forming an acute angle, as the right spermatic in its junction with the vena cava.

Another reason assigned for the frequency of varicocele in the left spermatic vein is its greater proportional length. This may be disproved by the fact that a varicosed condition of the spermatic is not more common in tall men than in those of medium stature, though naturally we should find the veins longer in the former class.

The evil consequences of varicocele have been much overrated. Many authors state an atrophy of the testicle follows the varicosed condition of the vein. This is not by any means proved. To judge properly of the question, one should have ascertained that the subject was endowed with equal health and strength in each testicle before the appearance of the varix, and that after its advent, the testicle had diminished.

That you find the testicle smaller when a varicocele exists, is at times true. But this is owing neither to a diminution in the testicle, nor an arrest in its development; the fact that the gland is small here, does not depend on the preëxistence of the varicocele, but they coëxist accidentally. Nor

because the testicle is small, can you judge that its power of secretion is less than its fellow gland; not unfrequently will you find a considerable difference in the weight of these glands, though their mutual functions are equally performed.

M. Nélaton thinks varicocele an affection whose cause is unknown—usually found in youth, and rare in old age—that it disappears as man matures, and that the smaller ones are the most painful.

His treatment is determined by the facts, that they generally exist without pain, do not cause much inconvenience, that they *do not* cause an atrophy of the testicle, nor any loss of its power, and that they disappear with maturity. He therefore insists on a palliative treatment—in ordinary cases, the use of a suspensory bandage; when considerable inconvenience arises, you may swathe the scrotum, thus supporting and compressing moderately the vessel, similarly to the elastic stocking for varicose veins of the leg—and only operating, as the last measure in those cases where the pain is insupportable.

Yours, with respect,

Paris, January 29, 1859. HALL CURTIS.

—*Boston Medical and Surgical Journal.*

The Mammoth Cave. By CHARLES W. WRIGHT, M. D., Professor of Chemistry in the Kentucky School of Medicine.

ATMOSPHERE OF THE CAVE.—The proportions of oxygen and nitrogen bear the same relation to each other in the Mammoth Cave that they do in the external air. The proportion of carbonic acid gas is less than that observed in the atmosphere of the surrounding country, upon an average of many observations. In the dry parts of the cave, the proportion is about 2 to 10,000 of air; in the vicinity of the rivers, something less. Not a trace of ammonia can be detected in those parts of the cave not commonly visited. The amount of the vapor of water varies. Thus, in those avenues, at a great distance from the rivers, upon the walls and floors of which there is a deposit of nitrate of lime, the air is almost entirely destitute of moisture, from the hygroscopic properties of that salt, and animal matter mummifies instead of suffering putrifactive decomposition. And for the same reason, no matter what state of division the disentegrated rock may attain, dust never rises. In portions of the cave remote from the localities in which the bats hybernate, no organic matter can be recognised by the most delicate tests. Not a trace of ozone can be detected by the most sensitive reagents.

From what has been stated, it will be observed that the atmosphere of the Mammoth Cave is free from those substances which are calculated to exert a depressing and septic influence on the animal economy, than that of any other locality of the globe. This great difference is observed by every one on leaving the cave, after having remained in it for a number of hours. In such instances the impurity of the external air is almost insufferably offensive to the sense of smell, and the romance of a "pure country air" is forever dissipated.

What diseases would be benefited, or rendered worse by resorting to the Mammoth Cave?

Consumptives, at one time, resorted to the cave, and, as might have been anticipated, with fatal results. Several of them died there, and all of them, soon after exposure to the external air. One patient did not see the light of the sun for a period of five months. Short trips are attended with advantage, but a cave residence is speedily fatal.

I know of no inflammatory disease that is rendered worse by a resort to the Mammoth Cave. On the contrary, short and easy trips have been known to effect a cure in chronic dysentery and diarrhœa, where all other measures had failed.

In all those diseases where absolute silence, and the total exclusion of light are indicated, the cave above all other places, possesses preëminent advantages; for no where else have we those conditions combined. The only condition in which risk is incurred is during the menstrual period. Serious, and even fatal, results have been the consequence of inattention to this fact.

The temperature of the Mammoth Cave is uniformly 59 degrees, winter and summer; which, in connection with the remarkable purity of its atmosphere, will account for the fact that individuals are enabled to undergo such an unusual amount of physical exertion in it. It is not an uncommon occurrence for a person in delicate health to accomplish a journey of twenty miles in the cave, without suffering from fatigue, who could not be prevailed upon to walk a distance of three miles on the surface of the earth.—*Louisville Medical Gazette.*

M. Falcony's Powder for Preserving Dead Bodies.—The result of a very successful trial of M. Falcony's mode of preserving dead bodies was seen at the Grosvenor-place School on Tuesday. A body was brought to the school on the 24th of September, in a state of decomposition, so advanced, as to be quite unfit for dissection. It was covered with M. Falcony's powder, and left in an open coffin until Tuesday last, when it was inspected in the presence of a number of scientific and literary men. There had not been the least offensive odcr in the room in which the coffin was kept, and the body on Tuesday was quite free from odor. The powder used contains a large proportion of dried sulphate of zinc; this is mixed with common sawdust of white pine, before covering the body. The rationale of the process is easily understood. The sawdust keeps the oxygen of the atmosphere from access to the body, and the emanations from the body are oxydized in the sawdust by the atmospheric oxygen. Hence there is no escape of the fetid gases. Then internal decomposition is prevented by the sulphate of zinc absorbing the water of the body, deliquescing, and recrystalizing as hydrate, probably with seven equivalents of water of crystalization. Whether this explanation be correct or not, there can be no doubt whatever that the process is a cheap, safe, and effectual one, perfectly fulfilling its intended object; and we feel sure that the adoption of such a process with all our dead, would tend to protect the living from cadaveric poisoning of the air we breathe and the water we drink.—*Med. Times and Gazette, Oct. 23d*, 1858, from *The N. A. Medico-Chirurgical Review.*

EDITORIAL DEPARTMENT.

The Convention of Teachers at Louisville.—We have no intention of writing an article on the fruitful subject of Medical Education; not that we do not think that the present system could not be improved, but because we doubt the utility of a discussion on this subject before the coming convention of Professors at Louisville. What will be the result of this meeting, it is impossible to say; but we have no idea that medical schools will ever be brought to consider themselves bound to any definite system, prescribed by the American Medical Association, when it will be for their interest to do otherwise. The American Medical Association is a body which changes its members every year; the places of its meeting being changed yearly to different parts of our immense country, the delegates are but few that attend regularly. This is an insuperable objection to a general plan to regulate the sessions or requirements of colleges, the faculties of which are permanent, composed of men of distinguished position, and who are animated by an intense spirit of rivalry in regard to the several institutions to which they are attached; a rivalry, sometimes, not so much in regard to the excellence of their system, as to the number of students which assemble to hear them lecture, and the number of graduates which they turn out. Too often is utility in the system of teaching sacrificed to popularity. We cannot believe that a school striving to make headway against a powerful rival will ever feel itself bound not to shorten its term of study, or be lenient in the matter of preliminary education, or even, we might add, in its requisites for graduation. They do not precisely desire to have the reputation of being *excessively* rigid in their final examinations, and can ease their consciences by the reflection that they present facilities for information, of which their students may take advantage if they desire.

Though we cannot hope that much will result from this movement, we are glad to see the trial made by the Association; and opine that the only true way is to bring the teachers together. It is desirable, then, that every school in the country should be represented, with definite instructions from the faculties of which they are members.

A Remarkable Obstetrical Case.

JANUARY 19th, 1859.

PROF. WHITE:

My Dear Sir,—Pardon me for the liberty I have taken in addressing you at this time; and although my subject is rather a peculiar one, yet I hope it may not prove altogether uninteresting to you. In our quiet village, we have a fellow who is pretending to practice medicine under the name of an "Eclectic Physician;" does a very small business, and is quite an active member of the Methodist church. Before relating the ludicrous case connected with his professional career, I will state that it is only one among a host of others, about as ridiculous as this, and goes to show plainly that "empiricism" is tolerated in our midst, and that people are anxious to be humbugged, and are not content unless they are.

Some two weeks since, this "eclectic physician" was sent for to attend Mrs. W., living three miles from this village, who was about being confined; he, of course, started for the scene of action with all possible speed. Arriving in due time, he at once proceeded to examine the case. After making a very close and precise investigation, he decided that there was something wrong; and as he expressed it, *the womb was trying to come into the world.* He informed the lady in labor, and those present, that it was his duty to sit by the bed-side, and when a pain came on, he must push against the *womb and keep it from coming into the world;* he accordingly put his theory into practice, and for ten or twelve long hours strongly resisted the natural and kind efforts of nature. Finally, finding himself a good deal exhausted, and his patient becoming uneasy, as well as the other ladies present, it was decided that another physician should be called in, and particular instructions was given to the messenger to tell the other doctor to bring his instruments, for there had got to be *something cut away.* Accordingly the doctor started with his entire outfit for a serious case. Upon arriving at the house, the "eclectic physician" called him aside, and informed him that he had a desperate case on hand, for, said he, *the womb is trying to come down into the world, and I cannot stop it, and I do not think the child can ever be born, for the mouth of the womb is so small that I can only get my little finger into it, and the pains do not dilate it a particle.* As the lady and the friends were becoming very anxious that something should be done, if possible, the doctor last called, (who, by the way, was a regular physician of good standing,) proceeded to examine the case, and to his utter surprise, found a perfectly natural case of labor, with a breech pre-

sentation, which the "eclectic physician" had taken for the womb, and had absolutely inserted his little finger into the *child's rectum, and called it the mouth of the uterus.* The doctor called last informed the lady that there was no difficulty about the case, and in a few moments she was delivered of a child, but of course dead, being bruised and horribly marked by the efforts used to keep the *womb from coming into the world.*

Now this is all true to a letter, not in the least exaggerated. Dr. C. B. Hutchins of your own city is familiar with all the parties, but I will call no names. I would like if Prof. Flint could see this, and as many others of your medical friends as you see proper, and you are at liberty to do with it as you please. * * * *

Prof. White showed us some time ago the above amusing letter, which we have thought not inappropriate for the pages of our Journal. In spite of the sad mistake in diagnosis, we cannot but admire the indomitable perseverence and energy of the valant eclectic who stormed the *breech* so manfully for between ten or twelve hours. Truly it must have been a terrible conflict! man against woman! Interesting, however, in a physiological point of view, as showing the superiority of the involuntary over the voluntary muscle, as the uterus finally conquered the opposing force, pushing the body of the devoted infant into the world, the soul of which, the ruthless practitioner had succeeded in pushing out.

It makes us ashamed of our race, because they will suffer it, and of ourselves, because we cannot prevent it; but there is no doubt but that the human family will be quacked and humbugged forever. They know so little of medical science; worse than nothing indeed, for most persons imagine that they are learned in some disease, and civilization is so far advanced, that the world at large will neither confess nor even believe in their ignorance. Would to heaven that this were confined to the least cultivated classes of society! Then we might hope that those above them would make laws which would effectually restrain the most glaring and rampant phases of charlatanism. But this is not so; multitudes upon multitudes of our most educated people are the constant patrons of medical humbug. A quack, by whose presence our city is now honored, and who does not conceal or apparently wish to conceal his humbuggery, is patronized largely, and, we blush to write, receives an occasional visit from persons in "high places." But such is the world, "*vive la bagatelle.*" We can never compete with irregulars; can never drive all mankind to the true faith; and we should have

known it, if we did not, when we embarked upon the troubled sea of a professional life.

Compliment to Dr. Lemon.—The following correspondence should have appeared in our last issue, but owing to a mistake on the part of the committee, it was not presented to the proper person, in time. We take great pleasure in now publishing this well merited compliment:

BUFFALO, Feb. 18th, 1859.

DR. BENJ. H. LEMON:

Dear Sir—The students of the medical department of the University of Buffalo, as a token of their esteem and their appreciation of the efficient discharge of your duties as demonstrator of anatomy, desire your acceptance of a Seal Ring, and with it, their earnest wishes for your welfare.

Sincerely yours,

G. J. SWEET, C. C. DELLENBAUGH,
H. R. STAGG, J. P. SHUMWAY,
N. L. BATES, W. W. POTTER,
L. DAMAINVILLE, and many others.

Dr. Lemon's Reply.—Gentlemen: For your kind remembrance, and handsome token of consideration and esteem, accept my warmest thanks.

In the pursuit of the science of anatomy, we have many difficulties to encounter and many sacrifices to make, but, gentlemen, if we are ever to be true physicians, a knowledge of it is indispensable. Through that charnel house, the dissecting room, all have passed who have attained real excellence in our noble profession—a long list of honorable names, extending through thousands of years to the present time; a very large majority of you, I am happy to add, have appreciated the benefits of a practical application.

That another session may find you all in your old places, and with renewed vigor, exploring the still hidden regions of science, is the wish of your sincere friend. BENJ. H. LEMON.

To H. R. Stagg, N. L. Bates, G. J. Sweet, C. C. Dellenbaugh, L. Damainville, W. W. Potter, J. P. Shumway, and many others.

Case of Gun Shot Wound of the Superior Extremity. Post-mortem appearances in a case of disease of the Abdominal Lymphatic Glands.

Editor of Buffalo Medical Journal.

SIR: If you think the following cases worthy a place in the Journal, they are at your dispcsal:

C. A., æt. 20, in good health, on the 28th Sept., 1858, was standing on a large fallen tree, beside which he had placed his loaded rifle; stooping forward, he grasped the gun near the muzzle, his forearm being flexed or bent upon the arm at an angle of 45°; in bringing the arm upward, it was discharged. The powder burned and blackened the palm and wrist. The ball, (size, 80 to the lb.) cotton patch, and double pieces of cotton shirt, entered the palmar side of the forearm (making an opening an inch in diameter) one and a-half inches anterior to the elbow-joint, striking the humerus between the condyles. The fracture was longitudinal, making two triangular fragments, either four inches in length, apex towards the shoulder; the triangular portion between these fragments, apex at the elbow; was in three pieces. The ball passed (we traced the passage clearly by a blue streak and bubbles of air) externally to the humeral artery, near the external wall of the axilla, and lodged beneath the skin, near the inferior angle of the scapula.

The forearm was pale, cold, and pulseless; the pulsation of the humeral artery was distinct from the arm-pit to the small central fragments; then upon the opposite side of the arm, was a full pulse. Appearing to emerge from between the fragments, it continued toward the elbow, two and a-half inches, and disappearing between the fragments. External hæmorrhage slight; considerable blood extravasated, the arm very crooked and deformed, and supposing the humeral artery torn off, it appeared a clear case for amputation.

The teachings of Prof. F. H. Hamilton, on conservative surgery, (in 1847, I had the benefit of Prof. Hamilton's lectures on surgery in the Geneva Medical College,) and the case of the child whose arm was so mashed and torn by a railroad car, reported last year in the Buffalo Medical Journal, determined an attempt to save the arm at a risk to the patient's life and the doctor's reputation.

Treatment. After a fruitless search for the cotton cloth, ¼ gr. morphine was administered, the forearm flexed and bandaged from shoulder to finger

ends, (the object of bandage to favor oozing from wound and absorption of extravasated blood) and placed in an angular box. At the end of the second day, the object of the bandage being attained, it was removed, and cold water applied by two small siphons. Ep. salts repeated daily; diet, water gruel. On the fourth day, the patient had chills, increased swelling and pain in the arm; headache, and the pulse at 90, and tense.

Gave five drops fluid ext. veratrum, to be repeated every four hours until the pulse was at 60.

Fifth day. Pain less; swelling increasing; pulse 60.

Diminished the dose of veratrum to three drops.

At night I was summoned to the patient, who had severe pain in the head and arm; complained of "burning up;" pulse 95.

Increased veratrum to five drop doses.

Sixth day. Pulse 60.

Continued veratrum, salts, gruel, and siphons, till the tenth day, when the swelling had much diminished.

We adjusted the fragments, bandaged the limb, and applied a pasteboard and paste splint over either condyle. This dressing was allowed to remain undisturbed till the seventeenth day, when the splints were removed and the arm replaced in the box.

Fearing anchylosis, we removed the splints thus early and commenced moving the forearm, while an assistant grasped tightly with both hands the humerus. At first the forearm could not be extended, as the olecranon process came in contact with the internal condyle; but by continued effort, we succeeded in moving it.

At present, March 15th, 1859, the motions of the forearm and arm are natural and easy. The thumb, index and middle fingers, are sparingly supplied with blood, having less heat and strength than the other parts of the hand. There is no perceptible pulse in the forearm, and we find the same two and a-half inches of artery, (appearing as large as the humeral artery,) on the opposite or outside of the arm. The wound has been healed three months. We have seen nothing of the pieces of cotton.

Queries. Did the pieces of cotton cloth enter the wound? Was the humeral artery divided? (Remember the member is useful and almost natural.) How can we account for the two and a-half inches of pulsation as distinct and large as the humeral artery?

To fill this sheet, I give the *post-mortem* examination of W. H., æt. 5 years, who, at the age of four months, had enlargement of the abdomen.

The diagnosis, (by Dr. Briggs, of Auburn,) at that time, was tabes mesenterica.

Twelve hours after death. We found twelve pounds of serous fluid in the abdominal cavity; the lesser and greater omentum, a mass of enlarged glands, varying in size from that of a large pea to the size of a tomato, one and a-half inches in diameter, resembling in form and color a ripe tomato. Then appeared a tumor filling the entire pelvic, and a great part of the abdominal cavities. The stomach and small intestines were in the hypochondriac region, healthy, but much contracted. The sigmoid flexure and rectum were firmly bound and attached to the tumor, effectually preventing any but liquid passages. The bladder, capable of containing only two fluid drachms, was adhered and bound by fibrous bands to the tumor. Three inches of either ureter were imbedded in the tumor, and so contracted as to prevent the passage of urine as fast as secreted. The remaining six inches of the ureter were dilated to an inch and a-half in diameter at the pelvis of the kidney, and one inch at the tumor: the ureters being capable of containing as much as a common sized bladder. The tumor, a part of the colon, the rectum, ureters, and bladder, were tied and removed, then separated. The tumor measured twenty-four inches in circumference, had a thick fibrous sac, enclosing what appeared like chalk or bone deposits a quarter of an inch in thickness, with intermediate glandular layers an inch in thickness.

We now removed the remaining viscera of the abdomen. The diaphragm was covered by contiguous rows, running from sternum to spine, of glands of uniform shape, size and color, of a flattened tomato—one diameter ¾, and the other 1 inch. There were similar rows from the sacrum to the diaphragm, covering the posterior walls of the abdomen and the lateral walls of the right and left hypochondriac, lumbar, and iliac regions. Innumerable glands of the size of peas, and fibrous, were seen in the peritoneum covering the liver, stomach, and intestines.

Yours respectfully,

MARTVILLE, Cayuga Co., N. Y. WM. S. KYLE, M. D.

Dr. THOMAS WATSON has been appointed Physician Extraordinary to Her Majesty, Queen Victoria, in place of the lamented Dr. Richard Bright. Dr. Watson is well known to the profession for his high character and distinguished attainments, and as the author of the "Principles and Practice of Physic."—*Boston Med. & Surg. Journal.*

Bible Argument against Criminal Abortions.

DEAR SIR:—The writer is grateful for your faithful and timely discussion of the subject of "Criminal Abortions;" and he does not think that you will esteem this testimony of less importance, when he informs you, that for more than a quarter of a century, he has tried to preach the gospel.

You will allow me to mention to you a bible argument which may aid you and your associates in the needful reform in which you are enlisted. I refer to

MALACHI II: 15.—"And did he not make one? Yet had he the residue of the Spirit. And wherefore *one? That he might seek a Godly seed.*"

The inspired prophet is reproving each transgressor of the marriage vow for ill treating "the wife of thy covenant." He refers these sinners to the original institution of marriage. "And did he not make one?" That is—one wife for Adam. "Yet had he the residue of the Spirit," he might have created a plurality of wives, if he had thought best.

"And wherefore *one? That he might seek a Godly seed.*"

Here the great object of marriage is made prominent.

The family relation is the foundation of all society. To "seek a Godly seed," is the reason why God has arranged that the human race shall exist in successive generations, and in well guarded family enclosures.

Hence, we infer—that those who encourage criminal abortions—do defy Jehovah in respect to his great design in the establishment of the "Holy Covenant of Marriage." Their conduct tends to subvert an institution which is at the foundation of the perpetuity of the human race, and is essential to the securing of the religious education of children as the means of perpetuating genuine religion.

Yours, truly,

ANDOVER, N. Y., Feb. 12, '59. J. K. JOHNSON.

We received the above communication in time for our last number, but it was inadvertently omitted. We were glad to receive it as indicating the interest which is felt by our correspondent, who is not of our profession, in the subject of criminal abortions, and were gratified to see that our Journal is sometimes read by laymen. Though we write for the profession and devote our labors entirely to its advancement, there are things which appear in Medical Journals which should come under the eye of the public; and especially we would desire the public to be alive to the enormity of

criminal abortion, which as every physician knows, not one in a hundred appreciate in the slightest degree; not even those who might be said to have a high sense of morality. We venture to hope, however, that at the coming sitting of the National Medical Association, some means will be devised for bringing this matter before the public and attempting its reform. Certainly, in no regard, does a christian society more need the assistance of its medical men.

Nature in Disease; Illustrated in various Discousres and Essays. To which are added Miscellaneous Writings, chiefly on Medical Subjects. By JACOB BIGELOW, M. D., Physician and Lecturer on Clinical Medicine in the Massachusetts General Hospital; Prof. of Materia Medica in Harvard University; President of the American Academy of Arts and Sciences; late President of the Massachusetts Medical Society. Second Edition, enlarged. Boston: PHILLIPS, SAMPSON & Company, 1859.

By the same author:

Brief Expositions of Rational Medicine. To which is prefixed "The Paradise of Doctors," A Fable. P., S. & Co., 1858.

We have just received, from the publishers, the second edition of Dr. Bigelow's interesting little book entitled, "Nature in Disease." The first edition appeared in 1854, and was so well received by the profession as to demand a second edition. The additions which have been made are very few; consisting only of a brief chapter, entitled, "Aphorisms on Cholera," which appeared in the Boston Daily Advertiser in 1832; "The Death of Pliny the Elder," and an article on "The Poisonous Properties of certain American species of Rhus."

Passing in review our sources of information in regard to the death of Pliny the elder, the author is disposed to doubt the accuracy of Mr. Melmoth's translation of that part of the epistle of Pliny the younger, which refers to the death of his uncle. It is generally believed that Pliny died during an eruption of Vesuvius, in the year '79, from suffocation caused by the sulphurous vapors. This supposition is derived from the letter of his nephew who accompanied him in the flight. In refering to the original letter, Dr. Bigelow infers that this was not the cause of death, basing this supposition upon various facts which seem to us most reasonable. He says:—"A medical man may be excused for believing that Pliny died from apoplexy following unusual exertion and excitement, or possibly from a fatal crisis in some disease of the heart previously existing." The volume embraces a number

of short papers written in a pleasant and elegant style, and embodying many original and forcible ideas.

In the same style, are the "Expositions of Rational Medicine." This compares the rational mode of practice with the various "pathys" which are now flourishing. To this is prefixed a humorous sketch entitled the "Paradise of Doctors, A Fable," which was read at the annual dinner of the Massachusetts Medical Society. In a style entirely *unique*, it is amusing and contains one or two good "hits" at popular medical prejudices.

A Treatise on the Venereal Disease. By JOHN HUNTER, F. R. S. With copious additions, by Dr. Philip Ricord, Surgeon of the *Hôpital du Midi*, Paris, etc. Translated and Edited, with Notes, by Freeman J. Bumstead, M. D., Lecturer on Venereal at the College of Physicians & Surgeons, N. Y.; Assistant Surgeon to the Eye Infirmary. Second Edition, Revised, containing a *Résumé* of Ricord's Recent Lectures on Chancre. Philadelphia: BLANCHARD & LEA. 1859.

This work is too well known to the Profession, to necessitate anything more than the simple announcement of a new edition. To the former edition, have been added translations of the new points contained in Ricord's late lectures on Chancre, published from the notes of M. Fournier, Interne of the *Hôpital du Midi*; presenting, in the present volume, John Hunter's great work on the Venereal; with Notes by Sir Everard Home; the notes and additions of M. Ricord, and the notes of Mr. Babington, translated and edited by Dr. Bumstead of New York. This makes an octavo of over five hundred pages, which is illustrated by eight elegant plates; a book which is needed by every practitioner.

Inhalation of Carbonic Acid as an Anæsthetic. (From the French of Dr. OZANAM).

The effects of carbonic acid resemble those of ether, according to the author, but are more fugitive; and while it is necessary in the case of ether to interrupt the inhalations after short intervals, an opposite procedure is required for carbonic acid.

a. As long as one wishes the sleep to be prolonged, the inhalations must be continued.

b. These can be prolonged ten, twenty, thirty minutes and more, without danger to life.

c. When the inhalations are stopped, the waking is almost always immediate.

The experiments of Ozanam and Faure have never resulted in death. When death does take place, it is slow, progressive, and one can predict for some time in advance the moment of its arrival, by considering, as Faure has done, the condition of the heart and the pupils. The following experiment, related by Ozanam, is most interesting.

I had prepared by Mons. Fontaine a gas bag containing about 100 litres of carbonic acid, being resolved to prolong the anæsthesia as far as possible. The animal was put to sleep in three minutes, without convulsions, and remained on its side in a quiet sleep without being held. The inhalations were continued for 87 minutes; and the apparatus was then withdrawn; full sleep lasted five minutes more; towards the tenth minute, the paws began to be agitated; at the fifteenth the animal arose. One hundred and two minutes were thus consumed in the experiment—a time much longer than is required by the longest operations.

We believe that Faure and Ozanam propose the use of *asphyxiated anæsthesia, or anæsthesia produced by carbonic acid*, for man. Faure and Ozanam say, that they have respired the gas, if not to the point of producing sleep, at least until they felt the first effects. Its taste is slightly piquant, about as pleasant as that of ether, and it is an excitor of the saliva. Ozanam says that the ethers, chloroform, and carbonic oxide determine anæsthesia by robbing the arterial blood of its oxygen, so as to produce carbonic acid, and thus making the blood venous. Carbonic acid itself does not decompose the blood; it removes no vital principle from it, but contributes progressively, and so that it can be graduated at will, the necessary quantity of carbon to determine the insensibility.—*American Med. Monthly.*

The Mütter Museum.—It may be remembered, that when failing health compelled Dr. Thomas D. Mütter, the distinguished professor of surgery in the Jefferson Medical School, to withdraw from his elevated position as a teacher and surgeon, he proposed to endow the Philadelphia College of Physicians with his valuable museum.

Owing to some unforeseen delay, this intention has but recently been carried into effect. The College of Physicians have, however, accepted the donation of Dr. Mütter, who has also munificently added a fund of *thirty thousand dollars*, the interest on which is to be appropriated to the institution of a yearly course of lectures, to be delivered before the College of Physicians. The museum will be deposited in a fire-proof building, to protect it from injury, and the name of the liberal donor will be commemorated in every recurring series of the "Mütter Lectures."— *Virginia Med. & Surg. Jour.*

Respiratory Movements of the Infant in the Uterus, perceptible by Auscultation. By Dr. B. Schultze, of Berlin. Translated from the Gazette Médicale.

The attempts at respiration of the infant in the uterus when the placenta is detached, are well known, but these movements have not yet been proven by the stethescope. The author having been called to a woman in labor for the fourth time, found the cord prolapsed. During his attempts to reduce and pass the cord above the head of the fœtus, he felt movements of the child, throwing his head backwards, and opening its mouth at regular intervals. M. Schultze retained the hand in the uterus, placed his ear over this region, and heard between the sounds of the heart, a gurgling noise, similar to that which is sometimes heard in the intestines, but coinciding with the movements of the mouth. The infant was born asphyxiated, and epidermic cells, fine hair, and meconium, coming from the amniotic fluid, werefound in the air passages, evidently inhaled by the efforts at respiration.—*Savannah Journ. of Med.*

The "Gorilla."—The London Morning Post describes a peculiar zoölogical novelty which has been received at the British Museum, and by the trustees of that institution, loaned to the Crystal Palace for exhibition. It is a specimen of the *Gorilla*, an animal said more nearly to approach the human species than any yet discovered, and whose existence was long deemed fabulous. Ten years ago a traveler in the interior of Africa was struck by seeing the natives worshipping what seemed to be a human skull, set on a pole. With some trouble, the traveler gained possession of the idol, and sent it to London to be examined by Professor Owen. He read his views on the subject in an interesting paper to the Zoölogical Society, deciding that the animal to whom the skull belonged, was not a member of any known family of Chimpanzees or monkeys, and that it was altogether unrepresented by any specimen of natural history known to the scientific world. His drawings of the restored animal were ridiculed by many as fanciful, but at last they are confirmed, and the accuracy of scientific observation proved. An animal was caught after great exertions, packed in spirits of wine and sent to London, and it *coincides in every respect with the animal Prof. Owen had figured from the skull only.* It is a native of Western Africa, and is said to exist in large numbers in the Gaboon districts, where it is among

the most formidable of the beasts of the forest. The specimen has been skinned and preserved. It is rather more than five feet high, a male, known to be young, from the state of its teeth and the condition of the sutures of the skull. The fore legs or arms are of great length and strength, far surpassing the human; the hind legs are very short, adapted for tree climbing. In features, it is very like the negro, and the orbits are considerably projected. The teeth are formed precisely as in man, and are of enormous strength, the canine teeth of the first skull sent being as large and strong as those of a lion. The negroes of the country live in constant terror of these Gorillas, which are gregarious, and they state that the animals frequently descend in considerable force, sack the villages, carry off the young children and devour them; also that they have an ugly custom of attacking men, and wrenching off the heads of those they attack. If one of the creatures is fired at or provoked, the whole tribe comes down to the rescue, and escape from the combined assault is impossible.—*Nashville Journal of Medicine and Surgery.*

Death from Want of Sleep.—The question, how long a person can exist without sleep is one oftener asked than answered, and the difficulties would seem to leave it forever unsolved. A communication to a British Society has, so far as it relates to one instance, seemed to answer the inquiry, in a description of a cruel mode of punishment peculiar to the Chinese. A Chinese merchant had been convicted of murdering his wife, and was sentenced to die by being deprived of sleep. This painful mode of death was carried into execution under the following circumstances:—The condemned was placed in prison under the care of three of the police guard, who relieved each other every alternate hour, and who prevented the prisoner from falling asleep, night or day. He thus lived for nineteen days without enjoying any sleep. At the commencement of the eighth day his sufferings were so intense that he implored the authorities to grant him the blessed opportunity of being strangulated, guillotined, burnt to death, drowned, garroted, shot, quartered, blown up with gunpowder, or put to death in any conceivable way which their humanity or ferocity could invent. This will give a slight idea of the horrors of death from want of sleep.—*Louisville Med. News.*

Deaths of Medical Men.—We see by the Savannah Journal of Medicine, that Dr. George M. Newton, Emeritus Prof. of Anatomy in the Medical College of Georgia, has lately died. He was a man of eminent ability and a fine lecturer.

Peter C. Gaillard, M. D., Professor of the Theory and Practice of Medicine in the Medical College of South Carolina, departed this life in Charleston, on the 14th day of January last, at the comparatively early age of forty-four.—*Savannah Journal of Medicine.*

Prof. Thos D. Mütter.—We see by the daily papers, that this eminent surgeon lately died at Charleston, S. C. Dr. Mütter was long the Prof. of Surgery in the Jefferson Medical College of Philadelphia, and was one of the most popular lecturers on this branch that we have ever had. Ill health, however, compelled him a few years ago, to retire from teaching; when his place was filled by Dr. Gross.

Also, Dr. J. C. Goble, of Newark, N. J., formerly President of the State Medical Society.

Prof. Ellet, of South Carolina University.

Dr. Edward Hudson, Surgeon, U. S. Navy.

Died, in the city of Alexandria, Egypt, after a short illness, on the 23d of January last, Doctor George Abbott, American Vice-Consul, late of this Auburn, N. Y.

The remains of the deceased were followed to their final resting place by the American consul at Alexandria, the officers and crew of the U. S. sloop of war Macedonia, the bier being drawn by twelve seamen from the sloop, and enveloped with the American flag.

Dr. Abbott spent his boyhood in this city, pursued his medical studies in the office of Dr. Briggs, and graduated from the University of Buffalo.

(Dr. Abbott is well remembered by the faculty of the Buffalo Medical College. He was a fine scholar and a complete gentleman. He was the son of the late Mr. Abbott, of Auburn, and brother of Dr. Abbott, of Cairo, who made the famous Egyptian collection now in New York.)

The American Medical Association.—Our readers will recollect that the twelfth annual meeting of the American Medical Association, will take place the first Tuesday in May, at Louisville, Ky. There will, undoubtedly, be a full meeting, and the hospitality of the delightful city of Louisville will render this probably one of the most brilliant of the sessions of the Association. We insert the official announcement of the secretary.

The Twelfth Annual Meeting of this Association, will be held in Louisville, Ky., on Tuesday, May 3d, 1859. The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the secretary, S. M. Bemiss, at Louisville, correct lists of their delegations so soon as they may be appointed. The Convention of Teachers, invoked by a resolution of the National Association, for the purpose of a general conference upon the best means of elevating the standard of medical education in this country, will meet in the same city, on Monday, 2d of May.

Medical Journals, throughout the United States, are requested to insert the above.

S. M. Bemiss,
Secretary American Medical Association.

Researches on the Malignant Pustule of Man and Animals.
By Dr. R. Virchow.

The author has ascertained by experiment that this disease may be propagated by inoculating, not only with the matter of the pustule, but with the blood of the diseased body, and that the time which elapses between inoculation and death varies between 44 and 66 hours, with one exception, in which a sheep died in 31 hours. He has also investigated with much care the character of the blood, and found that the white corpuscles are present in greater numbers, with some vibriones. These latter bodies were met with in living blood, and consequently they are not to be regarded as the products of decomposition.—*Archiv. für Pathologische Anatomie*, New Series, vol. i, 1857.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 14. MAY, 1859. NO. 12.

ORIGINAL COMMUNICATIONS.

ART. I.—*Clinical Report on cases observed at the New Orleans Charity Hospital*, 1858-9. By AUSTIN FLINT, M. D.

PNEUMONIA.

Under the above caption, in accordance with the wishes of the editors of the *Medical News & Hospital Gazette*, I propose to give in successive numbers of this journal, some account of my clinical observations at the Charity Hospital during the college session for 1858-9. My service at the hospital commenced on Nov. 27th, 1858, and continued for three months. It embraced two male wards, each containing fifteen beds. It rarely happened that there was a vacant bed in either ward, and, not unfrequently, temporary accommodations were made for an additional number of patients on the floor. The average number of cases under daily observation, therefore, was somewhat over thirty. The majority of the patients were affected with acute diseases, including in this category, the periodical and continued fevers. Patients were always discharged as soon after convalescence as their condition rendered it safe and proper for them to leave the hospital. Chronic cases, in many instances, did not remain long under observation, the patients sometimes prefering to leave, and sometimes being advised to do so, the prospect of improvement being considered to be better without than within the hospital wards. The service, therefore, in proportion to the number of beds, was quite active, the daily admissions ranging from four to eight daily.

It may not be amiss to state the plan of clinical instruction which was pursued. The regular daily visit was at 8 o'clock, A. M. The wards of this hospital being free, at all times, to any who choose to frequent them for clinical study, medical students and practitioners who were so disposed, attended at the morning visit, witnessing the examination of newly received patients, with reference to the diagnosis, and observing from day to day, the symptoms incident to the course of disease, together with the therapeutical measures employed in all the cases. Clinical remarks were made at the bed side; but on Wednesdays and Saturdays, after the morning visit, a clinical lecture was given in the college amphitheatre, on the cases under observation in the hospital wards. At these lectures the diseased organs, in fatal cases, were exhibited to the class. During the three months service, the more important of the diseases which occur in general practice were studied at the bedside, and discussed in the lecture room.

Daily records were made of all the important cases. The greater part of this labor was performed by myself, but I was aided here, as well as in other duties connected with the service, by my clinical assistant, Mr. Gustavus Devron, to whom I am under much obligation for his assiduity and fidelity; and I avail myself also of this opportunity of expressing my acknowledgments to Messrs. Holt, Mercer, Smyth, Stone, and other of the resident students of the hospital, for valuable assistance in my clinical pursuits.

I have selected, as the subject of this paper, the cases of *pneumonia* received into my wards during my term of service. The number of cases observed is fifteen. Full notes were taken of all these cases. I shall give a condensed summary of the history of each case, presenting some of the more important points, and omitting details which are unimportant to my present purpose, which is, not to contribute material toward extending our knowledge of the symptomatology of pneumonia, but to select from the notes of the cases, respectively, sufficient of the signs and symptomatic phenomena to show that the diagnosis was correctly made, and to give a general idea of the severity of the disease in the individual cases, its association in some instances with other affections, and to specify the remedies employed in each case.

After giving, thus succinctly, the histories, I shall offer certain conclusions and general remarks based on the clinical study of these cases. In sketching the histories, I shall enumerate the cases in the order of their occurrence. I may mention, in advance, that all the cases actually observed ended in recovery. A single case of pneumonia, only, ended fatally, and in this instance the patient was admitted *in extremis*, and died before my visit on

the following morning. This case, in reality, did not come under my observation prior to the autopsy.

CASE I.—*Pneumonia affecting lower lobe of left lung. Seventeen days in Hospital.*

Thos. Corrigan, aged 37, Irish, laborer, admitted Nov. 18th. Had intermittent fever last summer. Confined to bed two weeks before admission.

Physical signs: Marked dullness on percussion over lower lobe of left lung. Respiration over this lobe bronchial and broncho-vesicular. Bronchophony, and the bronchial whisper intense and acute over this lobe. True crepitant and the sub-crepitant râles. Friction found over upper lobe of left lung. Over this lobe vesiculo-tympanatic percussion-sound.

No febrile movement; respirations 20.

Treatment. Sulphate of quinia, grs. v, three times; brandy, ℥ii, three times, and nutritious diet. The quinia apparently caused vomiting, and was suspended on the second day, the sulphate of morphia, gr. ¼, three times, being substituted. The morphia was continued for three days only, and the subsequent treatment consisted solely of brandy and nourishment.

At the time of his discharge, the disparity between the two sides, as regards physical signs, was very slight.

CASE II.—*Pneumonia affecting lower lobe of right lung, complicating Typhoid fever. Twenty-two days in Hospital.*

Peter Boyle, aged 25, admitted 17th November. Had taken to the bed two days before his admission. He presented the symptoms diagnostic of typhoid fever; the eruption appeared on the 25th of November. On the 26th, the physical signs denoted pneumonia affecting the lower lobe of the right lung. The disparity between the two sides, as regards the resonance on percussion was marked. The auscultatory signs of solidification, viz: bronchial respiration, bronchophony, and the bronchial whisper, were not strongly marked. The grade of the typhoid fever was mild. The treatment consisted of small doses of the sulphate of morphia to allay cough; milk punch and nutritious diet.

The patient was discharged quite well, Dec. 9th.

CASE III. *Pneumonia, affecting lower lobe of right lung. Nine days in hospital.*

Louis Cussy, Frenchman, aged 42, admitted Nov. 20. Took to the bed the day before his admission, but had had cough for a week. Three weeks before his admission he had intermittent fever, at first of the quotidian, and afterward of the tertian type. The last paroxysm was twelve days before his admission, The expectoration was small, adhesive, rusty; pulse 92; respirations 20. Circumscribed flush of right cheek.

Physical Signs. Notable dullness on percussion on the right side, bounded by a line coincident with the lower interlobar fissure. Bronchial respiration wanting. Crepitant râle. Soft, rubbing friction-sound below line of interlobar fissure in front and behind. Well marked bronchial respiration, bronchophony and the bronchial whisper were not, at any time, marked in this case.

Treatment. The sulphate of quinia, gr. v, three times daily, was continued for four days; and the sulphate of morphia, gr. ¼, three times daily. This, with brandy ℥ii, three times daily, and nutritious diet, constituted the treatment.

When discharged, Dec. 1st, the respiratory murmur was developed and vesicular over the affected lung, but an obvious disparity on percussion continued.

The patient, as I afterward learned, was quite intemperate, and he was discharged, although still weak, at his urgent request.

CASE IV. *Pneumonia affecting the upper lobe of the left lung, in a patient recently discharged convalescing from pneumonia affecting the lower lobe of the right lung,* (*Case* 3.) *Death fifteen hours after admission.*

Louis Cussy, the some patient as in No. 3, was admitted Dec. 13th, thirteen days after his discharge, with pneumonia affecting the upper lobe of the left lung, and died during the night. The patient was not seen by me, but he was examined by Dr. Alston, of Texas, and other members of my private class, and the existence and seat of the disease determined by the physical signs.

On examination after death the upper lobe of the left lung was enlarged

in volume and completely solidified; inelastic, non-crepitant, undergoing no change on inflation, sinking in water, anæmic, granular—in short, presenting all the anatomical characters distinctive of the second stage of pneumonia, with slight exudation of lymph on the pleural surface.

The lower lobe of the left lung was œdematous, serous liquid, scarcely spumous, escaping in abundance on section, but no solid or granular deposit.

It was ascertained that the patient, after his discharge, had indulged in excessive drinking. On the day of his death he walked three miles to enter the hospital.

This case illustrates the recurrence of pneumonia in another lobe, and, in fact, the opposite lung; not in the portion previously affected, which it might be supposed, *à priori*, having been so recently affected, would be thereby rendered liable to a renewed attack of inflammation. The patient was affected with two distinct attacks of pneumonia, there being no pathological connection between the two attacks other than that both probably involved the same internal and external causative conditions.

CASE V. *Pneumonia affecting the lower lobe of right lung. Eight days in hospital.*

John Martin, aged 30, Irishman, laborer, admitted Nov. 22d. Patient accustomed to drink rather freely. Had been attacked eight days before with chill, pain in right side, cough and bloody expectoration. Took at once to the bed, but after the first day sat up a portion of the time.

Cough and expectoration, at the time of his admission, slight, the matter expectorated being muco-purulent. No febrile movement, and the respirations 20. Slight circumscribed flush of right cheek.

Physical Signs. Marked dullness on percussion within the limits of lower lobe of the right lung. Over the upper lobe of the right lung the percussion sound vesiculo-tympanitic. Crepitant râle. Respiratory sound over the affected lung feeble and broncho-vesicular. Well marked bronchial respiration not present. Bronchophony also wanting. Tolerably intense and acute bronchial whisper.

Treatment. The patient having formerly had intermittent fever, the sulphate of quinia, gr. v, three times daily, was continued for several days, with brandy, ℥ii, three times daily, and nutritious diet. This constituted the treatment, with the exception of castor oil on the day before his discharge.

Discharged quite well, Nov. 29th.

CASE VI. *Pneumonia affecting the lower lobe of the right lung. Complicating Typhoid Fever of severe grade. Slow resolution of pneumonic solidification.*

Henry Corcoran, Irishman, laborer, aged 28, admitted Nov. 24th.

He had taken to the bed four days before his admission, having, at that time, lancinating pain referred to the right lateral surface of the chest, with cough.

At the time of his admission he had cough with adhesive, semi-transparent and slightly rusty expectoration.

The *physical signs* were, marked dullness on percussion over the lower lobe of the right lung; crepital râle; a feeble, acute bronchial whisper. Well marked bronchial respiration and bronchophony were not developed in this case.

The patient presented all the diagnostic characters of typhoid fever, inclusive of the eruption. The latter affection was of a low and severe grade; the pulse frequent and feeble; muttering delirium with efforts to get out of bed; dejections in bed; carphologia, subsultus, etc.

The *treatment* consisted of the free administration of alcoholic stimulants, essence of beef and milk for diet, and small doses of the sulphate of morphia. The patient was convalescent, Dec. 4th, fourteen days from the time of taking to the bed; the convalescence, however, was slow, being retarded by sloughing over the hips and sacrum.

The resolution of the pneumonia was tardy, but equality of the two sides over the lower lobe was nearly restored, as regards percussion and auscultatory signs, by Jan'y 1st.

The patient remained in hospital at the end of my service, having gained progressively in flesh and strength, but affected with dry cough, accompanied with dullness on percussion at the right summit of the chest. The latter, existing without a corresponding disparity in the auscultatory phenomena, was attributed to enlargement of the bronchial glands incident to typhoid fever.

CASE VII. *Pneumonia affecting the lower lobe of the right lung. Twelve days in hospital.*

Joseph Clark, aged 27, English, laborer, admitted Nov. 24th.

He had been confined to the bed for six days prior to his admission. At

the time of his admission, the expectoration was semi-transparent, adhesive and rusty. Pulse 80; respiration 20.

Physical Signs. Marked dullness over the lower lobe of the right lung; crepitant râle with the few first inspirations; the respiration extremely feeble, so that its character could not be satisfactorily studied; feeble but acute bronchial whisper. Over the upper lobe of the right lung, the percussion-note sonorous and vesiculo-tympanitic.

The treatment at first consisted of opium, gr. ii, every four hours, with nutritious diet. The quantity of opium in two days was reduced to gr. i, and the sulphate of quinia, grs. ii, added. These remedies were discontinued six days before the patient was discharged.

When discharged, Dec. 6th, slight disparity on percussion existed over the lower lobe, but all pulmonary symptoms had ceased.

CASE VIII. *Pneumonia affecting the lower lobe of the right lung. Fifteen days in hospital.*

George Nelson, aged 24, American, admitted Nov. 29th. Had had cough with pain in the side for three days, but did not take to the bed prior to his admission.

The expectoration was adhesive and muco-purulent. From his description it had been rusty before his admission. Pulse 76; respiration 28.

Physical Signs. Marked dullness on percussion over the lower lobe of right lung; crepitant râle, abundant and diffused; bronchophony and bronchial whisper acute and tolerably intense. Well marked bronchial respiration not developed in this case.

The treatment consisted of opium, grs. ii, three times daily, and nutritious diet. This was continued for seven days. No medicine afterward.

The patient was discharged, quite well, Dec. 14th.

CASE IX. *Pneumonia affecting the upper lobe of the right lung. Thirteen days in hospital.*

Michael Henney, aged 35, laborer, admitted Dec. 1st. He had been ill for two and a-half months, and so far as the previous history could be obtained, taking into view the present signs, it appeared that he had had intermittent fever, and pneumonia affecting the lower lobe of the right lung.

The *physical signs* denoted consolidation of the upper lobe of the right lung. Marked tympanitic, i. e., non-vesicular sonorousness existed in front above the fourth rib and in the upper scapular space behind. Crepitant râle in the latter situation and sub-crepitant râle in front. Bronchial respiration not well marked, but bronchophony tolerably strong, and the bronchial whisper intense and acute. Relative dullness and a feeble vesicular murmur over the lower lobe of the right lung.

The expectoration quite copious, a portion muco-purulent, and the remainder semi-transparent, adhesive and rusty. Pulse 88; respirations 20.

Treatment. Sulphate of quinia, grs. v, and opium, gr. i, three times daily. The opium was afterward increased to grs. ii, three times. On the fifth day, the quinia was discontinued, and the sulphate of morphia given in doses of gr. ¼, three times daily, with brandy, ℥vi, three times, and nutritious diet.

On the ninth day medicine was discontinued, full diet continued, and on the thirteenth day (Dec. 13th) the patient was discharged, slight dullness remaining over the upper lobe of the right lung, but the respiratory murmur well developed and vesicular.

CASE X. *Pneumonia affecting the lower lobe of the left lung; the inflammation subacute. Six days in hospital.*

Lorentz Egert, German, aged 45, laborer, admitted Dec. 7th. Had been ill three days before his admission. The symptoms belonging to the previous history are not noted.

He presented marked circumscribed flush of both cheeks; cough and expectoration slight, and the characters of the latter not observed; respirations 16, and pulse 74.

Physical Signs. Well marked dullness on percussion over the lower lobe of the left lung. Distinct and abundant crepitant râle. Bronchial respiration wanting. Vocal resonance greater over the lower lobe of the left than right lung; moderately intense and acute bronchial whisper.

Treatment. Opium, grs. ii, three times daily, and nutritious diet.

The patient was discharged on Dec. 13th, being free from cough; slight relative dullness remaining over the affected lobe, the respiratory murmur feeble, but vesicular, with an occasional sub-crepitant râle.

CASE XI. *Pneumonia affecting the upper lobe of the right lung. Twelve days in hospital.*

John Lavell, aged 40, Irish, laborer, admitted Dec. 14th. The patient had not been well for ten months before his admission, having been affected with intermittent fever. The date of the existing pneumonia does not appear in the record of the previous history.

The expectoration at the time of his admission, was abundant, semi-transparent adhesive, and had a yellow tint. Pulse 80; respirations 22.

Physical Signs. Notable dullness with tympanitic quality of sound on percussion on the right side extending in front from the summit to the lower margin of the third rib, and in the upper scapular space behind. Over the lower lobe of the right lung the sonorousness greater than on the left side, and the quality vesiculo-tympanitic. Well marked bronchial respiration over the upper lobe of the right lung in front and behind, with bronchophony and an acute bronchial whisper. The respiratory murmur over the lower lobe of the right lung more intense than on the left side and equally vesicular.

Treatment. Sulphate of quinia, grs. v, and opium, grs. ii, three times daily, were continued for five days. The opium was then discontinued, and the quinia continued in doses of three grains, three times daily, with milk punch and full diet.

The patient was discharged, Dec. 56th, reporting quite well, relative dullness existing at the summit of the chest on the right side, but the respiratory murmur well evolved and vesicular, the bronchophony and acute bronchial whisper having disappeared.

CASE XII. *Pneumonia affecting the lower lobe of the left lung. The patient tuberculous. The pneumonia developed in hospital.*

Bryan Campbell, aged 20, Irish, gardner, admitted Dec. 20th.

Cough had existed for two years, and he had had repeated attacks of hæmoptysis. The physical signs denoted a considerable deposit of tubercle at the summit on the right side.

Eight days after his admission the expectoration became adhesive and hæmorrhagic. Respirations 30; pulse 115.

Physical Signs. Marked dullness over the lower lobe of the left lung. Crepitant râle. Weak bronchial respiration and bronchophony over this lobe

January 27th, the dullness and auscultatory signs of solidification of the lower lobe of the left lung had disappeared. The signs of tuberculous solidification at the summit on the right side continue.

Treatment. Prior to the development of the intercurrent pneumonia, the patient was placed on the hypophosphite of soda, ℈i, three times daily, small doses of the sulphate of morphia, milk punch and full diet. No change in the treatment was made during the continuance of the pneumonia.

After recovering from the pneumonia, the patient desired to leave the hospital and was discharged. In a few days, however, he returned, finding that he had not breath enough to work, and he remained in hospital when my term of service ended, his condition being about the same as before the attack of pneumonia.

CASE XIII. *Pneumonia affecting the lower lobe of the left lung. Delirium tremens. Sixteen days in hospital.*

William Coughlan, aged 29, Irish, laborer, admitted Dec. 26th. He was attacked with cough, etc., on the 22d, and took to the bed on the 23d.

Expectoration semi-transparent, adhesive and rusty. The pulse 120; respirations 40. Lancinating pain referred to the lower anterior portion of the left side of the chest.

Physical Signs. Notable dullness over the lower lobe of the left lung. Feeble crepitant râle. Bronchial respiration well marked, with intense bronchophony and an acute bronchial whisper. Percussion-sound vesiculo-tympanitic over the upper lobe of the left lung.

Treatment. Opium, grs. ii, three times daily. On the 28th the opium was increased to grs. iii, every six hours. On the 29th the pulse was 100, and the respirations 24. The treatment of the 28th was continued, with milk punch and the essence of beef and milk for diet.

Delirium was manifested on the 29th. It increased on the 30th, and presented the characters of delirium tremens. During the night of this date and the succeeding night, he was strapped to the bed by order of the captain of the night watch, as is usual in this hospital in such cases. The pulse fell to 80 and the respirations to 20. The physical signs denoted diminished

solidification of the affected lung. The treatment now consisted of the sulphate of morphia, gr. ss, every four hours, and brandy, ℥ii, hourly, with essence of beef for diet.

Sleep occurred on January 1st. The brandy and morphia were continued in diminished doses.

Jan'y 3d, the patient was convalescent, the bronchial respiration and bronchophony having disappeared.

Jan'y 11th he was discharged, quite well.

CASE XIV. *Pneumonia, affecting the lower lobe of the left lung. Delirium tremens. Ten days in hospital.*

Nicholson, aged 27, boatman, admitted Jan'y 25.

He was attacked suddenly with pain in the side and cough, on the 18th of Jan'y, and at once kept the bed. He continued to drink spirits freely after the attack up to the time of his admission.

Delirium was manifested on the second night after his admission. It assumed the character of delirium tremens the day following.

Expectoration small, adhesive, and deeply rusty. Pulse 100; respirations 28.

Physical Signs. Notable dullness over the lower lobe of the left lung Intense bronchial respiration; marked bronchophony and the bronchial whisper intense and acute. Vesiculo-tympanitic resonance over the upper lobe of the left lung. Crepitant râle.

Treatment. At first, opium, grs. ii, three times daily, and brandy, ℥ii, every three hours. The third day, the sulphate of morphia, gr. ss, every four hours, and brandy, ℥ii, every two hours, with essence of beef for diet. On the fourth day the delirium continued, and the sulphate of morphia, in doses of gr. i, was prescribed, and brandy, ℥ii, every two hours, with essence of beef. Six grains of the morphia were given between 9, A. M. and 11, P. M. He was strapped to the bed all night by direction of the captain of the night watch. During the night, brandy, ℥ii, hourly, was given. He slept during the latter part of the night, and was quiet in the morning, taking food with relish. Pulse 100; respirations 16.

The morphia and brandy were continued in small doses, and he convalesced immediately.

The bronchial respiration and bronchophony were absent on examining

the chest after the delirium ceased, showing the rapid resolution of the lung notwithstanding the delirium.

Medicine was discontinued on Jan'y 31st, and the patient was discharged, quite well, Feb'y 4th.

CASE XV. *Pneumonia, affecting the lower lobe of the left lung, with an abundant liquid effusion into the pleural sac.*

William O'Neil, aged 24, Irish, laborer, admitted January 27th. He was attacked suddenly the day before his admission, with acute pain in the side. Slight cough had existed for two days prior to the attack.

The acute pain continued at the time of his admission, referred to the neighborhood of the nipple, and extending to the base of the chest, in front, on the left side. Expectoration small, rusty, and adhesive. Respirations 50, the inspiration abruptly arrested on account of pain. Pulse 100.

Physical Signs. The right side presenting the superior and inferior costal movements marked, while the left side is nearly motionless. Clear percussion resonance on both sides in front; the respiratory murmur intense on the right, and quite feeble on the left side. Marked dullness on percussion over the lower lobe of the left lung, and a feeble crepitant râle. The respiratory sound not sufficiently developed over this lobe to study its characters. Weak bronchophony over this lobe and an acute bronchial whisper.

The day following, the acute pain had ceased. Marked dullness over the lower lobe of the left lung continued, and feeble bronchial respiration was discovered. In front dullness on percussion, extended upward above the interlobar fissure to the third rib, in the sitting posture, and variation of the upper limit of this dullness with change in the position of the patient was observed. Tympanitic sonorousness above the level of the liquid. Pulse 96; respirations 28.

Treatment. Opium, grs. ii, every four hours.

Jan'y 30th. The physical signs remained the same, and the treatment was continued, brandy, ℥ii, every four hours being added, with essence of beef for diet.

Jan'y 31. The level of the liquid lowered an inch, the patient in a sitting posture. The bronchial respiration and bronchophony more marked over the lower lobe of the left lung. Percussion-resonance, vocal-resonance, the respiratory murmur and vocal fremitus all showed the expansion of the upper lobe as low as the nipple. Pulse 88; respirations 24.

Treatment continued.

Feb'y 1st. The signs of expanded lung extend to the situation of the interlobar fissure in front. Bronchial respiration and bronchophony continue over the lower lobe of the left lung.

Same treatment.

Feb'y 2d. The bronchial had given place to the broncho-vesicular respiration, and the bronchophony to increased vocal resonance, over the lower lobe of the left lung. Cough and expectoration slight. Pulse 56. No dejection for a week.

Treatment: castor oil.

From this date the patient could be regarded as convalescent. He sat up a little on the day following. The physical signs denoted progressive and rapid resolution of the consolidation of the inflamed lobe; the cough and expectoration ceased, but the patient complained of soreness of the left side, for which a belladonna plaster was prescribed. At the end of my term of service, Feb. 13th, he had been designated to stand on watch four hours during the night, and was about ready to be discharged.

The rapid removal of the effused liquid, as well as the solid exudation, under the treatment pursued, is to be noted in this case.

Lest the reader may infer that the brief account which has been given of the foregoing cases represents the extent of the records at the bedside, I repeat that my present object, aside from the treatment, is simply to introduce details to constitute sufficient evidence of the diagnosis (assuming accuracy on the part of the observer) and to give a general idea of the severity of the individual cases derived from the intrinsic intensity of the disease, and association with other affections.

Conclusions and Remarks.

Of the fifteen cases, in all the pneumonia was limited to a single lobe. In one instance two lobes were successively attacked, (cases 3 and 4) recovery from the first attack having taken place before the second occurred. This was probably true in another instance, (case 9). The lower lobe was the seat of the disease in all save two cases. In one of these, (case 4,) the lower lobe had been previously affected, and this was probably true of the other instance, (case 9).

Of the thirteen cases in which the lower lobe was affected, the disease was seated in the right side in seven, and in the left side in six.

The pneumonia was primary in twelve of the fifteen cases. Of the three instances in which it was developed secondarily, it occurred as a complication of typhoid fever in two, and as an intercurrent affection in pulmonary tuberculosis in one instance.

In the twelve primary cases, the disease was uncomplicated in all but three instances. Delirium tremens was developed as a complication in ten cases; and in one instance, pleuritis with considerable liquid effusion coëxisted. More or less pleuritis is almost uniformly present in cases of pneumonia, but it is certainly rare for the pleuritis, under these circumstances, to be attended by much effusion.

The ages of the patients varied between 20 and 45, the mean age being about 30. In nearly every instance the patients were robust, and in good health when attacked with the disease. Several were intemperate, and several were subject to attacks of intermittent fever.

Exclusive of three cases remaining in hospital at the end of my term of service (two of these remaining with other affections), and of the case which ended fatally, the length of stay in hospital varied from six to twenty-two days; the mean period being a fraction over thirteen days.

A fatal result occurred in one case only. In this case, as already stated, the patient had been discharged a few days before, convalescent from an attack of pneumonia affecting the lower lobe of the right lung. He resumed his habits of intemperance directly he was discharged, and was seized a second time with pneumonia, now affecting the upper lobe of the left lung. He walked to the hospital, a distance of three miles, after being attacked, and died by asthenia, fifteen hours after his admission, without coming under my observation.

Convalescence was rapid in all instances, save one in which the pneumonia occurred as a complication of typhoid fever. Exclusive of this instance, the resolution of the affected lung, as shown by the disappearance of the physical signs denoting solidification, was rapid. The resolution was in all instances complete, slight relative dullness on percussion only remaining, which, as is well known, persists for some time after recovery from pneumonia. In all instances the symptoms of the disease, viz., cough, expectoration, etc., completely disappeared. In no instance were the patients left enfeebled, but at the time of discharge they all reported themselves able to return to their avocations, and the majority were day laborers.

The treatment pursued in these cases, as the reader has doubtless remarked, was not complex. The sulphate of quinia was given, in tolerably full doses,

in the cases in which intermittent fever had previously existed. This remedy was not prescribed with special reference to the pneumonia, but in order to forestall the development of intermittent fever as a complication, Quinia has been extolled as a valuable remedy in pneumonia, irrespective of the liability of the disease to become complicated with intermittent fever if the patient reside in a malarious section, and, especially, if he has been subject to attacks of the latter affection. However this may be, it is certain that the remedy, given in full doses, does not exert an unfavorable influence on the progress of the pneumonia. It is not contra-indicated by this affection. To prevent the development of intermittent fever, and, if developed, to arrest the paroxysms as speedily as possible, are important objects of treatment in certain cases of the disease under consideration. The combination of the two affections often places the patient in imminent danger, when with either affection, singly, his condition would not be serious. Happily, under these circumstances, we possess a special remedy by which we may expect to control one of the affections. This, then, is the leading indication, and the life of the patient may depend on its being promptly and effectively fulfilled. The practitioner who gives precedence to indications derived from the pneumonia, under these circumstances, or who so divides his attention as to fulfill incompletely the leading indication, commits an error which may be fatal to the patient. As a rule, it is well to recognise, at the commencement, a liability to this complication, and to forestall its occurrence, especially when the protective remedy, to say the least, does not interfere with the favorable progress of the pneumonia.

Opium entered more or less into the treatment of these cases. My observations have led me to regard this as a valuable remedy in pneumonia. As a palliative of pain, it fulfills an important indication; for pain, in addition to the suffering which it occasions, determines an afflux of blood to the painful part. This fact is illustrated in neuralgia affecting the supra orbital nerve. During the paroxysm of pain, the eye becomes injected, and the redness rapidly disappears after the pain has been relieved by an opiate. But there is reason to believe that opium exerts a salutary effect beyond the relief of pain. I have repeatedly noted marked diminution in the frequency of the pulse and respirations, in cases of pneumonia, a few hours after the patient had taken full doses of opium. It appears to lessen the perturbatory effects in the economy of the local inflammation, if, indeed, it does not diminish the intensity of the inflammatory action. Some practitioners are deterred from the use of this remedy in pneumonia, by the idea that it interferes with the removal, by expectoration, of the exuded products of inflammation. But

how often do we observe the rapid disappearance of the solidification in pneumonia, with slight expectoration, or none whatever! The intra-vesicular exudation is, for the most part, absorbed, not expectorated, a fact not strange when the structure of the cells, and the facility of endosmosis in this situation are considered. Interference with expectoration, therefore, if true with respect to the employment of opium in pneumonia, is not a valid objection. The merits of the remedy, however, in this application, must rest on clinical experience; and I cannot but think that this paper will be of some utility, should it serve to remove from the minds of some readers, groundless apprehensions with respect to the free use of opium in pneumonia.

Alcoholic stimulants were employed, to a greater or less extent, in the treatment of these cases, and in all the cases the patients were placed on a nutritious diet. The abstract notion that stimulants and sustaining food are inconsistent with the treatment due to local inflammation, is a remnant of Broussaism which still exerts considerable influence on medical practice. It suffices to destroy this notion, to bear in mind the significant injunction of Chomel, viz., *not to treat diseases, but to treat patients affected with disease.* With regard to stimulants, it may be stated, as a rule, that they are indicated in cases of local inflammation, whenever the patient in health is addicted to their use. They cannot with safety be withheld, under these circumstances, if the local inflammation involve, from its seat or intensity, danger to life. But without reference to previous habits, the use of stimulants in the treatment of pneumonia, and of other local inflammations, is important in proportion as it becomes an indication to support the powers of the system. It is, perhaps, an error in medical practice as common and as serious as any, to overlook or depreciate this indication in the management of local diseases. Practically, the existence of this indication and its urgency, in individual cases, may be brought clearly and forcibly before the mind by proposing, at the bedside, the following questions: Is the patient in danger of death? If death occur will it take place by asthenia? How imminent is the danger of death by asthenia? Whenever, in the management of disease, the physician has reason to fear that he may lose his patient by asthenia, and in proportion to the tendency to a fatal result by that mode of dying, alcoholic stimulants, as a rule, form an important part of the measures indicated, on the same ground that they enter into the treatment of fevers. And this remark applies equally to nutritious diet, viz., the animal essences, etc. Cases of pneumonia occur in which patients are to be saved by pursuing, boldly and perseveringly, the supporting treatment precisely as in cases of low typhus or typhoid fever. And the indications for this plan of treatment may be present early, as well as late in the progress of the disease

The union of delirium tremens, with pneumonia, for example, often places the patient in imminent danger of death by asthenia. The free use of stimulants and concentrated nutriment, is requisite to carry him safely through the perils of this combination. Two of the cases included in the present collection, (Nos. 13 and 14,) illustrate this remark.

But even when the danger to life is not great, it is an object to support the system with a view to a speedy and rapid resolution of the inflammation. Alcoholic stimulants may not be required for this object, but it will be promoted by a nutritious diet. The fear of feeding the disease by feeding the patient, is a vulgar notion not warranted by clinical observation. I do not hesitate to allow patients to take food as nutritious in quality and as freely as they desire. The late Dr. Graves was so impressed with the importance of supplying the system with nourishment in febrile diseases, that he desired to be placed as an epitaph on his tomb, "he fed fevers"! He might have extended the circle of diseases in which feeding is important. It is hardly less important, in some instances, speaking metaphorically, to feed pneumonias, than to feed fevers, and, indeed, feeding, as an essential element of supporting treatment, is important in any disease when it is an indication to obviate the tendency to death by asthenia.

With regard to the time when an active supporting plan of treatment, (stimulants and concentrated nutriment) is indicated, and the extent to which it is to be carried, I will make but a single additional remark. If there be room for doubt on these points, it is better to err by commencing too soon, and pushing it too far, than by delay and insufficiency; for while it is easy to discontinue or diminish supporting measures before much if any actual harm is done, time which has been lost cannot be recovered.

Quinia, opium, alcoholic stimulants and nutritious diet, constituted the treatment in the cases embraced in this report. The grounds for the non-employment of certain therapeutical measures, in these cases, are now to be conisdered, Blood-letting, general and local, tartar emetic, the veratrum viride, mercury, cathartics, blisters and other modes of counter-irritation are employed, to a greater or less extent, in the treatment of pneumonia. None of these remedies, however, entered into the treatment of these cases. This fact, without explanation, might lead to erroneous inferences as regards the views of the writer.

Blood-letting in pneumonia has, of late, been much discussed. I have contributed my mite toward this discussion,* and do not propose to enter

* Report on Blood-letting in Pneumonia, Buffalo Medical Journal, Vol. xi. 1956. Page 288.

upon it in this paper. I will simply remark that, in my opinion, it is an error to assume blood-letting to be never useful in pneumonia, albeit it is a far greater error to advocate the indiscriminate employment of this spoliative measure in that affection. The propriety of blood-letting, however, is rarely a question in hospital cases of pneumonia. In the great majority of instances when patients are admitted into a hospital, the disease has advanced to the second stage; one or more lobes are solidified, and, under these circumstances, the abstraction of blood will, in general, only tend to retard resolution. Had these cases been under observation from the commencement of the disease, it is possible that blood-letting might have been indicated in some instances, not with a view to arrest the inflammatory action, nor to limit its extent, nor to lessen the amount of exuded products; but to diminish the intensity of symptomatic febrile movement, relieving the heart of over accumulation of blood in its cavities, and consequent over tasking of its powers. With this limited view of blood-letting, making due allowance for its evils, it is indicated in only a small proportion even of the cases of pneumonia which come under observation at the onset of the disease.

The tartar emetic and veratrum viride undoubtedly control, in a marked degree, the frequency of the heart's action, and, so far, diminish, for the time, symptomatic febrile movement. It remains, however, to be determined, to what extent this effect is important with reference to the inflammatory process and resolution. We can at this day understand how Laennec was deceived in attributing the rapid removal of the exudation in pneumonia to the influence of tartar emetic; for it had not then been observed, as it has been since his day, that the exudation disappears, in some instances, quite as rapidly without any treatment. These cardiac sedatives, if useful when the symptomatic febrile movement is intense, are certainly not indicated when the action of the heart is but slightly or moderately increased, as in a pretty large proportion of the cases of pneumonia in which the affection is limited to a single lobe, especially after exudation has taken place.

The action of mercury has been considered as useful in two ways in pneumonia, viz., limiting the amount of exudation and promoting its absorption. With reference to the first of these supposed effects, the exudation in pneumonia generally takes place, to its fullest extent, before mercurialization can be produced. With reference to the second effect, the exudation is absorbed, in favorable cases, quite rapidly without mercurialization. Without, therefore, presuming to deny altogether the so-called anti-plastic and the sorbefacient powers of mercury, I believe that it is a remedy generally uncalled for in the treatment of pneumonia. The occurrence of salivation at the time

of convalescence, is, to say the least, an inconvenience which, if not necessary, it is desirable to avoid. Having for many years relinquished the use of this remedy with reference to its special or constitutional effects in treating this disease, I am satisfied that it may with safety and advantage be dispensed with.

Cathartics, as a means of depletion during the early stage of pneumonia, may be indicated. If adequate to fulfill the object of depletion, they are certainly to be preferred to blood-letting, since they do not involve an expenditure of the orgauized constituents of the blood, and are therefore not spoliative. Except for this purpose, it may fairly be doubted whether they are called for in pneumonia. They conflict with supporting measures when these are indicated. That they are not important with reference to the absorption of the exudation, is sufficiently illustrated by the cases reported in this paper. In one of the cases, (No. 15,) considerable liquid effusion, together with the solidifying deposit, disappeared in a few days, although, inadvertently, the bowels had been permitted to remain constipated for a week.

Blisters and other modes of active counter irritation, when employed in pneumonia, are, of course, considered as acting usefully by way of revulsion. I suppose that no judicious physician attributes to them this action during the first stage of the disease. To employ them in this stage is to add a certain amount of cutaneous inflammation to the existing pulmonary inflammation. After solidification has taken place, all the results to which the inflammation may be expected to give rise, have already occurred. Revulsion, then, were it is attainable, ceases to be an indication. Is it imagined that a traumatic inflammation of the skin diminishes the afflux of blood to the affected lung! But the affected lung in the second stage of pneumonia is already anæmic! The inconvenience occasioned by blisters to the patient is considerable; they are also a source of inconvenience to the practitioner, by interfering with the daily examinations of the chest in order to determine the physical condition of the affected lung. These remarks, of course, do not apply to mild revulsive applications, such as sinapisms, and to fomentations which doubtless possess a certain value in the treatment of pneumonia.

The several therapeutical measures, thus, which have heen enumerated, as not entering into the treatment of the cases of pneumonia now reported were not employed, because, with reference to some of them, the disease did not come under observation sufficiently early to find the indications for their use, or, the indications existing in a certain proportion of cases only, they

did not happen to be present in these cases; and with reference to other of the measures mentioned, their value and propriety in the disease under consideration are, to say the least, doubtful. As the modern conservative surgeon rejects the doctrine contained in the old aphorism, *melius anceps remedium quam nullum;* so the conservative physician should refuse to resort to remedies which are either unnecessary or of questionable utility, except in the cases in which a deviation from this rule is warranted for experimental observation. I cannot but think that the practice of medicine would gain much if practitioners, instead of deliberating at the bedside as to whether this or that potent remedy is called for, were oftener in the habit of propounding to themselves this inquiry: Are there present any clear indications for active interference.

The last remark suggests a point of fundamental importance in the treatment of this, as well as other acute diseases, viz., its intrinsic tendency as regards termination. Does pneumonia, in itself, tend to destroy life? We might answer this question by citing the results as reported by different practitioners, the disease being treated by different and sometimes quite opposite measures. But the clinical study of the disease uninfluenced by medication, pursued of late years on an extended scale, enables us to answer the question more directly. The results reported by Dr. Dietl, and others, in which, in a large number of cases, no active remedies were employed, show that pneumonia, limited to a single lobe, and uncomplicated, ends in recovery in the vast majority of instances. This statement is, of course, exclusive of the epidemic forms of the disease; but it is probable that the fatality of epidemic pneumonia depends generally on some important complication, or associated affection. A series of cases of sporadic, uncomplicated pneumonia, therefore, ending favorably, under a certain plan of treatment, does not afford adequate evidence that the success was due to the treatment. It would be a fairer conclusion to impute the success to the intrinsic tendency of the disease to recovery. On the other hand, a series of cases in which the fatal cases were not few, would justify, at least, a suspicion that the want of success might be due to the treatment. It would, however, be on error to suppose that because pneumonia, under favorable hygienic circumstances, generally ends in recovery without medicinal treatment, that medication is consequently never called for. Better far, indeed, no treatment than injudicious interference; but judicious treatment may nevertheless save some lives which would be lost under the expectant plan. Moreover, there are objects of treatment in disease, in addition to recovery. Relief of distressing symptoms during the progress of disease; a cure *cito et jucunde*,

as well as sure; a convalescence rapid, and a recovery complete, leaving the powers of the body not permanently impaired — these are important ends to be kept in view in medical practice. The natural history of a disease, and its intrinsic tendency to life or death, constitute the true point of departure for the study of therapeutics in relation to that disease; but medical art should not be content with being able to state the chances of recovery, even when the chances are vastly in favor of this termination.

ART. II.—*Monthly "Esquisse" of Parisian Medicine and Surgery.* By Theophalus Mack, M. D., Lecturer on Materia Medica and Therapeutics, in the Medical Department of the University of Buffalo.

Le Docteur Bertulus, after thirty years of experience and special attention to the subject, maintains in his clinical lessons upon the etiology and diagnosis of diseases of the liver, delivered at the Hôtel Dieu, of Marseilles, that atmospheric heat is not the principal cause of affections of the liver; we must assign more influence to intermittent affections, and the abuse of gastric stimuli and strong liquors. He lays down the following aphorisms and deductions, which he sustains very logically:

In all latitudes, men are more liable to these maladies than women; must not this be, when intemperance is more common with the latter?

Yellow fever leaves behind it a predisposition to hepatitis.

The abuse of strong liquors is the principal cause of hepatitis in the north of Europe.

Hepatitis may be caused by diathesis.

In countries where affections of the liver are common, certain obscure gastric conditions under the form of gastralgia, and chronic gastritis, often cloak, as it were, a latent hepatitis, and, as by their prolongation they become more serious, terminate in abscess or degeneration of the parenchyma of the liver.

Hepatic phthisis is often a consequence of latent hepatitis. This is a prevalent form of the disease in the neighborhood of the Pontine marshes.

The diagnosis of hepatitis is very often extremely difficult, the symptoms of such a lesion being frequently present when the liver is perfectly sound. Upon one point in this part of the subject I must quote more freely, as it corroborates my own experience: it is as to the constancy of icteroid appearances in liver complaints:

"We know since the days of Cullen, that in the great majority of cases, hepatitis of the convex surface is not accompanied by icteric suffusion, and that on the contrary, this phenomenon shows itself during the course of gastritis, and gastro-enteritis. I have seen, for my own part, a great num-

ber of cases of hepatitis terminate in suppuration, while icterus did not even manifest itself upon the conjunctivæ. Upon the other hand, it was generally admitted among practitioners, and upon which I will not insist here. I would only add, notwithstanding the contrary opinion expressed also by Valleix, that I admit unhesitatingly, that icteric suffusion more often accompanies hepatitis of the concave region, than that of other regions, and that it may be, that this symptom depends more directly upon the participation of the duodenum in the hepatic phlegmasia, than upon that of phlegmasia itself. This opinion we know was that of Broussais: he supposed that the inflammation, in swelling the duodenal mucous membrane, partly closed the ductus choledochus; that the lining membrane of this conduit, equally swollen by the inflammation, in which it always participates more more or less, completes its obliteration, and that then the bile, augmented in quantity by *orgasm* or irritation, of which the liver is the seat, even in those regions which are not positively inflamed, finds no issue, is again absorbed, and carried in the torrent of the circulation."

The differential diagnosis of hepatitis and bilious fever is difficult to establish. The greater part of the pathognomic signs of inflammation of the liver are present in the latter affection.

In bilious fever there is always, from the commencement, a yellow coloration of the conjunctivæ and alæ nasi; sometimes a general and intense icterus. The author has explained that jaundice is far from being constant in hepatitis, and when observed, it is rarely at the *début*.

The cough in hepatitis differs from that of bilious fever, by not producing pain in the hypochondrium, and being accompanied with sub-crepitant and sibilant râles in the latter.

The exacerbations of fever and remissions, are not so distinctly marked in the liver complaint.

Constipation is a general effect of hepatitis, rarely of bilious fever.

Epistaxis occurs rarely in the pyrexia, and seldom shows itself in the organic disease.

Pulsation in the cæliac axis, constant in fever of this kind, is not observed in acute hepatitis.

The phlegmasia will tolerate depletion, the fever will not.

The typhoid stage does not occur in the liver disease, except from absorption of matter, in abscess of the liver.

The Doctor expresses himself thus, as to the discrimination of hepatitis from "*gastro-enterite*" and duodenitis:

"I shall say nothing about the differential diagnosis of hepatitis from *gastro-enterite*, notwithstanding the bilious symptoms which so often complicate this inflammation: the tension, the pain in the right hypochondrium, which often manifest themselves during its course, are characters too decided

to suffer one to confound it with either bilious fever or with simple inflammation of the liver. As to duodenitis, which according to some authors may be taken for hepatitis, particularly when jaundice exists, is there any sign which can distinguish it? I think not. I can easily conceive that the inflammation of the duodenal mucous membrane can in certain cases produce itself alone, as Broussais admitted; but I cannot forget that he has not been able to describe the symptoms, by the aid of which we can diagnose it from the phlegmasia of the neighboring organs."

The correlation of hepatitis, and severe dysentery of paludal localities is so intimate, that in many cases it is difficult to say which of the two diseases has preëxisted and held the other in dependance.

The same causes which predispose to affections of the liver render hæmorrhoids extremely common also, M. Bertulus evidently regards the affection and the flux which results, as an effort of nature to relieve hepatic difficulty, and concludes:

"Does it not suffice to refer to the excellent effects from leeches to the anus, in hepatitis and gastro-intestinal phlegmasia, to give an exact idea of the hygienic guarantee which a moderate and regular hæmorrhoidal flux ought to afford in marshy and inter-tropical countries"

Two observations of diphtheritic albuminuria with fatty infiltration of the tubuli uriniferi, occurred at the Hospital "Sainte Eugenie." They show that simple angina and croup may be rapidly followed by œdema, anasarca and serous effusion, and that these lesions, like the albuminuria which precedes them, may be the consequence of a renal congestion, with alteration more or less complete in the structure of the tubuli.

M. Le Docteur Silva (de Bagrune) writes in the "*Union Médicale*" respecting the employment of perchloride of iron in inflammatory angina and croup, that in an epidemic where nearly every case had proved fatal, he succeeded in curing six patients in three or four days, by painting the pharynx with a concentrated solution of perchloride of iron.

"Each time, this operation excited vomiting, an abundant salivation, and the expulsion of a large quantity of debris of false membranes, and concrete matters. This measure has perfectly succeeded with me in promptly soothing the patients, and modifying favorably the local affection, but seeing that this was not sufficient to combat the diphtheritic poisoning, I had the thought to employ the perchloride of iron internally in sweetened water, many times in the day."

After painting, it is necessary to touch the affected parts frequently, with a collutorium of two parts of the chemical compound with sixteen parts of honey.

M. Bouchut has presented to the Academy a memoir designed to make known the etiology and characteristic symptoms of a general neurosis, continued or remittant, which marks numerous troubles, erratic and variable, of sensibility, intelligence, motion, and of the principal functions of the organism. He proposes to limit and define better the state designated variously "Neuropathia," nervous cachexy, vapors, nervous diathesis, &c., in distinction from other morbid conditions which have been confounded with it: such as hypochondria, hysteria, melancholia, which he considers as mixed neuroses, that is to say, composed by the association of several nervous affections, either chlorosis and anæmia which are accidental, or complications, or etiologic elements.

He deduces from analysis of facts, the following curative indications:

The necessity of a moral and hygienic treatment. The indication to combat the morbid conditions giving origin to the nervosism.

The indication of a tonic treatment, destined to fortify the organism primarily or secondarily weakened by the disorders of the nervous system.

The indication of a treatment of the functional derangements.

Lastly, the indication to combat the organic complications which may be developed.

M. Bouchut publishes a short article upon certain entozoa "*echinocoques du foie*," frequently found in the liver of children; the germ of these animals is the same as that of tænia introduced into a different organization from that which has given it birth, and modified by a new medium. These germs are introduced into the body with food and drink. This echinococchus, or "*echinocoque*," is a small white vesicular worm, about the size of a grain of fine sand, barely visible to the naked eye: they are found enclosed in gelatinous transparent vesicles, hydatids: they have been found in the free state in the substance of the liver. These parasites can occupy the liver a long time and multiply, without giving rise to appreciable symptoms; and it is only in the state of a tumor, embarrassing the hepatic functions, that they reveal themselves to the physician.

An Italian practitioner publishes a case of serious paralysis, from large doses of copabia, in a man aged 37 years. The symptoms were combatted by purgatives, leeches to the anus, cups, and revulsives, which removed the cephalagia and other troubles, but left the paralysis rather worse. Localized electrization in forty "*seances*," restored the lost functions, and the amelioration was perfected by sulphurous baths.

M. Dumont Pallier reports to the "Society of Biology," the following interesting observation in a young female attacked with phlegmatia dolens, about twenty-five days after accouchement, which disappeared and was immediately succeeded by symptoms of pulmonary disease, to which she succumbed after seven days.

The Doctor diagnosed "Gangrene of the lung due to the presence of an '*embolus*,' which, originating from the coagulum of the phlegmatia dolens, might have been carried into one of the divisions of the pulmonary artery." He drew this inference from the suddenness of the pneumonic attack, the frequency of respiration, the character of the expectoration, which was not that of pneumonia, and the rapidity with which pulmonary gangrene established itself, in a young woman only two months after labor, and who had suffered from phlegmatia dolens.

At the autopsy. The upper part of the femoral vein offered anteriorly a rose-colored fibrous clot, perfectly organized, hard, adhering to the walls of the vessel, about three inches in length. The internal surface of the vein was not tomentous, but lamellæ and fillaments of cellular tissue closely united the coagulum to the vessel. The cellular tissue surrounding the vein was indurated and œdematous. The lower part of this clot was continuous with a fibrinous coagulum of a brown color, the tint of which became more and more deep in descending toward the popliteal vein, and the saphena interna. In the superior position, it continued with a well organized demi-fibrous, demi-sanguine clot, non-adherent into the external and primitive iliac and inferior cava. * * *

"Upon examination of the chest, a sero-purulent effusion was found, with purulent pseudo-membranes in the right pleura, cellular and pseudo-membranous adhesions of the pulmonary lobes. At the level of the superior interlobar fissure, and of the inferior posterior portion of the superior lobe of the right lung, the surface of the organ was tinged darkish brown, for the extent of nearly four inches square. In this position, the pulmonary tissue was very soft, and insufflation by the trachea, permitted to be demonstrated, that a perforation of the lung existed there, corresponding to the gangrenous part. This perforation, from all appearance, was made in the last moments of life, for no symptom of pneumo-thorax had been observed during the life of the patient. The pulmonary perforation conducted to a large gangrenous cavity, which could lodge a hen's egg. The aspect of the pulmonary tissue, and the odor of the parts affected, could leave no doubt upon the gangrenous nature of the local lesion."

He goes on to say:

"That demonstrated, we resumed the dissection of the pulmonary artery, and we could see that the large branch of this artery, which opens the cir-

culation of the superior lobe, exhibited in the cavity a fibrinous coagulum, adherent to the parietes of the vessel, of a red color, with well marked longitudinal fibres; in everything similar, by its aspect and structure, to the clot of the femoral vein. It was continuous behind with a fibrinous coagulum, less well organized, less consistent, and forward, toward the divisions of the third and fourth sides, with soft sanguine clots."

The portion of lung of which the pulmonary artery was thus closed up, was that which presented signs of hepatization and gangrene.

From the *whole* facts of the case (of which of course we have to limit ourselves to an outline of the more salient ones.) M. Dumont-Pallier believes he is authorized to conclude:

"1st. That the phlegmatia dolens, was characterized by the obliteration of the crural vein.

2d. That the crural clot, had prolonged itself by juxtaposition of fibrin, as far as the vena cava inferior.

3d. That the fibrinous clots free or adherent to the surface of the coagulum of the vena cava, might be considered as the elements of venous interculations.

4th. That at the epoch when the thoracic symptoms were manifested, one of these interculations had been carried into the pulmonary artery, and was arrested in the superior division of this vessel in the right lung.

5th. That the consequence of this obstacle to the pulmonary circulation had been:

a. Want of circulation.

b. Stasis of serosity.

c. Softening of tissue.

d. Gangrene.

6th. The embolus had detached itself from the clot of the vena cava inferior, and not from the femoral coagulum: this established, by the succession of the accidents observed with the patient, since the left iliac vein and the vena cava inferior were already in part obliterated when the thoracic accidents made their appearance, consequently a coagulum could not travel at that period from the femoral vein into the pulmonary artery.

7th. The fibrous coagulation, met with in the other divisions of the pulmonary artery, in the vena cava superior, the heart, the hepatic portions of the vena cava inferior, appeared to have been the progressive result of the obstacle to the pulmonary circulation.

8th. This generative coagulation only took place in the last hours of life."

Of a certainty, Typhoid Fever at the Hospital "Saint Antoine," must be a very different character from typhoid fever in the American hospitals. M. Aran partially aborts the disease by bleeding repeatedly, four, five, and six times in an interval of two or three days. Assuredly the mantle of Broussais has fallen upon the scapulæ of M. Aran, and the robustness of the denizens of the "Faubourg Saint Antoine" is beyond a doubt.

A really progressive Imperial edict is published in the *Moniteur* as a note.

"The decree of the 23d of August last was reëstablished; the obligation for aspirants to the doctorate in medicine to qualify in the baccalaureate in letters, in the same manner as confined to the baccalaureate in sciences."

This measure, hailed as a guarantee of the future in medical studies, has excited an unanimous sentiment of gratitude manifested in an address to S. M. the Emperor, in an address signed by the professors of the Faculty of Medicine, Paris, the members of the Academy of Medicine, and the presidents of the medical societies. How long shall we wait and labor on under every species of discouragement, before the legislators of some more free, and therefore, as it should be, more enlightened lands, will see fit, in their combined wisdom, to seek by any public act to do aught but depreciate the status of a profession whose very necessity they appear to ignore?

Thirty years ago, Villeneuve and Capuron entered into a warm discussion upon the action of secale cornutum in parturition. About fifteen years after, the "Prefect of the Seine" addressed some questions to the Academy of Medicine upon the subject. The report of M. Dauyau then produced a manifest influence, in reducing the abuse of ergot, given with a view to hasten or facilitate accouchement.

M. Deville, inspector for the verification of deaths, has collected numerous facts relative to the administration of secale, extending over a period of fourteen years.

In the period of forty-nine months, of 515 infants born dead, 8 were acephalous or monsters; 8 had been born after application of the forceps or cephalotomy; 3 times, there was detachment of the placenta; 1 time, twisting of the cord; 10 times, uterine hæmorrhage; 9 arm presentation and version; 30 footlings; 5 breech presentation and version; 62 times, different accidents had occurred to the mother; 30 times, sudden frights or violent emotions; 22 abortions provoked purposely; 44 times, the fœtus had been dead in utero several days; 36 twins; 96 times, at the fourth or sixth month. In 443 thus accounted for, the cause of death was easily verified. There remained 72 to make up the 515. This number corresponds with the 72 cases of different kinds, wherein ergot was administered: a little more than one-seventh. Twenty years ago, the cipher of still-born infants was one-twelfth; it has now risen to one-tenth.

M. Deville sums up his interesting article thus:

"That ergot of rye is always dangerous to the life of the infant; that it is generally administered by unskillful hands (*sages-femmes, &c.*) without due regard to the conditions for administering the drug successfully.

"Lastly; that even in following the rules prescribed by science and experience, professional men are not always sure of the life of infants when ergot has been administered during travail.

"It is to be well understood that these conclusions do not in any way weaken the precious advantages to be derived from the secale in uterine hæmorrhages."

M. Legouest reports a case of *Fracture of the last false rib.* This man was rudely pushed, and fell with his left flank against the corner of a table. Violent pain was immediately felt in the place, rendered more severe by the strong desire to cough, coincident with an extreme difficulty of breathing. The morning subsequent, his symptoms were, lying upon the right side, head and shoulders much elevated: he breathed with precaution, only made short inspirations, and could not move in the bed without immediately experiencing sharp pain in the left side.

An ecchymosis indicated the precise spot which had struck against the table: it was over the anterior third of the last false rib. Palpation, by a manifest crepitus, revealed the existence of fracture, but this did not exist at the site of injury; it was perceived at the union of the middle third with the posterior third of the rib; it was easy to discover in pressing with one finger upon the anterior extremity of the bone, when the patient experienced pain at two points; that compressed by the finger, and the point which was the seat of the lesion.

This man was admitted with a tight bandage applied round the chest, which, by provoking more energetic contractions of the diaphragm, by abdominal respiration, augmented the pains.

Urethrotomy, by means of the scarifying urethrotome of M. Charrière, which incises in two opposite directions, from before backward and from behind forward, is practised by M. J. Roux, at the Marine Hospital of Toulon. When the stricture is narrow enough to admit only a very small sound, the incision from before backward must first be had recourse to. When large enough to permit the passage of the olive shaped end of the urethrotome, the incision from behind forward must be practised. The patient is prepared for the operation by baths, mucilaginous drinks, and catheterism, in order to exhaust the morbid sensibility of the urethra. M. Roux adopts the heroic division of the whole thickness of the urethra, extending not only to the morbid tissue, but through the sound parts before and behind.

A correspondent of the "*Gazette des Hôpitaux*," claims for M. Vidal (de Cassis,) the initiative in the employment of silver wire sutures.

A case of spontaneous fracture of the femur, followed by perfect consolidation, is mentioned by M. Robert, under his observation at the Hôtel Dieu. Union took place under the use of iodide of potassium. This extremely rare and interesting case drew forth the following opinion from M. Robert:

* * "Evidently this fracture is the result of a local osseous alteration; this alteration could only have been temporary, since the fracture has been united. Now syphilis alone can produce such effects, and our patient has had syphilis. We are then right in saying that this spontaneous fracture was the result of an osseous lesion of the femur produced by syphilitic cachexy."

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

TUESDAY EVENING, April 5, 1859.

The Association met.

Present—The President, Dr. Wyckoff, in the chair; and Drs. Hutchins, Rogers, Newman, Wilcox, Rankin, Gay, Butler, Miner, Congar, Strong, Lemon, Nichell, Hawley, and Flint, Jr.

The minutes of the last meeting were read and approved.

Dr. HAWLEY read the following report of a case of *Pseudo-membranous Croup:*

The following case of pseudo-membranous croup has no interest in itself more than any other rapid and fatal case of the same disease, except that it gave me an opportunity of successfully tubing and injecting the larynx.

The patient was a strong male infant, æt. 9 months. His symptoms had excited the alarm of the parents more than twenty-four hours before I saw him. The little sufferer breathed with the greatest conceivable difficulty; its face, tumid and livid, and the velum palati and fauces presented apthous spots.

The treatment consisted in the use of small doses of calomel frequently repeated, and attempts to apply nitrate of silver locally. I made repeated efforts, and believe some of them were successful. No immediate relief followed, but during the night the urgency of the symptoms abated materially. The introduction of the probang was again attempted, but I think, unsuc-

cessfully. I then tried the introduction of a catheter, in which I succeeded, and injected a strong solution of nitrate of silver. The entrance of the tube was indicated by the passage of air through it.

Neither the entrance of the tube nor the injection of the fluid, increased the strangulation which the finger had caused. The tube, when withdrawn, was found filled at its end with dense whitish substance, too firm for mucus and too fluid for my idea of fibrinous deposit.

The child died about sixty hours after its seizure.

The association then adjourned till Tuesday evening following, deferring the report of the officers and the election ef officers, which was the order of business for the evening, until that time.

TUESDAY EVENING, April 12th, 1859.

Adjourned meeting.

Present—The President, Dr. Wyckoff, in the chair; and Drs. Newman, Flint, Miner, White, Rankin, Ring, Nichell, Butler, Hutchins, Rochester, C. L. Dayton, Whitney. Eastman, Wilcox, Hunt, Gay, and Flint, Jr.

The officers of the association then made their annual report.

The association then proceeded to the election of officers, and the following gentlemen were declared duly elected for the ensuing year:

President, . . .	JAMES M. NEWMAN, M. D.
Vice-President, . . .	THOMAS F. ROCHESTER, M. D.
Secretary, . . .	AUSTIN FLINT, Jr., M. D.
Treasurer, . . .	C. B. HUTCHINS, M. D.
Librarian, . . .	BENJAMIN H. LEMON, M. D.

Dr. FLINT, Jr., moved that a committee of three be appointed to conduct the newly elected president to the chair. Seconded and carried.

The chair appointed Drs. Wilcox, Hunt, and Whitney, such committee.

Dr. Newman then took the chair with a few appropriate remarks.

The retiring president then read the following address:

Gentlemen of the Association:

In compliance with one of our by-laws, it becomes the duty of the retiring president to deliver an address upon some surgical or medical subject; I will invite your attention, therefore, to a few observations upon Chorea Sancti Viti, or vulgarly, Saint Vitus' Dance.

From the history of this disease, I conclude it has been more frequent the

last few years than formerly. Although often confounded, and sometimes complicated with epilepsy, hysteria, catalepsy, and some forms of paralysis, yet it may generally be accurately diagnosed, notwithstanding the contrariety of symptoms in different cases. It is to this latter circumstance only that we can attribute the defective definitions found in nosological writers, none of whom have been able to include all the variety of phases it assumes, or even to give us one symptom that is uniform or pathognomonic.

From the variety of cases which have come under my own observation, differing so widely from each other in their symptomatology, I have come to the conclusion that a true portraiture of this malady, exhibiting signs that are uniformly present, is impracticable. One symptom, however, which is described by Dr. Todd, I have found more generally present than any other, and also, more peculiar and characteristic. That is the protrusion of the tongue with a thrust to the fullest extent of which it will admit; frequently this is done by one effort, at other times, it requires two or three attempts before it can be accomplished. And the subsequent retraction is also peculiar: the tongue is drawn back, supported and guided by the pressure of the teeth, and often very slowly and cautiously. In many cases, this is the first symptom of an approaching attack of chorea. Usually we find in the commencement of this disease, an occasional twitching of some of the muscles of the face, neck, mouth, or extremities. One of the most prominent symptoms, however, is a limping in the gait, occasioned by dragging one foot after the other, this is soon followed by an involuntary motion of one or both arms, which soon extends to the muscles of the lower extremities, and the face and neck, exhibiting in the countenance, ludricous and often hideous grimaces, accompanied by rapid and violent motions of the head and even sometimes of the entire body. These involuntary motions are sometimes periodical, and sometimes constant, continuing for weeks, except during sleep; and in some severe cases they are manifested even in sleep itself. In other cases they only occur on an attempt at volition, when the patient attempts to move or speak, when all control of the muscles seems to be lost. In such cases, if the patient can compose both mind and body, he may usually obtain some rest.

Notwithstanding the violence of these symptoms, they are scarcely ever attended by pains; and if perchance they are, it usually depends upon some complication, either functional or organic, and may be removed without in any way influencing the chorea.

This disease seldom attacks persons of a vigorous constitution, in adult life or in old age. The feeble of both sexes are liable to its attacks, although

those between the ages of eight and sixteen are its most frequent subjects: it has also been known to attack young infants.

It more frequently attacks girls than boys, at the accession or approach of puberty; which may depend upon their more delicate conformation or effeminate habits, or perhaps their greater liability results from the retention of the catamenia, when the uterine organs are either unusually late or early in their development. This latter theory is rendered more probable by the fact that this disease usually subsides upon menstruation being fully established, and resists all treatment up to that period.

In the early stages of this disease, the gesticulations of the patient are often attended with remarkable contentment and good humor, and the absence of pain enables him to laugh with others at his own eccentricities.

As the disease advances, articulation is interfered with, so that the patient cannot be understood while talking; and deglutition is also sometimes so difficult that food enough cannot be swallowed to prevent great debility and emaciation. The mind may become impaired in its functions, accompanied by languor and vacuity of countenance, sometimes attended by a constant state of melancholy, and even in some cases, idiocy supervenes, the faculties retrograding to those of infancy.

In a few severe cases, the patient is not only unable to walk or to stand, but is also unable to sit upon a chair even, by reason of the convulsive movements of the limbs; but is compelled to assume the recumbent posture. In other cases, the patient can sit quietly, but upon rising and attempting to walk, a rotary motion of the body comes on, so that the patient turns rapidly round upon the toes, or is obliged to run swiftly about in a circle to keep from falling. In other cases the gesticulations are confined to one arm or one leg; in others, to one side of the body; and in others, again, to the face and head. In almost all cases, if the motions of one limb are restrained, they are transferred to another, or some other part of the body.

In some cases this disease has a semblance of being contagious. Numerous instances are on record of its being communicated by the force of example, or the habit of imitation; as in boarding schools, assemblies of religious fanatics, &c. One circumstance of this fact came under my own observation. In a large school where there were many girls, one, thirteen years of age, was attacked with symptoms of chorea, at first slight, but rapidly increasing upon her, until finally she had to be removed from school. Three other girls, about the same age as the first, were also successively attacked, that had been in the habit of imitating her while at play; two of the three became very intractable cases and were very difficult to cure, run-

ning several months. For this reason, the separation of choreic patients from other children should be insisted upon under all circumstances.

This disease may come on gradually or suddenly; in either case it may be idiopathic or symptomatic. It not infrequently supervenes upon an attack of remittent or intermittent fevers; in that case it may safely be considered symptomatic. It may be accompanied or preceded by impaired health, a disturbance of the digestive organs, constipation, worms, and other intestinal irritation.

It often commences at the period of the second dentition, when upon examination we find the old teeth remaining, the new ones appearing at their sides; in these cases if the old teeth are promptly extracted, if the patient is not entirely cured, we shall certainly find him much improved.

The predisposition to chorea is no doubt constitutional, and in many cases it would seem to be hereditary. It always attacks persons of a highly excitable, nervous, temperament, and usually at that period of life in which the nervous system is most excitable.

Its exciting causes are numerous; but they most frequently depend upon mental emotions, as fright, anger, religious fanaticism, disappointed love, over tasking the mind with study, &c., and it is never produced by physical causes, except those that are peculiarly operative upon the brain and nervous system. Such are puberty, anticipated or delayed, inflammation or irritation of the genital organs, suppressed discharges or eruptions, spinal irritation, long continued, from worms or disordered secretions; wounds or injuries about the head may also operate as an exciting cause.

The exact pathology of this disease has never been definitely settled, from the fact that its rare fatality affords so few opportunities for dissection. It has been known to occur in paroxysmal visitations from youth to advanced age without destroying life.

But there are many reasons pointing to the sensorium as the seat of the irritation upon which this disease depends; as its arising so often from mental causes, particularly an excited imagination; the injurious effects produced upon the mental faculties, often early in its progress, and almost certainly in very protracted cases; occasionally terminating in idiocy and insanity; the general absence of spasmodic action during sleep; also the fact that the involuntary muscles are seldom, if ever involved.

Fortunately it is of little practical importance to decide definitely in what particular part of the cerebral tissue the irritation is located, as it would not modify the therapeutic indications. Some suppose that the essence of this disease consists in a mobility of the nervous system, by which the control of

the voluntary muscles is lost; others, in a morbid action of the faculty of volition. In either case, however, the same result is attained, and we are forced to the conclusion that the symptoms arise from an irregular excitement of some portion of the cerebral mass.

This disease is in most, if not in all cases, evidently associated with, if not dependent upon, an asthenic state of the system. The general history of the patients who suffer from chorea confirms the view that the nutrition of the brain, and indeed the whole nervous system, must be impaired. They are usually pale, feeble, persons, more or less infected with the matter of scrofula, or of rheumatism, or perhaps with some morbid matter peculiar to chorea itself, or generated by a depraved primary assimilation. And if we look at the muscles themselves, we will not find them in a healthy state, but on the contrary, we find the whole muscular system in a more or less soft and flabby condition; and if you compress the affected muscles, you do not find the firm resistance of a muscle contracting with its normal vigor, but rather that which indicates that the muscle contracts with feebleness, and is incapable of perfectly developing the muscular force.

I think no one can doubt, notwithstanding the localization of the phenomena of chorea, that it depends upon a depraved or poisoned state of the blood, to a great extent. This localization of chorea to one side, one limb, or to the muscles of the tongue, is by no means inconsistent with what we know of the laws governing morbid poisons: as for instance, the localization of the syphilitic poison upon the skin and periostium; the tonsils and lymphatic glands in the poison of scarlatina; of the lungs in measles; and the gastro-intestinal mucous membrane in cholera, &c.

If our views of the pathology of chorea are correct, the course of treatment is simple and plain; and yet I am aware that a great variety of treatment has been practiced. The older writers recommended bleeding and purging in all cases indiscriminately; this plan of treatment, however, has fallen deservedly into disrepute. It would be absurd to imagine that the ever changing forms that this disease assumes admit of the universal and indiscriminate application of any one remedy or specific; or that all cases may be successfully treated by any uniform plan. The age, sex, temperament, predisposing and exciting causes, period of the disease, as well as the previous treatment to which the patient may have been subjected its periodicity, and other modifying circumstances, must be taken into consideration in deciding upon the plan of treatment or the individual remedy.

It will be found, in a large majority of cases, that depletion will no be borne, and that an aggravation of symptoms will follow even active

cathartics. The only exception to this rule is when the chorea depends upon some gastric irritation, or some gastric irritation coëxists with the chorea. But the tonic plan of treatment being confidently settled upon, it will be in point to notice the individual remedies of this class which are adapted to the treatment of chorea. There is scarcely a single vegetable or mineral tonic within the whole range of therapeutics that has not been used in the treatment of this disease. Cinchona or some of its preparations, of which quinia is preferred, is the main reliance with many. Others use iron, zinc, and the various mineral tonics; these various remedies often fail, although persevered in, and judicious regimen superadded; and still oftener the disease recurs after a short interval having only been suspended by these remedial agents.

I have learned to rely mainly upon the tonic powers of arsenic, in preference to any or all other remedies, and have never failed, I think, to effect a permanent and radical cure.

The arsenite of potassa, as existing in the formula of Fowler's solution, is the preferable mode of exhibition, and its dose should be graduated according to the ability of the stomach to receive it without nausea. Patients in general, varying from seven to sixteen years of age, may take at first from six to eight drops, morning and evening, and the dose should be gradually increased in quantity and frequency. Adults may take ten drops, increasing to fifteen, and even twenty, three times daily; and the use of it should be persevered in for a week or ten days after all spasmodic action of the muscles had disappeared. The only unpleasant effects are nausea or vomiting, if the dose be too large, and occasionally a tumefaction of the head and face if too long persisted in. I have used this remedy myself, and seen it used by others in their practice, in a large number of cases of chorea, without having witnessed any of the unpleasant results sometimes supposed to follow the use of arsenical preparations. My patients, some of them that I have had an opportunity of watching, have not only recovered from the chorea, but have since acquired healthy and vigorous constitutions.

But while dwelling upon the use of arsenic as a remedial agent in chorea I would not forget to add, that in most cases auxilliary treatment is necessary. I have never seen a case benefitted by active depletion, not even by drastic cathartics, although when constipation has been present, or the existence of worms has been suspected, I have interposed cathartics or anthelmintics, while at the same time persevering in the tonic treatment.

Nutritious diet, active exercise in the open air, and the cold bath, are use-

ful adjuvants. When spinal irritation exists, counter irritation should be persevered in until the vertebral tenderness subsides.

The success of arsenic in this disease does not depend alone upon its tonic powers, in my opinion, as these powers exist to an equal if not a greater degree in other remedies, while in this disease they fail to produce the same effect.

Dr. Gregory and others maintain that arsenic acts by producing a strong impression upon the nervous system, other than simply a tonic effect, and refer as proof to the fact that intermittent and other paroxysmal diseases with and without periodicity are thus arrested.

The strong impression upon the nervous system made by arsenic interrupts that chain of actions in the body which have long been associated with convulsive movements of the limbs. These movements may be at first the result of some slight irritation in a portion of the sensorium, but afterward kept up by the power of habit.

I will subjoin two or three cases taken from my note-book:

Feb. 12, 1852. I was called to see a daughter of Mr. M., Franklin St. Her age was twelve years; she was very tall of her age, had grown very rapidly for the last two years; had never menstruated.

I found her suffering from a slight attack of chorea, confined to the muscles of the face, neck and left arm; she also had erysipelas of the left leg, extending from the knee nearly to the ankle. She had been treated about a year previous for chorea, by another physician of this city, who had given her various tonics, both vegetable and mineral, without relief, and finally resorted to arsenic, which relieved her in about four weeks.

I prescribed for her an emetic of ipecacuanha, followed by quinine and pulv. Doveri, at night, to induce sleep; also directed diluted alcohol as a local application to the leg.

After about five days, the erysipelas subsided, but the chorea increased so that the right arm and lower extremities became affected, the muscles of the tongue were also involved, so that she could scarcely utter a syllable intelligibly.

Feb. 24. I prescribed Fowler's solution in five drop doses, three times daily, and gradually increased the dose, until in fourteen days she took ten drops at a dose; this was continued fourteen days, when tumefaction under the eyes began to appear, and also an amelioration of the symptoms; the dose was reduced one-half, and continued for two weeks longer, when all the symptoms of chorea had disappeared. About this time, the catamenia

appeared; since which she has enjoyed uniformly good health to the present date.

A daughter of Mr. I., of Perry, in this State, aged twelve years, called upon me in June, 1855. She had been suffering from chorea for about six months; had been treated by purgatives, antispasmodics, and different preparations of iron, without benefit; her bowels were much constipated, for which I gave her ol. terebinth. and ol. ricini, which removed a number of lumbricoid worms; after which, for a few days, the action of the muscles was less violent, but was soon as severe as at first. I then prescribed Fowler's solution, commencing with six drops, gradually increasing to ten, three times a-day.

This was continued for about two weeks, when she began to improve, and the dose was again reduced to seven drops, which was continued about six weeks, when convalescence was fully established.

June 9, 1857, I first saw Henry Q., Clinton St., aged 9 years. He had shown symptoms of chorea for about two weeks; he had also an attack of the same kind about a year previous, in the country. I can learn nothing definite of his treatment at that time.

When I saw him first, his disease was mostly confined to the left side; the muscles of the face and tongue, however, seemed more affected than those of the limbs. Upon examination, I found his teeth in a bad condition, several of the new teeth appearing by the side of the old ones; after extracting six of the old teeth, and relieving the constipation by mild cathartics, he was much better for a few days, but in about two weeks I found him worse than ever, when I prescribed Fowler's solution in six drop doses, three times a-day, gradually increased to ten, but this produced vomiting so that it was necessary to reduce the dose again to six drops, which was continued for about four weeks, when I found my patient entirely relieved.

Dr. MINER moved that the thanks of the association be tendered to the retiring president for the able and impartial manner in which he had performed the duties of his office for the past year. Which was seconded and carried.

Dr. HUTCHINS moved that the Association adjourn till the next Tuesday evening. Seconded and carried.

The Association then adjourned.

AUSTIN FLINT, JR., M. D.,
Secretary.

ART. IV.—*Transactions of the American Medical Association. Vol. XI.*

The volume before us contains the report of the Transactions of the American Medical Association, for its Eleventh Annual Meeting held in the city of Washington, D. C., May 4th, 1858.

It has been delayed somewhat beyond the usual time of publication, and for which delay the Committee of publication affix an apologetical note for the time consumed in the preparation of the volume, assigning as a cause, the delay in returning proofs that were sent to different points for correction. This has been the sole and entire cause for the non-appearance of the volume, at an earlier date. We have no heart to find fault with the committee of publication for the tardiness in the appearance of the volume. It must be a labor of love only, which could prompt a committee unpaid, to take charge of the publication of so ponderous a volume, and submit to the many vexations incidental to its preparation, the principle of which were beyond their control, and perhaps were from the carelessness, if not neglect of parties who expected to be glorified in this very volume. We only wonder they are enabled to present a book so unexceptional in its typographical arrangement and appearance, as is presented in this specimen of their painstaking labor. In passing, we will intrude the remark, that the publishing committee of the Transactions of our State Society might take several lessons from our Philadelphia brethren without any detriment, and to the manifest comfort of their readers.

The daily proceedings of the Association have already been noticed in the last June number of this Journal, and we shall not, therefore, occupy the present time in recapitulating the minutes of each day's session. There seemed to be about the ordinary amount of discussion upon those interminable subjects of debate, medical reform, medical education, medical literature, and alterations of the constitution. A little variety by way of spice, was thrown in, in the debate which ensued upon the apology of Dr. David M. Reese, for endorsing Prof. McClintock for an appointment to the Blockley Hospital, Philadelphia; and from an effort to dictate to the Secretary of the Treasury the proper person to be appointed as inspector of Drugs and Medicines for the port of New York. That apparently exhaustless subject of comment and communications, the gift of a stone to the Washington monument, occupies a couple of pages, to the edification of the writers of the correspondence upon the subject. We think it about time that "that stone" was fixed in the monument and disposed of, or some other plan arranged by which the profession of the land could be relieved from the annual

recitation of the wonderful genius of the "young man, a native of Litiz, Pennsylvania, who had given unmistakable evidence of genius as a sculptor," and who, *singularly enough*, was in the employ of "a marble mason of the city of Lancaster, Pennsylvania;" and that five hundred of the one thousand dollars paid for the execution of the work by the Association, was devoted to the young artist then in Europe. (How many young physicians in Europe would dislike a similar gift from the Association?)

We notice that the New Jersey Medical Society presented a series of resolutions, the pith of which was recommending a new title, or degree, to be conferred by the Association upon its members, M. A. M. A., *Members of the American Medical Association;* and that a Board of Censors for each circuit of the United States Supreme Court, be appointed for the purpose of examining candidates for the title of "Member of the American Medical Association," on whose certificate the President of the Association, shall, after the candidate has subscribed to the Code of Ethics of the Association, and paid *blank* dollars into its treasury, issue a diploma, setting forth the fact of membership. We imagine the Association would have "a good time" in trying to carry any such regulation into execution. If all, or one-tenth part of the visionary projects for medical reform which have been proposed to the Association since its organization had been attempted to be carried out, its fate would have been sealed long ago. Fortunately a large majority of the propositions and amendments which are "laid over for one year, under the rules," are never heard of afterwards.

The Indiana State Medical Society is anxious for some system for the interchange of the *Transactions* of the various local societies of the United States, and invokes the aid of the Association in carrying out the project.

An examination of the contributions to the volume in connection with the daily proceedings of the Association, discloses some things which require an explanation upon the part of the committee of publication which they have not given. Either the secretaries have performed their duties very imperfectly, and given the Association a very meagre report of the daily proceedings, or else some sort of "hocus pocus" has been employed by somebody, by which papers which were never presented to the association are published among the reports, and one paper at least, which was presented to the Association, read and illustrated, and ordered published, does not appear in the Transactions.

To be explicit, the *Reports on Moral Insanity in its Relation to Medical Jurisprudence*, By Dr. MEREDITH REESE, of New York; *On Stomatitis*

Materna, By Dr. D. L. M'Guern, of Keokuk; and on the *True Position and value of Operative Surgery as a Therapeutic Agent*, By Prof. J. B. Flint, of Louisville, find no mention in the daily proceedings as having ever been presented to the association, or any intimation that the association was ever aware that they had been prepared and presented.

Again, Dr. J. M. Sims, of New York, read a report on the *Treatment of the Results of Obstructed Labor*, which was accepted and referred to the committee on publication. Why was not Dr. Sims's report published? And why were these others published if they were never presented to the association?

It is scarcely to be presumed that these were voluntary communications, for although a large number of these are yearly presented by aspirants for the honor of having their name included in the list of contributors, and a committee is regularly appointed to receive them, we know that it has been the policy to discourage the presentation of voluntary communications, and to restrict the association to the regular reports of the committees which they appoint; claiming that they should have some knowledge of the capacities of the men who undertake to speak for the association in matters which so intimately affect their standing with the medical world; and the committee of reference serves only to furnish an honorable grave in which to inter the free will offerings of volunteers.

We think it would be a good plan, as it would save many a heart ache, if the association would distinctly announce that voluntary communications are not desired, except they be submitted for the competition of the prizes offered by the association.

Having said so much, by way of introduction, in which, perhaps, not a few will think we have managed to introduce no little fault finding, we address ourselve to the task, which at best must be but imperfectly performed, of examining the contents of the volume, and giving some expression as to the value and distinctive characters of the several papers of which it is composed. It is no easy task to compress within the compass which these pages will admit, a fitting notice of a volume of a thousand pages, made up of contributions upon almost all of the several departments of medicine and surgery. It is scarcely possible to do more than indicate the peculiar characteristics of the several reports and papers, indicating their authors, and leaving each reader to arrive at his own conclusions as to their real values. This, however, is scarcely to be expected from what purports to be a review of an important publication; and, to such as may not be able to command the perusal of the volume, or lack the industry necessary for its careful per-

usal, and at the same time feel desirous to talk learnedly of its contents, building themselves upon the foundations laid in the perusal of a review, may be the cause of serious complaint. We shall, however, endeavor as far as possible to indicate the character of this volume.

Before referring to any article of its contents, we shall indulge in one remark, that the present volume gives indisputable evidence that the zeal in behalf of the American Medical Association which characterised its organization and the early years of its existence, has suffered no diminution. The Association has now a strong hold upon the affections of the profession of the country, and it is looked to as a great conservative power in these days of professional degeneracy, and it remains for its members only to be true to the trusts which are delegated to them, and to cement as far as possible, and as firmly as possible, the different sections of our land in the behalf of legitimate medicine, to cause the fires of quackery to pale before the brighter radiance of the flames kindled upon the altars of true science.

Passing the Address of the *President*, Dr. Paul F. Eve, of Tennessee, which is a graceful recitation of what the association has accomplished for the advancement of medical science, we come to the first paper in the order of the arrangement of the volume,—*The Report on the Medical Topography of the Epidemic Diseases of Kentucky*, by W. L. SUTTON, M. D.; occupying some ninety pages. The paper is an exceedingly interesting one, presenting many valuable facts in reference to the medical history of the State, and possessing merit far beyond many similar reports which have been made to the association. Dr. Sutton is a veteran in matters having reference to epidemic and sanitary questions. If he has not himself prepared, he has had charge of the Registration Reports of the State of Kentucky, for several years. He has a natural taste for such labors; and perfected by practice, he is enabled to give us a valuable paper upon the subject embraced within its range. He has accompanied his report with a map exhibiting the geological formations of the State as an additional means of illustration of the various causes to be taken into account among the question of the causations of disease.

Dr. Sutton's Report is followed by two others, upon kindred subjects:—*Report on the Topography and Epidemic Diseases of New Jersey, and the Treatment Thereof*, By LYNDON SMITH, M. D.; and the *Report of the Committee on the Epidemics of Ohio*, By GEO. MENDENHALL, M. D.

These two are exceedingly short reports, and serve principally to record

the epidemic influences for the year or two past, and as such records are valuable to the sanitarian.

If the medical topography of America is never written, it is very evident it will be no fault of the profession as represented in the association, as any one must be convinced who will turn over the volumes of its Transactions. The great difficulty is, that a vast amount of imperfect and useless materials is collected together, and when one in search of the solution of some question of vital statistics, supposes he has but to turn to the garnered facts of these several volumes for an answer to his inquiries, he finds too often, upon search, that the imperfect character of the records and statistics renders perfectly valueless to him, the labors of the reporters, and the wonder to his mind is, who should take the pains to collect such imperfect data. We presume, however, that for the present this is unavoidable. We must accept what is given us, trusting for a larger experience to furnish for the future what the true wants of the profession demand. It is certain that from no other source, can our national medico-topographical history be so easily or so perfectly written as by the members, and from the contributions of the members of the American Medical Association.

The next paper is the *Report of the Committee on Medical Literature*, By Dr. A. B. PALMER, of Michigan. This is one of the stereotyped subjects of report, which are yearly presented, or expected to be presented, to the association. Prof. Palmer has made the most possible of his subject, a well worn, if not a thread bare one. It appears, however, from Dr. Palmer's report, that several failures have of late been made in the presentation of this subject, and that a hiatus of some four years elapses in the annual summary of medical publications contemplated by the rule under which this report is prepared. Dr. Palmer has declined the assumption of the almost Herculean labors involved in the reparation of the deficits from the neglects of former committees, and contents himself, "with a discussion of the general character of the periodical medical publications of the United States, referring to particulars only so far as may be necessary to illustrate general views."

The committee express their sense of embarrassment in the discussion of the subject confided to their charge, from the ability in which all the subjects appertaining to it have been discussed by former committees, and from being necessarily obliged to follow in the footsteps of some of the most illustrious of our American authors.

The committee express their conviction of the constantly improving character of our periodical medical literature, and regard our thirty medical

periodicals, scattered as they are all over our country, and many having little more than a mere local circulation or name, despite the meagre returns which they pay their editors and publishers, as of positive advantage to the profession at large, from the encouragement which they give to inexperienced and modest writers who might be deterred from contributing to a journal published at a distant point abounding in a surplus of contributions and able to ignore writers unknown to fame. These local journals encourage and foster talent, and develope many gems of truth, which if it were not for the encouragement thus afforded them, would be lost to the profession from the timidity of the writers. Encouraged by notice, and perfected by practice, very many are enabled to take first rank among our medical contributors, and achieve a lasting renown. They speak, moreover, in commendation of the general style of these communications, and have a kind word to to say in reference to the taste and discrimination displayed in making selections for the eclectic department.

As a journalist, Dr. Palmer has learned from experience, many of the difficulties which practically beset the subjects confided to his charge, and states most distinctly what they are in the way to literary perfection in our medical periodical literature.

The second division or portion of the report embraces notices of "Original American Medical Publications."

This portion is occupied with distinctive notices of the more important American publications of the year, with a sort of running commentary upon the value and character of each publication.

We of course shall make no effort to reproduce this catalogue. The terms of commendation in which certain performances are referred to, might, it is true, be criticised, but we feel little disposition to be censorious in view of the earnest zeal in which the reporter has discharged his duties, and from the fact that he has not the advantage of the shield of *incog.* usually afforded reviewers when they desire to sit in judgment upon the performances of others and pass sentences of condemnation upon their labors. He labors to a disadvantage in this respect, and we would not avail ourselves of it to add zest to this notice.

The third and last division of the committee is devoted to "such measures as may be deemed advisable for encouraging and maintaining a national literature of our own."

Under this head, as usual, are discussed, or rather, are repeated, the arguments which are relied upon to point out the deficiencies in our American medical literature, and the causes, such as deficiency of early training, and

want of originality of observation and a high standard of excellence upon the part of authors, which weigh down and hinder the profession in this country from assuming a front and prominent rank among medical writers, and contributors to the advancement of our science.

Passing over a page or two given to rhetorical flourishes, the greater portion of the report is occupied in the discussion of subjects springing from the consideration of the question of *the international copyright law.*

The reporter is very evidently opposed to any law, or plan which will embarrass the republication of foreign works in this country. He regards it of advantage to the profession at large, to avail themselves of all the learning of the old world, and to reproduce upon this side of the Atlantic, at a cost less than the original publication, any work entitled to consideration. He thinks no person would be deterred from buying an American work because he had one of a foreign author upon the same subject.

In conclusion, we must be permitted to say, that we regard it an evidence of exceeding bad taste to engraft in a report of this kind, a puff, which amounts to little less than an advertisement, of a practice which prevails "in at least one medical college," requiring students in medicine to exercise themselves in composition, and submit their performances to the criticism of their teachers. There is no difficulty in determining "the institution referred to." If they have adopted this among other methods of instructing and improving and perfecting their students, it is all very well and deserving of commendation; but one scarcely looks for an advertisement of "the institution referred to" in such a report, or the announcement that the crude medical papers of the student, or even his thesis, should be regarded or discussed in a report on medical literature. Schoolboy performances pass everywhere for what they are worth, and never bring a high price in the market. In the attempt to slip in covertly a puff of his school, we cannot help thinking the reporter has degraded his subject. Lessons in good taste and literary propriety, might, we think, be reflected back from the seat of the lecture room to the desk of the teacher in this case.

The Report of the Special Committee on Medical Education, By JAS. R. WOOD, M. D., of New York, follows. This is stereotyped subject, number two.

It has the merits of brevity at least; eleven pages contain the report.

Dr. Wood, while acknowledging the importance of the subject in reference to the well being and influence of the profession, recognises the little real good which has grown out of the constant agitation of this subject by

the association. The subject had been so often reported upon, that it seemed a work of supererogation to add anything to the labors of previous committees.

The report of Dr. Wood is a tersely written paper upon the means of improving a preliminary medical education, and perfecting the medical student in whatever has reference to his future success in his profession. Not a line is lost in giving scope to any rhetorical flourishes, but the whole is directed to the means of improving and elevating the standard of medical education, as he has conceived it to be susceptible of improvement.

The most prominent point in the report undoubtedly is the prominence which is given to clinical, or hospital instruction. The advantages of such teaching to the student is strongly urged, and we presume there are very few who will be found to dissent from the position thus taken. Primary medical schools are also recommended.

We have spoken of the subjects of the last two reports as stereotyped. With all due deference to the high powers that be, and reign in, if they do not control the association, we would suggest whether it would not be to the interest of all concerned, to drop for a while subjects of report and discussion which result in so little which is valuable, or practicable.

Medical literature is beyond the control of legislation. Every man will buy books according to his own taste or fancy. American authors will supplant foreign ones when they present works equally as good. Foreign publications will cease to find such rapid sale in our markets, when American physicians ambitious of the reputation of authorship, without the qualifications to write a book, will cease to tack their names, kite-tail fashion, to the title of some foreign author, and appear in all the glories of an EDITOR.

We go in for anything to the fullest extent, which will encourage American talent, but you cannot force these things by legislative enactments. Let American authors depend less upon foreign aid and support, and if they write and publish less than they do now, let them when they write and publish, give us something worthy of our nationality, and we will guarantee a recognition worthy of their labors, upon the part of the profession of our land. Our American medical literature is cursed by the system of American *editorship*, but it is to the interest of American publishers to furnish us with an edition disfigured and diluted by annotations, rather than submit to the introduction, by importation and sale, of the original work, or to do what they might do in the absence of any international copyright law, give us a republication of the work as it originally came from the hands of its author. What moral right any man has to pervert the original text of an

author by the addition of notes and opinions of his own, controverting as far as is in his power, the very objects probably the author had in his labors of authorship, while he steals the reputation of the writer in whose plumes he parades before the public, is a question which we have never been able to reconcile to our minds, perhaps owing to the narrow scope of our intellectual vision, which we confess, is fenced in by a recognition upon the part of conscience, (or of so much of this as we have left after the rough contact and abrasions of the world a consequence of our few years of professional service,) of the right of the *Author* to enjoy his opinions unmolested by the additions of an *Editor*. If "Mr. Editor" has anything worth imparting to the American public, let him give it to us in some manner more in keeping with our and his reputation, as an American author.

And so in reference to the subject of medical education. What practical advantage is to be gained by eternally reporting upon the subjects. The matter has been before the association since the day of its organization. How much has really resulted from the discussion of the subject?

Scarcely any two men agree upon the details involved in this question. There are innumerable local and side issues which control the judgments of those having the greatest interests in the settlement of the many points involved in the mere proposition, "Medical Education," an indefinite term, but one which from its popular and frequent use, implies imperfections in the present methods, a certainty of improvement, and a possibility of uniformity of practice which would beget a high and national standard of excellence.

There is no uniformity in our State laws in reference to medical matters. No State will disfranchise any of the members of the profession recognized by its laws, to comply with the requirements of another State, or to meet the visionary ideas of some reformer. The social condition of our States differ so much, that what may be possible to be accomplished in one portion of the Union, may be impracticable, if not impossible, in another. How is it possible to bend or to warp our profession to one fixed, uniform and rigid standard of qualifications and excellencies, under such circumstances?

Let us not be understood as depreciating medical improvements in any degree, nor the elevation of a high standard of excellence which it is the duty of every man to make the effort at least, to attain, and failing to put forth such effort, should rest under the curse of his brethren for his indolence. Excelsior should be the motto of every medical man, as it is the proud motto of our proud State. What we deprecate is the Quixotic labors of inconsiderate reformers. They can more easily destroy than build up.

Why not for a few years at least, dismiss this subject from the annual

reports of the association? We now simply get the crude notions of each reporter at each annual session, for each would be derilect in duty did he fail to comply with the obligation implied in his appointment, and we consequently have report after report. Probably all that can be accomplished for the present has been accomplished. Wait a few years for farther progress. In the mean time the "old fogies" will have died, or lost their influence; the younger generation will have learned what the wants of the community are, and the frequency of their intercourse at the meetings of the association will result in such a parity of views and sentiments upon the subject as will result eventually in the establishment of an uniformity much nearer to perfection than can be established, or hoped for now. It is impossible for from three to five hundred men to meet yearly, and especially if they will come together unbiassed by any preconceived project or hobby, without arriving in the course of time from the free interchange of opinions and sentiments to some definite results upon the subjects involved in the question under notice. Reports and resolutions at the present day promise nothing.

A Report on Spontaneous Umbilical Hæmorrhage of the Newly-Born, By J. FOSTER JENKINS, M. D., follows, and is really the first paper of a scientific character.

This report, which we have read with no little interest, would seem to entirely exhaust the subject. The accident itself seems to be comparatively a rare one, for according to the evidence collected by Dr. Jenkins, practitioners of a quarter of a century have not met with an instance, and at the Foundling Hospital, at Paris, but a single case occurred in between 9000 and 10,000 children admitted in two years, preceding January, 1853. The records of other hospitals abroad, as well as in this country, testify to its comparative rarity. Until quite recently, works upon infantile diseases have given it but slight attention. At the same time, we presume, no medical man has been free from anxiety, or indifferent to the dangers attending this difficulty, when called upon to take charge of a case.

Dr. Jenkins has prosecuted with remarkable industry and zeal, his investigations in the attempt to elucidate the pathology of this infantile disease, if disease it be, for his conclusions would seem to point to the inference that the cause depended upon some congenital malformation or imperfect action of the hepatic organs. His laborious research has collected 178 cases, which he has tabulated and submitted to careful comparison and analysis.

His conclusions are, from such study, that they point to the existence of two varieties of the form of umbilical hæmorrhage under discussion.

"First, And most common, that depending on a depraved condition of the blood, the spanæmia resulting sometimes from jaundice, through malformation, or deranged function of the liver, sometimes from an inherited scrofulous or syphilitic taint, and probably not unfrequently from privation and despondency in the mother during gestation, or during the same period an excessive use of alkalies or diluent fluids.

"Second. Independently of any dyscrasia of the blood, umbilical hæmorrhage seems to arise by reason of an usual patency of the umbilical vessels, in otherwise apparently healthy children.

"These two conditions of the hæmorrhagic flow are doubtless often associated, but that the second exists sometimes exclusively, may not be questioned."

Male children, according to authors and reporters, seem to be more liable to this accident than female. Some dependence upon a hereditary hæmorrhagic diathesis seems to be traced, but the sequence is not sufficiently uniform to establish any law.

The prognosis is fearfully grave. Five-sixths (83.7 per cent.) of those attacked succumbed to the disease, or its sequelæ, or 149 out of the 178 cases collected in the report.

The report evinces commendable industry upon the part of the reporter, but we fear that the practical advantages are scarcely commensurate with the labor he has bestowed upon the subject. The almost certain fatal termination of the accident, renders of but little avail speculations in pathology. His suggestions for treatment are such as are well known to the profession from other sources, or would be suggested to the mind of any intelligent practitioner.

The Report on Influence of Marriages of Consanguinity Upon Offspring, By S. M. Bemiss, M. D., of Louisville, is another lengthy paper of tabulated figures, and a monument of patient labor upon the part of the reporter. He has had a field comparatively new to labor in, for although a sort of general assent has been given to the fact that marriages of relations were disastrous in their consequences to the offspring of such unions, but few figures have been heretofore collected to solve the problem.

The conclusions of the reporter are drawn from near nine hundred such marriages, and he has collected for comparison one hundred and twenty-five observations where the parties were in no way related to each other. The assiduity with which those researches have been prosecuted, is apparent. Dr. Bemiss gives full credit to those who have assisted him, and the instances

where other parties who were engaged in the same investigations assisted him to what they had accomplished, and resigned the anticipated credit properly accruing to such labors, in favor of the committee appointed upon the behalf of the association, he pays a fitting and graceful compliment.

The points sought to be elucidated by this report, are worked out in almost innumerable tables, and with a painstaking labor worthy of all commendation. Dr. Bemiss proves himself to be a statistician of the first order. We fear that his labors will scarcely be appreciated by the many careless readers of the volume, who will scarcely stop to examine with the study which their perusal requires, the details of so many pages of figures. If it be desirable that public attention should be called to this subject, and the impression fixed upon their minds, that such unions are disastrous to their offsprings, it is much to be regretted that some more effectual means than the simple publication of the results of these inquiries in the volumes of the Transactions of the Association could not be devised. So far as the public are concerned they will be lost to them. The report will furnish part of the lore of the physician, and supply materials for the vital statistician, but we fear will be so inaccessible to the community, that the objects of all this labor will be but very imperfectly accomplished in the correction of the evil which they point out.

It is scarcely to be expected that we can reproduce in this notice, the points worked out in the ninety pages of tables. We must refer those who are curious upon the subject, to the careful perusal of the report itself.

It will, perhaps, be sufficient to state, that the conclusions drawn from the facts presented in this report, are of a startling character. The mental and physical degeneracies manifested in the offspring of blood relations as exhibited in the statistics gathered in this report are such as to attract the most earnest attention, and if future investigations upon the subject sustain the conclusions drawn from the figures before us, it may well be a question whether it should not be taken under legislative control, if the moral sentiments of the community cannot be educated up to a point, to pay voluntarily a deference to the laws which nature seems to have laid dawn in reference to this matter, and a violation of which she seems to so fearfully punish A broad field is opened for investigation and study. The results are of most manifest importance to the well being and happiness of the race. The subject is a delicate as well as an important one, and requires careful handling, as it comes in contact with so many social interests of society. Dry statistics and figures may, however, prove too much for sentiment, and stand guard over the avenues of affection, and dictate whom one may and may not

wed. It would seem as if all of the interests of life were being reduced to a mathematical problem, and the square and compass were to be applied to the minutest of our relations to this world.

Report on the Functions of the Cerebellum, By E. ANDREWS, M. D., of Chicago, follows.

We think the reporter has been exceedingly unfortunate in stating the especial object or intention of this paper. It bears upon its face the evidence of labor; and the illustrations, drawn from the results, as many of them are, of his own dissections, display the student. But we fear many a reader will be puzzled to discover the especial point sought to be elucidated. There is too much ambiguity in the announciation of the particular objects of the report, to make its perusal at all pleasant, or profitable. For ourselves we confess to the labor of more than one perusal, in search of the particular point, or points, it is designed to prove.

That the functions of the cerebellum are supposed to be exerted in controlling muscular movements, is, we believe, among the admitted physiological actions of this portion of the cerebral mass, if not demonstrated. Without spending time to hunt up authorities, we would simply direct the curious to no further search than that of simply turning to the pages of "Todd and Bowman's Physiological Anatomy," upon the subject of the *functions of the cerebellum*.

The specific object of the report seems to be to sustain the two following propositions:

"1. In the warm blooded animals, the median lobe, or vermiform process of the cerebellum varies in size directly as the bulk and power of the anterior group of muscles.

"2. The lateral lobes vary in like manner, as the power of the posterior group of muscles; subject, however, to certain variations hereafter to be mentioned."

The author may have regarded the above announcement sufficient for the purpose, but we scarcely think the reader will coincide in his opinion of the perspicuity of style, and that his method of treating his subject amounts to a demonstration, physiological, or otherwise.

Report on the Treatment Best Adapted to Each Variety of Cataract, By MARK STEPHENSON, M. D., New York, is a well written paper upon the different forms of operation adapted to this distressing infirmity. His views upon what is commonly called preparatory treatment for an operation, and

of the discretion to be used in meeting subsequent inflammation are exceeding judicious, and will commend themselves to the reader. The peculiar advantages of each form of operation are also well described. But at the same time, the paper can lay no claim to any originality in theory or practice, and the sum of our knowledge upon ophthalmic surgery can scarcely be said to be increased by the labors of the reporter.

The Report on the Law of Registration of Births, Marriages, and Deaths, By EDWARD JARVIS, M. D., of Dorchester, Mass., states that the committee was appointed at a former session of the association, of members dispersed throughout all the States of the Union for the purpose of bringing this subject to the notice of their respective legislatures. But there had been no meeting of the committee, nor any concert of action of any kind between them in reference to the matter.

Dr. Jarvis recapitulates in this report the steps Massachusetts has taken for the collection of this class of statistics, under the sanction of legislative enactments. Since 1842, the laws in reference to registration in these several departments of vital statistics have been kept in vigorous and successful operation. Reports have been annually published since that date.

These reports are probably the most reliable and valuable of any, published in the United States, unless we except those of Rhode Island, which although of much more recent date in the undertaking, and from a smaller territory, are crowding hard upon the returns of its sister State for minuteness and accuracy.

The report is closed by the additions of the Nosology prepared by Dr. Jarvis for the Mortality Statistics of the United States for 1850, published under the supervision of Mr. De Bow; and of the classification of diseases arranged by Dr. Wm. Farr, of London.

It perhaps may not be out of place to refer in this connection to some action taken by the Association in reference to procuring a proper national recognition of the importance of the subject involved under the head of vital statistics, and giving the full influence of the Association to the support of the same.

On the motion of Dr. W. L. Sutton, it was

"*Resolved*, That a committee of three physicians of the District of Columbia, be appointed, whose duty it shall be to wait upon the Census Bureau and impress upon the proper officer the great interest which this Association feels in the proper collection of the details contemplated by the laws for taking the census of 1860; and especially that portion which relates

to vital statistics; and to urge the importance of securing, at an early day, the services of a physician versed in vital statistics, to assist in constructing the schedules, and in superintending this branch of the census."

It was also upon the motion of Dr. Sutton, further

"*Resolved*, That a committee of five be appointed, whose duty it shall be to prepare a plan for an uniform system of registration of births, marriages, and deaths; including the nomenclature and classification of causes of death, to be recommended to the several States for adoption. And that the report by Dr. Jarvis, of Mass., to this meeting, be submitted to them, during the remainder of this session."

A committee of medical gentlemen well known to the profession for their labors in the department of vital statistics, was appointed, but we do not discover that they made any report during the session of the Association. It was hardly to be expected that they would be able to do anything of the kind, in the short period of the session. The gentlemen appointed, are, however, too much devoted to this branch of medical statistics to suppose that they will allow the subject to sleep a final sleep in their hands.

Report on Stomatitis Materna. By D. L. M'Gugin, M. D., of Keokuk, Iowa.

This subject has afforded a prolific source for contributions to medical journals, within a few years past.

Dr. M'Gugin criticizes in the opening of his report the terms employed to give a name to this disease, and complains of the difficulties of according it a proper place in a nosological list. He denies that the disease is of recent origin, notwithstanding practitioners and authors of eminence testify that they have never met with a case in their practice. He concludes it to be as old as the day of Hippocrates, and finds evidence in his writing of its existence. The history, topography, and bibliography of the disease as traced by the reporter, is exceedingly interesting and will well repay perusal.

From the observations of the reporter, this disease would seem to be endemic in its character, and much more frequent in the western than in the eastern sections of our land. This is certainly a point worthy of the consideration of the profession, and well authenticated observations and reliable deductions are necessary to establish the fact whether so distressing a complication of the periods of gestation and lactation as it frequently is, to say nothing of its occasional fatality, is depending upon local causes. It is difficult to conceive that such a dependence exists. It was our misfortune the

past summer, to lose a patient with this disease, but we can recall to mind no local causes likely to have produced the disease; and at the same time we can testify that it is scarcely conceivable to one who has never witnessed a case, how anæmic a nursing woman may become, before death releases the sufferer from her agony.

To turn to the practical part of the report, that which has reference to treatment, we do not perceive that our stock of knowledge is much increased. Hydriodate and chlorate of potassa, are highly spoken of, and the latter has been found most efficacious. Benefit has been found also from the use of the hypophosphite of soda in syrup, subnitrate of bismuth, and malt liquors. Exercise in the open air is enjoined as indispensable.

While the report, perhaps, adds nothing to our knowledge of the etiology and pathology of the disease, we commend it to the careful perusal of every practitioner, as giving a very perfect description of the symptoms of the disease, and as presenting about all that may be regarded as its literature.

Report on the True Position and Value of Operative Surgery as a Therapeutic Agent, By J. B. FLINT, M. D., of Louisville, is, we think, an exceedingly unfortunate title for a *paper* containing much practical and sound good sense. We think very few will be able to discover any applicability of the title to the contents of his communication.

Instead of being what may be properly called a *report*, it is a *paper*, or an *essay*, the intention of which is to deprecate the passion which so many practitioners, and young ones especially, have for achieving sudden renown and reputation by the performance of some formidable and bloody, and often needless and useless, surgical operation. The *eclat* which attends such performances over the more quiet prescription of the physician is severely criticised and satirized. In this light the contribution of Prof. Flint is entitled to the careful study of all those who are ambitious to *carve* their way to medical, or rather, surgical fame. The contribution is strongly inculcative of what is known in this region as *conservative surgery*.

A point made in the paper is the disparity in the fees willingly accorded by the patient for a valuable and effectual medical prescription, and for a surgical operation, perhaps useless, but which impresses itself upon patient and observer, because blood follows in the track of the knife; and because public estimate has accorded to surgery a position from the strong impression it makes upon the senses from the sight of the sufferings and blood of the patient, disproportionate to the more positive relief often afforded by some quiet prescription, or unseen and bloodless manipulation.

(Want of space in this number of the Journal, and uncontrolable circumstances, which for the present put an end to all use of the pen, force us to close thus abruptly our notice of this volume. At some future time the remaining reports may be taken up and examined. Some of the papers are so lengthy that they will admit of separate notices.) J. M. N.

ART. V.—*Report of Mortality in Buffalo for the Month of March*, 1859. By P. H. STRONG, M. D., Health Physician.

DISEASES.	No.	Males.	Females.	No Sex given.
Accidental,				
By fall in Hold of Vessel,	1			
By Drowning,	2			
By Locomotive,	2	5	4	1
Anæmia,		1	1	
Asphyxia,		1	1	
Asthma,		1		1
Cancer of Womb,		2		2
Cholera Infantum,		2	2	
Congestion of Brain,		2	2	
Congestion of Lungs,		3	1	1
Convulsions,		7	7	
Croup,		5	2	3
Debility, Infantile,		10	5	5
Delirium Tremens,		2	1	1
Dentition, difficult,		1	1	
Diarrhœa,		1	1	
Disease of Heart,		1	1	
" Lungs,		1	1	
Dropsy of Abdomen,		1		1
Dropsy of Brain,		4	2	2
Erysipelas,		1	1	
Exhaustion,		1	1	
Fever, Puerperal,		3		3
" Scarlet,		7	3	4
" Typhus,		1	1	
" Typhoid,		2		2
Hooping Cough,		1		1
Inflammation of Brain,		4	3	1
" of Bowels,		1		1
" of Lungs,		7	4	3
" of Liver,		1	1	
Intemperance,		2	2	
Marasmus,		3	3	
Old Age,		4	2	2
Rheumatism, Chronic,		1	1	
Small Pox,		8	5	2	1
Still Born,		10	8	2	
Tuberculosis,		18	9	9	
Uterine Hæmorrhage,		1		1	
Uterine Tumor,		1		1	
Unknown,		6	2	4	3
Total,	133	77	53	

SEXES.

Males,	77	
Females,	53	
Sex not given,	3	
Total,		133

Died at the Almshouse,	4		
" Hospital of the Sisters of Charity,	5		
" Foundling Asylum,	2		
" Small-pox Hospital,	1	12	
" in city at large,		121	
Total,			133

Of this No. there were certified by Undertakers,	40
" " " by Coroner,	8
" " " by Irregular Practitioners,	26
" " " by Regular Physicians in Public Institutions,	12
" " " by Regular Physicians in Private Practice,	36
" " " by the "*Spirit of John Sweny*,"	1
Total,	133

AGES.

Still-born,	10	Between 40 " " 50 "	8
Under 1 year,	36	" 50 " " 60 "	5
Between 1 year and 5 years,	24	" 60 " " 70 "	6
" 5 " " 10 "	7	" 70 " " 80 "	3
" 10 " " 15 "	2	" 80 " " 90 "	1
" 15 " " 20 "	5	" 90 " " 100 "	0
" 20 years and 30 years,	14	" 100 "	0
" 30 " " 40 "	7	Unknown,	4
Total less than 5 years,			70
Total at 5 years and over, and unknown,			63
Total,			133

NATIVITIES.

American,	95	French,	3
German,	10	Holland,	0
Irish,	16	Swiss,	1
Canadian,	0	Prussian,	0
English,	3	Italian,	0
Scotch,	2	Country not given,	3
Total,			133

Comparative March mortality for the 5 years next preceding 1859 :

For March, 1854,	181	
" 1855,	123	
" 1856,	111	
" 1857,	235	
" 1858,	134	
Mean March mortality for 5 years, within a fraction,		137
For March this year,		133

EDITORIAL DEPARTMENT.

Close of the Volume.—This number closes our fourteenth volume, and finishes the first year of our sole editorial responsibility; we take advantage of the little space which a press of original matter has left us to acknowledge the kindness of our contributors and subscribers who have consented to continueto us the favors which they extended to the former editors. Relieved, as we now are, of the business matters of the Journal, a department for which we had but little taste, and confident that its temporal condition is good and improving, we will commence upon Vol. XV with a light heart, hoping that our growing experience may make our editorial capabilities more commensurate with its requirements.

A large portion of this number is devoted to a review of the Transactions of the American Medical Association; and our readers will readily see why it could not have been deferred till another issue. This, however, excludes eclectic matter, and permits only to say a word in our editorial department; we have, however, done some labor for this number, in the preparation of our index, which we have made unusually comprehensive. Several contributions, letters, and a description of Palmer's artificial leg and arm with uts, stand over for our next.