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No. 1.

ON THE PATHOLOGY OF OBESITY.

[THE following is an extract from one of the Gulstonian Lectures, delivered in May, 1850, at the College of Physicians and Surgeons, London, by Thomas King Chambers, M.D. The numbers in this extract refer to a table of cases of obese persons in a former lecture.]

The most interesting way of illustrating the pathology of obesity will be to detail the causes of death in a considerable number of cases of this affection. I have put together 69, of which the post-mortem records are thoroughly to be trusted, 67 having been examined at St. George's Hospital, and two by Dr. Shearman, of Rotherham, a gentleman of well-known accuracy and research.

CAUSES OF DEATH IN SIXTY-NINE CORPULENT PERSONS.

Medical Cases.

Dropsy	13
Apoplectic coma	11
Pneumonia	5
Pleurisy (acute 2, chronic 1)	3
Fainting (fatty atrophy of heart)	1
Aneurism, 1; malignant disease, 1; fever, 1; rupture of stomach, 1; polypus uteri, 1	5
Erysipelas of face	1

Surgical Cases.

Peritonitis after hernia	8
Erysipelas after ulcers and slight wounds	3
Gangrena senilis	2
Diffuse cellular inflammation	2
Secondary abscess	3
Nephritis after lithotripsy	1
Diseased prostate	1
Accidents	10

The heart was examined in 57 of these patients. In 7 it was found healthy—viz., in 4 who died from accidents, in 1 case of rupture of the stomach, 1 of hernia, and 1 of nephritis. In the latter case, the principal local collection of fat was about the kidneys, where the amount

usually found was greatly augmented. In 50 of the 57 cases where the heart was examined, it was found diseased. Of the 50 diseased hearts,

- 5 were hypertrophied and not dilated ;
- 8 hypertrophied and dilated ;
- 26 dilated only ;
- 11 atrophied.

In 16 of these, there was an increased amount of vesicular fat about the heart—viz. :

- In 13 of those which were dilated ;
- In 2 of those which were atrophied ;
- In 1 of those hypertrophied and dilated.

In 14 instances, the kidneys were also affected with chronic degeneration, which in all those, where an opportunity occurred of forming an opinion, seemed to be consecutive on the cardiac disease.

A cursory glance over the facts recorded in these lists will be sufficient to show what a great influence over life the disorders of the circulating system have had. In the medical cases, the two classes which make up the bulk of the whole may be referred entirely to this source ; and in the surgical cases, nearly all are of a nature to be much aggravated by an ill-balanced distribution of blood.

The change which most commonly affects the heart is dilatation, probably dependent on the greatly-increased quantity of capillaries distributed throughout the body, and the consequent increase in the amount and pressure of the circulating fluid upon the central organ. The hypertrophy which sometimes ensues is not unlikely to be an effort of nature to supply force in proportion to the increased demand.

In 11 cases out of the 69, atrophy of the heart was observed, that is, diminution in thickness of the walls without any external augmentation of size ; and in such of these cases as were submitted to the test of microscopic examination, a deposition of *molecular* fat, destruction of the nuclei, and other evidences of degenerated muscles, were found.

We must be careful to distinguish this fatty atrophy or degeneration from deposition of *vesicular* fat ; the first arises from deficient nutrition, the second is due to excess. One is a retrogression from a more highly endowed tissue to one less distinguished by its importance and offices ; the other is an increased growth. It is true they may be coincident, as in the instances before us of atrophied hearts in obese people ; yea, they may exist together in the same organ, as in two of these cases, where there was much fat at the base of the great vessels and degenerated muscle at the same time. But still they are contrasted conditions, hypertrophy and atrophy of different tissues.

It still remains to be explained why these two opposite states are so often associated together ; why degenerated muscle is more common in fat than in thin people, as would appear to be the case from a paper presented by Dr. Quain a short time back to the Medico-Chirurgical Society. It does not arise from the pressure upon the muscle caused by the altered shape and size of the heart ; for it is equally apt to occur in cases of obesity where there is only the ordinary amount of fat at

the base of the organ, as where the adipose tissue there is augmented. It more probably depends on some change in the condition of the circulating fluid associated with obesity, which renders the formation of fibrin more difficult, and allows the muscular fibre to undergo an interstitial decomposition into an oily matter.

The anomalous state of the circulation in corpulent persons, caused by the quantity of capillaries, either with or without the cardiac disease consequent thereon, is, I think, sufficient to explain all the complaints to which they are subject. The sluggishness of their blood's movement accounts for their proneness to cachectic boils, to diffuse cellular inflammation, to congestions of the lungs, liver and brain, and explains why the use of the lancet is so hazardous in such patients.

The *predisposing* causes (of which we must now speak) are of more importance in obesity than in any other morbid state. In those who are so constituted as to have a tendency to this form of hypertrophy, the most careful treatment will often not suffice to keep it off; while those who have an opposite diathesis remain thin, let them live as they will.

In persons prone to obesity, we may usually observe, that the bony framework of the body is less massive than in the spare, as is indicated by the smallness of their hands and feet. In the great majority of the cases before us, this peculiarity has been noticed in the column appropriated to it. The same is commonly seen also in cattle; in buying beasts likely to fatten well, the grazier will select those whose legs below the knees are short and taper, and refuse the long-backed, heavy-hoofed ox. This shows that bone has had little to do with the great weights of the obese persons recorded in the list. Their osseous skeleton, the part of their body which is of the greatest specific gravity, is smaller than that of other people, yet the whole body is much heavier. This confirms what was suggested in the former lecture, that extreme weight in the human species may be always considered as due to bulk of adipose matter, and not to excess of bone. A sufficient quantity of bone added to the body, to make a person come nearly up to any of the weight of these corpulent individuals, would render the skeleton too clumsy to answer any of the ordinary purposes of life. A man can move about and work with eight or nine extra stone of fat about him, as, for instance, R. B. (No. 30), who is a miller in constant employment day and night; but if that quantity of bone was laid on his skeleton, the muscles would be unable to wield the deformed limbs. The weight of a man's bones, in the dry state, with the ligaments attached, does not exceed a stone, at most, and it is easy to guess how its relation to the muscles would be altered, were it quadrupled in size only.

In persons of hereditary obesity the skin is usually fresh-colored and dry; the hair soft and fine.

In the urinary organs I am not aware that they differ in any respect from others.

The digestive apparatus performs its task usually with rapidity; and in cases where fatty hypertrophy is general throughout the body, I have not observed that tendency to constipation which is sometimes said to accompany obesity. The action of the bowels is generally natural, and in some cases they are loose.

The respiratory function in obese people presents us with a well-marked and very universal peculiarity. The volume of air which these people are capable of containing in or expiring from their chest is considerably less than the average quantity of those of their height. The lungs, instead of holding more air because the body is larger, appear, in these cases, of diminished capacity. Thus the vital capacity of H. T. (No. 35), a man of enormous muscular strength, and in his youth remarkable for his power of wind, ought to have been at least 250 cubic inches; instead of that, it is but 205. Ch. S. (No. 9) held 120 cubic inches of air, whereas she ought to have contained 206, according to the table of averages published by Dr. Hutchinson. G. O. B. (No. 18), when in perfect health, five years ago, held 255, instead of 270 cubic inches. He holds now very much less, probably from congestion of the pulmonary tissue, and increased corpulence.

To what are we to attribute this diminished capacity for containing air in the chest? Is it from the actual area of the thoracic cavity being less in corpulent persons? Dr. Hutchinson cannot find that it is so. Here is a cast of the interior of the chest of a stout man, standing 5 feet 7 inches, and weighing 11 stone 3 pounds; the other is the cast from the interior of the chest of a muscular light man, dead in the prime of youth and health (in fact, the notorious Hocker), who was 5 feet 10 inches high, and weighed 9 stone 7 pounds. The superficial inches of the walls of the chest inside, are, in the stout man, 318; in the spare one, one third less, 219 only. The spare man, though taller, had, then, a smaller chest than the corpulent. But was this actual capacity represented by the vital capacity? Was the stout man, who had the largest chest, as well as the most bulky body, able to breathe most air? No. The vital capacity of the large chest of the stout man was 202 cubic inches; the vital capacity of the small chest of the spare man, 233 cubic inches.

Dr. Hutchinson lays this diminished vital capacity to the motion of the ribs being impeded by the accumulation of fat outside them, but I am disposed not to attribute quite so much to this impediment as he does. With a view of testing how far it exists, I was anxious to obtain some accurate observations on the movements of the ribs, to which the ingenious instrument invented by Dr. Sibson affords facilities. With the kind assistance of that gentleman, I have got notes of the movements of the various parts concerned in respiration in the cases of H. T. (No. 35), Ch. S. (No. 9), and G. Wn. (No. 21). Our first observations tended to confirm most strongly the suggestion that the movements of the ribs and diaphragm *were* much impeded by the accumulation of fat. For example, in ordinary respiration, in H. T., the movement of the tenth rib, which should be 1-10 of an inch, was only 2-100; the movement of the sides of the abdomen, which should be 9-100, was only 3-100. In G. Wn. the movement of the tenth rib, which should be 1-10, was only 2-100, the movement of the sides of the abdomen 4-100. The movement of the centre of the abdomen, which should be 30-100, was in H. T. only 12 to 16-100, in G. W. 15 to 20-100.

The movements, however, of forced respiration presented different re-

sults, being, in fact, in the centre of the abdomen, which is raised by the diaphragm, greater than usual, amounting to an inch and a half instead of an inch.

These were the results obtained by applying the instrument to the skin in the usual way. But when we take into consideration the yielding nature of the medium through which the motion of the ribs has to be transmitted, it is obvious that this method of observation, though correct with ordinary individuals, will not yield a satisfactory result in the case of the obese. There may be a considerable motion of the ribs, which is yet imperceptible on the external surface. And so indeed we found it; for when Dr. Sibson pressed his finger tightly on to the rib, so as to displace the fat, the movement of the instrument applied to the finger indicated that the play of the thoracic walls was nearly, if not quite, equal to that found in ordinary individuals.

For instance, in G. W., the right side of the abdomen, which had moved but 5-100 instead of 9-100 without pressure, moved, when the finger was applied, 10 to 12-100, or more than usual; the tenth rib moved 8-100 in fact, when before it had appeared to be moved only 2-100. The ribs appeared to move freely underneath the fat.

We have, I think, a right to conclude, from these observations, that the slight movement of the external surface of the chest in fat persons, as observed by the eye, or by the hand lightly laid upon it, is not so much an indication of diminished mobility of the bones within, as appears at first sight. I am disposed to think that the motion of the diaphragm in forced breathing is equal, if not greater, in them than in others; but that the upper ribs in ordinary and also in forced breathing move somewhat less than usual, but not to the extent indicated by the external surface.

The importance of these observations consists in their application to diagnosis. They lead us to be cautious in our examination of the chests of corpulent persons, and bid us not to jump to the conclusion that there is pulmonary disease, simply because there is diminished vital capacity or diminished movement apparent to the eyes.

I was anxious to put in consecutive order all the facts I have to lay before you about the lungs of corpulent persons, and therefore I have postponed to this point what might have been introduced when showing, by reference to the examples afforded in the casts before us, that the actual size of the lungs bears little proportion to the height or weight of the individual. What I wish to say now is, that comparative anatomy quite bears out this opinion. It is seldom that an opportunity occurs of weighing the lungs of a perfectly healthy man, but healthy beasts are always open to observation in our butchers' slaughter-houses; and as the animals are always killed in the same way in London, the internal organs, when sound, appear to the eye always in the same condition as regards the blood, &c., which might affect their weight. I have thought, therefore, it might be interesting to know what relation to the weight of the whole beast several of the viscera bear, and what, also, is their mutual relation in different breeds of cattle of different degrees of fatness. I have therefore obtained at several slaughter-houses the weights taken,

while the carcass was being cut up, of the lungs, liver and pancreas, and the weight of the quarters, of between seventy and eighty cattle. The result is, as I said before, that the lungs bear no relation to the weight of the beast, or to its fattening propensities. Thus, a thin, large-boned Dutch beast, whose four quarters weighed 95 st. 6 lbs., had lungs weighing but 9 lbs. 10 oz.; but a small Norfolk beast, weighing 57 st. 1 lb., also thin and unfatted, had 11 lbs. 6 oz. of lung; a Leicester, of 55 st. 7 lbs., had 7 lbs. 8 oz. of lung; small beasts, with 20 or 30 stone of fat upon them, had lungs similarly proportioned; 23 "improved Scotch" oxen, the quarters weighing from 100 to 104 stone each, had an average of 9½ lbs. of lung. The lungs of beasts that fatten well do not seem to be, as Prof. Liebig suggests, smaller than the lungs of those that fatten ill.

The same observations on cattle, however, though they do not enable us to connect obesity with the organ last referred to, show some degree of correspondence between that condition, or a tendency to it, and another very important viscus. The size of the liver certainly seems to bear a proportion to the weight of the animal. The livers of the lean beasts first mentioned weighed only 13 or 14 pounds, while in the Scotch beasts they were from 16 to 20. The pancreas weighed about a pound in all equally.

Whether we shall ever arrive at an exact knowledge of what is the form and proportion of internal organs which causes obesity I know not, but whenever we do so, I think it will be by means of observations on the relations which these several viscera bear to one another in the healthy subjects. All that can be deduced from what has gone before is, that their lungs are not probably smaller than those of others, but, from some unexplained cause, are not capable of containing so much air; that the upper ribs are somewhat impeded in their motions, but the diaphragm not at all; that if our race resembles, as it probably does, cattle in the proportion of its organs, the livers of obese persons are likely to be larger than those of others, and their pancreas of the same size.

We come next to the functions of the organs of reproduction. Corpulence has been stated to diminish the fertility of the human species, and instances are quoted among the higher ranks where families with this tendency have become extinct. But this is hardly a fair argument; for it must be remembered that the upper classes are never so prolific as those below them in social position, and that every aristocracy in Europe, unless constantly recruited by new creations, would soon have none to represent it. Several of the cases before us, who are married, are by no means unfertile, and some have much exceeded the average of four to each married pair, which the Registrar-general's report assigns as the number calculated to continue the increase of the population at its present rate. Two brothers and a sister, of considerable obesity (Nos. 27, 28 and 29), have 26 children between them, instead of the average number 12. No. 33 has 12 children; No. 35, 11, though his wife, as well as himself, is remarkably corpulent, weighing, he tells me, nearly 17 stone; No. 11 has had 10 miscarriages; No. 15 has seven, No. 18, six, No. 22, five children.

Whatever be the form of body which predisposes to obesity whether, what has been here suggested, or any other more hidden conformation, concerned with more mysterious functions, there is no question about the fact, that it is handed down from parent to offspring in a more marked degree than any other disease. Thus, while 13 per cent. is the full proportion of insane patients whose disease can be traced to the preceding generation, and $24\frac{1}{2}$ per cent. the number of consumptive persons in whom the affection is hereditary, we shall see, by looking at the table of corpulent persons, that their tendency is referable to their ancestors in 20 out of the 38 cases quoted, in 5 more is to be seen in their collateral relations, in 6 only is stated to be absent, and in the rest is doubtful or not known.

This hereditary nature of corpulence, rather I think than any peculiarity of climate, has made it endemic in several countries. It appears to hold more to the race than to the land they live in. Our own nation has been long known for its tendency. Erasmus says, that in his day for one stout person to be seen on the Continent, there were four in England. Among the pure Celts who live in the same climate as we do, it is less frequent. It has been diminished in our Transatlantic brethren, probably from the more general mixture of blood by inter-marriage.

In China there is every variety of climate, food and social condition, yet Mr. Finlayson remarks, "*The whole race displays a remarkable tendency to obesity. The nutritious juices of the body are directed towards the surface, distending and overloading the cellular tissues with an inordinate quantity of fat.*" This general tendency of the whole people can only be attributed to the hereditary diathesis, unchecked by inter-marriage with others differently constituted. It is an evil which the exclusiveness of that singular people has entailed upon them.

Of the *exciting causes* of obesity in those disposed to it, none appears so common as the occurrence of an acute attack of illness. This was the case in eight of the instances quoted in the table before us, where we find scarlatina (in two persons), "a fever," gonorrhœa, childbirth, erysipelas, "an illness," syphilis, quoted as the causes of the sudden increase of fat. The confinement rendered necessary by the disorder has probably a great share in the obesity consequent on it, but the complete change in the nutrition of the whole body which an acute fever gives rise to, must not be overlooked. A full examination of what we know of this change of nutrition in fever, and its peculiar connection with adipose matter, will more properly come under our consideration when we arrive at the subject of Emaciation. At present it will be enough merely to allude to the loss of fat which accompanies, or even *precedes* the change of temperature in febrile heat, and to remark that when that febrile heat declines, there is a natural disposition to regain fat, and in those patients who have a tendency to obesity, the secretion is apt to accumulate in excess.

Accidental surgical injuries are not an infrequent cause. This happened, as before mentioned, to the boy exhibited by Mr. Pettigrew, at the Royal Institution, whose obesity was attributed to a fractured limb.

A case was also related to me a few days ago by a non-professional gentleman, who had the misfortune, some years ago, to be thrown out of a tandem in company with a friend. Both were severely hurt, but the worst part of the consequences happened to the latter, who began from that time to be obese, and has never since recovered.

An analogous cause is chronic disease, which makes confinement necessary without injuring the constitution. Dr. Wilson related to me the case of a gentleman laid up with chronic rheumatism, who has become so unwieldy, that he is obliged to have a machine constructed to raise him in his bed.

The occupations which most dispose to obesity are those which join superabundant diet to moderate exercise in the open air; such as, for example, the life led by coachmen. Moderate exercise always disposes to the accumulation of adipose matter, or what is commonly called good condition. The fact is familiar to all whose avocations confine them to a sedentary intellectual life. A few days' shooting, or a pedestrian tour (knapsack on back), though we are knocked up every night, adds many pounds to our weight. Ease and relaxation of mind must of course be taken into account as an accessory cause in this instance. Such is probably the cause of the corpulence which is common among the prostitutes of great towns at about 30 years of age. I think this is more reasonable than to attribute it to syphilis or the taking of mercury, because it is certainly the most robust and healthy looking who become so affected; and because M. Parent Duchatelet informs us that many in Paris, who, he is convinced, never had any venereal complaint, grow equally corpulent with the others.

In prisons, it is observed that those who are confined for long periods on sufficient diet, with the healthy exercise of hard labor, increase in weight, whereas those who are sentenced to one or two months only, generally decrease. This is shown to be pretty constantly the case by a short but accurate series of observations taken by Mr. Pinson, the governor of Norwich Castle, since the middle of September, last year; and of which he has kindly forwarded me a manuscript copy. I am not aware of any records similar to these, where the age, height and weight of the prisoners at different periods are detailed; but trust that the example will be followed at other jails, for with the accurate information concerning the diet of the class of persons observed which we possess, it is calculated to afford much valuable knowledge.

Tranquillity of mind has a well-known power over the accumulation of fat, familiar even to the poets. During the acute stage of mania patients become emaciated, but when that passes off they regain flesh. Dr. Sutherland tells me he is accustomed to draw from this circumstance a prognosis concerning the disease: if the mental affection abates at the same time, he views the fattening as a favorable symptom; but if, on the contrary, it occurs without improvement in the state of the mind, it is unfavorable. Very frequently, he tells me, when the disease is likely to pass into imbecility or fatuity, the patient's face becomes fat and pasty in appearance.

One of the individuals whose cases I have tabulated, expressly attri-

butes his obesity, in letter to me, to "too little to do, and a contented disposition."

Taking a large quantity of liquid of any description is not an unfrequent cause of corpulence. Those who are copious water-drinkers, seem to suffer as much as the intemperate, and there are few obese persons who are not inclined to thirst.

No. 13 (E. L. A.) may recal to our minds the observations of Mr. Morton on sheep, where defective light was found to add so much to the fattening powers of moderate diet. He was employed in the cellars of a brewery, and, though strictly temperate, found his bulk becoming so great as to give him much alarm. He obtained a situation as clerk in the same establishment, and found the employment above ground cause a rapid reduction. He has since become a collecting clerk, and is diminished still more.

It would be expected that want of sunlight would have a similar effect on colliers, but I cannot find that it does so; probably their severe labor, and the activity of their skin, from working naked, and frequent washing, may counteract the influence of darkness.

These, and a variety of similar circumstances, under which obesity is apt to occur, may in fact be brought under the same common expression before laid down, that *fat is formed where the materials are digested in greater quantity than is necessary to supply carbon to the respiration*. But to cite more of these circumstances would be an unnecessary consumption of time, and would render this lecture rather a collection of interesting anecdotes than a scientific deduction.—*Lancet*.

AUTOPSY REVEALING THE ABSENCE OF GALL-BLADDER.

BY D. B. TRIMBLE, M.D., BURLINGTON, N. J.

THE subject of examination was a woman aged 55 years, whom I was called upon to attend on the 6th of January. I found her complaining of pain in the epigastric region, nausea, occasionally vomiting, slightly furred tongue, pyrosis, anorexia, and constipation. All these symptoms had been progressing for several months, though she was still able to attend to her household duties. Firm pressure on the epigastric region gave her pain, but not acute. Her pulse was frequent, though not full or tense. As her disease progressed, she twice, at considerable intervals and for some hours, complained of pain in the shoulder; her appetite became more and more depressed; emaciation increased rapidly, ascites supervened, and death released her on the 24th of June.

From the symptoms, I considered it a case of chronic gastro-enteritis, approaching the stage of ulceration, and the treatment was in accordance with these views. The autopsical examination, however, showed that my diagnosis was partially wrong, but at the same time proved that no medical efforts would have relieved her.

On the evening of the 24th, accompanied by my friend, Dr. Gauntt, I proceeded to the investigation, and on opening the abdomen, found it filled with serous fluid of a reddish color, in quantity about one gallon.

The colon and the small intestines were lying exposed, and the only appearance of an omentum was a strip about an inch in width, attached to the stomach. We next examined the intestines, commencing at the rectum, which was filled with ash-colored feces, and inflamed. The cœcum, though less inflamed than the other intestines, had bright red patches throughout its coats; the colon, jejunum and ileum showed strong evidences of inflammation, being of a dark mahogany color, and the coats of the small intestines much thickened. The mesenteric glands were discolored, but not enlarged. The duodenum was much contracted in size, and, about that portion of it where the pancreatic duct and the ductus choledochus penetrates it, was adherent to the liver and pancreas. The *stomach* presented no signs of disease. The liver was diminished in size, the stomach being uncovered by the left lobe; the right lobe was also smaller, and the portion attached to the pancreas, together with that viscus, were of a cartilaginous character. No *gall-bladder*, or any vestige of one, could be found, after the most careful investigation. Upon opening the cartilaginous portion of the liver, a gall-stone was found imbedded in the ductus choledochus, just at its entrance into the duodenum. It measured in its long circumference two and three quarter inches; in the small circumference two inches, and weighed one hundred and nine grains. It is of a dull-red color, with patches of a white crystalline coating. The uterus was healthy in appearance, though filled with a semi-organized substance. Between the insertions of the round ligament, and the Fallopian tube of each side, was a tumor, on the left side about the size of a large pea, and of an osseous consistence; on the right as large as a hazel-nut, and cartilaginous. They were so situated that the slightest pressure on them would close the orifices of the Fallopian tubes. She had been married twenty-five years, but had not conceived. Could these tumors, by their mechanical effect, be the cause? The ovaria were healthy.

She had suffered for some years with the usual symptoms of indigestion; but had not, at any time, very acute pain in the *right* hypochondriac, or epigastric regions; at least none that could cause a suspicion of the passage of a calculus of the ordinary size.

From the absence of the gall-bladder, no cystic bile could have been secreted; and from the situation of the stone, no bile could pass into the duodenum, thus seriously deranging digestion and nutrition, producing the inflammatory condition of the intestines, resulting in death, and the *cause* of which, no art could remove.

The questions arise, what became of the omentum and gall-bladder?—or was this one of those abnormal formations mentioned by authors, where those organs are absent? If there was originally no gall-bladder, how was the calculus formed? or did its size produce ulceration and rupture of the bladder, and its subsequent absorption? These are interesting questions, but difficult of solution.

Upon mentioning the foregoing case to a medical friend from Philadelphia, he informed me that he recently had a case of calculi in the gall-bladder and ducts, resulting in death in 15 hours, in which there was no pain in the *right* hypochondrium; but intense pain in the *left*, ex-

tending to the epigastrium. Two of the most eminent of the physicians of that city, saw her with him, and were not led by her *symptoms* to suspect her disease, though one of them suggested that such might be the cause. The post-mortem examination disclosed the gall-bladder filled with small calculi, one of which, not larger than a small pea, had closed the passage of the cystic duct. These cases show the obscurity of the diagnosis in biliary calculi, and should lead us to suspect their presence when efficient means are unavailably used to relieve affections of the stomach and bowels, when timely resorted to.—*New Jersey Medical Reporter*.

CASES OF POISONING BY ARSENIC.

STATE OF OHIO *vs.* JAMES SUMMONS.—The defendant was charged with putting arsenic in a tea kettle of hot water, which was used in making tea for the family of defendant's father, with intent to poison and destroy them. It appears that on the evening of the 20th of July last, the family were suddenly taken, while at tea, vomiting and purging, giving rise to the suspicion of poisoning. As soon as possible an analysis of some of the tea and matters vomited was made, which gave the characteristic precipitates of arsenic with ammoniated sulphate of copper and nitrate of silver, which was sufficient to indicate the proper course of treatment in the administration of antidotes. The hydrated peroxide of iron was at once freely given to all that showed symptoms of poisoning—eight in number. They all exhibited violent symptoms of poisoning, and all recovered except two. One of these was a lady, an inmate of the family, about 50 years of age, and the other a child 3 or 4 years old, neither of whom would take the iron freely, but particularly the lady, who seemed to be exceedingly prostrated, and refused to take it freely, on account of her listless and prostrate condition. The balance of the family took it for several days, at intervals, and all recovered.

Our main object in noticing these cases at present is to add to the facts in regard to the antidotal power of the *hydrated peroxide of iron*, the utility of which was incontestably proved in the above six cases. The treatment was witnessed by several of our most respectable physicians.

In a *legal* point of view, it became also important to determine the nature of the poison taken. The tea, vomited matters, the slops, and the contents of the stomach of the lady who died, were examined for this purpose by Dr. Raymond, a very competent and able chemist of this city. It is well known that the law and justice demand that *all* the tests be brought to bear that are known, so as not to rely upon one, two or three tests to establish the facts. For this purpose the above articles were submitted by him separately to the following processes:

Dilute muriatic acid was boiled for half an hour on clear strips of copper foil without any change in the brightness of the copper. Then the suspected fluids were added, immediately the copper was coated over, and presented the appearance of rolled zinc. The boiling was continued for half an hour, or until sufficient incrustation had taken place. The

copper with the deposit was introduced into a sublimating tube of French glass, closed at the lower end, and the heat of a spirit lamp applied until the copper became bright—a steel-colored crust was formed above the flame on the cooler portion of the tube. The lower end of the tube was opened so as to admit air freely, and heat again applied so as to re-sublime the crust. It was then deposited in the form of a white ring. The subliming tube and contents were introduced into a test tube with distilled water and boiled. This solution was tested with sulphate of copper and nitrate of silver, and exposed to the vapor of ammonia, and gave their characteristic re-actions. On this series of processes the doctor rested his opinion of the presence of arsenic.

Marsh's process was also used, and arsenic discovered. It seems almost impossible for anything to be more perfect or convincing than the above experiments, and they may be instanced as a case in which chemistry develops facts in medical jurisprudence that will admit of no cavilling. In this process we see, first, the muriatic acid was tested as being free from arsenic, by forming no precipitate on the copper foil. When the matters were added, metallic arsenic was precipitated on the foil, changing its color. In the next step the metallic arsenic was sublimed to the cooler portion of the tube; then upon the admission of air freely it became oxidized, forming arsenious acid, and was again sublimed; and in this form forming a white crust characteristic of the white oxide, or arsenious acid. Then by applying the tests of nitrate of silver and sulphate of copper with ammonia, we have from the nitrate of silver and ammonia a yellow precipitate, the arsenite of the oxide of silver; and from the sulphate of copper and ammonia a green precipitate, known as Scheele's green.

We may add that two successive juries were unable to agree in reference to the connection of the prisoner with the facts. The case lies over until next term.—*Western (Cincinnati) Lancet.*

RECOMMENDATION OF PATENT MEDICINES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The disclaimer below is from a highly respectable source, is honorable and conciliatory in its character, and I think its publication in your Journal will do good. Others may be suffering in our estimation in the same way as the writer of the article quoted, either because they have not known of their names being thus used, or, if known, have not troubled themselves to secure corrections. The Puritan Recorder is a religious journal, of leading respectability in New England, and of extensive circulation. It generally presents an intelligent and consistent view of our profession, and has of late published several articles well calculated to lessen the rising asperities between the medical and clerical professions. The same number, however, which publishes the disclaimer, also advertises the said pectoral, with the reverend gentleman's name and the forged recommendation still appended. The editors have not, probably, noticed the incongruity, and will either make the requisite correction,

or remove the mendacious notice altogether. It would be satisfactory also to know whether the names of Professors Silliman and Cleaveland, as well as that of Dr. Osgood, have been used in the advertisement without their consent. The same *cherry pectoral* we see advertised weekly in your Journal.*

Yours, &c. A. C.

E. Abington, July 29, 1850.

“ To the Editors of the *Puritan Recorder*.

“ I have been interested in some articles in your paper, on the subject of the encouragement which it was asserted that ministers gave to patent medicines, to the prejudice of regularly-educated physicians. That such physicians, who generously give their professional services to clergymen, should feel hurt at their course, I am not surprised, and I was not aware that clergymen were in the habit of recommending patent medicines to any extent. Not feeling myself implicated in any degree, I paid no particular attention to the evil complained of in the articles. But within a few days I was visited by an agent of some one of the rival patent medicine makers, and asked if I gave my name in a recommendation of ‘Ayer’s Cherry Pectoral.’ I answered in the negative. He said my name was on the label, or at least the name of Rev. Dr. Osgood, and in connection with Springfield. On referring to the label, I found it even so; stating that a daughter of mine, who had been sick for a long time with pulmonary difficulties, had been cured by this medicine. The whole is a fabrication; I never gave my name to any recommendation of any patent medicine. I have ever employed regular physicians, and I should never take medicine under serious indisposition, without the recommendation of such a physician. I have not felt it incumbent on me to speak disrespectfully of the practice of those men who undertake to cure all diseases by the smallest imaginary doses of medicine, or hot drops, or bread pills. I am aware that in many instances, the nervous system may be affected, and that the imagination may be so excited as to afford relief to the body, by means the most simple. But I should not think it incumbent on me either to follow the prescriptions of those who undertake to cure such diseases by their nostrums, or to recommend them to my friends, to the detriment of thoroughly-educated physicians. A good woman belonging to my society, once recom-

* With regard to the matter alluded to above by Dr. C., we are glad of the opportunity of saying, that it has always been the desire and intention of the publisher of this Journal to exclude from it all objectionable advertisements. On the passage of the resolutions relating to nostrums, at the last meeting of the American Medical Association, that portion of them having particular reference to this point seemed to include in its censure the advertisement in question. On account, however, of an agreement having been made for its insertion one year, it cannot yet be omitted. This agreement was entered into with the knowledge that the ingredients composing the article had been made known in this Journal and to the profession generally, and that it had been considered by many physicians as not belonging to the common class of quack medicines. The publisher is still desirous of conforming in this matter to the resolutions of the Association, which we believe constitute an important step in the process of medical reform; but readers of the Journal must be aware that it may sometimes be difficult to decide whether the advertisement of an article should be admitted or excluded. Certain compounds, it is well known, are in general use by the profession, and whose advertisement has never been objected to, but which might with strict propriety be classed in the same category with the Cherry Pectoral, so far as the mode of their preparation is concerned. These remarks have no reference to the charge above made of publishing false certificates, with which this Journal has had nothing to do.—ED.

mended to me what she said would certainly cure the rheumatism, with which I was slightly affected, viz. : 'cut a stick from a poplar tree, four inches long, take off the bark, and lay it away in a bureau in a chamber, and not look at it for three weeks.' Now it is very probable that in three weeks the disease might depart ; but I had not the requisite confidence in the power of the poplar stick, to induce me to try it. It is said 'conceit will kill, and conceit will cure,' but I shall continue to give my confidence to physicians of the first order. I should not have troubled you with this article, if I had not been told that my name was quoted to support the practice, which it was the object of the writers in your paper to condemn. I never speak disparagingly of physicians, neither do I recommend my own physician above all others. Ministers ought to be careful not give offence 'either to the Jews, or to the Gentiles, or to the Church of God.' They may prefer one course of practice to another, and no man has any cause to be offended. I hope the articles in your paper may assist them to pursue a prudent course. S. OSGOOD."

"*Springfield, July 16, 1850.*"

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 7, 1850.

EDITORIAL CORRESPONDENCE.

Hospitals of Paris.—Whatever estate belongs to the government, in France, is designated by a flag, always floating. Thus are distinguished all the churches, with the exception of some little boxes where protestant preaching is tolerated, theatres, guard-houses, barrack schools, palaces, halls, galleries of the arts, military stations, some if not all of the medical schools, and the hospitals. One of the first hospitals visited, was that for sick children. The little dependent creatures, from one year old to ten or twelve, perhaps, are most anxiously watched by the physicians and those under them. Their infantile tastes are particularly consulted, by providing one girl with a little doll, another with one a size or two larger, also needles and materials to give them employment in dressing them. Boys have carts in miniature, and some are even indulged with a petit drum ! They were all quiet, cleanly in their persons, and unquestionably better provided for than they ever had been before entering the institution. A fine lad of seven or eight was sitting at the head of his bed, having been cut for stone a few days before. He said he knew nothing about the operation ; the sister of charity stating, as a reason, that the boy was under the influence of ether. Descriptions of this hospital have been so frequently published in the Journals, that it would be a repetition, only, to attempt to write another.

There are a few unique hospitals, peculiar to this capital, often overlooked by medical visitors, but which are eminently deserving of consideration. One of them is the *Hospice des Incurables Femmes*, whose origin dates in 1634. It is for the reception of aged, infirm women. Each patient has a sleeping room, and an adjoining apartment, or parlor. All their wants are abundantly supplied. The grounds are extensive, and they eat, sleep

and recreate themselves according to their inclinations. Something analogous is much needed in Boston. Funds might be procured in a fortnight for a generous endowment, if presented rightly to the rich men of the city, who never deny the claims of charity.

Next, *L'Hospice des Menages*, where aged married couples are maintained in the same way, the family relation being in no way deranged. Surely Paris has something to be proud of, besides the monuments raised to commemorate the victories of the national arms, in the fact that between six and seven hundred aged men, with their decrepid, poverty-stricken wives, are here made comfortable in the last stages of their earthly pilgrimage, by being clothed, warmed and fed at the public charge, without being degraded in becoming beneficiaries.

Neckar Hospital.—A noble and well-conducted establishment, although wearing the impress of age, as do most of the similar institutions here.

Hopital de la Salpetrière.—This is an Alms-house, containing five thousand inmates, mostly females. Why it is a town, as it were, of itself, embracing extensive buildings and walks, and possessing as many comforts, if not more, than are ever concentrated in similar receptacles for the poor in the States. Country poor-house farms, as they are termed among us, possess all the real advantages of this great station-house for poverty, which mainly consist in having space for ranging within its own walls. Beyond its vastness, there is nothing about it particularly remarkable. Students could not fail to profit exceedingly by attendance on the wards; but advantages equally good could probably be obtained in most of the large Atlantic American cities.

Hopital de la Pitié.—Neatness, order, comfort and cleanliness, characterize this house, or houses, for there is a succession of buildings. A chapel is the last show of the guide. Some of the paintings are to be looked at with respect. In the dead-room were nine bodies, in a novel kind of frame, covered over with india-rubber cloth. They were to be examined.

A further and minute acquaintance with the organization and details of the *Hotel Dieu*, is necessary, before entering upon a description or analysis of its many claims to the first place among European Hospitals. Day by day, notwithstanding the intense heat of the weather, quite unfavorable for traversing long halls, sick wards, flights of stairs and arborescent avenues, progress is making towards viewing all the institutions in Paris, entitled to the consideration of a medical stranger. To go from one country to another, and have the opportunity of witnessing and comparing the schools and hospitals of each, is an exciting pursuit. When the fatigue of travel and the thrill of novelty have passed away, there will be a satisfaction in recalling, in the quiet of home, whatever has been witnessed, and turning to advantage the facts secured on the route.

Most of the hospitals appear to have as many patients as can be accommodated, and consequently they are the places to learn diseases and the best known modes of prescribing for them. On retiring from a promenade through a succession of wards, the question obtrudes itself—do all the sick of Paris go to hospitals for treatment? A bed is no sooner relieved of its occupant, than another is ready to take it; and so it has been for the last three hundred years. Now the public health is very satisfactory, there being no prevalent epidemic, nor any mortality that becomes the subject of conversation. Yet, on entering these great hospitals, we acquire an instinctive notion that death has active agents in the capital of the Grand Republic. On account of such numbers of sick being congregated at so

many points in Paris, students from all countries flock hither. The specialities, too, or places where only one disease is treated, cannot be otherwise than very instructive. With regard to the punctuality of American students in their attendance on the advantages thus presented to them, it is hardly possible for a mere letter writer to decide. One of these students remarked that a female, he believed from the United States, applied for permission to attend the lectures generally. The professor said he had no objection, provided she would put on a coat and pantaloons. From the readiness of Americans residing in Paris, and travellers from America, to employ one of their own countrymen in cases of sickness, when one can be found, it is probable that if an American were established in a central position, and exerted himself to keep foreigners apprised of his residence, he would soon have a profitable business. Several English practitioners are in excellent repute here; — and it is well known that Mr. Ricord, although to all intents and purposes a Frenchman, was born in Baltimore.

Fatal Effects from the Carelessness of an Apothecary.—As mentioned briefly in last week's Journal, an accident of a very serious nature recently occurred in this city. An apothecary, Mr. Wakefield, mistaking the article in the physician's prescription, put up for chloride hydrargyri, the bi-chloride, and thereby, as is reported, caused the death of Mr. James Hall, who took it. We cannot conceive how such an error could have occurred with any kind of carefulness on the part of the apothecary. Bottles may be misplaced, yet that would not afford an excuse; or even the bi-chloride may have been in the wrong bottle, which is still more reprehensible. The fact is, many of our apothecaries are not sufficiently educated, and not careful enough in compounding and dispensing medicines. Too much limit is allowed the apprentice in dealing with articles of such potency. It has often been advocated in the pages of this Journal, that the sale of such potent chemicals should be regulated by law; and further, that the apothecary should receive a medical education, and be duly qualified before entering upon his very responsible office. As the law now exists, any one can set himself up as an apothecary, even if he cannot tell buchu from senna leaves. In a future number we shall have something further to say on this subject.

In the case referred to, upon the verdict rendered by the jury of inquest, who investigated the circumstances attending the death of Mr. Hall, Mr. Coroner Smith entered a complaint in the Police Court against Mr. Wakefield, the apothecary, charging him with manslaughter. Mr. Wakefield was arrested, and brought before Justice Merrill, when, waiving an examination, he was required to furnish bail in \$5000 for his appearance at the ensuing term of the Municipal Court for trial on the charge made against him.

Baltimore College of Dental Surgery.—The eleventh annual announcement of the Baltimore College of Dental Surgery has come to hand. It would appear, from the faculty's circular, that the institution is well appreciated by those who are determined to pursue the only proper method of acquiring a regular medical education, and particularly of that part belonging to dental surgery. The faculty are composed of gentlemen who are not only distinguished for their medical knowledge, but are

among the foremost of dental operators. Under the favorable auspices of the College, the dental student possesses all the appliances to make him proficient in the arts and mysteries of his chosen profession. We notice among the board of examiners, for the present session, our fellow townsman, Dr. Daniel Harwood. The whole number already graduated at this College is eighty-two, six of whom are from Massachusetts.

An address by E. Townsend, D.D.S., delivered before the graduating class of this College, at the tenth annual commencement, contains much good and kind advice, and which was calculated to make an impression upon his audience. The doctor is severe upon those who indulge in the use of *tobacco*, and perhaps his severity may be considered very proper.

A valedictory address also delivered before the graduating class of the College by S. P. Hullihen, M.D., D.D.S., is another most excellent performance. It contains the right kind of sentiment; and if the faithful advice given in it were listened to, much good would result from it. Such parting salutations are expected from the faculty by the student, and when they come from one who seemingly has their interest at heart, they often leave the best of impressions.

Medical Department of the University of Louisiana, New Orleans.—The annual circular of the faculty of medicine in the University of Louisiana has been received. There were graduated at this institution, during the session of 1849-50, thirty-five gentlemen. The whole number of matriculants during the same term, was one hundred and seventy-four. We should judge the institution to be in a highly prosperous condition; and it must possess the confidence of the State government, for the Legislature, at its last session, appropriated *twenty-five thousand dollars* to its interests. This money, in accordance with the vote of the Legislature, is to be expended for preparations, illustrative of the various branches connected with medical science. With such acquisitions to their cabinet, and a full determination on the part of the professors to make the lectures practical and instructive, they cannot fail in making the school attractive to the student in pursuit of medical knowledge.

Surgical Anatomy—By Joseph Maclise, surgeon, with colored plates. Lea & Blanchard, Philadelphia, publishers. Ticknor & Co., Boston. 1850. Part 3 of this work has been received from the publishers. Our opinion regarding its merits was given in a previous number of the Journal, wherein we spoke of its being incomparable, in point of accuracy of design, and in execution. With the present number before us, we cannot see any good reason for changing that opinion. In this number the important subject of hernia, in its various forms, is treated upon in detail, and being illustrated by drawings from nature, is clear and comprehensive. There remains one more number to complete the work; and when finished, it will form a large imperial quarto volume. We hope our readers will avail themselves of our timely advice, to procure a copy of this splendid work before the edition becomes exhausted.

Suffolk District Medical Society—July Meeting.—The Society met on the evening of the 27th, the President in the chair.

Dr. Thorndike, of East Boston, exhibited a portion of the lower jaw, removed by him from a patient on account of malignant disease.

Dr. Ayer mentioned two cases of measles, one accompanied by congestion of the lungs—the other by congestion of the brain, with delirium and convulsions.

Dr. Pitts, of Middlesex Co., related a case of cancer of the breast, which became ulcerated in consequence of the irritating applications of an empiric, and has since for many months exhibited the phenomenon of a flow of milk, the woman not having borne a child for several years.

Dr. H. W. Williams exhibited the instrument of Mons. Ricord for *circumcision* in cases of *phymosis*, and demonstrated the manner of performing the operation. He described the instrument, as consisting of a pair of forceps, similar in construction to the French dressing forceps, but having blades about two inches in length, furnished on their inner surface with *saw-shaped teeth*, and offering a *fenestra* extending nearly the whole length. The portion of prepuce to be excised, is designated by a line drawn with *ink*, commencing at the insertion of the frænum and carried obliquely round to the dorsum of the penis, at a point rather nearer the glans. A large needle is then introduced through the opening in the prepuce, and carried through the mucous membrane and skin at the dorsum, thus fixing them in apposition at that point, where the excision is to be commenced. The fenestrated forceps are then placed upon the *ink line*, and are to be held firmly closed by an assistant, whilst the operator passes from side to side through the two fenestræ a fine needle armed with thread or silk, placing four, five, or six stitches, according to the size of the prepuce. The ends of the several threads are to be left long, as they are afterwards divided into halves, before being tied. The stitches having thus transfixed skin and mucous membrane, the forceps are to be very tightly held by an assistant, or, in the absence of an aid, by a contrivance attached to the handles of the instrument, whilst the portion of prepuce not included within the forceps is excised with a very sharp bistoury. The excision should commence upon the dorsum, and be carried *between* the needle and the blades of the forceps, shaving close along the latter. If the bistoury is dull, there is danger that the mucous membrane will glide before its edge and the incision will be irregular, or the stitches may be cut and correspondence between the edges of the skin and mucous membrane be destroyed. After the excision, the threads which were passed entirely through both sides of the prepuce, are to be divided in the middle and tied at each side. The skin and lining membrane are thus brought exactly together, throughout the entire *contour*, and union by the first intention is almost certain. The stitches may be removed in one or two days, and the recovery of the patient is almost immediate. This manner of operating is an infinite improvement upon the old method of slitting the prepuce upwards, downwards or laterally; as it not only insures a prompt cure, but the patient recovers without the slightest deformity, no inconvenient and ungraceful flaps existing to mortify and annoy him.

Dr. Walter Channing reported a case of *prolapsus* of the bladder in a woman six months pregnant. It had passed through the vagina and appeared externally, separating the labia, and was remarkable for its whiteness of surface and thinness of the sac. By Dr. C., also, a case of *pudendal hernia*, of difficult diagnosis.

Dr. Jeffries remarked respecting cauterization of the uterus, that he was persuaded that the *ointment* of nitrate of silver was as active as a *solution* of the same strength;—it never, like the *solid* stick, causes hemorrhage, whilst the same beneficial results may be expected to follow its employ-

ment. His formula was from one to two drachms of the nitrate to an ounce of lard.

Dr. Buckingham mentioned a case of *peritonitis* following the cauterizing of venereal warts.

Dr. Channing, peritonitis after the operation for occlusion of the womb for retained catamenia,—and another case where it followed the removal of a polypus uteri.

Allusion to the recent most unfortunate mistake of an apothecary, who dispensed with fatal effect 10 grains of the *oxy*-muriate of mercury instead of the same quantity of *sub*-muriate, as was plainly written by the physician, having been made by Dr. J. B. S. Jackson, there followed a discussion respecting the use of Latin names for drugs and the propriety of abolishing this practice. On motion of Dr. John Ware, it was *voted*, To appoint a committee, whose duty it shall be to consider and report upon the expediency of dispensing with the use of Latin in writing medical prescriptions, or instead thereof establishing a common and uniform *nomenclature*. The Committee is composed of the following gentlemen:— Drs. John Ware, D. H. Storer, and G. S. Jones. E. W. B.

Death from Asphyxia.—During the last week there occurred in this city one of those fatal accidents, which so often take place from entering confined passages or vaults. It appears that a man had occasion to enter a cistern in a cellar on one of our wharves, to cleanse it, and not responding to the call of his fellow assistant above, he likewise descended, and so did a third and fourth, when it was discovered that they were all fallen down insensible. The fourth one escaped with his life, but the first three died. Sulphurated hydrogen or carbonic acid, or the oxid of carbon, are alike destructive of animal life, when inhaled without the mixture of the other gasses necessary to respiration. Oxygen, of course, is the antidote which should be immediately resorted to. It is said that “discretion is the better part of valor;” and this is particularly true in cases like the one alluded to. When one person enters a passage or vault, and being called upon, does not immediately answer, it should be taken for granted that SOMETHING IS THE MATTER, and no one should be permitted to follow, unless guarded by a rope and with a lighted lamp.

Deaths in Boston—for the week ending Saturday noon, August 3, 76.—Males, 39—females, 37. Apoplexy, 1—disease of the bowels, 5—disease of the brain, 1—consumption, 12—convulsions, 2—cholera infantum, 4—cholera morbus, 2—canker, 2—child-bed, 2—dysentery, 7—diarrhoea, 1—dropsy, 3—dropsy of brain, 2—fever, 2—typhus fever, 1—scarlet fever, 2—lung fever, 1—hooping cough, 1—disease of heart, 1—intemperance, 2—infantile diseases, 4—disease of the liver, 1—measles, 1—palsy, 1—suffocation by gas, 3—smallpox, 7—suicide, 1—teething, 2—unknown, 1—worms, 1.

Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 22—between 40 and 60 years, 10—over 60 years, 2. Americans, 35; foreigners and children of foreigners, 41.

There were 134 deaths in the week ending August 4, 1849, of which 50 were by cholera. Deaths in July, 1846, 324; in July, 1847, 367; in July, 1848, 307; in July, 1849, 421; in July, 1850, 271. Mortality from January 1 to July 31, 412 less this year than last.

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Resignation of Professor Drake.—It is with regret we record the resignation of Prof. DRAKE, one among the ablest teachers of our country. During the past session, Dr. DRAKE occupied the chair of Practice in the Medical College of Ohio, which he discharged with singular ability and satisfaction. But, while we regret the separation, it affords us pleasure to know that he left the institution with the kindest feelings towards his late colleagues.

Dr. DRAKE is at this time engaged in the arduous task of collecting materials for the second volume of his great work on the diseases of our country, and is now on an extensive tour of observation for that purpose. The completion of this important work seems to be now the great object of the distinguished author's life; and we join in the common feeling of the profession, that he may be spared to complete the extended series of observations necessary for the second volume.—*Western Lancet.*

Re-vaccination.—March 23, 1850, a report was read to the Academy of Medicine of Belgium, on a work by Dr. Van Berchem on variola and varioloid disease. Among the propositions contained in this report, two in particular were discussed. The first, that variola and varioloid disease are both the same disease, differing only in the suppurative fever that attends variola. The second had reference to re-vaccination. It appeared to be the opinion of the Academy that re-vaccination is indispensable; that the period when it should be practised is not fixed; and that it is desirable that re-vaccination should be performed on a large scale, under the authority of the Government.—*London Medical Gazette.*

Cause of the Diminution of Hydrophobia in London.—The present rarity of hydrophobia is mainly to be attributed to the operation of the Act of Parliament, brought in by Mr. Fox Maule, whereby dogs are not now allowed to draw any vehicle in London. One of the reasons assigned for passing the above-mentioned judicious measure was, that the canine race, when employed in drawing vehicles, particularly in hot dry weather, often get so excited as to become rabid, and then to communicate the disease, not only to other dogs and animals, but also to man. Since the prohibition became law, hydrophobia has almost disappeared from London, or, at least, is a very rare disease; and this happy result is, I think, so much owing to Mr. Maule's exertions, that it would be desirable to make the measure general throughout the whole empire—for the malady prevails elsewhere more frequently than in the metropolis, to which alone (and sixteen miles around) the act now referred to applies.—*Dr. Webster on the Health of London.*

Local Treatment of Cancer of the Breast.—Dr. Grotzner relates the particulars of a case of cancer of the breast, in which inflammation having been excited by chloride of zinc, suppuration was promoted by balsam of Peru, creosote, &c., together with the internal exhibition of iodide of potassium. The tumor was detached, and the surface healed perfectly.—*Casper's Wochenschrift.*

Resignation of Prof. Dudley.—Dr. B. W. Dudley, well known as one of the most distinguished surgeons of our country, and especially celebrated for his success in operating for stone, has resigned the chair of surgery in the Transylvania Medical School, Lexington, Ky.

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THE ORGANIC ELECTRIC ACTION OF THE SPLEEN.

AT a meeting of the Surgical Society of Ireland, held on the 9th of March, a deeply interesting and highly scientific theory, regarding the uses of the "spleen," was propounded by Sir James Murray. The following are the proceedings of the Society on this subject :

In the year 1828, a theory, called the "Thermo-electric Doctrine of the Spleen's use," was submitted in a thesis to the College of Edinburgh.* During numerous experiments, instituted since that time on inferior animals, in order more certainly to estimate the degree of *temperature* there said to be communicated by the half-detained warm blood of the spongy spleen to the stomach and its contents, it was found that the whitish globular bodies and the splenic erectile tissue contribute not only *increased heat*, but also *augmented electric energy*, to the gastric laboratory during digestion.

As it would require a long time to recount the details of twenty-years' trials, nothing but some of the mere inferences are here brought under consideration, in order to excite others to repeat and improve similar investigations. Such experiments being delicate and difficult require frequent repetition, in many ways, to avoid the vast variety of incidents which modify or alter electric or galvanic phenomena during such inquiries.

The following are some of the experimental deductions which are respectfully submitted to this Society.

1st. It appears that series of electric currents emanate *from the spleen to the stomach* during digestion.

* "I do not remember whether the principal uses here ascribed to the spleen are guessed at by theorists among the thousand offices assigned to that organ. The spleen is a large spongy mass, on which the splenic portion of the stomach rests, almost in contact with the food to be digested. As the spleen receives a very large quantity of blood hot from the adjoining heart, this warm stream contributes caloric, as from a reservoir, to the contents of the stomach, until the alimentary pulp is raised to the blood's temperature at its fountain head. Whether this idea of a *focus* for diffusing heat to the stomach and ingesta be a correct notion or not, I do not pretend to affirm; but the detention of the blood until it have time to distribute heat by communication, seems provided for by the structure of the spleen itself. This is apparent from the large capacity of the arterial branches when compared with their trunks. If we suppose, for instance, that one meal, solid and fluid, shall weigh fifty ounces, at (say) fifty degrees of heat, and that it requires to remain an hour in the stomach before chemical changes of aliment take place—if, during this time, a jet of blood, amounting to two ounces, estimated at one hundred degrees of heat, shall part even with one degree of that temperature to the colder pulp in the stomach, then the latter would be raised to blood heat within the time mentioned."—*Thesis on Temperature*, p. 57, by James Murray, M.D., 1828.

2d. That the activity of these currents varies, according to the degree of splenic distension by the blood through the vessels of the spleen.

3d. That the currents of electricity are more intense, in proportion to the blood's heat, to the pressure exerted on the spleen, during inspiration, and to the impulse and friction of the circulation in the large splenic arterial branches.

4th. That, in a minor degree, similar phenomena ensue, even out of the animal; when a recent spleen is insulated, and then injected with warm water, but still more so, with hot liquors, containing such saline ingredients as prevail in the blood.

5th. That a spleen recently taken from an animal, when insulated and injected with tepid fluid, determines a positive current towards the gastric surface of the spleen when tested delicately by gold and silver wires.

6th. That contraction of erectile tissue ensues when the extremities of a gold and silver wire touch at one point the nerve, and at another the erectile tissue of the spleen.

7th. That contraction, to some extent, seems to be produced when two cups filled with water are united by a metallic arc, one end of a spleen being immersed in one of the cups, and the opposite extremity in the other cup. But so many uncertain deviations of the electrometer needles occur during this experiment, that more experience is required to arrive at surer data regarding this part of the trials.

8th. That disks or slices of spleen, placed upon each other, were in most instances better voltaic piles than similar batteries constructed from equal weight of brain, liver, kidney, pancreas, or even of muscular flesh.

9th. That slices of spleen are better conductors than equal sections of any of the above materials, particularly when moistened by warm saline fluids, or even by tepid distilled water.

10th. That the intensity of galvanic currents along the vasa brevia, from the spleen to the stomach, continues through the gastric coats in the recently-swallowed ingesta, and that the liquor called gastric juice seems thereby to derive and exert some galvanic influence upon the pulpy aliment, whereby chemical action and digestive assimilation appear to be set up and maintained among dissimilar atoms of nutriment.

11th. That so far as the stomach and its contents are concerned with electric agency, they are more particularly to be considered as *passive receivers or conductors* of galvanic influence, but that the spleen is endowed with active powers of generating or creating voltaic evolutions, under favorable degrees of repletion of its vessels, tension of its erectile tissue, and of auxiliary thermo-electric principles.

There are no other passages except the veins and lymphatics to carry away any secretion or modified fluid from the spleen to the stomach. But additional degrees of temperature can be readily communicated by means of membranes and tissues in actual contact. In like manner the same conductors can rapidly convey electric energy to the stomach and its contents without intermediate vessels or efferent ducts.

Here I wish to avoid the analogy of parts of animals admitted to be endowed with independent electric powers, and also to omit arguments drawn from the anatomical structure of the spleen, but I merely observe,

that a natural pile or soft battery seems to be constituted in the spleen by its links of soft pulpy corpuscles, each containing a liquor, not one of them isolated, but all chained to each other by delicate conductors of moist threads, uniting disk to disk, like the knots of a cord. I have many times noticed that, under favorable circumstances, this curious pile, so well and beautifully connected, cell to cell, is capable of generating or conveying voltaic influence, which agency seems to furnish another argument, that "nothing was made in vain."

12th. From the above, and many other data, it may be inferred, that if ever the all-pervading power of natural electric agency shall come to be studied for *practical purposes* or rational therapeutic principles, its application will be different from that *blind chance shocks and passes*, discharged upon the human body from the electric machines. It is hoped the time may come when physicians will be able to ascertain whether digestive ailments of the stomach are more or less connected with certain *positive* or *negative* electrical defects or derangements, and whether the water we drink can be *positively* or *negatively* electrified, so as in some measure to supply such defects. The same may take place, in some rational way, by impressing electric influence upon the air inhaled by imperfect lungs, and remedies may yet be prescribed to modify or improve untoward or imperfect electric influences on the living body.

The president said that as Sir James Murray had asked them to question him upon the matters put forward in his interesting paper, he trusted that such members as had paid much attention to the subject would avail themselves of the invitation.

Dr. H. Kennedy wished to be informed whether the experiments from which Sir James Murray had drawn his conclusions, had been performed upon living or dead animals? They were acquainted with the fact, that the spleen had been, in numerous instances, removed from animals, and yet no ill consequences ensued. Now, if the spleen performed an office of so much importance as Sir James Murray had assigned to it, how would he explain the fact of its removal from the animal being followed by no bad consequences whatever? He would therefore like to know whether his experiments were performed on living animals, how they were conducted, and whether he was able to discover any actual current of electricity between the spleen and the stomach?

Sir J. Murray said it was quite true, as Dr. Kennedy had mentioned, that animals had survived the loss of their spleen. Dogs had been observed to grow remarkably fat under such circumstances; indeed, he might say, too fat, because when the natural electricity of an animal or vegetable was interfered with, they became differently circumstanced from what they had been before, and either became hypertrophied or wasted, instead of retaining their ordinary condition. The circumstance that the spleen might be excised without causing death, was no additional proof that this organ does not do that which almost every other organ does, namely, supply something of its own manufacture, and send it, by means of a duct, to the locality where its office is to be discharged; but on the contrary, that the spleen, having no ducts for carrying a secreted liquor, secretes no liquor at all, but a something of a different kind which

assisted in promoting the assimilation of the food within the stomach; doing, in short, what in a superior degree the electrical eel did for itself for the purposes of offence and defence—namely, exercise a considerable degree of electric energy. It was pretty well known that the electrical system of the electric eel, although occupying fully one half of the animal's body, might be cut away, and the animal would not only survive the experiment, but even grow fat. With respect to the experiments from which his inferences had been drawn, their details would only weary the Society, and consume time unnecessarily. They were performed upon animals both living and dead, and might be repeated by any person who wished to test the accuracy of his conclusions for his own satisfaction. In performing experiments of this kind, it was right to mention that many circumstances might contribute to mislead the experimentalist, and it was on this account he had set down some of the data he had advanced in a questionable point of view, in order to induce gentlemen who had time and inclination for the purpose, to set to work and endeavor to ascertain how far his views were borne out.

Dr. Benson begged to ask Sir James Murray, if he thought that digestion in the stomach went on better when the individual's spleen was enlarged, or when it was of the usual size? It would appear to be a fair inference from Sir James's theory that digestion ought to be performed more perfectly and rapidly in the former case than in the latter, yet he (Dr. Benson) believed that this was contrary to the fact. For instance, in the temporary enlargement of the spleen during the cold stage of ague, and in its more permanent enlargements, he was sure that the process of digestion was suspended, or retarded, certainly not carried on with more activity or efficiency than when that organ was in its normal condition.

Sir J. Murray explained. He was of opinion that in cases of ague where the spleen was highly injected with blood, the latter was, in all probability, in a more passive state, in which case it did not possess that degree of vitality and activity which blood in a healthy spleen would have, when creating and diffusing electric influence to a healthy stomach. They were aware that in blue cholera the temperature of the patient's body would descend from 100° F. to 70°; and in the cold stage of ague, the temperature was occasionally extremely low; but hitherto he had no opportunity of experimenting upon the spleens of patients who had died of either of these complaints. All his experiments had been performed on the inferior animals, and as he had not been lucky enough to catch any of them in an ague fit, or in blue cholera, he had no choice but to take them as he found them.

Dr. Thorpe referred to the great difficulty, acknowledged by Sir James Murray, of successfully conducting experiments with thermo-electricity, and inquired whether he had performed any similar experiments upon the kidneys of animals by injecting fluid through the renal artery?

The president remarked that the functions of the spleen and kidney were so different, that he thought the question of Dr. Thorpe irrelevant to the subject under discussion.

Sir J. Murray reminded Dr. Thorpe that he had stated in his paper

the fact of his having sliced off disks of the kidneys, pancreas, liver, brain and spleen, and placed pieces of moistened paper between disks of different structure; and that beyond all doubt, so far as the majority of his experiments went, the spleen appeared to be capable of creating a more active electric current than a similar bulk of brain, liver, or other animal substance. With respect to the kidneys, they had, as the president had remarked, to deal with a material totally different from the spleen. The kidney was a hard, glandular body, the texture of which was exceedingly unlike that of the spleen, and its power of conveying the electric influence must also be widely different, owing to the presence of extraneous salts within the organ.

Dr. Geoghegan said, that although the details of Sir James Murray's experiments had not come before them, yet they were entitled, from analogy and from the observations of other physiologists, to conclude that the electric fluid did circulate through the body. It had already been positively determined that electrical currents circulated between the stomach and the liver, the former representing the positive, and the latter the negative poles; and similar currents circulated between the interior and the exterior of muscles. There was therefore no ground for supposing that currents of electricity, such as James Murray had spoken of, did not circulate between the spleen and stomach, but he felt bound at the same time to say that Sir James Murray had not brought forward sufficient evidence to satisfy the Society as to the correctness of his inferences.

Sir J. Murray stated that the details of his experiments were so copious and so dry that the patience of the Society would be quite worn out before he had read them half through. They were, however, experiments of such a simple kind that any person who pleased could readily perform them for himself. Three manuscript volumes of these details had been formerly laid on the Society's table.*

TWO CASES OF STRANGULATED HERNIA, HAVING THE STRICTURE IN THE NECK OF THE SAC.

BY T. WOOD, M.D., OF CINCINNATI, OHIO.

IN the January number of the Edinburgh "Monthly Journal of Medical Science," a case of strangulated hernia is reported, in which the stricture is in the neck of the sac and reducible with the tumor. I have met with two such cases in the course of my practice.

* The galvanic circle requires three substances—two excitors of electricity, and one conductor connecting them; the excitors may be two dissimilar animal substances, such as nerve and muscle, muscle and skin, and so on; the conductor may likewise be a third animal substance, or may be of the same nature as one of the excitors. Thus, then, the white corpuscular substance in the spleen, and the red erectile material of that organ, when united by the moist membranous links of processes, which complete the circle, like chains, possess all the requisite qualities of true galvanic circles, interlace by conducting fibres or threads, ramifying from one globular body to another, through the whole structure of the spleen, and capable of impressing marked galvanic changes on the torrents of blood passing through that organ. Alternate sections of recent cortical and medullary disks of brain, with membranes of dura mater interposed, also affect the galvanometer, but more feebly.

CASE I.—In the winter of 1843, I was summoned to see James Hanna, of Harrison county, Ohio, in consultation with Drs. Kenedy and Hammond. On examination, I found in the right inguinal canal, a hard tumor, about the size of a hen's egg, which could by pressure be moved upward, so as to nearly disappear, flattering us with the hope that it was reduced; but on removing the pressure a few minutes, it would return to its old position. Symptoms of strangulation had existed forty-eight hours, and nearly every remedy had been tried before my arrival, except the operation. Stercoraceous matter had been vomited freely, and anything swallowed would excite emesis. I proposed a speedy operation as the only hope. To this Dr. Kenedy objected, by stating that he had known three members of Mr. Hanna's family to die from strangulated hernia, similar to the present case—that they had all been operated on by skilful surgeons, and the bowel returned into the abdomen without any cessation of the symptoms of strangulation, and that they had tried the most active means in their reach to procure a passage through the bowels after the operation, but in neither case could it be done. The patient himself thought his case a hopeless one, as he had seen the fatal results of the operations on his father, brother and sister; yet he was willing to submit to the operation if we thought it would give him any chance for his life. Dr. K.'s objections went no farther than that he considered it useless, and would give unnecessary pain; and these he urged no further—so the operation was decided on. I made an incision in the usual form, and opened the sac. On introducing the finger, I was somewhat puzzled to find so slight a resistance at the internal ring; but I made a gentle enlargement of it, with the bistoury, and returned, without difficulty, the tumor in mass into the abdomen, feeling at the same time a conviction that the bowel was not relieved from stricture. I then requested Drs. K. and H. to examine the wound, and see if they considered that the bowel was properly reduced. They did so, and decided that all was right. The wound was then closed with adhesive strips, and a compress with a tight bandage applied.

Having rode about twenty miles, in an intensely cold night, I was tired and went to bed, leaving directions to be awakened in two hours if the vomiting still continued. In two hours I was called up, and found all the symptoms decidedly worse. I then determined to open the wound and make further search for the difficulty. The tumor was readily brought down again and examined, when a stricture was found to exist, passing round the bowel in a spiral direction. As soon as it was cut, the tumor was dissolved, and passed back with instant relief. All the patient's distressing symptoms disappeared from that time, and in an hour a free passage was had from the bowels. He soon recovered and is still living.

CASE II.—A case, similar to the above, was met with in a patient of Dr. Walker's, in this city, that I operated on, on the 26th of April last, in the presence of Drs. Warder, Conner, Walker and Slocum, to all of whom I am indebted for their kind assistance.

The bowel had descended on the right side, and occupied the whole of the inguinal canal, and extended about one inch and a half below the external ring.

Nothing new or unusual was observed till the sac was opened and the finger introduced, which readily passed through the external ring, by the side of the bowel, up to the internal ring, and beyond where the tumor seemed to terminate. But, although the bowel could not be made to pass the ring, there seemed to be no stricture there. After some ineffectual efforts to detect a stricture at that point, the finger was withdrawn, and a careful examination of the tumor made from its base upwards, when a spiral stricture was felt, not passing directly, but obliquely round the bowel, a full half inch below the margin of the internal ring. This being nipped, the bowel was loosened and the whole tumor returned into the abdomen, followed by entire relief.

The patient recovered without any more unfavorable symptoms, and in one week after the operation left his room, supported by a truss.—*Western (Cincinnati) Lancet.*

CASE OF RUPTURE AND OBLITERATION OF THE BLADDER—DEATH IN FOUR DAYS.

BY E. M. PENDLETON, M.D., SPARTA, GEO.

THE subject of this unfortunate accident was a fine, healthy boy, about 7 years of age, belonging to Dr. Ferrell, of this county. He was lying on the floor of his cabin, about daybreak on Friday morning, the 18th of May, in a sound sleep. A lusty young woman, in walking about the room, trod upon his abdomen. He was lying on his back, and thinks her foot rested about the navel. It occasioned considerable pain, which caused him to awake and cry out. He was not considered seriously hurt, however, until the next morning, when I was sent for (a distance of five miles) to see him. Not being at home, I did not reach the plantation till noon—thirty-six hours after the accident. His pulse was now 102, and rather feeble; skin preternaturally cool; tongue slightly furred, with some thirst. The tympanitis was considerable, with extreme tenderness over the abdomen upon pressure. He had taken a dose of castor oil, which had produced an evacuation, and had passed some water. His countenance was depressed from pain, but did not exhibit the marks of a case *in extremis*. I ordered warm mustard poultices to the abdomen, a large dose of calomel, to be followed in three hours with a tablespoonful of ol. ricini. If the tenderness and swelling did not subside by 9 o'clock, P. M., to apply a large blister; which was done.

Sunday, 11 o'clock, A. M.—Pulse 125, still soft and feeble, and extremities cold; tympanitis intense, with great tenderness. Had passed no water for nearly twenty-four hours, but had drank a considerable quantity. Medicine had operated copiously—thick, muddy evacuations, with several lumbricoides. Blister had drawn well. Ordered spts. nit. dulc., half teaspoonful every hour, in pumpkin-seed tea, with mustard plasters to extremities.

Monday, 9 o'clock, A. M.—Pulse 106, almost imperceptible, with deathly-cold extremities. Had passed a little albuminous fluid *per ure-*

thra, or, rather, it dripped from him while at stool. Tongue cadaverous; eyes a little glairy, and countenance shrunk; vomiting a black grumous fluid at intervals. Pronounced him *in articulo mortis*. He succumbed, Tuesday morning, about daylight, precisely four days from the occurrence of the accident.

Autopsy, about five Hours after Death.—The abdomen still much enlarged, though it had shrunk some. Water had been exuding from the mouth and nostrils, and, upon percussion, the abdomen seemed distended with this fluid. When the knife entered the abdominal cavity, near the navel, the water spouted out nearly a foot high, and continued for a minute or more. The cavity was completely full, and contained about three gallons. After emptying it, we found a considerable quantity of pus in the pelvic cavity, but no appearance of a bladder. This viscus had evidently bursted and become disorganized under a process of inflammation. The stomach, liver and intestines were all healthy. The perinæum exhibited some patches of congestion and incipient inflammation. The stomach was likewise distended with water.

The most remarkable feature in this case is, perhaps, the fact that the patient lived four days without a bladder. We have reported it for the information it may afford in diagnosis, and not with a hope of educating any practical good from it. There are, I believe, but few such cases on record; and, never having seen one before, I was very much at a loss in forming my diagnosis. I treated it, however, as enteric inflammation, though I deemed the symptoms as equivocal at the time. One hygienic inference may be drawn from the case, viz., that great caution should be used in producing concussion in that region when the bladder is distended with water. The membranes, being very delicate, are, as the above case clearly proves, subject to rupture. The probability is, that the result would have been different, if the boy had been awake. As it was, the system was perfectly relaxed. There was no propulsive power about the muscles; and micturition not having taken place for some nine or ten hours previous, the bladder was, doubtless, distended with fluid. The woman was not large, but far gone in her first pregnancy—consequently, was clumsy, and not able to recover readily from an unexpected step. In the attempt to do so, she fell, and is of opinion that not more than a moiety of her weight was brought down upon the boy. At all events, it was a fatal step, and one that teaches us a lesson in reference to the care that should always be taken of so delicate a viscus as the bladder.—*Charleston Med. Journal.*

TANNIN, AS A MEDICAL AGENT.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—For several years I have been engaged to some extent in investigating and experimenting upon the use of *tannin* as a therapeutic agent, both in private and dispensary practice, and I send you herewith some of the results and conclusions to which I have arrived in my investigations thus far. I have seen but little written upon the use of

this valuable article, and can therefore communicate no more than the result of my own practice, and that of my professional brethren who have, according to my suggestion and request, noted the results of its exhibition in various cases, and under a variety of circumstances. I have been accustomed to use the tannin in every case where a strong and active astringent seemed to be indicated, and have never had reason from the result to regret its exhibition. On the contrary, so highly do I esteem it, as an astringent, that could I have but one article of the whole list of astringents, I should prefer the tannin. In *dysentery*, I have used it extensively, either alone or combined with opium in some form, and I am satisfied that so far as an astringent is indicated, we cannot desire an article more prompt in its action or salutary in its application, than tannin. I could cite, probably, more than one thousand cases of dysentery, diarrhœa, cholera, cholera infantum, and other bowel affections, in which I have used this article within two or three years, and in no case have I regretted having given it, and in very few indeed did it fail of producing the desired effect. Dr. S. S. Whitney, of Dedham, informs me that he uses it almost exclusively in dysentery, whenever an article of this class seems to be indicated, and values it very highly. There is no danger in the use of tannin to almost any extent, as its only effect when given in large doses, or repeated for a length of time, is constipation of the bowels. This cannot be said of the acet. plumbi, and many others of the astringents heretofore in use in dysentery. Again, the tannin possesses the astringent property in so concentrated a form, that very small doses are sufficient; which, especially in the case of children, is a great desideratum. Several of my professional brethren in this city, and in the country, have added their testimony in favor of tannin in dysentery, as well as in various other diseases which I shall notice ere I close. I will give a few of the formulæ which I have been accustomed to prescribe in adult's and children's cases: R. Tannin, ℥j.; opii in pulv., ℥ss.; secale cornuti, gr. xv.; sacch. alb., ℥ss. M. Ft. chart. no. x. For adult males, and females where the secale cornuti is admissible. Or, R. Tannin, gr. x.; ip. et op. c. p., ℥j.; pulv. cretæ comp., ℥ss.; sacch. alb., ℥j. M. Ft. chart. no. x. vel xv., according to the age of the child, or from 1 to 5 years. Or, R. Tannin, gr. xxv.; pulv. opii, gr. x.; ext. cicutæ, gr. viij.; ipecac. pulv., gr. x. M. Ft. pilules no. x. One three or four times a-day.

In some cases I have, in prescribing for children, given the tannin combined with Dover's powder ground down with white sugar; and of course the prescription must be so altered as to conform to the nature and circumstances of the case. Of course other appropriate treatment is necessary, as in all other cases, as we are merely proposing one class at present, viz., astringents; but I am confident that my brethren in the healing art will find, on application of this article, and close observation, that we have an article worthy of our confidence, upon which to depend in cases of emergency. I could relate almost any number of cases to substantiate my position in relation to the utility of tannin in bowel diseases, but consider it unnecessary, since it is easy to try the article, and test its merits and its claim to confidence.

Again, I have successfully used it in the *sweating* of the last stages of phthisis, or low continued or typhoid fever, and even in the worst cases have never had it fail to relieve either wholly, or to some extent, this disagreeable accompaniment to diseases of debility. In a case of tubercular phthisis that I treated some two years since, the patient, a corpulent man naturally, aged 46, was accustomed to sweating so profusely as to deprive him of rest to some extent, and weaken him rapidly. After trying the diluted acids, tr. myrrh., inf. anth. nob., &c. &c., I gave him at night a pill containing of tannin and opium one grain each. He sweat but very little the first night he took it, and the second night the same dose checked it entirely, and from that time to the day of his death he was troubled no more with sweating, except when he omitted the pill. In another case, the patient, a young man, had been sick for several weeks with typhoid fever, and on becoming convalescent he was troubled with night sweats to such an extent as to prevent him from gaining strength. He had taken the usual remedies prescribed, in vain. I gave the tannin in one-grain pills, and from the first time he took them his sweating was checked, and his health rapidly gained until he found himself well. I might relate many more equally remarkable cases in my own practice, but it is unnecessary.

Again, in *hæmorrhage*, in almost all its forms, I have used the tannin with success. In hæmoptysis, tannin, combined with opium and ipecac. in form of a pill or powder, has seldom failed in my hands of producing beneficial results, and in almost *every* case it has proved successful. I had a case, but a short time since, where the hæmorrhage was very profuse, so much so as to reduce the strength of the patient in a very short time. He was a man of some 50 years of age, predisposed to phthisis, who had suffered from previous attacks of bleeding from the lung. I gave the tannin, combined as above, in the form of pill, and in a very short time the bleeding ceased, and has not returned since. In those cases where the patient cannot take pill, from natural aversion, or any other cause, the tannin may be given in the form of powder, or bolus, as may be most agreeable. It may be said that the ipecac. and opium are old and well-established remedies. I grant it, but they often fail when given alone to produce the desired result. The acet. plumbi, sulph. zinci, sulph. cupri, &c., I know are useful articles in this form of disease; so is the sulph. aluminis and many other articles: but in a practice of ten years, more or less, using most of the articles of this class in the materia medica, I can but give the tannin the preference over all other articles in this disease.

Again, in hæmaturia, hæmatemesis, and other forms of hæmorrhages, I have used the tannin sufficiently to rely upon its powers as a remedy, above any other article with which I have had the good fortune to become acquainted. Especially in hæmorrhage from the *bowels*, as the result of dysentery, producing abrasions of the mucous membranes, or the rupture of small vessels from other causes, the tannin will be found to act like a charm in arresting the bleeding. I have also used tannin very frequently in that form of hæmorrhage produced by threatened abortion, when in the early months of pregnancy the ovum and its

membranes become partially or wholly detached from the cervix, and rest over the os uteri; also when brought on by premature labor. It is true that when abortion is unavoidable, we can, by the use of ergot, cause the uterus to contract and expel the source of irritation, and thus stop the bleeding. But it is always desirable and prudent, if possible, to arrest the hæmorrhage without producing abortion. To answer this end, the tannin is the best article decidedly with which I am acquainted. It acts upon the muscular fibres of the uterus sufficiently to close the mouths of the bleeding vessels without expelling the contents of the uterus, and thus arrests the bleeding and saves the fœtus. This has been the result in many cases in my practice of late.

A short time since, I was called to visit a lady in haste, with the report that she was "bleeding to death." She was about three months advanced in her second pregnancy. I found her flowing rapidly, the os uteri dilated to the size of a twenty-five cent piece, with the membranes of the ovum resting over the mouth of the uterus. She had, by imprudently getting up several times, discharged a large quantity of blood; pulse very weak and trembling, countenance pale and haggard, ringing in her ears, thirst, faintness, and extreme prostration. I gave her tannin in two-grain doses, combined with ipecac. and opium, every fifteen minutes, until the blood ceased to flow. In a short time the hæmorrhage was arrested almost entirely; she passed a good night, had no return of the flowing, and did not miscarry. Her health is now better, she says, than for months previous. Sometimes, it is true, it is necessary to use either the tannin in larger doses, or combined with ergot, when the ovum is entirely detached, and abortion is inevitable; but in most cases of that kind I prefer tannin to any other remedy at present known to the profession. I could detail many cases of the character of the above, were it necessary, but would say to my brethren, test the remedy for yourselves, and I have no doubt you will be satisfied.

In hæmorrhoids, also, I have great confidence in this remedy. In one case, a clergyman who has been afflicted for many years, and has tried every article that was recommended to him, told me, after using my prescription of tannin, that he was completely relieved, and believed himself cured. It may be used in the form of an unguent, or a wash, as is most agreeable:—R. Tannin, ʒ ss.; tr. krameria, ʒ ss.; aq. rosar, ʒ jss. M. Ft. wash. Or, R. Tannin, ʒ ss.; sulphur subl., ʒ ss.; spermatis ceti, ʒ j.; adeps pur., ʒ j.; ol. lavend., gtt. v. M. Ft. unguent. Or, R. Tannin, ʒ ij.; sacch. alb. pulv., ʒ ss.; ol. lavend., gtt. v.; adeps pur., ʒ j. M. Ft. ung.

In *epistaxis* the tannin may be used in its simplest form, in powder, and snuffed into the nares, or blown through a tube or quill, and it will be found in almost every case to prove efficacious, and produce the desired result in arresting the hæmorrhage. In severe *salivation* from mercury this article will also be found of great importance. Indeed, I am acquainted with no article in the whole class of astringents that answers the purpose so well as this. I have used it in as severe cases as are usually presented, and in every case with decided advantage, even beyond my expectations. In *aphthæ*, and other diseases of the mouth, where

there is sponginess of the gums, or bleeding, as in scurvy, the tannin has, in my humble opinion, no equal in the whole list of astringents. Indeed in all the diseases of the mouth or gums, where an article of this class is indicated, the tannin will be found worthy of pre-eminence and confidence by every one who will give it a fair and impartial trial. It may also be used as a gargle in relaxation of the uvula and tonsils, and the soft parts contiguous, and I have never found an article upon which more dependence can with confidence be placed. As a gargle it may be used in the following forms:—R. Tannin, gr. xv. ; tr. krameria, ℥ ss. ; tr. cinnamomi, ℥ ij. ; aq. rosar, ℥ ij. M. Ft. gargarisma. Or, R. Tannin, gr. xij. ; mel disp., ℥ j. ; aq. rosar, ℥ ij. M. Ft. garg. for children, or less strength for infants. Or, R. Tannin, ℥ j. ; tr. krameria, ℥ ss. ; tr. op. camph., ℥ ij. ; aq. rosar vel dist., ℥ ij. M. Ft. garg. for throat. These forms may be varied to almost any extent to suit circumstances, in practice, but the above are those which I prefer, and prescribe almost every day in my practice. It may be said that the tr. krameria is, in itself, a powerful astringent. This is true ; but I have not found it to answer, alone, any very valuable purpose.

As an *antiseptic* in cleansing old sores and phagadenic ulcers, and that form of ulcer that so frequently follows varicose veins, I have used the tannin somewhat extensively in its native form of powder. Especially in those cases accompanied with hæmorrhage does it act beneficially in immediately arresting the bleeding, and rendering the ulcers clean and more disposed to fill with healthy granulations, and ultimately to heal. No article that I have ever used in this kind of cases has given me so much satisfaction, and I am confident that much suffering and danger may be prevented by its early use. As an astringent collyrium, I have also used the tannin with marked relief to the patients to whom it has been applied, and I consider it preferable in all cases of *purulent* ophthalmia, to any other article with which I am acquainted. In other forms of disease I have used this valuable article, but I need not, I think, enumerate further the cases in which its use has proved advantageous in my hands, to convince the impartial, unprejudiced practitioner that it is at least worthy of a trial. I could mention names of those medical men who have, after using the article somewhat extensively, assured me that their expectations were more than realized in its exhibition. I am well aware that it may be said that it is a favorite hobby of mine, and therefore I laud its merits too highly ; but I assure you, Sir, if it is a hobby, *it is a good one*, and well worthy of esteem as a remedial agent. Indeed, in every case where an astringent is necessary, I have confidence in tannin. I am well satisfied that, though there are, strictly speaking, no *specifics*, yet in those cases in which its exhibition is indicated, there is no article that can at present supersede tannin as an astringent.

I am, dear sir, yours, &c. A. I. CUMMINGS.

Roxbury, Mass., August, 1850.

CASE OF SOFTENING OF THE HEART.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—It occurs to me that the following case of softening of the heart is important in its bearing upon the science of pathology. If you think so too, it is offered to the pages of your valuable Journal, as a contribution to medical learning.

On the 27th June, ult., I was called to visit Mr. William Ayres, a well-known and valued citizen of this town, living five miles from this village, and near the village of Somerville. On visiting him, accordingly, his case presented the following symptoms, viz.: Pulse irregular, both in respect to volume and frequency, intermittent, small and weak; orthopnoea; could recline for a few minutes at a time on his left side only; heart's motion visible from the 2d or 3d rib to near the umbilicus; pulsation of the carotid in the neck also visible; tenderness over the cardiac region—gentle pressure with the flat hand here produced faintness and breathlessness, and embarrassed the action of the heart—heart's action unresisting to the hand, instead of vigorous and bounding; patient liable to lose his breath when asleep, if he be not waked in a certain time, say from two to four minutes; coughs some, and expectorates coagula of blood and nothing else; requires an attendant by him constantly to fan him and wake him. Auscultation found respiration absent from the lower portion of the lungs on both sides, loud in the upper, and audible in the middle, and accompanied with the fluid rattle on both sides. Squeaking in the right side near the centre of the middle lobe of the lung, sometimes so loud as to be heard several feet from the patient; this squeaking heard immediately after the main act of respiration has been performed; vocal reverberation in same location; upper part of right side of the thorax resonant, all other parts of the thorax so tender that percussion could not be practised. Thorax enlarged; feet and legs œdematous; general anasarca present, but slight compared to the fulness of the lower limbs; urine scanty and high colored; one finger-joint swelled and painful: an old inguinal hernia inclines to protrude, since he cannot wear his truss on account of distension of the abdomen; no appetite for food, nor thirst; no fever; perspires readily and freely; mind perfectly clear, calm and cheerful.

History.—Patient 52 years of age, nearly six feet in height, and, in health, well proportioned; complexion sandy, blue eyes, light hair, has a double hare-lip; temperament sanguine bilious; a farmer; has reared a large family, and accumulated, by hard work and good management, considerable property; regular in life, temperate in habits, and resolute and vigorous in mind; subject from boyhood to sudden fits of fainting, which for ten years past have increased in severity and frequency; subject all his life to paroxysms of palpitation, which have also increased in frequency and severity for the ten years past, and are especially likely to recur on overdoing, walking up hill, or up stairs, running, being excited or surprised; subject for four or five years past to frequent and long-continued attacks of inflammatory rheumatism, when inflammation would pass from joint to joint, till it had visited nearly every one

in his frame, and then partially leave him; subject for the last two or three years to "bloating all over, swelling of his feet, and shortness of breath"; used diuretic "herbs to carry the water off," and with reputed success; subject to "some cough for the last year and a half, and expectorating clodders of blood." Has treated his case with patent medicines, &c., till now, and has applied for no medical aid.

Diagnosis.—Organic disease: of the heart enlargement, relaxation and stretching of the valves, hydropericardium: of the lungs passive congestion from accumulation of blood behind the left side of the heart, rupture of blood-vessel or vessels in the lungs, cavity in middle lobe of right lung, tubercles in the lungs and perhaps in the substance of the heart; hydrothorax and anasarca from these structural lesions.

Prognosis.—Unfavorable. Patient in last stage of disease. May obtain some respite from present dyspnœa, &c., but these will again recur, and in some paroxysm will terminate life. Probably even temporary relief will not be obtained.

Treatment.—Diuretics, alteratives, rubefacients to the chest, tonics and stimulants, as occasion seemed to require, and the condition of the patient to justify; lastly, tapping his feet. Urination became abundant as could be desired, and probably removed the effusions, and the more urgent difficulties occasioned by them, and enabled the patient to take the horizontal position for rest. Although the urinary secretion was sustained, yet the effusions gradually re-filled the system again, when tapping the feet was resorted to. This again measurably removed the dropsical collections, and the patient was again enabled to lie down. Water was discharged by the punctures in the feet, and kept the effusion down to a comfortable degree till the patient died, which event occurred on the morning of the 26th inst. I have not detailed the treatment more particularly, for the reason that it was merely palliative and availed very little in controlling the fatal progress of the case. Drs. Comstock, Brewster and Benton were in consultation during my attendance upon the case. They concurred generally in the diagnosis, and particularly in the prognosis and treatment.

Post-mortem Examination, 24 Hours after Death.—All of the medical gentlemen in this vicinity were invited to witness the examination, and they attended. For the convenience of those who had not seen the case during life, I recapitulated the foregoing symptoms, history and diagnosis; and mentioned that the examination was not proposed for the inglorious purpose of proving one physician right in his opinion, and another wrong, as there had been no diversity of opinion expressed, but that it was proposed for the purpose of obtaining instruction in the science of pathology. Externally—no signs of decomposition; skin slightly yellow; emaciation considerable, though not extreme; thorax enlarged, resonant at upper and middle parts of both sides anteriorly, dull inferiorly, laterally and posteriorly; feet and legs œdematous; anasarca about the loins and nates. Internally—four quarts of reddish water in right pleuritic cavity, two in left, and gas also; no signs of commencing decomposition. Heart enlarged and filled with coagulated blood; enlargement from relaxation and dilatation, and not from hypertrophy;

valves all relaxed and stretched, as were also the columnæ carnæ; walls of the ventricles but little thicker than natural; muscular structure of the ventricles softened, so as to mash and break between the thumb and finger almost as easily as boiled potato; the finger could be pushed through the muscular structure of any part of the heart with the greatest ease. The condition of softening was general; on breaking or mashing any part of the heart, it lost its shape, and appeared in the hand, or on the board, merely as a mass of muscular substance, without any resemblance in shape to any part of the organ to which it had belonged. Color of the heart paler than natural. The aorta for five inches above the heart (and we examined no higher) was relaxed, dilated to an inch and a half in diameter, and softened; no ossifications. Left lung hepatized and softened in all its lower part, healthy in its upper part, and between the hepatized and permeable parts a perforation existed. Nearly all the lower lobe of right lung also hepatized; above the hepatized portion, serum was effused into the cellular substance of the lung. Enlarged bronchia in the centre of the middle lobe; air-cells in middle lobe so much enlarged, that without close inspection they might be mistaken for tuberculous cavities by the inexperienced pathological anatomist. Coagulated blood in the cellular substance of the lung, occupying a place of such extent, that laceration alone could have made it; upper and back part of right lung healthy; no tubercles or tuberculous cavity found in lungs or heart. Enlarged air-cells and bronchia must have furnished the physical signs that were mistaken for those of a cavity. The pericardium was accidentally cut in separating the heart, by which the fluid it contained was evacuated, therefore it could not be measured.

This was undoubtedly a case of softening of the heart, and several interesting inquiries are suggested in respect to its incipient stages, its mode of development, its co-existence with other affections, and its production of secondary lesions in the lungs. Were the fainting fits caused by the pathological condition of the heart? Was that pathological condition accompanied with an occasional paralysis of the heart or its valves? Was that pathological condition, inflammation, either chronic or acute? If inflammation, why has there never been any pain experienced in the cardiac region? How did hepatization and softening of the lungs result from the diseased heart? Had rheumatic affections anything to do with the development of the cardiac affection? And what could have been done to avert the fatal progress of the disease, even if it had been submitted earlier to medical skill?

If some of your able contributors would consider these inquiries, and give their views upon them, through your *Journal*, many of your readers would acknowledge themselves greatly benefited; for the reason that cases of heart disease are not infrequent, and are evidently on the increase, and their minute pathology is not as well understood by the daily laborer in the field of practice as is desired. SAMUEL C. WAIT, M.D.

Gouverneur, St. Lawrence Co., N. Y., July 31, 1850.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, AUGUST 14, 1850.

EDITORIAL CORRESPONDENCE.

Paris.—Two important, and in fact indispensable branches of a surgical education, can be acquired here better than in the U. States; viz., anatomy and surgery. Such is the short-sightedness and ignorance of two-thirds of those composing our State legislatures, that no legal provisions, of a generous character, have been devised for aiding or facilitating practical anatomy. Laws enough have been enacted to punish those who presume to prescribe without understanding it, while imprisonment and fines are suspended over the heads of those who exert themselves to be qualified! Old Massachusetts is greatly in advance of the other New England States, in legalizing anatomical pursuits; yet she is far behind France, and that is one of the reasons why medical students prefer the latter. They are here in no danger of being interrupted by bigots or official upstarts, while laying a foundation for professional usefulness. Surgery, too, is taught in France to great advantage, by simply congregating in the hospitals all who seek relief by instruments. When the population quadruples with us, and tumors, fractures, contusions, &c. &c., increase in a corresponding ratio, our hospitals will vie with similar institutions in Europe, in the facilities for acquiring a ready conception of the nature of disease and expertness in surgery. Again, when our surgeons and public teachers are elected only on account of their fitness for such stations, the schools of North America will have an influence and reputation abroad, of which the whole country will be proud.

One of the mortifications to which we foreigners are not unfrequently subjected, in Paris, is in quoting the opinions and relating the acts of some of those who are regarded as the towers of medical science in circles in which they move at home, and discovering the individuals were never heard of before! What have they written?—is sometimes a difficult question to answer. What have they done?—is equally perplexing. And yet, from what has been seen and learned with respect to the practice of medicine and surgery in France, compared with our own, we cannot help giving the preference to the latter. The surgeon who is more ambitious to save life than to give unnecessary pain, and who never resorts to an operation till all other resources have failed, is entitled to a more elevated rank than one who is more ready to resort to the knife than to ascertain carefully the real necessity for it. American surgeons, as a body, are cautious, and never hazard life without sufficient reason; whereas, to a looker-on, it really appears as though life had but little value in the estimation of some continental operators.

While going through different countries, Asylums for the Insane have been prominent objects of inspection. The one having the first and highest reputation in Paris, is at Charenton, about seven miles from the city, called *Maison Nationale de Charenton*, at the head of which is Dr. Archambault, a successor of the far-famed Esquirol, a good translation of whose work on insanity was made some three years since by Dr. Hunt, of Hartford, Conn. At present, there are about six hundred inmates, one half of either sex.

The physician in chief has a salary of not far from twelve hundred dollars, besides house-room—providing for his own table and house. Our system of paying a salary, and furnishing all the necessaries of life besides, in such institutions, is not understood here. Having been over and through the spacious and numerous apartments of the Asylum at Charenton, it cannot be an indictable offence to declare that some of our American institutions are vastly superior. In good time it will be shown why and how they are so.

Having taken especial pains to examine that astonishing curiosity, the Artesian well of Grenelle, it has strengthened a long-cherished opinion that if the East Boston scheme had been prosecuted with the same indomitable energy that was displayed by the engineer of Grenelle, through years of embarrassment and the ridicule of geological savans, water might have been procured in any desirable quantity. This extraordinary perforation into the earth measures 1782 feet—through which water, at the comfortable temperature of 85 deg. of Fahr., rises 112 feet above the surface. The rush of fluid had been such as to have actually twisted one tube in twain. Repairs are now in progress. Eight hundred feet deeper would have unquestionably furnished boiling water!

Warm as the weather is, there was a full attendance in the School of Medicine to-day, at the lecture on botany. Such a crowd as fills the Lowell Institute when a favorite man occupies the platform, took possession of the room. Spacious as the theatre is, many were compelled to stand. The seats are without backs, made of oak plank, strong and dirty. At another lecture on physiology, in the College of France, the attendance was small. Several American students were present. A dissection of the muscles of the spine, on a living dog, muzzled for the purpose, was so excessively painful to the feelings, that long before the discourse was completed your correspondent left the hall, although the lecture was important and instructive in the highest degree.

The French lecturers are exceedingly fluent, and vivacious: that cold, indifferent, tedious, monotonous mode of teaching the elements of medicine and surgery, which prevails in some of our numerous schools, is unknown in Paris. Men who are forced into chairs for which they are mentally or morally unfit, who are kept there by the force of family alliance, or cliques of medical monopolists, would not be tolerated as professors in France a single day.

No time is allowed, before closing this budget, to describe the Museum of Dupuytren, which comprises a vast collection of models in wax, reunited fractured bones, imperfectly developed skeletons, &c., which must not be forgotten, hereafter, on a fitting occasion.

Dunghlison's Therapeutics and Materia Medica.—"General Therapeutics and Materia Medica, adapted for a medical text-book. By Robley Dunghlison, M.D., Professor of Institutes of Medicine, &c., in Jefferson Medical College, Philadelphia, 2 vols. Lea & Blanchard and Ticknor & Co., 1850." This work of Dr. Dunghlison's has passed through three editions. The fourth one being called for, the author has brought it out thoroughly revised and improved, as regards its style and matter. There are 182 illustrations, which, representing the various medicinal plants, convey at once to the student an idea of their structure, and make them easily recognized when seen. We consider this work unequalled. It embraces all that is known on the subject, while its style is such, that it pleases as

well as instructs the reader. Dr. Dunglison is well known as one of the most popular and voluminous medical writers in this country. For his indefatigable zeal in the cause of medical science, the profession owe him much gratitude. His observations have been extensive, and he knows well how to impart to others the benefits of them. In fact, he may be considered a *lexicon* of medical science.

Rose's Chemical Tables.—“*Tabulæ Anatomicæ*; the chemical tables for the calculation of the quantitative analyses of H. Rose” (of Berlin). “Recalculated for the more recent determinations of atomic weights, and with other alterations and additions, by Wm. P. Dexter, Boston. C. C. Little & James Brown, publishers.” Pp. 69. 1850. These tables of Rose, which are appended to his great work, the “*Manual of Analytical Chemistry*,” are exceedingly valuable. Since their arrangement, the atomic weights of many of the elements have been more accurately determined. In order to make them scientifically correct, the whole of the tables have been recalculated and re-written. To the chemist, this work must be of the greatest assistance in determining readily the quantities of elementary substances. A scientific work, upon which there has been devoted so much time and labor, deserves the consideration of the profession. Its typographical appearance is much better than is generally exhibited in medical books, and is creditable to the Boston publishers, who need not depend upon other cities and countries for their supply, when they can produce such specimens at home. Dr. Dexter has our thanks for the copy sent us, and we sincerely hope that his time and services, in compiling a work of such rare merit, may be remunerated.

Dr. Ware on Croup.—We have received a pamphlet from Prof. Ware, of this city, containing valuable remarks on the history, diagnosis and treatment of croup. As the whole matter appeared in this Journal a few weeks since, we need only refer our readers to the fact of its re-publication. It would be unnecessary to add any remarks upon its merits, since it is the unanimous opinion of all, that it is the most valuable contribution upon the subject of croup ever given to the profession.

Ranking's Abstract of Medical Sciences.—The July number of this epitome of the medical sciences has just been received. It is, as usual, well conducted, and its selections valuable. It being professedly an abstract of the medical sciences, containing an analytical digest of the principal medical works as published in this country and Europe, it is exceedingly useful to the profession.

Medico-Chirurgical Academy of Sacramento City.—The following is a list of the members of the above named Society, lately formed in Sacramento City, California:—Doctors John W. Bay, T. J. White, Jeturs R. Riggs, John F. Morse, James O'Brien, C. W. Ege, Wakeman Bryarly, James W. Andariese, John P. Sharkey, J. H. Hobart Burge, Jacob D. Babcock Stillman, Abner B. H. Dodson, Charles D. Cleaveland, Edw. Don Griffin Bumstead, [deceased], Robert A. Pearis, J. B. Phinney, L. A. Birdsall, Volney Spalding, N. D. Spotswood, A. Kellogg, A. G. Hart, J. A. Wadsworth, Gregory J. Phelan, J. McNulty, S. B. Sewall, Albert A.

Hazard, James B. Gordon, Gordon A. Cook, James S. Wydown, William Grove Deal, Thos. S. Chapman.

Medical Miscellany.—A young man was bitten in the hand by a rat, and died from its effects on the next day—so says the London Times.—Two doctors, in Virginia, have been disgracing themselves by attempting to shoot one another; *unfortunately*, the balls did not prove mortal to either.—A woman living near Little Falls, N. Y., last week gave birth to *five babies*, all boys, and all of whom, with their mother, are doing well.—Dr. Winslow Lewis, with his family, left Boston in the steamer Asia, last week, for Europe. It is understood that it is his intention to reside in Paris for several years.—Dysentery and cholera morbus are quite prevalent amongst us.—Dr. C. H. Pierce, of Cambridge, has been appointed “Examiner of Drugs,” for the District of Boston, in place of Edward Hamilton.—The following physicians are connected with the Mexican Boundary Commission:—Dr. Thos. H. Webb, of Boston, Secretary; Dr. J. M. Bigelow, Ohio, Surgeon.—Dr. T. J. Goodwyn, a revolutionary soldier, and a native of Massachusetts, died in St. Matthew’s Parish, S. C., on the 10th inst., at the good old age of 92. He was born on the 9th of July, 1758.

A CORRECTION.—*To the Editor, &c.* Sir,—The following correction has just appeared in the Puritan Recorder, which I deem it just should be published in your Journal, as it shows Dr. Osgood, of Springfield, to have written under a misapprehension, and serves to remove the aspersions which were, in your number of last week, thrown upon the advertising notices of Ayer’s Cherry Pectoral.
Yours, &c. A. C.

East Abington, August 12, 1850.

“MESSRS. EDITORS:—I perceive that a wrong impression is made in a communication to your paper of last week; wherein it is stated that the name of the Rev. Dr. Osgood, of Springfield, has been surreptitiously used by the Proprietor of Ayer’s Cherry Pectoral. The statement published in that advertisement is from the Rev. Doct. Osgood, of Pennsylvania, and not Springfield as supposed.
Yours truly, JAMES C. AYER.”

“Boston, August 2, 1850.”

TO CORRESPONDENTS.—Papers from Dr. Galloupe and Dr. Simpson have been received.

MARRIED.—S. R. Philbrick, M. D., to Miss Almira T., daughter of E. Gihnore, Esq., all of this city.—In Lonsdale, R. I., Dr. A. F. Angell, of Taunton, to Miss Cynthia Day, of Smithfield, Rhode Island.

DIED.—In West Brookfield, Mass., Dr. Seth Field, a revolutionary patriot, 88.

Deaths in Boston—for the week ending Saturday noon, Aug. 10th, 76.—Males, 37—females, 39. Accidental, 3—apoplexy, 2—disease of the bowels, 14—inflammation of the bowels, 1—burn, 1—inflammation of the brain, 2—consumption, 9—convulsions, 3—cholera infantum, 4—dysentery, 9—diarrhoea, 1—dropsy, 3—dropsy of brain, 3—erysipelas, 1—scarlet fever, 1—lung fever, 1—gangrene, 1—disease of the heart, 3—inanition, 1—infantile diseases, 4—congestion of the lungs, 1—marasmus, 1—measles, 1—smallpox, 2—teething, 3—ulcers, 1.

Under 5 years, 43—between 5 and 20 years, 10—between 20 and 40 years, 9—between 40 and 60 years, 8—over 60 years, 6 Americans, 31; foreigners and children of foreigners, 45. The week ending August 11, 1849—240 deaths, of which 94 were by cholera.

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Medical College of Ohio.—Two gentlemen, not hitherto belonging to the Faculty of this College, have been lately introduced, namely, Dr. JOHN BELL, of Philadelphia, and Dr. T. O. EDWARDS, of this city, and formerly of Lancaster, Ohio. Dr. Bell is known to the profession as one of the ablest of our medical writers; and as he has enjoyed a very large experience in practice, and been many years engaged in lecturing, he must be regarded as peculiarly qualified for the chair of Practice. The able and elaborate work of *Bell and Stokes on the Practice of Physic* (of which Dr. Bell has written *three-fourths*) is a monument of ability and research, and affords indubitable evidence that the authors are deeply versed in the practical duties of the profession. Dr. Bell justly ranks with the first medical men of the age; and we can but regard his appointment as the very best that could have been made. He will remove permanently to Cincinnati some time in the ensuing autumn.

Dr. T. O. Edwards, Professor of *Materia Medica, &c.*, is a gentleman of fine abilities, extensive experience in his profession, and, in every sense, admirably adapted to his new position. Through his zeal and untiring energy, the law regulating the importation of drugs was passed by Congress; and, subsequently, by his personal efforts, that law has been carried into practical operation. His intimate acquaintance with drugs, added to his general attainments, render this appointment eminently judicious.—*Western (Cincinnati) Lancet.*

Cholera in Cincinnati.—It has been evident, for some days, that cases of cholera were originating in our city; but we are happy to state it has not, thus far, prevailed to a great extent. There is reason to believe, however, that an epidemic state of the atmosphere exists, which is evinced by a very general prevalence of bowel affections, and an unusual degree of lassitude in those otherwise in good health. Still we indulge the hope that this fearful disease will not visit us as an extensive epidemic. At this date last summer, the epidemic had reached its utmost intensity; on the 5th day of July, 1849, there were reported 137 deaths from cholera.—*Ibid.*

Quackery and Death.—Three deaths have occurred within a very recent period from that most ignorant of all species of quackery, appropriately termed "Coffinism." One occurred at Blackburn, after overdoses of Cayenne pepper, a material used in almost every disease by the *soi-disant* Dr. "Coffin's" satellites. The two other were the subjects of judicial investigation, inquests having been held in both cases. In the one held in Middlesex, by Mr. Baker, at which Dr. Letheby exposed the pernicious effects of astringent remedies in a case of inflammation of the bowels, the practitioner, a quack herbalist, narrowly escaped a committal for manslaughter; the other case, which has created much public interest at Northampton, was that of a woman who died a week after delivery, and subsequently to an ounce of acetic tincture of *lobelia inflata* having been administered to her by her husband, an agent for the sale of Coffin poisons in that town. Dr. Kerr, Mr. Terrey, and Mr. Bryan, all medical practitioners of eminence in Northampton, gave evidence on this occasion, and that of Mr. Bryant, which is reported at length in the local newspapers, contains a very complete account of the post-mortem appearances of the poisoning by *lobelia inflata*. In this case, a verdict of *Manslaughter* was followed by a committal to prison of the husband of the deceased woman, on the warrant of the coroner.—*London Lancet.*

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ON THE TREATMENT OF OBESITY.

[THE following is a portion of another of Dr. T. K. Chambers's Gulstonian Lectures on Corpulence, delivered before the College of Physicians, London, in May last.]

That form of the disease which commences at birth, and goes on increasing during infancy and childhood, is, I believe, so invariably fatal before the age of puberty, that I do not think we have reason for hoping that it is in any way amenable to medicine. At all events, I have not been able to discover any one whose experience has led him to pronounce it curable. It is a form of monstrosity, and as the subjects of it commonly display some other bodily malformation, and a deficiency of intellect, their death is a relief from a miserable prospect.

When it begins in childhood, or about the time of puberty, we must not be deterred by the circumstance of its being hereditary from attempting to remedy the inconvenience arising from it. We cannot truly reduce our patients entirely to the average size and weight, but we may enable them to pass life in comfort and usefulness.

The later the disease commences, the more controllable it is by management, until the middle period of life is passed, and then old age impedes in some degree the benefit which we may confer, not by rendering our measures inert, but by preventing our employing them quite so actively as we should have done earlier.

The first thing indicated in all cases is to cut off, as far as possible, the supply of material. Fat, oil, butter, should be rigorously interdicted in the diet table. But all eatables contain some portion of oleaginous matter, and especially those most convenient to advise the use of for a lengthened period. And, as we observed at the former part of our review of the light which chemistry has thrown on the subject, almost all are capable of a transformation into fat, when a small quantity of this substance is previously present. It is desirable, therefore, that the mass of food should lie in the stomach as short a time as possible, in order that at least a fatty fermentation may not be set up in it. Very light meals should be taken at times most favorable to rapid digestion, and should consist of substances easy of solution and assimilation. To this end, the time of the meals should be fixed for an early hour in the day, before exertion has rendered the powers of the entrails languid and weak. Breakfast should consist of dry toast, or, what is still better, sea-

biscuit, and if much active exercise is intended, a small piece of lean meat. Dinner at 1, on meat with the fat cut off, stale bread or biscuit, and some plain-boiled macaroni, or biscuit pudding, by way of second course.

Liquids should be taken, not at the meal, but half an hour after, so as not to impede the action of the gastric juice upon the mass. Here should end the solid feeding for the day; no second dinner or supper should follow, nor, indeed, any more meals be taken sitting down. A piece of biscuit and a glass of water can be taken standing up if faintness is experienced; a cup of gruel or roast apple before going to bed.

This is not a scale of diet by any means unattainable. A butcher and retired pugilist has adopted it for some years with the greatest comfort to himself. He is able, upon it, to work in the most violent manner in a small garden which he cultivates for himself in the suburbs. He has reduced himself from 20 to 17 stone; whereas his brother, who has not the same strength of mind, has increased to 23 stone in weight. Persons of more refined education ought, and often do, practise the same self-imposed restraint more easily. J. R. has reduced himself from 22 to 18 stone, and sometimes brings himself down to 17; but finds that he derives no particular advantage from being of the lower weight.

The smallest amount of nutriment consistent with the health of the individual can be found by experiment only; but we need not fear that ten ounces of solid food a-day is too little, for the last-mentioned gentleman confined himself for a long period to that quantity, and found his mental and bodily powers always equal to the strain which the pursuit of a laborious profession in London demands. It may be remarked, by the way, that it is often advisable to add a small allowance of malt liquor at dinner, as otherwise the craving of the appetite is less easily appeased. The beers to be avoided are of course the thick, sweet kinds, but that which is thoroughly fermented, at a low temperature, in the Bavarian way, seems to contain very little injurious matter.

I do not know that any advice concerning sleep is peculiarly applicable to obese persons, beyond what we should recommend to all classes of men. A draught of morning dew, "*nocturni roris auram ante solis ortum bibendam*," which Aurelian prescribes for the corpulent, is equally beneficial to every one. They are usually uneasy sleepers, and though lethargic, by no means averse to early rising.

In cases where the fat is largely accumulated in the omentum, it is very convenient for the patient to wear a band round the abdomen, which may be tightened gradually. The support thus given to the abdominal muscles relieves the dragging sensation in the loins, which many persons, whose viscera are heavy in proportion to their strength, experience. It enables exercise to be taken with more facility, and appears also, by pressure, to afford some assistance to the absorption of fat.

The above remarks will apply equally to all forms of obesity; the abstinence recommended can be borne even by the aged, and only comfort be experienced.

As respects exercise, however, a distinction requires to be made. The young and vigorous, whose obesity does not prevent the use of their

legs, cannot employ them more usefully than in walking as long as they are able. The greater number of hours per diem that can be devoted to this exercise, the quicker will be the diminution of bulk. But as riding, by the gentle shaking of the abdomen, excites the secretions of the digestive organs more, it should, where practicable, be employed in addition. Where freedom of motion has once been gained, rowing, shooting, any or all of the forms of British gymnastics, should be adopted as regular habits.

But in the asthenic form of the disease, especially in elderly people, this is scarcely practicable. The defect in muscular power prevents the use of the limbs in walking for a long time enough to be advantageous. But where riding can be managed, it should on no account be omitted, and the suspensory belt before mentioned is often a valuable auxiliary to the employment of this exercise.

The ancients were much more in the habit than we are of using various forms of friction to the skin in treating chronic complaints; and we find in Aurelian a recommendation to the corpulent to employ dry rubbing, either with cloths alone, or with the addition of various powders. Modern habits of cleanliness supersede, in some degree, these remedies. But the skin is not unfrequently greasy from a thick sebaceous secretion, and the circulation through it languid in asthenic obesity, and in these cases horse-hair gloves may be used with great advantage. Dr. Flemyng strongly advises friction to be employed to the trunk of the body as promoting absorption and invigorating the surface. The Greek additions of cold bathing or sponging, especially with sea-water, the vapor or hot-air bath followed by rubbing with salt or with sand, and many other modifications of the same principle enumerated by Aurelian, will naturally suggest themselves to every intelligent patient. The same author very sensibly advises these remedial measures to be employed fasting, and no food to be taken for some time afterwards, and modern habits render before breakfast a convenient time. To these rules of management, medicines, strictly so called, must be viewed as secondary and auxiliary. Unless these laws are obeyed, pharmacopœias are useless.

Purgatives I have generally found not needed in the plethoric form; the bowels usually act once or twice in the day. But in the asthenic obesity of old people, where the abdominal walls are weakened by long pressure of an unnatural weight, it is necessary to employ them.

But there is one class of medicines so universally applicable to all cases of obesity, that I think a trial of them should never be omitted. The chemical affinity of alkalies for fat, point them out as appropriate alteratives in this complaint, and experience proves that they are suitable to the state of the digestive organs. The most eligible one is liquor potassæ, and it may be administered in much larger quantities than any other. If given in milk-and-water, we may safely commence with half a drachm, and raise the dose to a drachm and a drachm and a half three times a day. The milk covers the taste of the potash better than any other vehicle. It has truly the disadvantage of saponifying a portion of the remedy, but there is no evidence to prove that its efficacy is thereby en-

dangered; indeed, soap itself has been strongly recommended. A physician, whose case is recorded by Dr. Flemyng (*op. supra cit.*) reduced himself, by alicant soap alone, two stones in weight.

I have often given the above-mentioned doses of liquor potassæ (even to children in cases of scrofula and consumption) without any harm arising from its use, when taken, as desired, in milk. The fear of alkaline medicines has probably arisen from the injury observed by Huxham, to follow the use of Mrs. Stephen's saponaceous mixture, at one time so popular, and therefore often misapplied. The injury appears to have originated from their having been employed in improper cases, such as debilitated gouty subjects, chronic stone in the bladder, and the like, to which of course much harm would be done.

A poor woman, who sold eggs in Chelsea, was becoming quite unable to gain her livelihood by her ordinary occupation. I have not kept a note of her weight and height, and therefore she is not mentioned in the table of cases, but she was extremely obese, and the cause of a variety of symptoms she complained of seemed traceable entirely to the accumulation of fat. By taking liquor potassæ only, without change of diet, she was reduced so far as to carry on her trade with comfort.

Another case was communicated to me the other day, of a gentleman who weighed 19 stone 7 lbs. By regimen, exercise, and liquor potassæ, he was reduced two stone and a half in six weeks.

I have mentioned bleeding, and perhaps that may cause some surprise, after the observations which have been made on the state of the circulation in fat people. But where distinct signs of plethora are present—such as pain over the eyebrows, beating of the temples, restless sleep by night, lethargy by day, with full lips and an elastic skin—it is capable of being employed with safety; and where it is employed, the advantage derived at the commencement of a course of treatment is very great, for it gives all the other remedies a fair start; and by affording immediate relief to many symptoms, gives the patient a favorable opinion of the plan he has undertaken.

On the other hand, it is scarcely necessary to say, that much risk attends the loss of blood; for if the heart has become atrophied and weak, it will not stand the shock. Venesection may cause either sudden death, from failure of the heart's action, or effusion of blood in the brain, from disturbance to the circulation.

Bitter tonics are often of great advantage in enabling the stomach to digest more easily and rapidly, and therefore to be contented with a smaller quantity of really nourishing food. The increase of appetite which they cause does no harm; for when patients are getting better, they are usually more obedient to their medical man, and can be taught to control it. Gratitude for the benefit they have received makes them glad to follow advice, however hard.

Some medicines must now be mentioned, which have been recommended for the cure of obesity, but which analogy and experience do not approve.

Vinegar has been employed by those who are foolish enough to practise upon themselves; but as it produces thinness only by injuring the

digestive organs, the benefit is not worth the price paid for it, and no medical man would ever advise the use of such a remedy.

Iodine has been spoken of as likely to do good, from the power it exhibits of stimulating the absorbents in cases of scrofula and tumors. But its moderate use certainly does not cause the disappearance of healthy fat. Indeed it has been noticed by Lugol, and is matter of daily observation at our metropolitan hospitals, that patients frequently acquire a considerable degree of embonpoint during the time they are taking iodine. The cases of tumors and of fat are very distinct. As Dr. Pereira remarks, "The enlargements which these agents (mercury and iodine) remove, are not mere hypertrophies; their structure is morbid, and they must in consequence have been induced by a change in the quality of the vital activity; in other words, by morbid action. Medicines, therefore, which remove these abnormal conditions, can only do so by restoring healthy action." But the action which causes the deposition of fat in the adipose tissue is, though excessive, of a healthy nature, and harm, rather than benefit, is to be expected from the medicine under discussion; that harm which always accrues from a valuable remedy wrongly employed. I have heard of one case only where it was taken; and in that instance a wise physician who was called in showed his energetic sense of the folly committed, by putting the bottle into the fire.

The hourly watch over the instinctive desires, which must be observed by one desirous of reducing his corpulence, make it a solemn thing to advise the undertaking of the necessary regimen. He that commences it must be taught to view himself as his worst enemy; like the philosopher in Epictetus, he must "mount guard, and lie in constant ambush against himself." All advantages, therefore, should be taken of adventitious circumstances to add importance to the enforcement of the rules; they should be written out clear and exact, and enjoined as strictly as if they were moral precepts. If left to general and verbal instructions, their chance of being observed is small indeed. These are little things, it is true, unless you neglect them.—*London Lancet.*

DEMONSTRATIVE MIDWIFERY.—TRIAL FOR LIBEL.

[THE following is part of the excellent charge of Judge Mullet to the jury, in the case of "the People vs. Dr. Horatio N. Loomis," of Buffalo, for libel. It may be premised that the defendant published an article, in February last, in the Buffalo Courier, reflecting severely upon the Professor of Obstetrics in the Buffalo Medical College, for the course taken by him in the matter of Demonstrative Midwifery, which has been so often alluded to in this Journal. For publishing the article, Dr. L. was indicted for libel, and the trial took place in June last. A verdict of *Not Guilty* was rendered by the jury.]

We will now proceed, under the constant influence of the general principles to which I have adverted, to a brief examination of the more particular rules which govern the case under consideration. This is an

indictment for a libel. A libel is defined to be a censorious or ridiculing writing, picture, or sign, made with a mischievous and malicious intent towards government, magistrates, or individuals. *False* is no part of the definition of a libel, for the reason to which I have adverted; though, whether the publication be false or not, may be an important inquiry in reference to the motive of the publication. The first question for your consideration is, is this publication, in its tenor and meaning, libellous; that is, censorious? I do not understand this, nor its allusion to Professor White, to be denied. I presume the defendant would hardly claim that this publication is approbatory. The next question is—did Doctor Loomis, the defendant, publish the article in question? The indictment charges him with writing and publishing it, but the publication is the act which gives efficacy to it as a libel, and proof of this covers the whole charge. If you find, that Doctor Loomis published the article, or caused it or procured it to be published, or circulated, or read it to others for the purpose of giving it publicity, then he published it, and stands responsible for the publication. The evidence on this branch of the case is before you, and its weight and application belong exclusively to you. If you find these facts for the prosecution, you will be compelled to look at the defendant's justification to determine whether the article is true, and was published with good motives and for justifiable ends. I have already endeavored to show you that there are some things, the publication of which cannot be justified, on account of the inutility of such publication, and the unfitness of such subjects for public discussion. I feel it my duty, however, under the circumstances of this case, to except this publication from that class. An article approving of, if not lauding, the demonstration alluded to, had been published in a public newspaper. That paper, or the friends of that publication, could not expect to have an exclusive right to monopolize public opinion on that subject. They had thrown it out for public examination, and every citizen, who had a contrary opinion upon the matter, had a right in a truthful and candid manner, to criticize, disapprove, or even condemn, the transaction which was attempted to be upheld. This circumstance, I think, justified Dr. Loomis in answering the article in the *Commercial Advertiser*, and expressing his opinion with as much freedom and strength, consistently with the truth, as he thought proper to employ. It is, however, a rule of law, that falsehood is always evidence of bad motives, and can never be justified—so that after all the tedious examination and able discussion which this case has called out, it is reduced to one single question. Is the publication, charged as libellous, true or false? This inquiry embraces the whole tenor and meaning of the publication. It is not enough that it is generally founded in truth—that it is based upon a transaction which did really take place; it must be true in its colorings, epithets, and entire meaning.

You must read it in the Jury Box, with the same common-sense understanding as you would read it at your homes, and then compare it with the description of the same transaction which you have received from the witnesses, and the comparison will show the agreement or the difference. As to the description of the manner of the demonstration,

the publication says:—"An open demonstration of obstetrical practice has been made before a class of students. The demonstration consumed nearly or quite eight hours, during a part, at least, of which, the Professor of that branch of medical instruction was present. Delicacy forbids me to touch upon the manner in which these hours were passed. Suffice it to say, that the tedium was relieved by such methods, as a congregation of boys would know well how to employ." You have heard the witnesses testify as to the time occupied by that demonstration, and the manner in which that time was spent, as well as the manner in which the whole clinical lecture was conducted; and are the proper persons, without any intimation from me, to decide whether the publication is, in its description of that matter, true. There is no contradiction or discrepancy among the witnesses on both sides, in reference to the *manner* in which that clinical lecture was conducted, and perhaps the case as it now stands will justify me in saying, that the principal objection to it, by the defendant and those who think with him, is reduced to a disapprobation of the partial personal exposure of the patient, for from two to five minutes during a particular crisis in the parturition.

In the publication, charged as libellous, the demonstration is characterized as an outrage upon public decency, and those who conducted it as perpetrators of the indecency; and in another part of the publication, it is spoken of as unworthy of the sacred cause of science, and a precedent for outrage indiscriminate. I refer to those parts of the publication solely for the purpose of calling your attention to the inquiry whether they are true in reference to the publicity of the affair alluded to and its tendency to outrage public decency. We have already seen what constitutes an offence against public decency and public morals, and you are to compare the character given to the transaction at the College, by the publication, with the facts as they took place there, and decide whether the publication is, in these respects, true. It is not my desire to examine or criticize the several parts of this publication. I call your attention to the prominent features of it merely for the purpose of pointing out the character of the questions presented to you by this case. But on the part of the defendant it is asserted, that the demonstration was unnecessary and useless as a means of imparting knowledge in the theory or practice of obstetrics, and therefore that the exhibition, before a class of students, was a wanton innovation in the manner of teaching, injurious to the moral delicacy and sensibility of the class, and deserving of the character given to it in the publication. While on the other side it is claimed, that such demonstrations are highly useful as a means of instruction, long and generally practised in European schools; that they will, with the assistance of an experienced teacher, give to the student of obstetrics that kind of information which he may otherwise be obliged to acquire in actual practice, at the risk of his patients—that, when they are made with the voluntary consent of the subject, with the decorum and propriety of manner to be expected from a professor and class of advanced students, they deserve commendation rather than censure; and that the character imputed to *this*, in the publication, is false and libellous.

Several of the most prominent members of the medical profession, of

both American and foreign education, have been examined as witnesses on the respective sides of this question, and their examination has been extended even to the proprieties and decency of private practice. You have patiently heard all this testimony, the most, if not the only important part of which is that which relates to the utility and propriety of demonstrative midwifery as a means of instruction. We all have a deep interest in the integrity and skill of the medical profession, a profession to which we are obliged to confide the objects most dear to us in life. Therefore we feel and acknowledge the propriety of the use of all legitimate and appropriate means of acquiring that skill upon which our happiness and hopes may in a great measure depend. The world of suffering humanity are much indebted to the sleepless enterprise and ingenuity which is constantly employed in inventing means and instruments to discover, overcome or alleviate, those disorders to which our physical natures are subject. It is true that the application and use of some of those means and instruments, which we have heard described, during the free and unrestrained examination of this case, may appear to be shocking to moral delicacy and modesty; and there is reason to fear that hundreds of these frail and fair beings, on whom the refinement and happiness of social life so essentially depend, yearly go down to premature graves under the influence of those false ideas of delicacy and modesty. We all know that beauty, delicacy, modesty and virtue, cannot save their possessors from disease, pain and death; and it is the duty of the fair invalid, if not for her own sake, for the sake of those who love her, and whose happiness depends so much upon those kind offices which she alone can perform, to submit to such curative means as the necessity of her case may demand. The necessity and propriety of the means, she must confide to her physician. It is, therefore, highly important that the physician should have the moral and professional qualifications to render him worthy of the sacred trust. In this submission the fair patient does not discard her delicacy, sensibility and modesty; these guardians of female virtue may be compelled to step back for the occasion, but they stand around her like Diana's Nymphs while she is bathing; and let the practitioner make one significant manifestation of an unholy thought, and they rally around the insulted one, and the wretch is expelled from the confidence he has abused, and ultimately from the profession he has disgraced.

There is one character given by the publication to the demonstration alluded to, which I am glad that no witness or advocate has attempted to justify. I refer to those expressions which impute to the demonstration a quality or tendency to excite or satisfy in the class a *meretricious* curiosity, or to gratify their salacious stare. These expressions convey a slander upon human nature, and all the representatives of low and vulgar thoughts, which, although they may have been drawn from a mind generally deep and pure, must have been accidentally taken from its dregs. It is unnatural and impossible that the pains, agonies and contortions of a parturient woman should excite in the mind of a human being libidinous sensations, or create any other feelings than those of sympathy, pity, and a profound and reverential wonder why she should be

doomed by nature to accomplish the great object of her existence through sorrow, pain, and even danger and death. I sincerely hope that Dr. Loomis did not appreciate these loathsome expressions, when he encouraged or approbated the publication containing them. It cannot be that he intended such an imputation upon the tendencies of a profession of which he is himself a prominent and honorable member. If true, it is as applicable to the profession in practice, as to a class of graduating students; as applicable to a class the day after graduating, as it was the day before. Miserable indeed would be the relation between the public and that highly useful and honorable profession, if such suspicion had any foundation in truth. But reason, as well as common observation, unite in refuting the slanderous imputation. It is inconsistent with that uniform relation between cause and effect which is manifested in all the works of nature, that disease, pain and the loathsome accompaniments of sickness should excite sensations agreeing only with health and vigor. Besides, it is believed that the medical profession, for honor, integrity and chastity, will not suffer by a comparison with any other profession or class of community equally numerous.

REMOVAL OF A LARGE PORTION OF THE TONGUE FOR CANCER.

[Communicated for the Boston Medical and Surgical Journal.]

I was consulted, in July, by a gentleman residing in the east part of the State, respecting a disease of the tongue, of two years' existence. The organ presented an ulcerated surface, with thickened edges covering the principal part of its right side, and extending back to the palatine arch. The pain was inconsiderable, but the ulcer had within a few weeks made more rapid progress, and the induration was extending, though fortunately more in an anterior direction than towards the pharynx; the left half was apparently in a perfectly healthy condition. As every rational method of treatment had failed, and the patient was anxious for its removal before surgical assistance must necessarily be ineffectual, and as the glands appeared sound and the diseased mass might be circumscribed, I assented to the patient's wish, and performed the operation necessary, July 13th, by ligature and the bistoury. It was done in the following manner, with the assistance of Drs. A. Welch, A. K. Smith, and A. S. Warner. A strong curved needle, similar to that of Petit, having an eye near the point, was threaded with saddler's silk, and thrust through the tongue from below upward and backward in the median line, between the two ranine arteries, the point entering as far back as possible behind the lower teeth, and appearing on the dorsum about three inches from its point, as drawn out by a towel to prevent slipping. With this silk, a strong ligature was drawn through doubled, which was divided, leaving two ligatures in its place. Using these to draw forward the organ, the tongue was transfixed by a curved bistoury, its point entering a little anterior to the ligatures below, and appearing on the dorsum half an inch anterior to them, and split to its apex, the incision inclining, however, a little to the right side, in order to save a

small portion which was sound. In doing this, the right ranine artery was divided and required a temporary ligature. An incision was now made, four lines deep, behind the cancerous mass, as a sulcus into which the ligature might fall which was to embrace the root. This ligature was then tied firmly with a single knot, and secured by a double canula slipped down upon it; the other ligature was then tied firmly with a double knot. The wound bled freely for a short time, and gave some uneasiness to the patient from the difficulty of ejecting clots from the fauces. The pain was severe for a few hours, particularly at the back of the neck, at the os hyoides, and along the track of the stylo-glossus muscle and hypo-glossal nerve, but by evening this had greatly subsided and he passed a quiet night and was much more comfortable the next day than I had expected to find him.

On the 14th, after feeding him with liquid food, the lower ligature was tightened, with a repetition of the pain in the neck and throat; which, however, subsided sooner than on the previous occasion.

On the 16th, I found that although many parts of the surface of the tongue were sloughy, and there was apparently no sensation, yet rosy spots, which had the appearance of possessing vitality, were discoverable; the ligature was therefore again drawn as tightly as possible. The pain returned as before, but was quieted after a time by ice held in the mouth and applied to the neck and throat. I was afraid that, owing to the difficulty of deglutition on the previous occasions, it would be now necessary to feed him through a tube; but this fear was, happily, not realized.

On the 17th he was quite easy, and took enough of nourishment, while all appearance of vitality had vanished from the tongue, now very offensive.

On the morning of the 22d, finding the ligature nearly through, and the pressure of the dead mass irksome, I removed the whole piecemeal, leaving a healthy granulating wound.

I had the pleasure of seeing this operation, in 1843, performed by Mr. O'Ferrall, an able surgeon of St. Vincent's Hospital, Dublin, though in his case less of the tongue was removed. He adopted a practice which had been recommended, substituting annealed silver wire for the ligature; but as the wire broke on twisting, it was removed with difficulty, and the ligature employed as formerly. Mr. O'Ferrall then advised that an incision should be made, to lodge the ligatures, and prevent slipping, though it was not done in his case. This advice I followed out, making the anterior one, from which there was no fear of hæmorrhage, so long and deep as greatly to facilitate the removal of the cancer and mitigate the suffering of the patient. The ligatures were inserted before the incisions were made, to give a more complete control of the tongue.

The gentleman left, a few days after, for his residence, the wound rapidly healing and presenting in every way a favorable appearance.

Hartford, Ct., Aug. 13, 1850.

P. W. ELLSWORTH.

POPULAR PHYSIOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

IT hath been said, and with truth, that a "little knowledge is dangerous." But whether the fault is in the "little knowledge," or the *vacuum* into which it is received, deponent saith not. It behooves all seekers after knowledge, whether true or spurious, to know this, that there is a point of danger—an ordeal to be passed, or at least arrived at, from which no one is exempt. He who would have much learning, must first be a sophomore. He who *gets* much learning, passes rapidly the "dangerous point," and scarcely discerns its fog in the distance. He who stops here, because he can get no further, has his *vacuum* full, and can imbibe no more. He who stops here to breathe, finds his goal; contented, self-satisfied, he desires no more, and he gets no more. All such are "*flats*," and so will ever remain.

Drink deeply, or taste not, lest you be one of the pedant tribe, and gape at mankind for ignorance of the element you have just learned; not dreaming that it and much more was known to them from babyhood, or that a camel has passed your pharynx; which camel is a hobby, that, fortunately, is sure to be ridden to death at last. The true sun light such men cannot see, but only *gas light*. Its coruscations break forth with a vividness that makes all others dim—though invisible to men with good eyes, and all others but the shortsighted. Ephemeral bubbles, long since exploded, rise to the surface, to be again inflated to bursting, and spatter their spray on zealous resurrectionists. The darling but ungrateful phantom disappears without residuum in a twinkling, leaving its astonished and mortified champion with nothing to defend but himself; the harder task of the two, and quite impossible. Henceforth he cannot be trusted for guidance, since to him all true light is darkness. His, is only marsh light, which is sure to plunge him and all others that follow, up to the chin in the mud and water over which it flourishes. Yet there is little blame for him, but pity for his idiosyncrasy.

Premising this, what a nuisance is physiology in common schools and common lecture-rooms. What an abomination are all these self-styled "doctors," going about preaching their balderdash "physiology," aided by innumerable newspaper puffs, certificates from (yet unborn) M.D.s and humbug mannikins. With these means they fleece crowds of men and women of time, thoughts and money wanted for more palpable purposes. With what commendable alacrity, hocus pocus, or legerdemain act of some kind, are the "only twelve and a half cents" withdrawn from human view, and safely ensconced in strong pockets. This preliminary over, the "lecture" begins; which means that the audience, with becoming gravity, and a sense of weighty responsibility, are informed that they are all "fearfully and wonderfully made"; whereat they are set all agog, and await with impatience the revelation of "awful disclosures." Next, a mysterious-looking coffee-bag, or some such thing, is removed, thereby exposing to view the wonderful "mannikin," which the audience are informed is a fac simile of a man; a piece of information much needed—for if like a man at all, it must be him of the moon

or other planet than this, since no such biped has yet been seen on this mundane sphere. Next comes the "dissection," which is accomplished manually, while by vocal means the recipients of knowledge are made to realize how much tribulation has been suffered (to obtain the mannikin) for their entertainment and instruction. A fact which cannot be doubted, for one can hardly rid himself of the idea that the possessor is guilty of having clandestinely abstracted its materials from some unfortunate toy-shop. Skin, muscle, bones, &c., are in succession learnedly demonstrated, until by these gradual means the unsophisticated audience are duly prepared to behold that most wonderful of all phenomena, to wit, the heart *in situ*. With protruded eyes, and mouths that threaten to swallow something more palpable than "instruction," the gaping victims are aghast at what looks for all the world like an apple dumpling.

Here, or about here, the lecture closes; the whole having been interspersed with vulgar anecdotes, said to be witty; by which it is clearly shown that all educated physicians are, and have been for two thousand years, a set of hygienic highwaymen—gull-catchers, who by means of their *pulveres*, *pilule*, *tincturæ*, black coats, painted buggies, and such like trash, have all this time robbed and gulled this gullible race: ergo, they (the Drs.) are a superfluity, a bane, a parasitic scourge, needed no more than a tree needs caterpillars. Away with them! What is more easy, forsooth, than for every man to be his own doctor, since no specific is needed, but only a panacea, furnished at a cheap rate? Yes! when each man can be the maker of his own watch, his own newspaper, his own almanac, but not till then, or rather not *even* then, can he be his own doctor.

Now, more good is done by the said anecdotes than was at first intended, since they elucidate the lecturer more than the lecture. *He* is to all men of sense the true "gull-catcher," a sycophant, a feeder of vulgar ignorance, of base prejudice and baser passion, so that he may thereby feed himself. To men of weak minds, he is a pioneer reformist, a self-devoted philanthropist, deemed by them worthy of windy "resolutions," silver medals and such-like trinkets. By the way, this difference of opinion is pathognomonic, whereby men of sense may be at all times diagnosed from men of nonsense and imbecile minds; a fact which cannot be hidden, and of which much use ought to be made.

Now it is plain that this kind and mode of teaching is only evil, and that continually. To the profession, and such men as do not assume to be what they are not, it is annoying and savors of disgust. But the ignorant, the novelty-seeking and dotard, see what it does to him. With what anxious solicitude and pious devotion he wastes his time, and what scrap of intellect he has. It is to him a matter of conscience—aye, it is his religion, of more consequence to him than pure gospel; he knows no higher salvation than that of the body; he cares little what food nourishes the soul, if the stomach gets its proper *pabulum*:—holiness, versus beef and potatoes. The bible is to him of little worth, compared with knowledge got from quack advertisements and pamphlets adorned with cuts said to resemble livers, lungs, windpipes, &c., for these are the sum of his knowledge. But his piety does not make him selfish; for his

morbid feelings flow out as certainly as they flow in. That men are such hardened sinners as to swallow their beef and potatoes without knowing or caring what becomes of them, is to him a source of deep regret. Determined he is, that such as he can control *shall* know what becomes of them; and what the stomach, liver, spleen, and other viscera have to do therewith. The stomach! forsooth, what does *he* know of it, except as a convenient place to put such food in as he may find himself able? Of the liver, he has ocular demonstration, since being a liver himself, he meets it anon in his masticatory exercises. Of the spleen, he knows there is one, from the ominous function it is said to perform. This constitutes the sum total of his knowledge, anatomical and physiological, for with all his profundity he could not for the life of him tell what his pancreas does, or even that he had one. With what perseverance and pseudo-kindness he instils his "religion" into his children—with quack pamphlets for a catechism, and some half-fledged "popular physiology" for a bible; not only depriving them of useful instruction or healthy recreation, but inflicting them with an unmeaning conglomeration of words—torturing their vocal apparatus into most unnatural and fantastic shapes, which seriously threaten maxillary luxation.

The proverb that "we cannot know too much," has of late so obtained, as to grossly misdirect many, to the no small injury of themselves and others. They forget, or never knew, that counter-proverb, that "we cannot know everything." Hence they deem it of little consequence with what they begin; whether with the most abstruse science or the elements of education. Whether with Greek, Latin, chemistry, physiology, or the alphabet and multiplication table. They would have pupils "*finish* their education" before it is begun, and make it a jumble of rubbish. A church is not complete without a tower; yet who thinks of building this first of all, or even last of all, unless the substructure and furniture has been first provided for. Try it and see what would come of it, besides a bona fide "jumble of rubbish;" precious little, be assured. Besides, what if this appendage be not erected at all? are not all the purposes (except show) for which the structure was intended, answered as well? So in the structure of education, let us lay the foundation deep and strong, erect the main building, and furnish it, before we begin to *tower*.

No disparagement is here meant to the higher branches of learning—from it. But they should be *added* to the practical and fundamental, not *substituted* for them. Now this custom of teaching shallow brains, and children, physiology by means of prelectors and school-masters, or by any means whatsoever, is absurd. Shallow brains and children—for none but these are found among its victims; since all men of sagacity and good sense have an eye to what may be useful in some possible way. It is to these latter men that we are to look for whatever is to be done towards removing this absurdity. That despised species, called swine, have at least one amiable quality, viz., that of contentedly feasting on whatever is set before them, without regard to quality or flavor: never turning up the nose, unless it be to open the mouth the wider. Equally insensible is the mental palate of many honest, weak-minded persons, who eagerly de-

your whatever mental food is set before them, caring little for condiments unless they be of stimulant or saccharine nature. This fact is of utmost importance—worthy of serious consideration by State legislators and school committees—men who have the power, in no small degree, of regulating the mental diet of the honest ignorant and of children; the only ones liable to suffer from this huge mistake. It is only by taking advantage of the fact just named, that there is any discernible hope of remedying the evil we are now deprecating. Using argument or moral suasion to induce dumb canis not to eat poisoned meat, would be folly; if you would save him, take it away and give him good meat. So in supplying the mental palate of such as have no choice of their own, give them what they can digest and assimilate—what will nourish and fertilize the mind and prepare it for more intricate knowledge; not what will confuse and derange the thinking powers, stunting their growth and producing *mental dyspepsia*.

Precisely *how* the mouths of these erratic prelectors are to be stopped, does not yet appear. If they must have their livelihood, and will not have it except by false pretence, some provision should be made for them by the State, whereby it might be honestly earned, by some useful employment, as picking stone or oakum. No one yet thinks them worthy of a residence in the State Mansion at Charlestown, with food and raiment (*panis et aqua, braccæ albæ et rubeæ*) provided to hand. Yet, a home furnished for them in some less noted Institution, under protection of Government, would doubtless be beneficial to them and of infinite service to others.

I. F. GALLOUPE.

Lynn, August, 1850.

DROPSY OF THE SCALP.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the subjoined case of sufficient interest, you may admit it into your Journal.

Called to attend on Mrs. W., in confinement with her sixth child. Found vertex presentation, face looking forward, puffiness of scalp, bones of head hardly to be felt. Labor made slow advances, and soon the head came to fill the inferior strait so completely, that after waiting four hours I found that no progress had been made. Satisfied that the effused fluid was the obstructing cause, and laceration of the perineum to be feared if the head passed as it was, I decided to puncture the head, which I did over the anterior fontanelle, when there was a gush of water. Labor advanced, and in twenty minutes was completed. The child was born alive, and the dropsy is entirely removed, although for some days a continuance of fifteen minutes in one position would cause a collection of quite a quantity in the depending part of the head. The mother is a very small woman, and the weight of her other children at birth was between 4 1-2 and 5 1-2 lbs. This one was 10 lbs. There was no action of the kidneys for the first twenty-four hours.

Query—What was the origin of this water?

Hebron, N. H., August 2, 1850.

T. GILMAN SIMPSON.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, AUGUST 21, 1850.

EDITORIAL CORRESPONDENCE.

Brussels.—In ten hours and a half, the traveller is conveyed from Paris to the capital of Belgium, a beautiful, quiet, industrious city, presumed to have about 150,000 inhabitants. The distance between the two cities is 229 miles. Such fields of rye, oats, and other grains, as may now be seen the whole distance, ripening for the harvest, are not frequently met with. It is not uncommon to pass thirty or forty acres of poppies, which are extensively cultivated through the whole northern part of France. Immense fields of red-beet are also growing, neatly weeded and thrifty. They are probably for the sugar manufacturers. Fields are neither divided, nor the landscape marred by fences, in any direction. By the side of the railway track there is a slight barrier of small stakes; but otherwise, as far as the eye reaches, on either side, not a hedge, ditch, wall, bush or divisional line between estates can be seen. The appearance is much like that of the beautiful prairie regions on the Iowa side of the Upper Mississippi.

This Brussels, called by the people themselves *Bruzelles*, is a babel for languages—almost every tongue being spoken. It is a source of amusement to a new comer to listen to a conversation between persons from different countries—for it scarcely matters in what dialect an answer is given to any question, as each one appears readily to understand the other. All eatables and drinkables, before passing the gates to feed the residents of the city, pay a tax, collected on the spot daily, which is a source of great revenue, and constitutes a part of the ways and means of conducting the municipal affairs. The same kind of tax is collected at Paris—the income being a vast sum annually—technically called the *octroy*, or king's eighth. Were the country marketmen disposed to show a decided hostility to this shameful imposition, and simply remain at home two successive days, the empty stomachs of a million and a half of people in the one city, and 150,000 in the other, would perhaps lead to a repeal of this obnoxious ordinance. A preparation of passports, and the detention of a train of cars, filled with strangers from all sections of the civilized world, till their trunks, one by one, are taken into a building and examined by various officials wearing bear-skin caps, pewter buttons and red cotton epaulettes, who thus make a show of the mighty consequence of the kingdom, are annoying almost beyond endurance. When fairly in the city, however, various objects of interest soon offer a kind of compensation for the trial passed through on the way. Lace-making, on the whole, is the most extraordinary of all the manufacturing carried on in Brussels. A comparatively small building, visited to-day, employs, in and about, said the man of the yardstick, thirteen hundred females, whose average daily wages, for fourteen hours labor, was seventy-five centimes, equivalent to only fifteen cents. One collar, now being made, scarcely two inches wide, by a quarter of a yard in length, will require nine months to complete it. It is ruinous to the eyes, yet no complaint was uttered in regard to the influence of the business upon the general health of the poor operatives. Two American ladies, present on

the same occasion, said that laces like those exhibited to them were not seen in the United States. Few or none could afford to purchase them, and hence they are principally disposed of among the nobility of Europe, whose wealth is equal to the demands of taste and luxury. A magnificent bronze statue of Vesalius, stands in one of the public squares. The inscription is quite indistinct; but a courier, a travelling servant of the writer, said it was *one grand doctor who made de first markery—de man what invented an-a-tom-y.*

Among the institutions which exhibit to advantage the christian charity of the metropolis, are the hospitals. St. John's is a model edifice, and comes nearer to the external and internal organization of the Massachusetts General Hospital, than any other yet seen. Six hundred patients can be well accommodated. Three hundred are not very frequently registered at any one time. Fractures are admirably managed with gutta percha splints. A mass of gum is perpetually kept in hot water, for instant use. The bones are placed as they should be, kept in position, and the soft gum fitted to one side, generally the under. As soon as it cools, it becomes as firm as plaster, and then the upper half is, moulded in the same manner. No bandages are required—and one of the advantages of the gum splint is, that either half can be removed for inspecting the condition of the part, without disturbing the process in which nature is engaged. St. Peter's is another large, well-ordered hospital, creditable to the country. Dr. Seutin is the leading surgeon of the city—being referred to as a very distinguished operator. Dr. Wytterhoeven is the first surgeon of St. John's Hospital.

In Brussels there is a University organized for giving a thorough and polished education. A school of medicine is embraced within its charter, having a strong and learned faculty. Lectures are given, in the proper season, and well sustained. To become a doctor of medicine is no everyday matter: there are two terrible examinations. Dissections are prosecuted even at this time, the middle of July, which shows that all the ardor in anatomical pursuits is not confined to Paris. A catalogue of the professors could have been given, but they are intolerably difficult to pronounce, and far from being easy to write. A poorer cabinet of anatomy, morbid specimens, and wax models, has not come under recognition in any country. Some effort should be made to have the collection more worthy of the reputation of the medical department of the university.

Possibly some of the communications to the Boston Medical and Surgical Journal, from Europe, may have miscarried. If so, future recollections must supply any links in the chain which may be necessary. Whether or not mention has heretofore been made of the Institute of France, is out of mind;—however, it is not much out of order to remark, in this place, that in point of dignity, while in session, that very grave and learned body will not compare with the Royal Society of London. The meetings are held, in Paris, in an enormously large building, laden with pictures, statuary and books, perpetuating the expressions of countenance, and the literary and scientific fame, of Frenchmen. All the world is permitted to be present, on side benches, till some business exclusively of a private nature is called up, when the vulgar spectators are requested to retire. Those having discoveries to announce, processes in the arts to develope, or, in short, any thing to say or do for the advancement of science, go there and read their own papers, the members sitting patiently while many a soporific dose is administered by ambitious aspirants for fame. M. Elie de Beaumont, at the head of the School of Mines, a modest, excellent man, in private con-

versation spoke of Dr. Chas. T. Jackson, of Boston, in terms of warm commendation, as being highly esteemed as a chemist and geologist—and further observed, the Institute had awarded him a sum of money, the maximum amount ever given to a great discoverer. Etherization and Boston are words intimately connected in the minds of foreigners interested in that most extraordinary aid to surgery. On learning the address of a Bostonian, "What!" they will say, "where ether was first employed?" Or, "O yes, Boston, celebrated for the discovery of the true use of ether," &c.

When the Royal Society is in session, at the apartments in Somerset House, London, a monstrously large gilded crown is placed on the table, and a small gold salver with three golden cups upon it. The secretaries sit while reading papers sent to the society—and being mercifully disposed, generally read only the title, and give in a few words a synopsis of the contents. The president, presiding with his hat on, rises on the conclusion of the secretary, and says in a small, almost inaudible voice—"Shall thanks be given to Mr. — for this paper?" and resumes his comfortable chair. Lord Rosse, the president, is known abroad for the devotion he has paid to the advancement of astronomical science, by the construction of a monster telescope. The elder Herschel's forty foot telescope lies on the ground at Slough, on the road from London to Windsor Castle, divested of its reflectors and external rigging. At a little distance it resembles a steam-boiler.

Digressions being allowable under the circumstances attending the writing of this and former notes, it may be mentioned here that the National Assembly of France, was visited and found to be more noisy than the English House of Commons, and was inferior in dignified deportment to any legislative body in the American Union, when an excitement has been created. The president has a good sized bell before him on the table, which he rings to preserve order, by touching a lever, as often as the din of voices becomes too much for his own ears. Each speaker goes from his seat to the tribune, a mere desk, a few feet lower than the presiding officer's, and faces the members, as often as he addresses the house.

Writing Prescriptions in English.—In consequence of the liability of apothecaries to misunderstand the wants of the physician when his prescription is written in Latin, and for the further simplifying of the medical and chemical nomenclature, it has been suggested, by some of our distinguished physicians, that the writing of all prescriptions in plain English might obviate many of the existing difficulties. At the meeting of the American Medical Association which was held in Boston last year. Dr. John Ware, of this city, brought the matter before the Association, and also advocated the movement at the last meeting of the Suffolk District Medical Society. A Committee was chosen by this Society to consider the expediency of adopting the English language in writing prescriptions, and of simplifying the nomenclature of chemical and elementary medical substances. This Committee consists of Drs. John Ware, D. H. Storer and Geo. Stevens Jones, who are to report at the next meeting of the society. To depart from ancient custom, and begin *de novo* in our method of prescribing, certainly demands careful consideration. In the first place, will the proposed change make the prescription more intelligible, or the apothecary better qualified to dispense it? And secondly, will not this very innovation have a bad tendency upon the minds of the patient? Would not many of our patients object to taking calomel, when they would not object

to sub-murias hydrargyri? The practitioner who enjoys a high reputation, and who has a choice of practice, and besides is independent in pecuniary matters, can generally make his patients do as he pleases; but the young and almost penniless physician has every thing to lose, if he offends the patient or his friends. In such cases it may be considered the plan proposed would act unequally. There can be no doubt that the measure has been proposed and advocated for the common good; and if we can be convinced that it would have that tendency, we shall cheerfully lend our aid in the endeavor to accomplish it.

The New Hampshire Journal of Medicine.—This is the name of a new Medical Journal published in Concord, N. H., which is to be devoted to the interests of the profession within the State, and therefore may be strictly termed a State Journal. Its object is truly a good one, and if the profession within its district respond promptly to the appeal made by its editor, there cannot be any doubt that it will take its place among the Journals devoted to similar interests. It is to be edited by Edw. H. Parker, M.D., and published monthly by G. P. Lyon. Price \$1 per year.

Harris's Principles and Practice of Dental Surgery.—This work, by Prof. C. A. Harris, of the Baltimore College of Dental Surgeons, is doubtless the best on dentistry that has ever been published. This is the fourth edition, and is published by Lindsay & Blakiston, Philadelphia, and Phillips & Sampson, Boston. No better evidence of its appreciation by the dental profession can be given, than the demand which it has received since the first edition was published. The present one has been much improved by the addition of several chapters on filling the teeth, and on mechanical dentistry. We believe all that is known upon the science is embodied in the work. The high authority of its author, together with his known zeal in the cause of teaching dental surgery, is sufficient evidence of its correctness, and must cause those who wish to perfect themselves in the dental art, to value it very highly.

Rush Medical College.—The annual commencement of the Rush Medical College, at Chicago, Illinois, session of 1850-51, has been received. It would appear that the trustees and faculty are determined to make their institution attractive to the medical student. The collective fees for the whole course have been reduced to the very low sum of \$35.00, so that all who would be doctors, can have no good reason for neglecting the regular and only true way to acquire a medical education. Those who have made the assertion that none but the *rich* have any chance in passing a medical education, no doubt will be pleased at this announcement of liberality on the part of the trustees and faculty of Rush Medical College. There were 117 matriculants and 42 graduates at the session of 1849-50.

Palsy and Apoplexy.—“On the causes, nature and treatment of palsy and apoplexy, &c. By James Copland, M.D., F.R.S., &c. &c. Philadelphia, Lea & Blanchard. Boston, Ticknor, Fields & Co.” This work is eminently adapted to meet the wants of the profession, in aiding them in their diagnosis and treatment of paralysis. Dr. Copland is considered one of the

best pathologists now living, and whatever is written by him can be depended upon as truth. The greater part of this treatise on palsy was published some time since in his Medical Dictionary (which, by the way, is still unfinished); and the remainder formed the Croonian lectures for 1813-47 at the Royal College of Physicians and Surgeons. The whole, as connected in this volume, will be read with great interest, as its author differs somewhat from other pathologists on the subject discussed, offering many ingenious arguments to explain his theory of the connection between palsy and apoplexy.

Medical Miscellany.—The Board of Health of St. Louis, upon the theory that limestone water causes cholera, have ordered the handles to be taken from the pumps in the city, to prevent the use of such water.—The White House at Washington is said to be so unhealthy as a place of residence, that Mr. Fillmore has hired for the season a small house in Georgetown.—A family in Keeseville, N. Y., were lately poisoned by eating greens made from the leaves of the common rhubarb, or pie-plant. One individual died, and the rest recovered.—A solution of the *Rhus copilanus* has been successfully used by Dr. Hunton, of Hydepark, Vt., in the treatment of hæmorrhoids—applied with a feather or camel's hair pencil to the tumors.—It is said that Prof. Webster remains calm and apparently resigned, spending much of his time in reading religious books. His family live entirely secluded, and in ignorance of the day appointed for his execution.—The Society of Dental Surgeons, of the State of New York, will meet in the City of New York on the 2d Tuesday of September.—The American Society of Dental Surgeons met at Saratoga on the 2d Tuesday of August.

TO CORRESPONDENTS.—Dr. Williams's dissertation has been received, and will be inserted.

MARRIED.—In Nantucket, July 20, by Rev. Wm. H. Channing, of Boston, Dr. Wm. F. Channing, of Boston, to Miss Susan Elizabeth Burdick, of Nantucket.

DIED.—At his residence, Worcester, Otsego Co., N. Y., after a severe and protracted illness, which he bore with Christian resignation, Dr. Uriah Gregory Bigelow, aged 55 years.

Deaths in Boston—for the week ending Saturday noon, Aug. 17th, 79.—Males, 44—females, 35. Accidental, 1—disease of the bowels, 6—inflammation of the bowels, 2—disease of the brain, 1—bronchitis, 1—consumption, 5—convulsions, 4—cholera infantum, 4—cancer, 1—canker, 2—croup, 1—dysentery, 17—dropsy, 3—dropsy of brain, 5—drowned, 1—lung fever, 1—hooping cough, 1—inanition, 1—infantile diseases, 5—disease of the liver, 1—marasmus, 2—measles, 1—old age, 2—smallpox, 1—suicide, 1—teething, 6—unknown, 2—ulcers, 1.

Under 5 years, 50—between 5 and 20 years, 4—between 20 and 40 years, 10—between 40 and 60 years, 6—over 60 years, 9. Americans, 37; foreigners and children of foreigners, 42.

The week ending August 13, 1849—257 deaths, of which 111 were by cholera.

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South Carolina Medical College.—The Catalogue of the Trustees, Faculty and Students of the Medical College of the State of South Carolina, and the announcement of the session of 1850-51, has been received. It appears from the circular, that Dr. S. H. Dickson, late of the New York University, has again resumed the Chair of Professor of the Institutes of Medicine. Dr. Dickson is an able lecturer, and the re-appointment to his former position in this school, must be as flattering to him, as his services will prove valuable to his colleagues and the students attending the lectures. The number of students for 1849-50 was 174—62 of whom received the degree of doctor in medicine at the annual commencement.

Spurious Pregnancy, followed by Spurious Parturition.—Dr. KEILLER communicated to the Edinburgh Obstetrical Society the particulars of a case in which the symptoms of spurious pregnancy, and subsequently, those of spurious parturition, existed to such a remarkable degree, as to induce the patient and her friends not only to prepare for the expected accouchement, but, when the supposed full time arrived, to believe in the actual commencement and continuance of a very painful labor, which ultimately became so protracted as to demand, according to the opinion of the attending accoucheur, the immediate and unavoidable performance of the *Cæsarian section!*

Dr. K., having been requested to visit the case for the purpose of satisfying the friends of the patient as to the propriety of having recourse to such an extreme mode of accomplishing the delivery as that which had been seriously proposed to them by the individual in attendance, was astonished to find, on making an examination, without any misgivings as to the parturient condition of the patient, that all the supposed symptoms of pregnancy and of parturition had been, and were still, *entirely spurious*, the uterus being evidently unimpregnated!

This startling opinion was anything but credited at the time by the females present, who altogether ridiculed the idea of the case not being one of "*real labor*," as the motions of the child had long been not only distinctly felt but even seen "through the walls of the much-distended abdomen," the patient herself insisting that the child's movements were so violent that she felt "as if it would leap through her side!"

The result of the case, however, sufficiently proved that her painful attempts at delivery could not possibly have been rendered less futile by the *Cæsarian section*, or any other obstetrical aid, as pregnancy never had existed!

The patient remained for a considerable time afterwards under the immediate care of Dr. Keiller, who stated that he considered the entire group of anomalous symptoms (which she presented in a very singular degree, and which he purposes recording) in a great measure referable to hysteria.

Health of St. Louis.—Since our last issue, the bills of mortality have shown a great increase of sickness and death in our city. Disease has, however, been chiefly confined to children and to those living in unhealthy localities, on the outskirts of the city. The cholera which has carried off a large number lately, has not extended beyond the ill-cleansed districts in the north-western portion of the town, and is now represented as rapidly diminishing. It has not yet prevailed, nor is it likely to prevail, as an epidemic here, and with the appearance of cooler weather, it will doubtless subside entirely.—*St. Louis Probe.*

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A DISSERTATION ON "FEMALE PHYSICIANS."

[Read before the Clay, Lysander and Schröppel (N. Y.) Med. Association, June 6th, 1850, by N. WILLIAMS, M.D., and published by request of the Association.]

GENTLEMEN,—The recent agitation, in this country, of the subject of "female physicians," the extent to which it has been carried, and the effect which it is calculated to produce on the profession and community, are considerations which seem to require more than a passing notice from those who can appreciate the wonderful adaptation of "means to ends," which the Author of the universe has so legibly written upon the face of all things. Happily for us, the subject is one which meets with no obstacle to a fair and impartial investigation, as no one can suppose, that, in our "generation," a set of doctresses are to rise up and order a surrender of the ground we have so long and so quietly occupied. That epoch may ultimately come, and the present dispensation entirely pass away; but "the end is not yet," nor is it probable that such a revolution will be witnessed by any one living at the present time. For one, I had always supposed that the male sex was the legitimate and exclusive heirs of the "healing art"; that its rights and obligations were emphatically and strictly our own, and that we, as a sex, are better adapted to it than our fair competitors. But if I am wrong in all this, if our title is not good, if we are mere squatters, or tenants at will, I shall, on the conviction of my mistake, use my utmost exertions to restore to the opposite sex the things that are hers. And after all, I am not aware that we shall be losers by the operation; for when the *crisis* comes, instead of educating *ourselves* and our *sons* for medical men, we will educate our *wives* and our *daughters* for medical women; and thus, what we may be denied on the one hand, may be restored on the other. And besides all this, when we as *men* have been "thrust out," and our places are occupied by the *fair sex*, may we not hope to fill the very stations which they now occupy? And if they are to turn doctors, lawyers, clergymen, &c., why may not we turn our attention to sewing, knitting, tending babies, and other household employment? Surely when they occupy our places, we must of necessity take possession of theirs; and when they become to all intents and purposes *men*, will we become, to the same extent, *women*. On the whole, then, we have nothing to fear from the agitation of this question, let the result be what it may. But, after all, there seems to be an inherent propriety or im-

propriety in all things, and if the question is to be discussed, I shall, as far as I may be able, determine it by this rule. To me, the proposition seems so evidently *absurd*, that a candid discussion could hardly be required; but inasmuch as our claim has been disputed, we will meet the case as it presents itself, and without any fears as to the result.

To us there is much of novelty in the title of "female physician," and I must confess, in relation to myself, I cannot willingly oppose those who aspire to the honor which such an appellation begets. But if there is an adaptation in nature, of one thing to another; if there is a particular sphere for each particular thing and a general law by which all things are governed and their appropriate office determined, then is it true that the language of nature should be interpreted, and her voice in this, as in all things else, should be obeyed. I assume, then, to proscribe no one, nor to dictate in relation to this matter; but to utter such impressions and such truths as a calm, unbiassed and rational view of the subject seems to warrant.

In saying, therefore, that I am unqualifiedly opposed to educating females for the medical profession, and that they are not constituted for an employment of this character, I utter a sentiment for which nature is responsible, and to whose testimony I shall appeal for the correctness of the position which I have taken. That the anatomy and physiology of the two sexes is mainly the same, that each is governed by the same moral and physical laws, and similarly affected by surrounding circumstances, is true in a general sense; but still, there are exceptions to all this, and peculiarities in every particular which must not and cannot be overlooked. Had the offices of the two sexes been identical, and the sphere of the one the legitimate province of the other, then where would have been the necessity of any difference whatever? Man, having precisely the same duties to perform, the same ends to accomplish, and the same ultimate destiny to fulfil, should have been constituted with the same powers and capabilities as woman. But not so; there is a vast difference, a wide "gulf" in the instinctive faculties, tastes and propensities of the two sexes, and which declare to each, with all the force of philosophic truth, "thus far and no farther shalt thou go." In this light of the subject let us inquire, do *females* possess *equal* talents and facilities, with *males*, for the medical profession? To the solution of this inquiry, I will submit the following propositions, viz. :—

1st. The practice of medicine is necessarily a *laborious* employment. It does not simply consist in riding about in an easy carriage, from patient to patient, whilst the weather is fair and pleasant, and all nature is rejoicing, to the surrender of its claims when the elements are boisterous and forbidding, or when "tired nature's sweet restorer, balmy sleep, its ready visit pays." With the ease and comforts of life, or the healthful and agreeable occupation of the corporeal and mental faculties, which generally pertain to other pursuits, the medical man is comparatively a stranger. The path which he treads, although strewn with occasional flowers, is nevertheless a rugged and irregular one. The regulation of his habits, of his rest, his meals, and intercourse with others, are often circumstances over which he has little or no control. These repeated

violations of the laws of health, save in the strongest constitution, are followed by ill health and a premature dissolution. Hence it is, that our bills of mortality exhibit so many cases of death from the ranks of the young and middle-aged members of the profession. And hence the necessity of the most robust and enduring physical constitution, as an important *prerequisite* of those who devote themselves to the healing art. To me this is a point of no small moment, and one which should never be overlooked in determining whether this or that individual is endowed with the requisite qualifications for a successful practitioner. If it be the misfortune of our sons to inherit feeble and delicate constitutions, better, by far, that they be educated to agriculture, or the work-shop, than to any profession, and much less the medical. The husbandry of a farm, or the steady application of the tools of a shop, will contribute much to strengthen and fortify the most slender bodily frame; but not so with the practice of medicine. The diligent pursuit of the one is healthy; the other, unhealthy. It is a mistake, therefore, that our puny young men should be trained to a profession; and a still greater one, when they are educated for that of medicine. To what conclusion, then, must we come with reference to an entire sex, who are naturally more *delicate* than ourselves? Most certainly, if corporeal hardship and privation are the necessary consequences of the medical profession, that the *male* sex is better qualified in this respect to discharge its duties than the *female*. And if so, then with what propriety do our fair competitors lay claim to an employment, for which they have not the same requisite qualifications as ourselves? I dare not say that they have been designed for any vocation for which Deity has not furnished them with the most ample qualifications. For this reason, then, the argument appears to me conclusive.

2d. *Marriage* is a natural and divine institution, and its duties by females incompatible with the practice of medicine. Imagine, if you please, a female physician, who is the mother of a large family of children; or suppose she has no more than two or three. I submit, whether even the smaller number does not present cares and responsibilities, which a humane mother would not and should not transfer to another? She may, it is true, thrust them from her even at their birth, and smother all those warm and instinctive emotions which emanate in the bosom of a mother; but she ever does it at the peril of her own happiness and that of her offspring. To others, the superintendence of the nursery may be irksome; but to a mother who is a mother, the task is one which affords the greatest pleasure to her. The same fountain whose waters are "bitter" to all others, is one whose draughts are exquisitely "sweet" to the kind and affectionate mother. But suppose it were otherwise, that the same offices could be performed by the *artificial* as the *natural* parent, and with equal fidelity to the child; do not the circumstances of *gestation* and *childbirth* present difficulties, which could not be surmounted by a female under such embarrassments? But I need not extend the argument, for the bare mention of the thought of married females engaging in the medical profession is too palpably absurd to require any exposition. It carries along with it, a sense of shame, vul-

garity and disgust. But it may be argued, that those who are destined for the profession should avoid the marriage covenant, and hence these objections will be obviated. Such, I believe, is the course of Miss Blackwell, and some others, who have openly declared their own consecration to a life of celibacy, that the world may be benefited by their labors in the department of medicine. Wonderful beings, truly! Such philanthropy, such disinterestedness, and such a sacrifice on the altar of public good, will waft their names down the current of time, *long* after those who opposed them have been forgotten. But the avoidance of the marriage contract does not, after all, take the argument out of our hands; or if it does, it leaves another in its stead. It may be the removal of one of the horns of the dilemma; but let us see whether it is not the exhibition of another? Marriage, it will be acknowledged, is a *natural* state of the two sexes; consequently, the reverse of this is an *unnatural* one. And if it be a divine institution, then must its avoidance, *ceteris paribus*, be morally wrong. The conclusion of the whole argument, then, is, that the marriage condition is not compatible with the duties of a physician so far as regards females, and that its refusal is *naturally, religiously and socially wrong*.

" Brutes find out where their talents lie,
A bear will not attempt to fly;
A dog by instinct turns aside,
Who sees the ditch too deep and wide.
But man we find the only creature,
Who led by folly combats nature;
Who, when she loudly cries *forbear*,
With obstinacy fixes there;
And where his genius least inclines
Absurdly bends his whole designs."

3d. Females cannot practise medicine with so much convenience to themselves and others, as males. This arises not only from their constitutional peculiarities, rendering hardship and exposure hazardous at particular times; but also from their habits and education. Imagine a call for one of these *model physicians* at the dead hour of night, and perchance some miles out of town. Does she repair to the stable, harness her horse, and hasten with all possible despatch to the residence of her patient? By no means. Her groom must at least deliver her carriage at the door under all circumstances, and must frequently attend her doctorship to the place of destination, lest some insult or injury befall her upon the road. But suppose her groom is absent at the very moment when his services are most required; or suppose, when he has fulfilled his office and has started the fair one on her journey, that she meets with a mishap and fractures her carriage or lacerates her harness. Can it be supposed that her surgical attainments would be as adequate to the emergency as those of the opposite sex? True, she may not go off in a hysterical paroxysm; but in my opinion, her surgical reputation would meet with a rebuff, which would blast it forever. If, however, she is amply provided for in all these respects, and has only to seat herself in a carriage and be driven from place to place, and from patient to patient, at whose expense is her coachman employed? Here is an *extra* charge, which some one must defray; and upon whom does it devolve, except

those who employ the physician? If the patient were a widower or a melancholy old bachelor, I know not as this would be an objection; but with most persons it is material what such expenses are. Which, then, is most competent to act the physician, so far as this qualification is concerned—the *gentleman*, who is independent and competent to perform the task in and of himself; or the *lady*, who must have an assistant to aid and attend her in her operations?

I do not deny that *females* can, under many circumstances, act the physician as advantageously, in all respects, as our own sex. Nor, on the other hand, will any one deny that they can perform much of the labor of the farm and shop, with as much or even more despatch than ourselves. But this does not prove that they should turn farmers and mechanics. And if a false and fastidious delicacy is any objection on the one hand, the same objection is equally good on the other. If the time has come for each sex to have its own physicians, we certainly have as much grounds for it as females themselves. But I hold to no such theory, nor will I admit that both sexes may with the same propriety be educated for any profession, much less that of medicine. The title can never be divided, and the treasure is the exclusive inheritance of one party or the other. To determine, then, in whose favor the verdict shall be given, we must examine the question as a *whole*, in a *comprehensive* manner, and with reference to the natural qualifications of the two sexes, as related to it.

4th. The *temperament* of females is less favorable for the medical profession than that of males. I shall not urge, that a special temperament pertains to each of the sexes; but rather, that, as a whole, there is a material difference in this respect. To the female sex, then, may be ascribed the *nervous* or *excitable* temperament. To the male sex, the lymphatic, bilious and sanguine are more common. The designation, therefore, of *excitable* and *non-excitable*, is something more than an imaginary line distinguishing the two sexes. I scarcely, then, need to add, that in a profession where the *utmost nerve* and *self-possession* are often required, the male sex is the most favorably constituted. Habit and education may do much to improve the temperament for this or any other department; but it cannot wholly supply the deficiency, or render the *artificial* arrangement of things equal to the *natural*.

5th. The bearing of phrenology upon the question under consideration, is adverse to the proposition of creating physicians out of the female sex. This conclusion follows, not so much from the direct teaching of the science, as what may be inferred negatively, or indirectly. Thus, Inhabitiveness and Philoprogenitiveness are much larger, comparatively, in *females* than in *males*. The love of home, and of offspring, are consequently more fully exhibited in the one, than the other. Indeed, they seem to bear sway in the mental constitution of females, and bring almost every other organ into uniform and harmonious subserviency. And, say what we will, or think as we may, it is in the domestic circle that woman's talents and virtues display themselves with the greatest brilliancy. In this sphere we love, cherish and admire her. And the day is not distant when her worth in her own peculiar province will

be more fully appreciated, and a brighter halo will illumine the brow of woman in woman's sphere. Her's is no menial office, nor the station she fills second to that of our own sex. The earliest impressions of life are her's, and the plants of deepest root, and most luxuriant growth, are those which her own soft hand has planted, ere the soil had deteriorated or been occupied with briars and thorns. The *first, deepest, brightest* and most *lasting* impressions of life, are emphatically her's. Surely, then, the fashion, character and moral complexion of society are determined by her own, and must continue to be till she abandons her own sphere and ceases to "teach the young idea how to shoot." And can she ask more than this? Is it not sufficient that she lays the *foundation* of all our moral, social and political institutions? Must she abandon the circle of her own virtues, the centre of her own being, and all that is graceful and lovely in her sex, to minister in those things and in a province to which she is a stranger? No. Rather let her be encouraged, aided and sustained in the department for which she is so well and happily qualified; and let her utmost faculties be exercised for the development of the various resources of her own sex. Science, literature and many of the arts are at her disposal; and with these may she exert an influence, when rightly directed, adequate to her most lofty ambition. But she must be content to labor in her sphere, rather than assume responsibilities for which she has no natural taste or affinity. When she does this, when she aspires to be the *competitor* of man, she must abandon all claim to the love, sympathy and affection which are so freely bestowed upon her. Let me caution her, then, against the least departure from the only circle in which she can move with honor to herself and the good of mankind.

The revolution which is contended for may be accomplished; but when *woman* has been once introduced within the theatre of man's prerogatives, to what point may she not be conducted? If she must enter the medical department, then may she go yet another step, and take her rank in the professions of law and theology. And when she has gone thus far, when she has abandoned all that is fascinating in her sex, and when modesty, gentility and virtue have fallen from her brow, then may she go still further and commence the indiscriminate discharge of any and every duty of life. In this sense, I am no advocate of "woman's rights"; but so long as the distinctive faculties of the two sexes are observed, and the original features of each maintained, so long will I labor for the fullest and most ample liberty for either sex. The truth is, nature has spoken in reference to this matter, and, for one, I believe in no compromises, conservatism or amalgamation, which she does not and will not approve. And notwithstanding there may be a few ambitious spirits among the fair sex, who disregard the natural order of things, and deny that "all things are best as the will of God ordained them," still it will be but a ripple upon the face of the deep, which will soon disappear.

Let us, then, in conclusion, cherish the "rights of woman," as reason, philosophy and science have pointed them out, having an ear to hear and a heart to feel, whenever her claims for our aid and sympathy

are presented. And, on the other hand, let *woman* not assume the prerogatives of *man*, by entering the arena and noisy business of life, for which she has not faculties in common with *man*; but rather let her, in her own sphere, seek to co-operate with him in every effort to improve, happy and elevate the race. Then, and only then, can we extend to her a word of encouragement for virtue, sympathy for suffering, and a wreath for the brow of genius.

“What if the foot ordained the dust to tread,
Or hand to toil, aspired to be the head?
What if the head, the eye or ear repin'd,
To serve mere engines of the ruling mind?
Just as absurd for any part to claim,
To be another in this gen'ral frame;
Just as absurd to mourn the tasks or pains,
The Great directing mind of all ordains.”

LATIN OR ENGLISH ?

[Communicated for the Boston Medical and Surgical Journal.]

WHEN it was proposed to inquire into the expediency of altering the present nomenclature adopted in writing medical prescriptions, from the Latin to English, I confess I was not a little surprised. I have been a member of the medical profession more than twenty years, and have yet to learn that any valid reason can be offered for the change in question. True it is that apothecaries occasionally commit great and fatal mistakes in putting up prescriptions; but I desire to be informed if those blunders have been made because the recipes have been couched in Latin. From the time medical men began to send to apothecaries for medicines to be used by their patients, up to the present moment, the Latin has been the medium of communication from the physician to the compounder of drugs and medicines. This is true, at least, in England and this country. The Latin may be said to be the vernacular language of medicine; and I believe every decent physician, and every apothecary entitled to that name, so regards it. It may be said that there are some members in the medical ranks who cannot write prescriptions in Latin correctly. That may be true. But who is ready to receive and to appropriate to himself such a left-handed compliment? If a medical man or an apothecary cannot understand the proper scientific name of this or that article used in medical prescriptions, neither would he be likely to comprehend what article was designated if an English phrase were used; and the ignorance of such practitioner or such compounder would afford just ground for his removal from the field of business which he occupies. To me it seems quite unphilosophical, quite unreasonable, quite ridiculous, quite contrary to the advancing spirit of the age, to attempt to legislate for the accommodation and easy advantage of those who may be either ignorant or reckless in regard to the subject in question. The medical profession pretends to be a learned one; candidates for admission into it are now required to have, among other acquirements, a *little* knowledge of the Latin; but if we adopt a course by which that little will be whittled away, shall we not commence upon a process of

reduction or descending which is incompatible with the respect that every physician ought to entertain for the profession of which he is a member? We shall hold out a flag with a motto upon it, "Medicine made easy." Let me ask, again, if the Latin is the great stumbling block in the way of the apothecary when in quest of a particular article in his shop? I trow not. His medicines are all labelled in that language, and if he puts his hand upon the wrong phial, the Latin is not chargeable with the fault. The Latin, then, may remain undisturbed.

If the ichthyologist speaks of a fish, he gives it the Roman cognomen; if the conchologist has occasion to mention the simple oyster shell, he resorts to the same time-honored and precise dialect; so also with the chemist, the mineralogist and the botanist. Indeed, the Latin, although long since dead as a national language, still lives as the language of science, and why should not the physician continue to avail himself of it? It is everywhere understood by everybody worthy of a standing and a name either as a medical man or an apothecary.

I have frequently conversed with apothecaries upon the foregoing subject. I have not met with one who desires the English dialect to be substituted for the Latin. They desire, and with reason, that a greater uniformity should prevail in regard to the true and proper technical words that should be used to express names of medicines. They have been taught to regard the Latin as the language of medicine; and it is an honor to them that they are not the prime movers for a change. Another thing they greatly desire; and that is, that physicians would write in characters that can be read. Some time ago I called at an apothecary's store. This apothecary is second to none in New England. He showed me a prescription that had been sent him three days previously. He was unable to prepare it, because he could not read it. The individual who wrote it was a distinguished physician and absent from the city; and no means of interpretation were available. Now the question very naturally arises, was this physician in the line of his duty to his patient or to the apothecary in allowing the prescription to go from his hands in such a style as above indicated? In the estimation of every sensible person, no subtraction of honor, or dignity, or fame, would be experienced by any medical gentleman from the fact that he always wrote his prescriptions in a perfectly plain, neat and legible hand. This method and style of making out a written prescription would save the apothecary a deal of vexation and embarrassment, and would take from him every shadow of excuse in case of blunder.

It seems to me that the proposed alteration is a sort of levelling, agrarian system, not called for in the present condition of medical science, especially in this region. Here, in this proud city—this Athens of America—may we not hope that every medical man, whatever may be his relative station, or the amount of his income, or the extent of his influence, will make it his study and his pleasure, even as it is his duty, to elevate rather than lower the standard of professional education in our midst. This, in my humble judgment, will afford the best safeguard against mistakes and against loss of life.

S. D.

Boston, August 24, 1850.

WRITING PRESCRIPTIONS IN ENGLISH.

[A CORRESPONDENT of the Bangor Daily Mercury, after mentioning the fatal mistake which recently took place in this city by an apothecary, who put up corrosive sublimate for calomel, replies to the arguments of those who seem to think if physicians' prescriptions were written in plain English, such accidents would never occur. His remarks upon the subject we think have much truth in them, and therefore we take pleasure in laying a part of them before our readers.]

So far from its being a cause of mistakes and errors that the *prescriptions* of physicians are written in the Latin language, it is much more probable that innumerable fewer mistakes occur than would happen if prescriptions were made up in the English language.

Those who so strongly object to the use of the Latin language for writing prescriptions to be sent to apothecaries' shops, ought to know the *systematic* and *officinal* names for the several articles in the mineral, the vegetable, and the animal kingdoms, are the same among all educated physicians, naturalists, and scientific men, throughout the civilized world; and those names are given in the Latin language, which it is presumed they all understand. And it is well understood that any regular physician or apothecary in this country or in Europe is capable of immediately and correctly understanding a prescription written in Latin, although, of all the modern living languages, he may understand only his own mother tongue, which may be English, French, Italian, Spanish, Portuguese or German. If the names of medicines were given to them by the people of these several nations only in their own vernacular, and consequently had to be translated into a foreign language whenever the apothecary who was to put up the prescription spoke such foreign language, mistakes and accidents would happen far more frequently than at present. It is indeed a very great good to have a common language for the names of all medicines, which is understood by every competent physician and apothecary.

As a general rule, every distinct substance has its own individual name which is given to no other substance—and it has no other in scientific nomenclature.

Such is not the case with our English names—the trivial or common names of the several substances; and this remark will apply to other modern languages as well as to the English. Thus, for example, there are no less than *three* different kinds of trees called *dogwood*, between New England and the Carolinas. In New England the *Rhus Toxicodendron* is called *dogwood*, and it is the only tree which is generally known by that name. But it is not known by that name south of New England, but is called *poison oak*, *swamp sumach*, and by some other names. In New York, and some other of the middle States, the *Acer Striatum* is called *dogwood*. But we in New England do not recognize it under this name; we call it *moose wood*. And in Virginia and the South, the *Cornus Florida* is called *dogwood*. But in the northern States this tree, when it is met with, is called *cornel tree*. The first and the last named of these trees are used medicinally by the regular

practitioners in the United States; and their names, with directions for their use, are to be found in the "United States Pharmacopœia."

Several years ago, a gentleman in Massachusetts, who was suffering from indigestion and debility, received from a friend a recipe which was said to be an infallible cure in cases like his. This recipe directed that two ounces of the bark of the dogwood should be steeped in a quart of water; and of this, a wine-glassful was to be taken three times a day. The Massachusetts gentleman determined to make trial of it; but feeling a little suspicious of the dogwood, as he had been severely poisoned by it, at different times, when getting his hay, he thought he would consult his physician before he should commence taking it. Upon inquiry, the physician ascertained that the recipe was originally prescribed in Georgia. By the bark of the dogwood, there, was intended the *Cornus Florida*, which is a valuable tonic, similar in its effects to the Peruvian bark from which quinine is prepared, and which is totally different from the *Rhus Toxicodendron*, the dogwood of New England, which is a virulent poison. Had not this discovery been made before the Massachusetts patient had had opportunity to prepare and take it, he probably would have added one more to the number of those victims whose lives have been sacrificed to ignorance or temerity. The use of the Latin name for the medicine would have been a complete safeguard in this case. * * * *

The most effective remedy for these evils is to require the apothecary to receive a suitable education, and to undergo an examination and receive a license before being allowed to put up medical prescriptions and sell medicines. And this is required in all the countries in Europe.

As to writing prescriptions in the Latin language, I hope sufficient reasons have been given in this paper to show it to be, on the whole, the best method. The scientific names, which are invariably given in Latin, are the same throughout this country and Europe, and cannot easily be mistaken nor misunderstood; while I trust it has been herein shown that the trivial—our common English names—are generally local and always liable to be misapprehended.

Probably no intelligent member of the profession in this country or in Great Britain, would contend that the Latin language should be used where the English would be equally accurate in designation and description, and equally free from the liability to error. Though pedants are to be found among medical practitioners, who use the Latin language when not necessary, and, who, in the severe language of one of the brightest ornaments of that profession, the late John Bell, resort to that language "because they think that a mouthful of nonsense sounds better in Latin than in their own vernacular tongue," yet pedantry is perhaps quite as little the fault of the medical profession as of the members of any other profession or calling among us. And I think the hard and too often ill-requited labors of the members of the medical profession, so readily rendered by them, should shield them from hasty and inconsiderate charges of carelessness and blame-worthy pedantry, when made, as they too frequently are, by those who are wholly ignorant of the labored and anxious precautions used by the profession to guard against mistakes and errors.

SUCCESSFUL EXTRACTION OF THE CHILD BY THE CÆSAREAN SECTION, AFTER THE DEATH OF THE MOTHER.

BY GEORGE HARLEY, ESQ., HOUSE-SURGEON IN THE EDINBURGH MATERNITY HOSPITAL.

CATHARINE DAVIDSON, æt. 39, unmarried, was admitted into the Royal Maternity Hospital, Edinburgh, in the beginning of March, 1850, being in the seventh month of her second pregnancy. She stated that she had been very delicate during her pregnancy, and complained of shortness of breathing in ascending stairs, and of symptoms of dyspepsia. Had menstruated last on 12th August, 1849, and expected to be delivered about the middle of May.

Being much troubled with swelled legs, and her face having a puffy, usually pale, appearance, her urine was tested ten days before her death, and showed no appearance of albumen on the application of heat or nitric acid, separately and combined.

Thursday, 25th April, 1850.—About 25 minutes to 11, A. M., I was summoned to the kitchen by the matron, as one of the patients was in danger of suffocation. My first inquiry was, "had she lately taken any food?" The answer was in the negative. On reaching the kitchen, I found Catharine Davidson sitting on a chair, in the washing-house, close to the kitchen door, supported by two of the other patients, with eyes prominent, lips becoming blue, respiration very hurried, with great effort and heaving of the chest; her countenance altogether denoting the most intense anxiety. All that she could say was, "I am gone! O, doctor, save me!" Hearing a distinct half crowing, half gurgling sound in her throat, I immediately ordered her dress to be loosened, and her stays torn off. She was now spitting up a brownish, glairy, semi-fluid matter.

We supported her, and got her up stairs to ward No. 4, having to stand still on the way several times, to allow her to recover her breath. As soon as she sat down in bed, I ran and prepared an emetic of $\frac{3}{4}$ ss. sulphate of zinc, which she willingly swallowed. Her symptoms gradually, though quickly, becoming more urgent, I proposed performing laryngotomy; she laid herself upon her back, and the operation was quickly completed. On bringing her head forwards over the bed, white frothy mucus ran out of her mouth, and some from the wound. There not being a tracheotomy tube in the house, I cut about three and a half inches off a full-sized flexible male catheter, and inserted it into the wound; but finding the mucus did not come readily through it, it was immediately withdrawn. I then repeated the emetic, as the former dose seemed greatly to have assisted expectoration, and in less than five minutes above eight ounces of white frothy mucus were collected in a vessel. The patient now became quite livid in the face, her eyes seemed starting from their sockets; and after tossing about her arms, and giving one or two gasping inspirations, she fell backwards insensible. The symptoms still simulating those of spasmodic closure of the glottis, or some other obstruction at the larynx, and thinking that the artificial opening was not large enough to admit sufficient air to carry on the respiration, or to allow her to expectorate freely, we pulled the bed to the nearest window, and I

immediately proceeded to perform tracheotomy ; but before the operation was much more than half finished, all attempts at respiration ceased.

The matron, a most intelligent person, having had her hand on the pulse, watching its decline, told me that it had ceased to be perceptible for some minutes. On touching the wrist, I found she was perfectly correct ; and, on putting my ear to the chest, I heard no pulsation at the heart. A single glance at the patient's face showed evidently that she was dead ; the frothy mucus was running out at the mouth and nostrils, the eyes were fixed, and the pupils dilated.

All hope of saving the woman being lost, my next thought was to save the life of the child ; so I again snatched up the bistoury, ripped down the patient's dress, and instantly made an incision in the mesial line, through the parietes of the abdomen, commencing a little above the symphysis pubes, keeping close to the right side of the umbilicus, and terminating a little above it. The uterus then appeared, and I proceeded to make careful incisions in it, to avoid wounding the child. In making these incisions none of the intestines came in the way of the knife, and there was very little or no bleeding from the wounds.

When the cavity of the uterus was reached, the liquor amnii escaped. I put the two first fingers of my left hand into it, laid the back of the knife against them, and cut downwards and outwards. One side of the nates now appeared. I then put the right hand into the uterus, caught hold of the first thing that came in the way, which happened to be a leg, and withdrew the child without any difficulty, the uterus not contracting round the neck.

The child, on extraction, looked beautiful and clean, as if it had been carefully washed ; it was to all appearance quite dead, no pulsation being felt either at heart or cord. I dashed cold water on its chest, gave it a rub, and then put my mouth to its mouth, depressed and pushed back the larynx, held the nostrils with the one hand, and pressed on the chest with the other, after each time that I filled the child's lungs with air.

After a few minutes I stopped to take breath, and during that time I applied friction and aqua ammoniæ to the breast ; and on using artificial respiration for some minutes more, the child's heart began to beat, and the pulsations in the cord became distinctly visible ; a ligature having been put upon it, the child was cut away. It was a male, weighing 6 lbs. 12 ozs., and measuring 18½ inches. Shortly afterwards I put my hand into the uterus, and peeled the placenta from the back part and right side of the organ, as it would not come away by pulling at the cord ; it weighed 1 lb. 4 ozs., and the cord measured 20 inches. The wound was stitched up, and the body removed into the delivery room, where the post-mortem examination took place.

Not more than twenty minutes elapsed from the time the patient was seized in the kitchen till all was over.

Autopsy, twenty-four Hours after Death. Present—Dr. Thomson ; Mr. Rolston, surgeon ; and Mr. Harley, house-surgeon.

External Surface.—Countenance livid, lips bluish-purple, eyes prominent, pupils dilated ; an incision 8½ inches long, extending from a little

above the symphysis pubis, keeping to the right side of the umbilicus, and terminating about an inch above it.

Pulmonary Organs.—Lungs pale and white at the margins, which were emphysematous, touching each other opposite the 2d and 3d ribs; six ounces of serum in the left pleura, as much, if not more, in the right, which was not measured, as some blood from the incisions made in opening the chest, had mingled with it.

On incision being made into the lungs, they were seen to be quite full of mucus, which exuded on pressure; the crepitation was very slight, in consequence of the œdema; a few hard substances like tubercles were found throughout their substance.

Cardiac Organs.—On opening the pericardium, four ounces of serum were found in it; it was otherwise healthy. Heart rather pale, weighing 14 ounces. Ventricles contracted, without any blood in their cavities; left auricle dilated; mitral valves cartilaginous, and scarcely admitting the point of the fore-finger. The corpora aurantii on the aortic valves were very much hypertrophied, preventing complete closure of the aortic orifice, and consequently permitting regurgitation. Right side of heart natural.

Larynx and Trachea both quite healthy; no vestige of any lesion, except the laryngotomy wound; epiglottis and vocal cords healthy.

Abdomen.—*Kidneys* full size and quite healthy. *Spleen* healthy and of usual size. *Liver* not examined. *Intestinal canal* quite normal. *Uterus* not contracted, the wound in its anterior surface quite distinct. Some urine being drawn off by the catheter, was found to be slightly coagulable by nitric acid, but not by heat, till nitric acid was also added. It was not changed by caustic potash and heat.

Examination of Head, twenty-nine Hours after Death.—Present, Dr. Keiller and Mr. Harley.

Skull thick, with dura mater adherent to it; no extravasation external to dura mater. Superior longitudinal sinus empty. On raising the dura mater, a quantity of serous effusion was found beneath the arachnoid membrane, and a large quantity flowed also from the spinal canal. *Brain* quite healthy, rather anemic than otherwise; arteries empty, and choroid plexuses very anemic; ventricles containing rather more than the usual amount of serum. Nothing could be detected in the brain to account for death.

From information subsequently received from the relations, it was found that, when 14 or 15 years of age, she had been confined to bed for a fortnight or three weeks with an attack of acute rheumatism. Four years ago she had had a severe cold, and had always complained more or less of colds since, together with shortness of breath on going up stairs, and occasional slight palpitation; during the past winter her cough had been more troublesome than usual.—*Edinburgh Monthly Journal of Medical Science.*

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, AUGUST 28, 1850.

EDITORIAL CORRESPONDENCE.

Antwerp.—At one period of its history, there was a population of 200,000 in Antwerp. At present there may be 75,000. There is an air of antiquity impressed upon the churches, the pointed roofs of the houses, and evident also in the construction of the public works. Enough has never been related by travellers, of the curiosities of Antwerp. Reubens and Vandyke, painters of universal fame, were native citizens. The house in which the first was born, his grave in the church, under an altar of his own designing, surmounted by one of his best pictures, are shown to strangers. That famous group of his family, viz., three wives, himself, father and grandfather, which Napoleon carried to Paris, but which at the end of seven years was returned, is suspended at the head of his tombstone. Think of a church tower, 466 feet in height, in which are 82 bells, one of them weighing 16,800 pounds, and requiring, before being injured, 16 men to ring it! This is but a moiety of the surprising part of the huge cathedral of the Notre Dame of old, neglected Antwerp. The body of the edifice is 500 feet long, 230 wide, and 260 high. It was commenced in 1422, and completed in just 70 years after. Those who have gratified themselves with a sight of the most splendid specimens of sculpture, cannot but acknowledge that the prodigious number of elaborate specimens of wood carving, in the houses of worship in Antwerp, are extraordinary exhibitions of genius and industry. A pulpit in St. Jacques, and another in the church of the Jesuits, are beautiful groupings of figures, full of grace, sweetness and beauty. Modern artists in marble cannot give more flowing drapery, or varied expression to the countenance, than meet the visiter in the hundreds of full-length figures, wrought wholly in wood, in the principal catholic churches of Antwerp. No American voyager, desirous of familiarizing himself with whatever is rare or extraordinary in art, while coursing over the extensive regions of the old countries of Europe, should omit a special mission to the northern sections of Belgium. Few persons, with the exception of seamen, appear to manifest much interest in this field of antiquities, or deem it worth while to look in upon the no less instructive, but often neglected Holland. A survey of the battle ground of Waterloo, and a contemplation of the mighty waste of human life there in a single day; a sight of the turf where Napoleon gave a last desponding look upon the broad theatre of blood and carnage, where his fortunes and his glory terminated on the same fatal day, were far less gratifying than the satisfaction derived from an inspection of the finest efforts of painting on the globe, suspended on the dilapidated church walls.—Such are the customs and hourly usages in these antiquated settlements, that many a time one finds himself unconsciously fixed bolt upright at the corners of the streets, nursing up the formidable winged caps of the women in wooden shoes, who make as much clatter over the sidewalks as a Long wharf truck. Priests in long black gowns, three-cornered hats and shoe-buckles, swarming over the town; the strangely spelt names on the signs; the shape of the windows of the queerest looking dwellings a poet could imagine;

the singular shape of the carts, and the advertisements on the collars of the horses; the crying of wares and vegetables; the sale of birds, puppies, fruits, poultry, and things with unpronounceable names; hand-organs and pandean pipes, accompanied by an almost infinite variety of novel arrangements in the social organization, keep up a singular kind of excitement in the system, till a stay of a few days begins to familiarize the eye and ear to these wide departures from the ordinary adjustment of analogous matters at home. Sunday in Antwerp, as in France, bears but little resemblance to a New England sabbath. Shops are open, carriages on the stands, omnibuses running, with military displays and martial music. There is mass in the churches, with delightful harmony, while all these discordant movements are transpiring without. Besides all these, there are other sights, perfectly astonishing, as common usages, but which will not very well bear relating.

Not a syllable has yet been advanced in reference to hospitals, medicine or its interests in Antwerp, for the reason that there is little to record. Holland affords a better and more fertile field, although the famous schools in that country, of which history makes honorable mention, have been eclipsed by those of modern days in other places. To be on the way to medical eminence, at one epoch, an education must have been closed or garnished by a matriculation at Leyden or Utrecht. Even Amsterdam had a medical reputation which extended over the civilized world.

Intelligence of ordinary events, owing to the low and crippled state of the press, is here sought for in vain. The miserable, slovenly newspapers, contain little but ordinances of government, a synopsis of local events, and flattery to the reigning power. On the Sabbath, July 7th, a monster balloon ascended from the Field of Mars, carrying a horse, mounted by a bold, daring aëronaut, which passed rapidly over Paris, at an altitude of more than a mile, and which subsequently descended in safety. That event was the only one worth reading in the papers during the month. Allusions to America, if introduced at all, are shorn of their original character, so that nothing satisfactory is gathered to show the leading features of the times. It is quite difficult, in the interior, remote from the cities, to obtain even these feeble cringing sheets at all. How is it possible to elevate a nation, to infuse a spirit of christianity or liberty, or rouse the slumbering energies of a people, without the agency of the press? Crippled and guarded with an untiring vigilance by all the governments of Europe, or rather the continental powers, ignorance and political degradation must continue, till some daring spirit breaks in upon the monotony, and again puts in motion powers now nearly dormant.

Medical Education—The New York Medical Gazette.—It is to be regretted that our friend of the New York Medical Gazette should attempt to misconstrue the manifesto of the Faculty of Harvard University, or by his doggrel verse "travestie" it for the entertainment of those who are opposers of science. Such exhibition of feeling is evidence only of a hostile spirit, and is never calculated favorably to impress the minds of those who are the friends of science. It is not supposed the article in the Gazette is calculated to injure any one, yet we cannot forbear expressing our disapprobation of a course that should never be pursued in a Journal which is avowedly devoted to medical science and literature. We considered the circular of the faculty spoken of, as unanswerable; and in

this, the first attempt to answer it, the effort has certainly proved abortive. Differences of opinion, in such matters, should be honorably and fairly discussed. If there is any one thing, more than another, calculated to bring reproach upon the profession, it is the emanation from *medical men* of just such stuff as we have here protested against. It is not to be expected that all will agree upon the subject of the Boston circular; but an expression of disapproval might certainly be made in a manner becoming the cause at issue, and the parties interested.

M. Guyot's Lectures.—"The Earth and Man; Lectures on Comparative Physical Geography, in its relation to the History of Mankind. By Arnold Guyot, late Professor at Neuchatel, Switzerland. Translated from the French by C. C. Felton, Professor in Harvard University." Gould, Kendall & Lincoln, publishers. This book formed the subject of twelve lectures, which were delivered in the French language before a select audience at the Hall of the Lowell Institute in January and February last. They were published at the time, in the Daily Evening Traveler, and created quite a sensation among *savans*. They abound in interesting matter, and exhibit much research into the laws which govern the physical world. Illustrations, exhibiting configurations of the earth, the different races occupying it, with the phenomena of distribution of rain, &c., accompany the lectures. It is a work that will impart much useful information upon a subject, that has for years occupied the attention of the learned. In addition to the high authority of its author, the assistance of such men as Professors Felton, Agassiz and Gay, must add still further value to the work, and furnish ample evidence of its correctness.

Boston Female Medical Education Society.—The new circular of this Society has been sent to us. Among its patrons may be found the names of some of our most wealthy and respected citizens. At the last session of the State Legislature a charter was granted the institution, and we presume, under its present apparently favorable auspices, it will proceed at once in discharging the duties pointed out in its act of incorporation. The *locale* of the school, for the present, is the residence formerly occupied by Dr. Winslow Lewis. There will be found, in another part of the Journal of to-day, an excellent paper on the subject of female physicians, by Dr. Williams, which we commend to the perusal of our readers.

Treatment of Gonorrhœa.—The formula employed by M. Ricord, in the treatment of gonorrhœa, and which in his hands has been very successful, is as follows:—

1st. For inflammation of the glans penis and prepuce, injections of the following solution are to be made three times a day, between the prepuce and glans:—Nitrate of Silver, twelve grains to the ounce of distilled water.

2d. Abortive treatment. A single injection, with eight grains of the nitrate of silver to the ounce of distilled water, and the following powder three times daily:—R. Cubebs, ʒiiss.; alum., gr. xv. M.

3d. When the period for abortive treatment has passed, inject the following three times a day:—R. Sulph. zinci, acetate plumbi, aa gr. xii.; aqua rosæ, ʒvi. M. et solve.

4th. Internal treatment, consists of taking of the following mixture, a table spoonful three times a day:—R. Balsam copaiba, syrup balsam tolu, syrup poppies, aa ʒi.; aqua menthæ pip., ʒij.; pulv. gum. acacia, q. s. M. et ft. emulsio.

5th. Acute stage: twelve leeches to the perineum, warm bath, cooling drinks, low diet, confined to bed; use a suspensory bandage, and take one of the following pills four times a day:—R. Lactucarium, pulv. gum camphoræ, aa ʒij. M. et ft. pill xx.

6th. For gleet, inject three times a day the following:—R. Aqua rosæ, vini rubra, aa ʒvi.; alumen, tannin, aa gr. viij. M. et. fiat solutio.

It is presumed the distinguished success of M. Ricord in the treatment of venereal affections, depends mostly in having his patients under his immediate care. They do not have the liberty of doing as they please—but must conform to *his* mode of regimen and diet, which, after all, is probably more than half of the battle.

Dr. Robinson's Address.—“Address to the Society of the Alumni of the Baltimore College of Dental Surgeons. By James Robinson, D.D.S., Dentist to the Royal Free Hospital, &c., London.” The faculty of this institution have been busily engaged the past year, both in private instruction and public addresses to the students under their charge. We have had occasion already to notice the addresses of several of them, and they all show the kind of spirit which should be manifested on such occasions. Dr. Robinson treats the subject of *theoretical* knowledge in a manner well calculated to make an impression. If our space would admit of it, we should be glad to transfer to our pages some of his philosophical remarks.

Ship Fever.—“Ship Fever, so called; its history, nature, and best treatment. The Fiske Fund Prize Dissertation for 1849, by H. G. Clark, M. D., member of the Boston Society for Medical Improvement.” Ticknor & Co., Boston, publishers. In the years 1847 and 48, when the so-called ship fever was prevalent in this and our neighboring cities and towns, a prize was offered by the Rhode Island Medical Society for the best essay upon its pathology and treatment. The successful competitor, Dr. H. G. Clark, of this city, had abundant opportunity to study well the peculiar characteristics of this singular malady, while having the temporary charge of the Hospital at Deer Island, for the reception of such patients as were attacked with it. During the time of Dr. Clark's attendance upon the Hospital, no less than 2,000 cases came under his observation, offering all kinds of types of the disease. The conclusions arrived at, respecting its pathology and treatment, were as follows:—It is considered identical with the true typhus of Great Britain, and not identified with the typhoid fevers of France and New England. It is most fatal in its secondary forms. Its contagious properties may be greatly controlled, if not destroyed, by suitable sanitary measures. It being considered, like all other eruptive fevers, a *self-limited disease*, the treatment should be of an expectant kind. The essay is well written, and cannot fail of imparting much instruction upon the pestilential scourge of which it treats.

Medical Department of the University of Pennsylvania.—The report of the medical faculty of this ancient university is before us. The most of it

is occupied in discussing the propriety of adopting the six months lecture term, instead of the usual four months, which we believe most of the medical schools still adhere to. The present session in the University, like the last, is to be *six months*. While we differ from our friends of the faculty as to the length of the session required for medical lectures, we certainly agree with them that they possess every facility for a thorough medical education. We believe, as a general rule, that gentlemen attending medical lectures can get all the requisite amount of instruction in a four months course, and be better able to retain what they have listened to, than if they were obliged to sit two additional months to hear what might have been given them in the first four. It is very tiresome for *men* to be thus confined; and when the lectures become tiresome, very little if any good can result from them. Another very good reason why the four months course should be still adhered to by our medical schools, is, that many of the students can ill afford to be at the expense which is incurred by a longer absence from home. This class of students, which generally comprises the majority, should, as far as possible, have the same privileges that others enjoy; their interests should be looked after. Notwithstanding the recommendation, therefore, of the American Medical Association, we hope there will be no departure in this respect from the good old rule, which always suited. Let the prescribed course be four months—during which time from 80 to 90 lectures can be delivered by the professors individually, embracing quite as much as *can be fully comprehended* by those who attend them, or remembered afterwards.—During the last session of the medical school of this University, there were 439 matriculants, and 176 received the degree of doctor in medicine.

Principles and Practice of Homœopathy.—“An inquiry into the principles and practice of homœopathy; an address delivered before the Society of Inquiry, at Oberlin, Ohio, by J. Dascomb, M.D.” This address is characterized by a spirited style and common-sense principles. The whole fallacy of the deluded theory of Hahnemann and his disciples is exposed in a most faithful manner. The doctor heroically challenges the disciples of Hahnemann to test the potency of their remedies.—1st. He will agree to take any of their medicine, of the 30th dilution and upwards, and defies them to observe any change that is produced by it. 2d. That the same globules medicated, and ones of similar size unmedicated, shall be put in vials, marked Nos. 1 & 2, to be given to the practitioner, and he prescribe them to moderately sick persons, and note the difference between the action of the two;—and if it can be told by action, or any other way, which is *unmedicated*, he will declare himself a convert to homœopathy.

It is to be regretted that the printer could not have performed his part in a manner commensurate with the valuable matter contained in this little pamphlet. It is printed with poor type and on coarse paper, and the press work badly executed. Some parts of it are scarcely readable.

Geneva Medical College—Professor Webster's Address.—“An address introductory to the course on Anatomy in Geneva Medical College, March 7th, 1850, by James Webster, M.D.” The subject of this address, “on the frequency of suits for mal-practice in western New York,” is one well calculated to impress upon the mind of the student the importance of a

thorough medical education. Much pleasure was afforded us in its perusal. We pray that it may never be our lot to encounter such ignorant and disreputable would-be doctors as the professor has illustrated in his lecture.

Dr. J. W. Webster.—It is understood that there have been some five hundred applications to Sheriff Eveleth for places at the execution of Professor Webster, on the 30th. Of course they will not be gratified. The religious ceremonies antecedent to the execution will take place in the prisoner's cell and the adjoining lobby, and the prisoner will be accompanied to the gallows by the officers of the law only. Tickets of admission to the jail yard have been sent, by the Sheriff, to some of the members of the medical profession, and other gentlemen, in Boston.

Medical Miscellany.—A Doctor Roberts, of Philadelphia, advertises, in a newspaper in that city, to cure poverty.—A Doctor Cleveland, of this city, advertises, also, in the newspapers, to negotiate matrimonial engagements.—Dr. Henry Connelly has been elected Governor of New Mexico.—The cholera is on the increase in some of the cities of the West.—The trial of Dr. J. W. Webster has been copied into the Edinburgh Monthly Medical Journal, and is to be inserted in the London Medical Gazette.—A child in Newark, N. J. recently came to its death in consequence of eating the phosphorus from the ends of a box of matches.—A hog, in the shape of a man, recently undertook, upon a wager, to eat 10 lbs. of beefsteak, on which was 2 lbs. of butter; an emetic saved his life.

Suffolk District Medical Society.—The next Meeting of the Suffolk District Medical Society will be held at their rooms, Masonic Temple, on Saturday evening, August 31st, at 8 o'clock. A punctual attendance is requested.

MARRIED.—At the Lynn Hotel, on the 14th inst., Mr. David Roberts, medical student of Bowdoin College, to Miss Ellen S. Dadd, of London, England.—At Greene, N. Y., 19th ult., Dr. Augustus Willard to Miss Laura Perry, both of that place.

DIED.—At Suffield, Conn., August 1st, Dr. A. L. Bissell, aged 60 years.—In Columbia, Penn., suddenly, Dr. J. G. Clarkson, an eminent physician.—In Chicago, Ill., of cholera, Dr. S. W. Wentworth.—At Brandywine Springs, Dr. Joseph Hartshorne, 70.—In New Haven, Conn., Dr. Jacob T. Hotchkiss.—At Sacramento City, California, Feb. 19th, Dr. R. E. Morris, aged 33, of Woodbury, Conn.

Deaths in Boston—for the week ending Saturday noon, Aug. 24th, 104.—Males, 56—females, 48. Accidental, 1—disease of the bowels, 17—disease of the brain, 1—consumption, 12—convulsions, 3—cholera infantum, 3—canker, 1—child-bed, 3—dysentery, 6—diarrhoea, 3—diabetes, 1—dropsy, 1—dropsy of brain, 7—drowned, 1—fever and ague, 1—typhus fever, 2—typhoid fever, 3—hooping cough, 3—disease of the heart, 2—intemperance, 2—infantile diseases, 12—disease of the liver, 1—marasmus, 2—measles, 1—smallpox, 2—disease of the spine, 2—teething, 6.

Under 5 years, 53—between 5 and 20 years, 16—between 20 and 40 years, 19—between 40 and 60 years, 10—over 60 years, 1. Americans, 34; foreigners and children of foreigners, 70.

Corresponding week last year, 215 deaths, 75 of which were by cholera.

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Bengal Medical College.—From the interesting annual report of this excellent institution, it appears that the number of bodies dissected in the institution, during the session 1849-50, amounted to 169½; the number for operations was 109; used in the examinations, 32; and 285½ were received, of which no use could be made, in consequence of rapid putrefaction; making a total of 623 sent to the college, and this in a country where it was formerly considered most unclean to touch a human body. It was on the 10th of January, 1836, that an intelligent and courageous pupil, of the name of Madasuden Gupta, rose up superior to the prejudices of his earlier education, and boldly flung open the gates of medical science to his countrymen. When Madasuden once adopted the resolution of human dissection, he never once swerved from it, but at the appointed hour, scalpel in hand, he followed Dr. Goodeve into the *godown*, where the body lay ready. The other students—deeply interested in what was going forward, but strangely agitated with mingled feelings of curiosity and alarm—crowded after him, but durst not enter the building where this fearful deed was to be perpetrated; they clustered round the door, they peeped through the *jilmils*, resolved at least to have ocular proof of its accomplishment; and when Madasuden's knife, held with a strong and steady hand, made a long and deep incision in the breast, the lookers-on drew a long gasping breath, like men relieved from the weight of some intolerable suspense. The Hon. Mr. Bethune, from whose address, on the opening of the session, we are indebted for these particulars, took the occasion thus afforded him of presenting to the Medical College of Bengal a portrait of Pundit Madasuden Gupta, which has accordingly been suspended in the hall.—*Lon. Lancet.*

Re-appearance of Scurvy near Melrose.—The wards of the Royal Infirmary at present contain a few well-marked examples of scorbutus. The patients are all railway laborers, who have been working in the neighborhood of Melrose for some months. The origin of the disease is, we believe, in every case clearly attributable to the same faulty or insufficient diet, to which it was conclusively traced by Dr. Christison, in 1847—(see “*Monthly Journal*,” July). The food used by such of these men as we have ourselves interrogated seems to be:—Coffee, with bread and salt butter, or oatmeal porridge, with water or butter, to breakfast; bread and butter, or bread and cheese, or bread and salt meat, to dinner; coffee or porridge, at night.—They do not use, and state that they cannot procure, fresh meat, milk, beer, or vegetables; some of them say that they have not tasted a potato for years. The health is soon re-established by the ordinary diet of the hospital. A great number of the scorbutic cases sent to the infirmary, in 1847, had originated in the neighborhood of Melrose, among the same class of workmen who are now the subjects of the disease. It is very important that those who employ large numbers of railway laborers should understand the absolute necessity of supplying them with vegetables, fresh meat, and milk, in order to maintain their physical condition, and that they should lose no opportunity of recommending to their men the daily use of a certain portion (of some one at least) of these articles of food. It is melancholy to see fine muscular young men crawling into a hospital, in an advanced stage of scurvy, after losing the product of a winter's hard labor, and subsisting, it may be, for some weeks upon the charity of their comrades, and to reflect upon the ignorance, or culpable negligence, which has occasioned their sufferings. And it must be added, that scurvy and pauperism are not the only evils which flow from the long-continued use of improper food.

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No. 5.

CASE OF UNUNITED FRACTURE OF THE TIBIA, OF TWENTY-FOUR
YEARS' STANDING, SUCCESSFULLY TREATED.

BY R. W. TAMPLIN, ESQ., SURGEON TO THE ROYAL ORTHOPEDIC HOSPITAL, LONDON.

MISS ———, æt. 25, at the age of 14 months slipped between the bars of a garden-seat. The only circumstance which attracted attention was a broad discoloration at the lower third of the leg, and a slight curvature of the bone. After a few weeks the child was noticed to walk less strongly, when a surgeon was called in, who consoled the parents with the assertion "that there was no necessity for uneasiness, as many children had a difference in the straightness of their legs at that age." And upon the mother's remarking that such had not been the case until the bruise was noticed, replied, "that all would be well in a few months." Friction and bathing were resorted to for some time, and the child is stated to have walked without limping until she was 3 years old. Her manner of walking then became irregular, and the bone was noticed to project, which was supposed to arise from her increased weight. Another surgeon was now consulted, who discovered the fracture, and pronounced the bone to have been "falsely united." An endeavor was made to rupture the false union, but without success. Frictions and ointments were again used, with a view of obtaining absorption of the extraneous matter, and the part supported by plaster. The case appeared to be progressing satisfactorily, when the child met with another accident, and the smaller bone of the leg is stated to have been broken. Splints were then applied. From 9 years of age the leg was supported by an instrument, and crutches were occasionally used. The spine is stated to have been also curved at this time. Her general health became impaired, and constant suffering was occasioned by any attempt at walking.

The patient was now placed under a physician, since deceased, who especially treated spinal cases. The uniting medium is stated to have been broken by that gentleman, with the view of reducing the fracture, and forcible extension had recourse to, which brought the leg down for the time being, but it always returned to the malposition. This treatment was continued for two years, and then the case pronounced "incurable." The patient was at this period 11 years old. The leg was placed in splints, which were continued until she was 15 ; but she was

unable to put the foot to the ground. Many surgeons of eminence were consulted, and amputation was the general advice. An instrument was then obtained to hold the knee and ankle stiff, with a high-heeled boot, and the leg supported by a case of sole leather from the knee to the ankle: with this she managed to get about, but not without great pain; the weakness increasing in spite of the artificial support.

On the 17th of July, 1849, I first saw the patient, and, on examination, found that the leg had been fractured at the lower third obliquely upwards, the upper portion of the tibia projecting pointedly forwards, and riding over the lower third. The leg was two inches and a half shorter than the other. It was freely moveable. The knee, from the constant irregular strain upon the ligaments, yielded outwardly, and the patient could not put the leg to the ground, even with the assistance of the support, without suffering severe pain both at the point of fracture and in the knee-joint. Her general health had suffered more or less, and her existence is stated to have been a burden to her.

From the history of the case—the fact that it had existed from childhood, that all attempts had failed, that amputation was the general advice—I gave a doubtful opinion, but determined to make an attempt to obtain a union without operation. Three indications occurred to me: first, to bring the bones in apposition; the second, to obtain absorption of the false uniting medium; the third, to endeavor to obtain union, either by the deposition of bony matter, which I thought might possibly be thrown out from the irritation which must necessarily be set up, or by a contraction of the portion of the false union which immediately surrounded the fracture. With these views I ordered an instrument to be so made that the thigh could be firmly grasped above the condyles of the femur, the foot below having a screw by means of which the distance between the knee and foot could be gradually increased. This instrument was applied on the 31st July, 1849, and the leg kept horizontal, in the extended position. Gradual extension was now commenced, and continued for four days. So much pain was occasioned in the gastrocnemius, that I found it necessary to divide the tendo-Achillis, which was done in the usual manner by puncture from within outwards. The instrument was omitted for eight days, and then re-applied, and extension again used. From this time the leg became gradually and easily elongated; and during the extension a steady-continued pressure was kept up on the tibia above the point of fracture, and counter pressure at the back of the leg, just above the ankle-joint. This treatment was persevered in unremittingly until the 9th of January, 1850, without interruption to the health—there was, however, at times, severe pain, which was allayed by opiates—when, upon examination, the leg was found to be of equal length with its fellow, and the bone retained its position unassisted. I then applied the common splints, and ordered an instrument, with a boot attached, to support the weakened knee-joint, which had resumed its proper relative position during the treatment, and also having a pad to support the tibia, in case the union was imperfect.

On the 26th of February the patient could raise the leg in the horizontal position without the slightest pain, and without a sign of motion

at the point of fracture. I then applied the new support, which was worn, without any attempt to put the foot to the ground, until the 8th of March. She was able to stand on the 3d April, and then, at the request of Mr. Travers, and afterwards in the presence of Mr. Lawrence, both of whom kindly visited the patient, she walked, without pain, and without a sign of motion at the point of fracture. Since that time she has continued to use the leg freely, with slight intermissions from indisposition. Can walk up and down stairs. Her general health has improved, and I have every reason to believe that a perfect cure has been effected.—*London Medical Gazette.*

TRIAL FOR INFANTICIDE—ABANDONMENT OF THE CHARGE OF MURDER.

HANNAH MITCHELL was tried before the High Court of Justiciary, 4th January, 1850, on a charge of child-murder and of concealment of pregnancy, under the act 49 Geo. III., cap. 14.

The following are the facts of the case as given in evidence:—

The prisoner and two fellow servants, R. and H., who were in the service of the Rev. Mr. E., all slept together in one bed on the night of Monday, the 20th August, 1849. Their bed-room was near the kitchen, a stair-case only intervening. The prisoner rose about 4 o'clock on Tuesday morning to prepare for a washing. The other two servants remained in bed. She returned shortly afterwards, after having lighted the kitchen and boiler fires, and wakened the two other servants. At this time she said she was not well, and then went out again. R. followed her in about ten minutes, and after searching for her in the kitchen, and not finding her there, went out to look for her in a gig-house at the back of the manse, where the washing tubs were kept. When about half way to the gig-house, she heard the cries of a child coming from it. On this she stopped and called twice to the prisoner, "Are you there, Hannah?" The prisoner told her to go to the kitchen and put coals on the fire. On this she came back and told the other servant what had passed, and asked her to go to the gig-house. H. then went, and met the prisoner coming out of the gig-house with a tub in each hand. She helped her into the house with them. There were marks of blood on one of the tubs.

They all three then breakfasted together, and after breakfast the two servants, having had their suspicions raised, went out to search in the gig-house while the prisoner commenced washing. They saw at this time marks of blood on the gig-house floor, and found some bloody cloths, but nothing else. This was about five o'clock in the morning. They then searched the bed-room, where they found marks of blood on the carpet, with ashes spread over them, and in the prisoner's chest they found what afterwards proved to be the afterbirth of a child. During all this time the prisoner continued washing, and did not go to bed until about 8 o'clock.

Mr. E. having by this time been informed of what had happened, a

midwife was sent for, and a second search was then made in the gig-house, when the body of a child was found, dead, naked and dirty, lying on its face behind a box at the back of the gig, with a little hay spread over it. It was taken up and put into the box. The gig-house was then locked up until the medical men came, when the body of the child was put into their hands for examination in the same state in which it had been found.

The floor of the gig-house was partly paved and partly causewayed. The washing-tubs were kept on the south side, between the gig and the wall. The greatest quantity of blood was in the angle behind the door on the same side; and there were drops of blood leading from this spot to the box at the back of the gig.

The following was the medical evidence in the case:—

William Steel, surgeon in Forfar.—Called with Dr. Smith, accompanied by the sheriff and procurator-fiscal, and made an examination of the body of a child found in the gig-house. We also examined prisoner's person. Made two reports, which he proved and read to the Court.

[The following is the report as to the body of the child. We omit the report as to the prisoner's person, which is unimportant, as she acknowledged having been delivered of the child.]

Forfar, 21st August, 1849.

“ We this day accompanied the sheriff and procurator-fiscal to the manse of ———, for the purpose of examining the body of a new-born infant, found in the gig-house there.

“ On our arrival, the body was presented to us lying on a wooden log, and wrapped in an apron which was much saturated with blood. It was a full-grown and well-proportioned male child, weighing rather more than six pounds, and measuring from the vertex to the heel twenty inches. Life appeared to be extinct only a few hours. The umbilical cord had been torn off close to the abdomen. There was a considerable quantity of meconium about the nates, and blood flowed freely from the mouth and nostrils on the slightest motion of the body. The skin was coated with the sebaceous matter peculiar to new-born infants. The body having been washed, the skin appeared pale and blanched; and the following marks of violence presented themselves:—The lower jaw-bone was fractured about an inch from its articulation with the upper jaw on the left side, and on laying open the mouth we ascertained that the soft parts about the root of the tongue, and the back part of the throat on the left side, were much lacerated, apparently by the fractured extremities of the bone, with extensive extravasation of blood into the cellular tissue; and there was a patch of ecchymosis near the tip of the tongue. Its whole structure was much swelled; and on cutting into it several clots of coagulated blood were observed.

“ The whole of the left cheek, left side of the forehead, left ear, nose, lower lip, and right eyebrow, were swelled and discolored; on cutting into these parts, all of them presented extravasated blood in the cellular membrane; two contusions, with abrasion of the cuticle about an inch long, and half an inch broad on the left side of the neck, a little behind the ear, and a similar one about half an inch in diameter under the right

ear; extravasated blood was also found under these; a very severe contusion on the lower and back part of the head.

“The chest presented considerable convexity anteriorly, and on being opened, the lungs were observed of a light-red color on the surface, and also in their internal structure, and felt spongy and crepitant beneath the fingers. They in a great measure filled the cavity of the chest, their lower lobes nearly covering the pericardium. We tied the bloodvessels, and removed the lungs with the heart and thymus gland attached; the whole floated when put in water. The lungs, when separated from the other organs, weighed fully an ounce and a half, and on being put in water showed great buoyancy—a considerable portion floated above the surface of the water—and when cut into numerous pieces, each piece floated after strong compression; and when pressed under water, bubbles of air were distinctly noticed rising to the surface. The heart and lungs contained very little blood. The foramen ovale was open, and the ductus-arteriosus pervious, but collapsed and empty.

“On dissecting back the scalp, between it and the skull, a layer of coagulated blood, about two inches in diameter, and nearly a quarter of an inch thick, was found on the lower and back part of the head, under the contusion before mentioned; there was no tumefaction nor discoloration on the crown of the head, such as is usually observed when the labor has been severe and long protracted. The structure of the brain and its membranes was natural and healthy. None of the bones of the skull were fractured. All the viscera of the abdomen were healthy. The stomach contained a small quantity of glairy mucus. The urinary bladder was empty, and the ductus venosus was pervious, but collapsed and empty.

“We are of opinion that this infant had been born alive, and had breathed for a short time after birth; that the injuries on the head, neck and face, and lower jaw-bone, had been produced by some blunt substance—that the tongue had been injured by thrusting the fingers or some other substance into the mouth; and that death had been caused by the number and severity of these injuries, and the loss of blood arising from them, and from the umbilicus. All which we certify on soul and conscience.

(Signed)

ALEX. SMITH, M.D.

WILLIAM STEEL, Surg.”

Cross-examined for Prisoner.—Inferred that the infant had breathed from the appearance of the lungs. It had breathed, and therefore had been born alive. Child can breathe without being wholly expelled from the mother. If it breathes without being expelled, the appearances would to a considerable extent be the same, but not developed to the same extent. It is possible that a child not fully expelled might cry. Has heard a child cry, though not fully expelled. The child has breathed if it cries. If the child had cried and breathed before full expulsion, the appearances would not be so much developed as if it had breathed for some time. The state of the lungs was the main reason for holding that the child had been born alive, i. e., wholly expelled. Knows Taylor's book on *Medical Jurisprudence*, and that his opinion is that respira-

tion is not proof of child being born alive, but that it has breathed. Thinks that it may have been incautious to state in the report that the child had been born alive. Must confess that it would have been better to have made the report with some qualification, and put it as to child having breathed.

All the injuries were on the head and neck. It is possible that a female in the extremity of labor might make forcible attempts to deliver herself. Natural presentation of child is by head, and hence marks of such attempts would be found about head and neck. That is where he would expect to find them. Medical men must sometimes use great force. Injury may be caused by inexperienced hands. Can't say that more injury may result from attempts at delivery by the mother. Has himself been obliged, in delivering women, to use all his force. It is difficult to account for the fracture of jaw-bone by any ordinary attempts of mother to deliver herself. Does not think that a probable cause. It is possible, but not very probable, that it may have been from a fall. A fall on the causeway was more likely to have caused it, or a fall on the edge of a tub from a considerable height. It might possibly occur from a fall from the arms on a similar projecting substance.

Has read of bones being fractured by natural expulsive action of womb. Thinks that the labor in this case was rapid, and might have been severe. "Could the injury on the back of the head have been caused by a fall?" "The quantity of extravasated blood there was very great, and that renders it less likely that it should be from a fall, but it is possible that this injury, too, might have been from a fall." "Were the injuries on the tongue likely to have been caused by the mother in aiding delivery?" "Yes, if she used very great violence. The ecchymosed marks might more readily be accounted for by efforts of mother."

All these marks could not have been occasioned after death. Extravasation of blood might be caused within a few hours after death—the blood is thinner and the tissues more readily infiltrated. Severe blows or falls might cause extravasation. Does not think the injury on tongue could have been produced after death. It is the only one that is not likely to be inflicted after death. Appearances of injuries inflicted during labor would be the same as of those inflicted after birth. They have the same character. Women often miscalculate their time. Considerable exertion may bring on labor pains prematurely.

Re-examined.—Does not think that the delivery was protracted, from the absence of appearances which occur in such cases. When he spoke of the possibility of injuries from falls, meant at least as high as from prisoner's arms. Does not think all could have arisen from one fall. It is not very probable, but it is a possibility, that the injury on back of head, and layer of blood, as mentioned in the report, might be caused by a fall from a height of some feet. Thinks child had not fully breathed, i. e., as much as if it had lived for some days. The appearances in the lungs were such as he should expect in a child which had been born alive, and had soon after ceased to live. The lungs were such as if the child had lived a few minutes. Sound of the cry of a child, in the act of birth, is not so vigorous as the cry of full-born child.

By the Court.—Perhaps the passage in the report as to the child having been born alive, should be that our opinion was that it had breathed, but that it was impossible for us to state whether or not the whole body had been expelled previous to its having breathed. It is impossible to say if it had breathed after the whole body was expelled. Impossible to say whether respiration had taken place during birth, and ceased before expulsion, or whether it had breathed after it was born. Certainly it had breathed. In report did not mean to say that it had lived some time after birth. Impossible to be confident on that point. Impossible to say whether child had been fully expelled or not when respiration ceased. Would now word the report thus:—We are of opinion that child had breathed, but it is impossible to say that it had breathed after it was born.

Alex. Smith, M.D.—Swore to the reports.

By Court.—Cannot say that the facts enabled him to say that the child had breathed after it had been fully born, only that it had breathed, but whether after being fully born cannot say. The sentence, on this point, in the report, is too strong and would require to be modified. The child had breathed, but witness cannot say whether it was wholly born when it breathed, or whether it continued to breathe after it was wholly born. Cannot say that the child was born alive, i. e., wholly out of the mother's body alive. Has seen children breathe as soon as head was expelled. Some persons think a child can breathe even before expulsion. Breathing might have ceased after head was born, and before more of the body was expelled.

On hearing the above evidence, the Crown Counsel gave up the charge of murder. A plea of concealment of pregnancy was then offered, a verdict returned in terms of this plea, and the prisoner sentenced to six months' imprisonment.—*Edinburgh Monthly Jour. Med. Science.*

PROCEEDINGS OF THE FIFTH ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

THE Association of Medical Superintendents of American Institutions for the Insane, convened at the Tremont House in the city of Boston, on the 18th day of June, 1850, at 10 o'clock, A. M.; the President, Dr. William M. Aul, in the chair, and Dr. Kirkbride, Secretary.

Present, Drs. James Bates, of the Maine Insane Hospital, Augusta; Andrew McFarland, New Hampshire State Asylum, Concord; William H. Rockwell, Vermont Asylum for the Insane, Brattleboro', Vt.; Luther V. Bell, McLean Asylum for the Insane, Somerville, Mass.; C. H. Stedman, Boston Lunatic Hospital; Edward Jarvis, Dorchester (Mass.) Private Asylum; George Chandler, Mass. State Lunatic Hospital, Worcester; N. Cutter, Pepperell (Mass.) Private Institution; Isaac Ray, Butler Hospital for the Insane, Providence, R. I.; John S. Butler, Connecticut Retreat for the Insane, Hartford; N. D. Benedict, New York State Lunatic Asylum, Utica; C. H. Nichols, Bloomingdale Asylum

for the Insane, N. Y. ; M. A. Ranney, New York City Lunatic Asylum, Blackwell's Island ; Henry W. Buel, Sandford Hall (Private Institution), Flushing, N. Y. ; H. A. Buttolph, New Jersey State Lunatic Asylum, Trenton ; Thomas S. Kirkbride, Pennsylvania Hospital for the Insane, Philadelphia ; J. H. Worthington, Friends Asylum for the Insane, Frankford, Pa. ; William S. Haines, Philadelphia Lunatic Hospital, Blockley ; John Fonerden, Maryland Hospital for the Insane, Baltimore ; John M. Galt, Eastern Asylum of Virginia, Williamsburg ; William M. Awl, Ohio Lunatic Asylum, Columbus ; S. Hanbury Smith, Ohio Lunatic Asylum, Columbus ; R. J. Patterson, Indiana Hospital for the Insane, Indianapolis ; J. M. Higgins, Illinois Hospital for the Insane, Jacksonville ; Edward Mead, Chicago Private Retreat for the Insane, (Illinois).

The minutes of the last meeting having been read, the President announced, in a feeling and appropriate address, the death of three members of the Association since its last meeting ; Dr. Samuel B. Woodward, the first president of the Association, and formerly Superintendent of the Massachusetts State Lunatic Hospital ; Dr. Amariah Brigham, Superintendent of the New York State Lunatic Asylum, and Vice President of the Association—and Dr. McNairy, Superintendent of the Tennessee Hospital for the Insane.

The Secretary reported that, as instructed by the Association, he had invited the boards of trustees or managers of all the institutions for the insane in the United States and British Provinces to attend its meetings, and had received letters in reply from the Boards of Managers of the Maine Insane Hospital, Massachusetts General Hospital, Boston Lunatic Hospital, Friends Asylum, Pa., Maryland Hospital and Eastern Asylum of Virginia. On motion of Dr. Bates, it was

Resolved, That each member of the Association be authorized to invite such gentlemen to attend its sessions, as he may deem proper.

Dr. Bell stated that in consequence of a full and well-written notice of the life and professional labors of our late associate, Dr. James Macdonald, of New York, having appeared in the American Journal of Insanity, he would suggest the adoption of that notice, instead of preparing another, especially for the use of the Association, which was approved.

The President stated that in obedience to the instructions of the Association, he had, soon after the last meeting, selected a subject for a report for each member, to all of whom due notice had been given, and from most of whom he had received answers accepting the duties assigned them.

An invitation from the Board of Trustees of the Boston Lunatic Hospital, to visit that institution to-morrow at 4½ o'clock, P. M., was read and accepted.

On motion of Dr. Bell, it was

Resolved, That in order to enable the members of the Association, while performing the regular business that may come before the meeting, so to arrange their sessions as most satisfactorily to apportion their time, and be able to enjoy the hospitality that may be extended to them—a

business committee be appointed, who shall at the commencement of each morning session report the papers to be read, and other matters to be attended to during the day. Drs. Bell, Bates and Kirkbride, were appointed the committee.

On motion of Dr. Rockwell, it was

Resolved, That a committee of three be appointed to prepare names to fill any vacancies that may exist in the offices of the Association. Drs. Rockwell, Benedict and Kirkbride were appointed the committee.

Dr. Rockwell, from the committee to fill vacancies in the offices of the Association, nominated Luther V. Bell, as Vice President, in place of Dr. A. Brigham (deceased), which nomination was confirmed, and Dr. Bell duly elected Vice President of the Association.

An invitation from Drs. Cutter and Howe to visit their institution at Pepperell, Mass., was read, accepted, and referred to the business committee.

Dr. Stedman tendered to the members of the Association, in behalf of the Boston Society for Medical Improvement, an invitation to visit their cabinet, also one to visit the Museum of the Medical College of Harvard University, which were accepted.

Dr. Jarvis tendered invitations to the members, in behalf of the Boston Museum of Natural History, the Boston Athenæum and the Perkins Institution for the Blind, to visit these institutions, which were accepted.

Dr. Rockwell read a paper on the diet and dietetic regulations for the insane; which after discussion by the members generally was laid upon the table.

A letter was received and read from the Librarian of the Massachusetts Historical Society, inviting the members of the Association to visit the Society's rooms during their stay in Boston, which was accepted.

Drs. Beck and Wing took seats with the Association as members of the Board of Managers of the New York State Lunatic Asylum.

Dr. Galt read a paper on the organization of hospitals for the insane, and Dr. Higgins on the subject of resident superintendents of hospitals for the insane. Then adjourned to 4, P. M.

Afternoon Session.—The Association met agreeably to adjournment.

The papers read by Drs. Galt and Higgins were called up for consideration, and the whole subject was fully discussed by the members generally, after which the reports were laid upon the table.

Dr. Bates read a report from the standing committee on the medical treatment of insanity, which after discussion was laid upon the table.

An invitation from the Librarian of the Boston Athenæum, for the members to visit the rooms during their stay in the city, was read and accepted. On motion of Dr. Bates, adjourned to 9, A. M., to-morrow.

Second Day—Morning Session.—The Association met agreeably to adjournment. The minutes of yesterday's proceedings were read and adopted.

Dr. John R. Allen, of the Kentucky Lunatic Asylum; Dr. John Waddell, of the Provincial Lunatic Asylum, at St. Johns, New Brunswick; and Dr. James Douglass, of the Quebec (Canada) Lunatic Asylum, appeared and took their seats as members of the Association.

Charles Edward Cook, and Otis Clapp, Esqs., also took seats with the Association as members of the Board of Trustees of the Boston Lunatic Hospital. Dr. Kirkbride from the committee on business made a partial report, as required by the resolution of yesterday.

Dr. Ray read a report from the standing committee on the medical jurisprudence of insanity, containing a project for a law regulating the legal relations of the insane, and which had been examined by, and received the sanction of, high judicial and legal authority; after the reading of the paper, on motion of Dr. Kirkbride, it was

Resolved, That the committee on business be instructed to have provided forthwith, for the use of the members, one hundred copies of the foregoing project of a law, and that the same be made the order of the day for the first session of the Association to-morrow morning.

Dr. Bell from the committee on business made a full report on the objects to be attended to by the Association during the day.

Dr. Bell read a paper on the use of narcotics in the treatment of insanity; after a full discussion of the subject by nearly all the members, the paper was laid upon the table.

Dr. Fonerden read a paper on the modification of the brain by habits, which, after discussion, was laid upon the table.

On motion of Dr. Kirkbride, adjourned to meet at the Boston Lunatic Hospital, at 4½ o'clock, P. M.

Afternoon Session.—The Association, after assembling, proceeded, under the guidance of Dr. Stedman and the Board of Trustees, to visit the Lunatic Hospital and other public institutions at South Boston.

After coming to order for business, Dr. Ranney read a paper on Insanity, as it occurs among the pauper emigrants at the Lunatic Asylum on Blackwell's Island, near New York. After discussion, the paper was laid on the table.

A letter was read from Dr. Fremont, informing the Association that a paper, prepared by him, in reference to the past and present condition of the Insane in Canada East, would be presented to and read before the Association by his colleague, Dr. Douglass.

On motion of Dr. Galt, adjourned to meet at the Tremont House, at 9 o'clock to-morrow morning.

[To be concluded next week.]

LETTERS FROM BELGIUM AND HOLLAND.

FROM THE EDITORIAL CORRESPONDENCE OF THIS JOURNAL.

AFTER leaving Antwerp—a city of ditches, dykes, boats, ships, dogs, pedlars, shops, and oddities strange enough to those accustomed to the every-day sage proprieties of a New England town—Breda, a fortified position, immensely strong, located almost in a bog, was the first stopping place. A monstrous heavy kind of waggon, drawn by three horses abreast, governed by drum-cords for reins, and harnessed in rope traces, conveyed us along a charming highway, bordered on both sides with beautiful, tall, shady beach trees, of fine growth. Some of the way the

rows of trees were double—making it as cool and delightful in a hot day as could be desired. No stones are to be seen in the fields, and yet the road for full 25 miles was paved all the way with square blocks, like those in Washington street, Boston. It is one of the national customs, both in Belgium and Holland, to plant the roads with trees—securing comfort to the traveller, protection from the sun's rays to animals, while excellent timber is raised in abundance for the construction of bridges, and for all public necessities. Between the city of Brussels and Waterloo, is one continuous magnificent forest, of lofty beeches, the shafts free of all limbs 40, 50, 60 and 80 feet. Nuts are raised in profusion for feeding swine. Poor peasant women are seen in the distance, from the road, among the trees, with barrows, picking up and gleaning the ground of every falling stick, the whole way. For miles in succession, the tops of these magnificent trees meet over the track, at an elevation of perhaps 90 to 100 feet, in the form of a gothic arch, completely intercepting the sun's rays. It is not unlike passing through some of the large cathedrals, which are found strewn in profusion all over this theatre of former human activity and present moral deterioration.

A new, splendid, and truly noble hospital, in its external dimensions, is nearly completed at Antwerp. Permission could not be obtained to inspect the interior without leave of government. A soldier guards everything in this country, from the gate of the palace to the path that leads to a hovel.

Belgium, like Holland, is famous for bells—especially chimes. The constant tinkling and ding-donging of old, obsolete Dutch tunes, every quarter of an hour, on first one steeple and then another, fills up all the interstices of time, in which there might be a period for repose. Bells of different sizes, suspended in rows, outside the belfry, struck by ponderous iron hammers, with long handles, make frequent demands upon a stranger's attention, on walking along the margins of the canals.

An early familiarity with the literary and scientific reputation of Leyden, where there is a population of 36,000, and a medical school, was an inducement to visit the place. The edifice of the University, in which lectures in all departments but medicine, are given, is quite small, the apartments being inferior in capacity, and inconvenient. Most of the partitions are of wood. Beams are in sight over head; and in the hall in which degrees are conferred, the desk is an ugly, rude, miserable sort of box, and, from a hasty examination, the impression is that not over two hundred persons could be packed in the room. One of the chambers contains the portraits of all the professors of the institution, from its beginning—a mighty collection of full-fed cheeks, big horse-hair wigs, and black gowns, covering the walls on all sides. Boerhaave, the most distinguished of them all, was there, and is represented as a small man, with a rather anxious expression. Just opposite, on the other side of a canal filled with stagnant water, is the medical college, that possesses a splendid anatomical cabinet. It is particularly rich in osteological specimens. The effects of the venereal disease on the bones of the skull, as here shown, shock those of the firmest nerve. Intermingled with this

cabinet, are many excellent preparations, illustrative of the organization of the lower animals. Instead of the thousands of students, who once crowded the town, the number now averages about 70. The lecture rooms are quite small, but neat and orderly. All the academical students, of late rarely exceeding a few hundreds, are now away—it being the three-months summer vacation.

Amsterdam is indeed an uncommon city—and strong on account of its protection by water instead of fortifications. An enemy may always be drowned before he gets into the centre of the corporation; and when considering the fact that the citizens are incessantly fighting against the ocean to keep it off, the thought urges a question upon the mind, why don't they quit it, and take a residence free from apprehension? All Holland is a curiosity too generally overlooked and neglected by American travellers. Paris is the Elysium to which armies of strangers rush in pursuit of pleasure, and from thence to Italy, without seeming to care for the curiosities of nature and art abounding in the north. Were it not for a vigilance that admits of no repose, Amsterdam, and indeed all Holland, with cities of exceeding wealth and political influence would be swallowed up by the sea. Officers are placed at sluiceways, between Amsterdam and Haarlem, who watch, day and night, to let the accumulating water out on the recession of the tide, from the net-work of canals and ditches, which is prevented from returning by closing the gates. Three miles from the town of Arnheim, the Rhine divides, and is kept from sending more than one third of its water into a particular section of the Dutch territories. A special treaty with Prussia exists with reference to this important point, men always being stationed at the bifurcation, that the country may not be inundated. By these never-ending labors, the streets, the public roads, and even the cultivated fields, are kept above water. Twice in twenty-four hours, old Neptune rushes on with roaring force, batters the embankments awhile, and then retires; but after taking breath twelve hours, he invariably renews the assault, with unabated energy, as though determined to dislodge an enemy who has forcibly seized upon a corner of his dominions.

Physicians are quite too numerous for the population, over the whole of the Netherlands, as everywhere else. With all the marshes of fresh water, stagnant pools, sluggish canals laden with the daily accumulations of filth from the washings of the whole country, the general state of public health actually appears as satisfactory as in any section of the Continent. Add to all this, the universal habit of smoking, practised by all classes in every condition of life, from early dawn to midnight, and it will perplex the anti-tobacco associations, as well as the advocates for a more efficient law for sewerage in large inland towns, to ascertain why the cities of Holland are not depopulated. Numerous as are the professors of the healing art, a few only of the multitude arrive at distinction. In Amsterdam there are three hospitals, mostly controlled by a clique of fortune's favorites. St. Peters is an old, but roomy, convenient, excellent establishment, calculated to accommodate six hundred patients, though there are rarely more than three hundred. Next, the military

and venereal hospitals, inferior in dimensions, but usually stocked with patients. Of the character of the medical school, nothing very satisfactory was obtained. With a good collection, an able board of professors, and the sustaining power of government, its sphere of influence is small. Dr. Tilanus, a distinguished and successful surgeon, and Dr. Vrolick, in the chair of anatomy, equal to the best teachers of the age, cannot draw students, as their predecessors did, from England and Scotland, and even America. The civil, or rather municipal, permission here to practise vices that are punished with severity in some christian countries, because their forefathers found it easier to collect a revenue from that source, than to build prisons, is an anomaly indeed.

The Hague.—This is a small inland city, the capital of Holland, distinguished for being a dead level, excavated of course; also for canals, palaces, parks, a parliament house—the official residence of ministers of state, the royal family and foreign ambassadors—for bronze statues, splendid libraries, and a rich museum illustrative of the economic arts in China and Japan. With the latter country the Dutch have had an almost exclusive intercourse for two centuries. Here, too, are all the generally supposed destroyers of health, viz., open sewers, receiving the outpourings from houses; still water, covered by a green scum, in broad canals between every two streets; and vegetable decomposition everywhere in those reservoirs of offensive matter. Yet it would be ridiculous to pretend that the public health is jeopardized. Children are robust, the citizens well developed, as free from ordinary maladies as those in localities supposed to be more favorable to health, and the numbers of aged people met with on the sidewalks, in the markets, shops, churches, &c., indicate a corresponding longevity.

A chapter might be devoted to the giant organ of Haarlem, which cost us five dollars to hear played, were not other subjects waiting for notice. Suffice it to say, that it is a magnificent instrument, with some 8000 pipes—one of them being 32 feet long. It is inferior to one in the cathedral of York, but it has a reputation, and consequently it must be heard at any price. When strangers enough have accumulated at the hotel, near by, to make the visit economical to each, by raising the sum demanded, they all march to the church at precisely 7 o'clock, P.M., to listen to the powerful tones of this ancient organ. A piece called *the storm*, in which rain and thunder are successfully imitated, till the staunch walls of the old gothic edifice tremble, is the last and best of the exhibition. Just in front of the cathedral is a statue of Lawrence Carter, a physician, claimed by the Haarlemites to be the discoverer of printing. By-and-by we shall refer to another person, in another city, who is also claimed as the fortunate inventor of types. Six miles from Amsterdam is the inland lake of Haarlem, 21 miles long by 11 in width, which three hundred years ago was found to be perceptibly increasing by shooting its waters further and further, and covering up the land, threatening the first commercial port of the realm with destruction, by flowing in upon its back. Various schemes, at that remote epoch, were devised by able counsellors, to stay the threatening danger. Three Dutch engineers, of acknowledged ability, proposed draining off the water, first

raising it by windmills. They are entitled to remembrance, from having suggested the very plan adopted in 1849 for averting an impending calamity. Seven years since, delay being no longer safe, a canal was dug round the whole circumference of the lake, averaging 200 feet in width by 10 deep, in which a numerous fleet of large sloops and boats, of all imaginable shapes, are sailing. Three monster steam engines are housed on the sides of the lake, some six or eight miles apart, each moving eight monstrous iron pumps. All the pistons are raised at once, at every revolution of the machinery, raising 15000 gallons of water, which is emptied into the canal, whence it is hastened on by a fourth engine faster than it would otherwise move, to the Zyder Zee, and thus it reaches the sea, 15 miles distant. In April, 1849, the twelve pumps, worked by three of the mightiest steam engines, perhaps, ever constructed, were set in motion; and up to this date, July 20th, 1850, have lowered the contents of the lake seven feet. By next April, it is anticipated that the bottom will be fairly exposed, and all the water conveyed away from the ancient basin. All this is executed at the expense of government; but the Rhineland company, having in charge the whole drainage of the country, will have the redeemed territory under its immediate charge, lay it out in lots, erect small engines to discharge the sewers over the embankments into the canal, and conduct the business appertaining to its subsequent management. After viewing attentively this extraordinary undertaking, this achievement of art over nature, as well as other stupendous labors by human hands in other places which have been visited from motives which induced the writer to wend his way to the lake of Haarlem, he is convinced that this is decidedly one of the most marvellous triumphs of intellect in the whole range of civil engineering.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 4, 1850

The Abuses of Bathing.—A popular opinion prevails with many who are considered enlightened and intelligent, that bathing the whole body, from one to three times a day, is conducive to the health and comfort of the individual. Ingenious arguments are offered to convince the unbelieving of its salutary influence on the animal economy. Water, in its proper application to the body, in health or disease, we have always been willing to admit is beneficial; but when, from fashion or habit, its use in bathing is carried to the extent we have mentioned, without any regard to the condition of the individual or the season in which it is practised, we cannot concede that it is conducive to health, even if by its omission one feels uncomfortable. It is the argument of many, that its constant use is a great prophylactic; that mankind could, by its general adoption, be exempted from disease, and longevity be made certain. With all proper deference to the opinions of such individuals, we beg leave to differ from them. It is known to every individual that he has a skin, but *all* do not know its functions. It is presumed to have an important part *only* in covering the tissues beneath, in

protecting them from harm, &c. Beyond this, very few, except medical men, have any definite ideas, or take any interest. If it is said that the skin, in its healthy condition, is an auxiliary to the lungs in respiration, or the decarbonization of the blood, or that it is essential to the life and comfort of the individual to have it perform its functions in a healthy manner, such truths are not always believed. Nature has so constituted the animal, that each part is in harmony with every other, and upon any deviation from the usual function of any organ or tissue, the animal machine must necessarily suffer, and in proportion to the existing difficulty of the organ or tissue invaded. The oil which is secreted by the sebaceous glands of the skin, serves the purpose of lubricating its surface. Now if this secretion is constantly removed as fast as exuded, its destined object is thereby defeated. The excretory ducts of the perspiratory glands, and the glands themselves, require this unctuous matter of the skin to keep them in a healthy action. If very frequent bathing of the whole body is practised, it must be obvious that this matter cannot be long present to perform its office. As to the assimilation of functions of the skin and lungs, it will be apparent, that when the skin acts imperfectly, or ceases to act at all, the lungs have an extra amount of duty to perform; and it is generally in just such cases, that engorgement of them takes place, constituting inflammation, or pneumonia. It should therefore be our endeavor, to avoid any operation upon the skin that will in the least impair its function. If it can be proved that a daily bath is not beneficial, but on the contrary injurious to the majority of those who use it, then it is time that it should be known and the practice dispensed with. We once knew a man who was convinced that the daily morning cold bath would add to his life a number of years. In a cold room, in mid winter, he used to break the *ice* to get at the water. The bath over, with cold bread and water for his breakfast (another favorite hobby of many), he rushed for a room where there was a fire, so that he might warm his poor, cold, cholera-looking frame. The man had not sense enough to know that all this was injurious to him, and, like the many of whom we complain, merely indulged in such practices *because it was fashionable* and he had been told of its great benefits. It is one of the peculiar weaknesses of our nature to ride a hobby to death—to fall into *extremes*. We cannot be satisfied with a medium. If a certain something is beneficial, a greater amount must be better. In our opinion, once a week is often enough to bathe the *whole body* for the purpose of luxury or cleanliness. Beyond this, we consider bathing injurious. Flannel worn next to the skin at all seasons is proper, and is infinitely more healthful than all the daily baths now so fashionable.

Massachusetts Physo-Medical Society.—This is one of the new societies lately formed by a *sect* who style themselves reformers in medical practice and teaching. In the Constitution of the Society, *which we have seen*, is mentioned the description of charges that would be sufficient to expel a member. The fifth one being so significant, we feel disposed to give them the benefit of its insertion in our pages. A member may be expelled, it seems, "For having resort, in his practice, to general depletion, the use of mercury, arsenic, antimony, or any mineral or vegetable preparation which does not act in unison with the laws of nature"! By the by, how happens it that these reformers should make use of any language but plain English in their diplomas of membership? They who endeavor to build up new

doctrines, and who see so much in the regular practice that is reprehensible, should also avoid copying Constitutions or By-Laws from the very sect which it is their wish to put down, and to whom they are indebted for the little knowledge they possess.

Mitchell's Therapeutics.—"Materia Medica and Therapeutics, with ample illustrations of practice in all the departments of medical science, &c. &c. By Thomas D. Mitchell, A.M. M.D., Professor of Theory and Practice in the Philadelphia College of Medicine, &c. Philadelphia, Lippincott, Grambo & Co., publishers. Boston, Ticknor, Fields & Co." We take much pleasure in noticing this able work of Dr. Mitchell, and can assure our readers it is one of the best works on Materia Medica and Therapeutics that has been published. It is written in a style that interests and instructs at the same time. The author, in his introduction, has given the reasons of a difference between the arrangement of his work and other works on the same subject. In speaking of superiority, he says, that if his work possesses any over others, it is from its *practical* character; and then goes on to say, "But there is still another point of difference between this and other books of materia medica and therapeutics, which some may not approve. I allude to the small amount of dry details on the natural, botanical and chemical history of articles to be found in this work. It has always appeared to me to be unnecessary, and actually uninteresting, to swell a volume to an inconvenient bulk by the statement of facts that not one in a thousand will take the trouble to read. I have, therefore, purposely excluded a great deal that some have seemed to think essential to the structure of a treatise on this department of medical science, preferring to fill the pages with really useful, practical matter, of every-day interest in all parts of the country."

"*Spectacles, their Uses and Abuses.*"—This work on "ocular hygiene," by J. Sichel, M.D., of the faculties of Berlin and Paris, Clinical Professor of Diseases of the Eye, &c. &c., has been translated from the French, by permission of the author, by Henry W. Williams, M.D., Fellow of the Massachusetts Medical Society, &c., and published in Boston by Phillips, Sampson & Co. It is the only treatise upon the subject that has ever appeared in this country. One would hardly suppose that so much could be written upon a subject that has always been considered of trifling importance; but on a careful perusal of its contents, the reader will perceive the true value of the observations and teachings of its author. Persons who have considered themselves fit subjects for the use of spectacles, have generally never thought the matter of importance enough to consult others upon the kind and quality they needed, save those from whom they purchased them. It is often the case that the itinerant vender of notions may have, among his assortment, *glasses*, and from him, many are supplied. In large cities the optician may be better qualified to adjust them to the *proper* wants of the individual; yet his system of adaptation may be very imperfect, and no doubt often is very injudicious. That the *optician*, as well as others, may be better able to comprehend the wants of those who by their infirmity have to resort to artificial means to remedy defects in vision, the essay of Sichel has been published, and is most eminently qualified to fill that space in our medical literature which has been left blank until now. To

Dr. Williams, and his publishers, the profession, and all others interested in such matters, are under the greatest obligations for its chaste style, and the beautiful execution of its pages. We sincerely hope they may be fully remunerated for the expenses incurred, and that the profession will lend their aid in its recommendation.

Execution of Dr. John W. Webster.—On Friday last, 30th ult., pursuant to the executive warrant, Dr. John W. Webster suffered the extreme penalty of the law for the murder of Dr. George Parkman in November last. The execution, as directed, took place within the precincts of the jail yard. From early dawn to 8 o'clock the workmen were busily engaged in preparing the instrument of death, and the sound of the hammer could be distinctly heard within the prisoner's cell; yet it is said that he ate, during the time, a hearty breakfast, and *quietly smoked a cigar*. At quarter before 8 he was visited in his cell by his spiritual adviser, the Rev. Dr. Putnam, who remained with him to the last. At quarter before 9, the jailor and attendants of the prison, accompanied by the high sheriff, went in to take their final farewell of him, and it is said that the scene was truly affecting. When they left the prison, the tears could be seen coursing down their cheeks. Dr. Webster thanked them for their kind treatment of him during his incarceration, and said he hoped to meet them in another and a better world. At 9 o'clock, the religious services that are usually performed, on such occasions, took place in the arch of the prison, which was filled with the officers of the law, and those citizens who were requested to be present. Never did we witness such a solemn scene; there was the poor condemned man on his knees, while the most fervent of prayers was addressed to the throne of God. Every eye was moistened, and the hearts of all throbbled with anguish for the fate of him who was about to suffer. At 9½ a procession was formed, headed by the sheriff and his deputies; then followed the condemned, in company with Dr. Putnam and an officer, the spectators bringing up the rear. The procession moved with funeral pace until it came to the foot of the stairs which led to the scaffold, when the high sheriff and three of his deputies mounted the steps, followed by the prisoner, officer and Dr. Putnam. Dr. Webster placed himself upon the drop immediately under the rope, the noose of which nearly touched his head. The high sheriff at once proceeded to read the warrant, during which time the spectators were uncovered, and Dr. Putnam was in earnest conversation with Dr. Webster. The warrant having been read, the prisoner was pinioned, the noose put around his neck, the cap drawn over his head, and at 25 minutes to 10 the fatal spring pressed, when the drop fell with its doleful sound, and he was thus launched into eternity. After being suspended half an hour, his body was lowered into the coffin beneath, which was immediately removed to the cell in the prison that was occupied by him when living; and thus ended the tragedy. There were some two hundred persons present, including the officers, to witness the execution. Dr. Webster's demeanor was characterized by the exhibition of much firmness throughout the trying scene; he did not falter in his step or movements, either on the march to the scaffold, or when upon it. He seemed perfectly resigned to his fate, and was as submissive as a lamb. Indeed, so much resignation and calmness are rarely shown under the painful circumstances of such a case. While the rope was being adjusted around his neck, he held up his head, without being asked, that the

rope might be properly applied. His fall was from 7 to 9 feet; and with the exception of a little spasmodic movement immediately after, no other motion was observable, and it is supposed that he died at once, without any suffering. His remains were taken to the residence of his family in Cambridge on the same evening, the day of his execution having been kept secret from them till after the final scene. On Saturday morning, about 4 o'clock, his body was carried privately to its last resting place in Mount Auburn.

With respect to the justness of the sentence now executed, it is not at this time our purpose to speak; but as our views on the death penalty differ from those of the majority, we may be allowed to say that we hope it will be the last time there will be cause, in our commonwealth, to carry into execution such a dreadful sentence. During the last nine months the community has been in the greatest state of excitement consequent upon the murder of Dr. Parkman and the subsequent arrest, trial, and conviction of Dr. Webster; in fact, the whole civilized world has taken a deep interest in it.

Starling Medical College.—The annual announcement of the course of lectures of 1850-51, and a catalogue of the graduates for the session 1849-50, have been received. This College is located at Columbus, Ohio, the Capital of the State, and affords good facilities for furnishing the student a complete medical education. We recognize, among the faculty, the names of several gentlemen well known to us, who possess the proper qualifications to advance the student of medicine in his researches. There were 52 graduates at this institution the past year.

Medical College of Ohio.—The annual announcement of lectures for the session of 1850-51, and the catalogue of the graduates of the last session, have been received. In it, is officially announced the appointment of Dr. John Bell to the chair of Theory and Practice of Medicine, which was made vacant by the resignation of Dr. Drake; also, that of Dr. T. O. Edwards to the chair of *Materia Medica*—both excellent appointments.

Simulated Disease.—A strange case of this description has lately been detected in the Sussex County Hospital:—A woman, Betsy Ginn, aged 23, was brought before the weekly Hospital Board, charged with wilfully producing the disease for the cure of which she had applied to the hospital. The statement made against her was, that very numerous diseased patches of the skin, over nearly the whole of her body, limbs, and face, were the result of her own application to the parts of hydrochloric acid. Several patches were nearly as large as the palm of the hand; and they were in different stages, the recent ones being yet in a gangrenous condition, others (from which the sloughs had separated) were deep and troublesome ulcers, and many (the majority) had healed, but with disfiguring scars, and in some places to the injury and contraction of the adjacent sinews. The woman, after many denials and prevarications, at length admitted her guilt; and further, that she had been practising the deception for a period of nearly three years, four months of which she had spent in the Colchester Hospital, and nine weeks in University Hospital, London, without the imposture being discovered. While begging for mercy, she stated that she

had been induced so to act, in the hope of obtaining a better home than a workhouse. To the foregoing instance of fraud, which we abridge from the *Essex Herald*, we are enabled to add a few particulars:—When in University College Hospital, this person suffered, or at least complained of suffering, almost constantly from nausea, and she took little food—in fact, refused almost all of a solid kind. The case was at the time regarded as identical with those described by Sir B. Brodie, under the heading, “Peculiar Species of Dry Gangrene of the Skin,” in his latest published work, viz., “Lectures Illustrative of various subjects in Pathology and Surgery.” (Page 302.) The foregoing circumstances were well calculated to lull suspicion; but a question now arises, as to whether the loathing of food was real, or only pretended, the better to carry out the deception. Food might have been procured and eaten at night. The cases mentioned by Sir B. Brodie as having been observed by Mr. Keate and himself must, we apprehend, be placed in the same category as that above noticed, at least until some *bona fide* example of the same appearances, arising without a like cause, shall be placed on record.—*Medical Times*.

Medical Miscellany.—We are requested to say that Prof. Silliman never gave his name nor any permission to use it in support of the claims of the Cherry Pectoral, and that in letters to Mr. Ayer he has protested against the unwarrantable liberty taken with him, as he never saw the certificate to which his name is attached until his attention was called to it by a medical friend.—On Thursday last, the trustees and other officers of the New York Medical College assembled to witness the ceremony of laying the corner stone of the new structure in the Thirteenth street, corner of Fourth avenue.—The Medical College, in North Grove street, Boston—the scene of the Parkman tragedy—closed to the public on Saturday last. During the time it has been opened for inspection, probably 150,000 persons have visited it.—In the medical department of the Memphis Institute, there has been erected a new professorship, called “*Cerebral Physiology, Medical Geology and Mineralogy*,” W. B. Powell, M.D., occupying the chair.—Dr. S. Hanbury Smith has been appointed Superintendent of the Ohio Lunatic Asylum, in place Dr. Wm. M. Awl, resigned.

TO CORRESPONDENTS.—Communications have been received from Drs. Beardsley, Finch and Holt. One from “*” is probably sufficiently attended to by a notice in the “Miscellany” of today’s Journal.

The publisher is obliged to encroach for a few weeks upon the reading department of the Journal, to make room for the advertisements of Medical Schools, and to allow the “Contents” to be placed in its proper place. It is intended that the space thus occupied shall not amount, at the most, to more than the extra pages which were given in No. 12 of the last volume, and that it shall mostly comprise a succession of notices respecting medical institutions which will be found interesting when bound up in the volume.

DIED.—At Nashville, Tenn., 14th ult., Dr. George Troost, for a long period a Professor in the University of Nashville, and also for a number of years Geologist of the State of Tennessee.

Deaths in Boston—for the week ending Saturday noon, Aug. 31st, 85.—Males, 48—females, 37. Abscess, 1—accidental, 1—apoplexy, 2—disease of the bowels, 16—disease of the brain, 1—congestion of the brain, 1—consumption, 6—convulsions, 3—cholera morbus, 2—canker, 1—child-bed, 3—debility, 2—dysentery, 5—diarrhoea, 3—dropsy, 2—dropsy of the brain, 1—executed, 1—typhus fever, 1—typhoid fever, 2—lung fever, 1—brain fever, 2—hooping cough, 2—hemorrhage, 1—infantile diseases, 3—disease of the liver, 1—marasmus, 3—measles, 1—old age, 3—smallpox, 1—teething, 6—disease of the throat, 1—tumor, 1.

Under 5 years, 47—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 13—over 60 years, 5. Americans, 34; foreigners and children of foreigners, 51.

Corresponding week last year, 236 deaths, including 94 by cholera.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS.—The Boylston Medical Committee, appointed by the Corporation of Harvard University, consists of the following Physicians:—
JOHN C. WARREN, M.D. **WALTER CHANNING, M.D.**
S. D. TOWNSEND, M.D. **D. H. STORER, M.D.**
G. C. SHATTUCK, M.D. **EDW. KEYNOLDS, M.D.**
J. B. S. JACKSON, M.D. **J. MASON WARREN, M.D.**
JOHN JEFFRIES, M.D., Sec'y.

At the annual meeting of the Committee on Wednesday, Aug. 7, 1850, a premium of sixty dollars, or a gold medal of that value, was awarded to **F. WILLIS FISHER, M.D.**, of the city of New York, for the best dissertation on the following subject:—

“What is the value of the Microscope in detecting pathological changes in the human body?”
 No premium was awarded for a dissertation on the subject “What is the connection between Cerebral and Cardiac diseases?”

The following are the Questions for 1851:—
 1. A comparison between the present (1849) and the former invasion of Epidemic Cholera.
 2. How far are the diseases of the Larynx remediable by surgical treatment?

The following subjects are proposed for the year 1852:

1. On the diseases of the Prostate Gland.
 2. Original researches with the Microscope illustrative of Anatomy, Physiology, or Pathology.

Dissertations on any of these subjects must be transmitted, post-paid, to **JOHN C. WARREN, M.D.**, Boston, on or before the first Wednesday of April of the respective years.

The author of the best dissertation, considered worthy of a prize, on either of the above questions, will be entitled to a premium of Sixty Dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

JOHN JEFFRIES, Secretary.
Boston, Aug. 17, 1850. Aug. 21.—6t

THE NEW YORK MEDICAL COLLEGE—Session 1850, will commence its Course of Lectures on the first Monday of November next.

HORACE GREEN, M.D., Prof. of the Theory and Practice of Medicine.

ABRAHAM L. COX, M.D., Prof. of Surgery.

B. FORDYCE BARKER, M.D., Prof. of Midwifery and Diseases of Women and Children.

JOHN H. WHITTAKER, M.D., Prof. of Anatomy.

EDWARD HAMILTON DAVIS, M.D., Prof. of Materia Medica and Pharmacy.

R. OGDEN DOREMUS, M.D., Prof. of Chemistry.

E. M. BRUNDIGE, M.D., Demonstrator of Anatomy.

ALEXANDER B. MOTT, M.D., Prosecutor of Surgery.

A College edifice, unsurpassed for architectural beauty and adaptation to its purposes, will be completed by the first of October. An inspection of the building and its arrangements now in progress, will satisfy gentlemen engaged in the study of medicine that no better devised or ampler provisions could be made to facilitate their pursuits and to promote their comfort, than are here furnished. The capacious anatomical rooms and theatre, the well-arranged laboratory, and beautiful and convenient halls, will compare with those of this or any other city.

Its position is unrivalled, being in Thirteenth st., within one hundred yards of Broadway and Union Place, midway between the New York Hospital and Bellevue Hospital, at a convenient distance from the Eye and Ear Infirmary and the various Dispensaries of the city, which are all accessible to the students. In addition to the hospital advantages of the College, students will have an opportunity of studying disease practically in three weekly clinics, one by the Professors of Surgery and Anatomy, one by the Professor of Theory and Practice, and one of Diseases of Women and Children by the Professor of that Department.

Aug 7—tOct15

COLLEGE OF PHYSICIANS AND SURGEONS OF THE UNIVERSITY OF THE STATE OF NEW YORK.—The Forty-Fourth Session of the College will be commenced on Monday, 14th of October, 1850, and continued until March 13th, 1851 (Commencement day).

ALEXANDER H. STEVENS, M.D., LL.D., President of the College, and Emeritus Prof. of Clinical Surgery.

JOSEPH M. SMITH, M.D., Prof. of the Theory and Practice of Medicine and Clinical Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., LL.D., Prof. of Botany and Chemistry.

ROBERT WATTS, JR. M.D., Prof. of Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M.D., Prof. of Physiology and Pathology (including Microscopy).

CHARLES E. ISAACS, M.D., Demonstrator of Anatomy.

Fees.—Matriculation Fee, \$5; fees for the full course of Lectures, \$94; Demonstrator's ticket, \$5; Graduation fee, \$25; board, average \$3 per week.

Clinical Instruction is given at the New-York Hospital daily, by the Medical Officers (Prof. Smith being one of them), fee eight dollars per annum; at the Bellevue Hospital twice a week, without fee (Prof. Parker and Clark belonging to the Medical Staff); at the Eye Infirmary, without fee; and upwards of 1,000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The Annual Commencement is held at the close of the Session; there is also a Semi-annual Examination on the second Tuesday in September. The prerequisites for graduation are, 21 years of age, three years of study, including two full courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with medical science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 30th September, and continued until the 14th October.

This course will be free.
R. WATTS, JR., M.D.,
Sec'y to the Faculty.
 Coll. of Physicians and Surgeons, }
 67 Crosby st. N. York. } July 24—tN1.

PHILADELPHIA COLLEGE OF MEDICINE,
Fifth Street, South of Walnut.—The Winter Course of Lectures for 1850 and '51, will be commenced on Monday, October 14th, 1850. The General Introductory will be given by **DR. JAMES MCCLINTOCK.** Degrees will be conferred early in March.

JAMES MCCLINTOCK, M.D., Principles and Practice of Surgery.

RICH. VANDYKE, M.D., Materia Medica and General Therapeutics.

THOMAS D. MITCHELL, M.D., Theory and Practice of Medicine.

JAMES BRYAN, M.D., Institutes of Medicine, and Medical Jurisprudence.

EZRA S. CARR, M.D., Medical Chemistry.

JAMES MCCLINTOCK, M.D., General, Special, and Surgical Anatomy.

F. A. FICKARDT, M.D., Obstetrics, and Diseases of Women and Children.

Fee for the full Course, \$84. Matriculation, paid once only, \$5. Graduation, \$30. Fee for those who have attended two full courses in other Colleges, \$45. Dissecting Ticket, \$10. Perpetual ticket, \$150.

Full course candidates for graduation will be furnished with the Pennsylvania Hospital ticket without charge.

The fee for the respective tickets may be paid to each member of the Faculty, or the whole amount may be paid to the Dean, who will issue a certificate which will entitle the student to the ticket of each Professor.

The *Spring Course*, for 1851, will commence about the 15th of March, 1851. Degrees will be conferred about the 16th of July, 1851.

For further information, inquire of
JAMES MCCLINTOCK, M.D., Dean,
No. 1 N. Eleventh St.
Philadelphia, June 18, 1850. Aug 21—6t

SULPHATE MANGANESE, *Syr. Iod.* Manganese—new preparations, and all the other salts of Manganese, manufactured and for sale by **PHILBRICK & TRAFLETON** Chemists and Physicians' Druggists, 160 Washington st., Boston. Mch6—tf

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 6.

COMPARATIVE VALUE OF SULPHURIC ETHER AND CHLOROFORM.

BY W. T. G. MORTON, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

It is now nearly four years since the first demonstration, by myself, that the inhalation of sulphuric ether possessed the remarkable property of annihilating pain during dental and surgical operations, and that this inhalation was attended with no risk to life. The use of this agent may now be fairly considered as an essential preliminary in all operations, or conditions of the system, in which pain forms an important element. After the first experiment on myself, in the middle of September, 1846, I waited impatiently for some one on whom I could make a more extended trial. Towards evening a man, residing in Boston, whose certificate I have, came in, suffering great pain, and wishing to have a tooth extracted. He was afraid of the operation, and asked if he could be mesmerized. I told him I had something better, and saturating my handkerchief gave it to him to inhale. He became unconscious almost immediately. It was dark, and Dr. Hayden held the lamp, while I extracted a firmly-rooted bicuspid tooth. There was not much alteration in the pulse, and no relaxation of the muscles. He recovered in a minute, and knew nothing of what had been done to him. This was on the 30th of September, 1846. This I consider to be the first demonstration of this new fact in science. As soon as the man whose tooth I had extracted left my office, I consulted Dr. Hayden as to the best mode of bringing out the discovery. We agreed it was best to announce it to the surgeons of the Hospital; but as some time would elapse before an operation, I thought it best to procure some assurance which would induce my patients to take it. I therefore called upon the man who had taken it, and found him perfectly well. *I then called on Dr. Warren, who promised me an early opportunity to try the experiment.*

In the mean time, I made several additional experiments in my office, with various success. From them I select the following, as examples of its varied effects.

I gave it to a lady, but it produced no other effect than drowsiness, and when breathed through the apparatus it produced suffocation. I was obliged to abandon this mode, and obtaining from Mr. Wightman a conical glass tube, I inserted a saturated sponge in the larger end, and

she breathed through that. In this way she seemed to be in an unnatural state, but continued talking, and refused to have the tooth extracted. I made her some trifling offer, to which she assented, and I drew the tooth without any indication of pain on her part, not a muscle moving. Her pulse was at 90, her face much flushed, and after coming to, she remained a long time excessively drowsy. From this experiment, I became satisfied of what is now well proved, that consciousness will sometimes remain, after sensibility to pain is removed.

I afterwards gave it to a Miss L., a lady of about 25. The effect upon her was rather alarming. She sprang up from the chair, leaped into the air, screamed, and was held down with difficulty. When she came to, she was unconscious of what had passed, but was willing to have it administered again, which I did with perfect success, extracting two molar teeth.

Agreeably to his promise, on the 16th of October, Dr. Warren requested my presence at the Hospital to administer the ether to a patient who required an operation on the neck. I applied the apparatus for about three minutes, when the patient sank into a state of insensibility. An incision three inches long was made in the neck, and a difficult dissection among the important vessels and nerves of this region was commenced, without any expression of pain. Soon after, he began to speak incoherently, and appeared to be in an agitated state during the remainder of the operation. On asking him if he had felt any pain, he replied in the negative; adding that he knew the operation was proceeding, and compared the knife to a blunt instrument passed roughly across his neck.

On the next day, October 17th, a tumor was removed from the arm of a female at the Hospital, by Dr. Hayward. In this case I continued the application during the whole of the operation, which lasted seven minutes; there was no sign of pain, though there were occasional groans during the last stage, which she said afterwards arose from a disagreeable dream.

I continued to administer the ether in my office; the following cases which occurred successively there, in about an hour, of which Dr. H. J. Bigelow took the following notes, are good examples of the usual results produced by the inhalation of ether, and of the feelings and expressions of patients under its influence.

“A boy of 16, of medium stature and strength, was seated in the chair. The first few inhalations occasioned a quick cough, which afterwards subsided; at the end of eight minutes the head fell back, and the arms dropped, but owing to some resistance in opening the mouth, the tooth could not be reached before he awoke. He again inhaled for two minutes, and slept three minutes, during which time the tooth, an inferior molar, was extracted. At the moment of extraction the features assumed an expression of pain, and the hand was raised. Upon coming to himself he said he had had a ‘first-rate dream—very quiet,’ he said, ‘and had dreamed of Napoleon—had not the slightest consciousness of pain—the time had seemed long:’ and he left the chair, feeling no uneasiness of any kind, and evidently in a high state of admiration.

“ A girl of 16 immediately occupied the chair. After coughing a little she inhaled during three minutes, and fell asleep, when a molar tooth was extracted, after which she continued to slumber tranquilly during three minutes more. At the moment when force was applied she flinched and frowned, raising her hand to her mouth, but said she had been dreaming a pleasant dream and knew nothing of the operation.

“ A stout boy of 12, at the first inspiration coughed considerably, and required a good deal of encouragement to induce him to go on. At the end of three minutes from the first fair inhalation, the muscles were relaxed and the pupil dilated. During the attempt to force open the mouth he recovered his consciousness, and again inhaled during two minutes, and in the ensuing one minute two teeth were extracted, the patient seeming somewhat conscious, but upon actually awaking he declared ‘ it was the best fun he ever saw,’ avowed his intention of coming there again, and insisted upon having another tooth extracted upon the spot. * * * * *

“ The next patient was a healthy-looking, middled-aged woman, who inhaled the vapor for four minutes ; in the course of the next two minutes, a back tooth was extracted, and the patient continued smiling in her sleep for three minutes more. Pulse 120, not affected at the moment of the operation, but smaller during sleep. Upon coming to herself, she exclaimed that ‘ it was beautiful—she dreamed of being at home—it seemed as if she had been gone a month.’ ”

Early in November, 1846, I applied to Dr. Hayward, for leave to administer it in a case of amputation, which I learned was to take place at the Hospital. The surgeons of this institution, in accordance with the established principles of the profession, which forbids them to use or encourage the use of any preparation of the composition of which they are ignorant, declined its use till informed of its composition. I immediately wrote to Dr. Warren, disclosing the whole matter, and presenting to the Hospital the fullest right to use my discovery for the benefit of the institution. Accordingly I administered the ether on the 7th of November to a female patient at the Hospital, on whom Dr. Hayward performed the operation of amputation of the thigh ; it was entirely successful in preventing pain, the woman asserting that she had been wholly ignorant of the operation. On the same day I administered it in a long and painful operation performed by Dr. Warren, of excision of a portion of the lower jaw, in which the patient’s sufferings were very much lessened.

On the 12th of November I administered ether to a patient from whom Dr. J. Mason Warren removed a tumor of the arm ; the vapor was inhaled for three minutes, when insensibility came on ; the inspiration being continued, the patient was entirely tranquil during the whole operation.

On the 21st of November I again administered it to a patient of Dr. J. Mason Warren, from whom he removed a tumor covering nearly half of the front of the right thigh ; the operation was completed in two or three minutes, though there was some struggle during it ; after its completion the patient remained quietly on his back, with his eyes closed. After he had lain about two minutes, Dr. Warren roused him by the in-

quiry, "How do you do to-day?" to which he replied, "Very well, I thank you." He said he believed he had been dreaming; he dreamed that he was at home, and making some examination into his business. "Do you feel any pain?" "No." "How is that tumor of yours?" The patient raised himself in bed, looked at his thigh for a moment, and said, "It is gone, and I am glad of it." It was then inquired if he had felt any pain during the operation, to which he replied in the negative. He soon recovered his natural state, experienced no inconvenience from the inhalation, was remarkably free from pain, and in three days went home into the country.

Having, in a previous publication,* given a sufficiently detailed account of the proper way to administer sulphuric ether, I shall not enter again into these details, but pass at once to the consideration of the comparative value of different anæsthetic agents. I need only allude to the comparatively slow progress of this discovery in America, and the immense mass of testimony from the most eminent men of Europe in favor of its almost universal applicability. To those who would be acquainted with the various attempts instigated by envy, malice, or interest, to establish priority of discovery, and deprive me of the honor of originating the idea, and the consequent experiments, I may refer to the report of the Mass. General Hospital, re-published with notes by R. H. Dana, Jr., to the Report of the Committee to Congress, and to the award of the Monthyon Prize by the Paris Academy of Sciences.

After the claims of ether had become fairly established, another anæsthetic agent, *chloroform*, was introduced by Prof. Simpson, of Edinburgh, as a means of destroying the pains of parturition. This new agent soon created a strong impression in its favor, and has been by many substituted for ether. Its alleged advantages are its more rapid and intense action, its smaller dose, and its more agreeable taste and smell. Extensive trial, both in this country and in Europe, has, I think, proved its great dangers; several deaths have been caused by it, while there is no well-ascertained fatal result traceable to ether. For this reason, many surgeons, and among others Dr. George Hayward, of this city, have denounced chloroform as dangerous, given up its use, and returned to sulphuric ether with increased confidence.

The question, then, is that of the comparative *safety* of sulphuric ether and chloroform. This question can only be settled by experience, and by comparing their effects on the system; such experience has been accumulated to a great extent, and it is the object of these pages to show that the conclusions drawn from it prove the great superiority of sulphuric ether to other anæsthetic agents. My own experience in the application of the former, which has been considerable, and probably unsurpassed by any in extent and freedom from accidents, will supply abundant materials for its full consideration. For the effects of chloroform, I shall depend on the published accounts of the best authorities.

To make a just comparison, it will be necessary to say a few words on the physiological and pathological effects of ether and chloroform.

* On the proper mode of administering Sulphuric Ether by Inhalation. Boston, 1847.

Though the general effects of ethereal inhalation are similar in nearly all cases, yet certain idiosyncrasies, or certain conditions of the system, modify the phenomena, as they do of all other medicinal agents. Instead of quiet and sleep, you often see excitement, agitations, or even slight delirium. In some cases small doses will etherize, in others it requires a large dose to produce unconsciousness. Sometimes, while pain is annihilated, the intellect and the senses are unaffected; the circulation, respiration, muscular action, secretions, and consequent phenomena, are variously modified. Besides idiosyncrasy, no doubt many of these anomalous or discordant phenomena are owing to improper quality or quantity of the ether, or some defect in the manner of administration. It is of the first consequence that the ether should be *pure* and highly concentrated. As a general rule, about two ounces (see table on page 116) should be used to begin with, this being sufficient for full etherization in most cases; and it is better to induce this rapidly by a large dose, than gradually by a succession of small ones. To secure a due proportion of atmospheric air to the lungs, a simple bell-shaped sponge is preferable to complex inhalers. Early experiments were attended with disagreeable results, from the supposition that it was necessary to inhale ethereal vapor alone, instead of atmospheric air charged with this vapor. The effects of ether are usually produced in from three to five minutes. On removing the sponge, and allowing the introduction of pure air, recovery takes place in about the same time. That there is no danger in prolonging the state of etherization for a considerable period, the records of midwifery fully prove. After recovery from this state, the brain and nervous system are rarely inconvenienced by the excitement, if the ether have been pure; even headache is uncommon, and nausea or vomiting, delirium, or convulsions, are quite rare, unless it is inhaled soon after eating.

The symptoms indicate two distinct stages of etherization, or rather the complete and the incomplete. As the latter is all that is required for the dentist's operations, in which no important nerves or vessels are wounded, it is important to be able to recognize it. After the cessation of the slight cough which leads the patient to reject the sponge, the respiration becomes more rapid and audible; the pulse is natural, or slightly accelerated; the pupils are unaffected; the muscular apparatus is somewhat excited, and the movements more or less disordered; the inspirations become deeper, till at last insensibility comes on. In this stage we meet with the most curious affections of the intellectual and sensitive functions, in which sensation is destroyed while the intellect is untouched, the pain perceived but not recollected, or the will active and the power of motion lost. These are now known to be cases of incomplete etherization. The completed stage is characterized by a perfect relaxation of the muscular system; the pulse becomes slow; the pupil often dilated; the respiration often snoring. The sign to suspend the application is the diminished force and frequency of the pulse, and even before this, the muscular relaxation.

Ether undoubtedly acts in the first place as a stimulant, and finally as a narcotic. Magendie and Orfila have offered strong reasons for be-

lieving that the anæsthetic state is analogous to intoxication from alcohol. Both produce the same excitement and subsequent insensibility; both act principally on the nervous system through the medium of the circulation; both may be detected in the blood by undoubted tests. It may, then, be called an intoxication, quickly produced, and as quickly disappearing.

Much has been written by physiologists on the order in which the various parts of the nervous system are affected; and there seems to be some discrepancy of opinion at the present time. M. Flourens (in a memoir before the French Academy in Feb., 1847) maintained that the action of ether on the nervous centres is in the following order: the *cerebral lobes* first are affected—in other words, the seat of the intellect; then the *cerebellum*, when *equilibrium* of motion is lost; then the *spinal marrow*, with loss of sensation and afterwards of motion; finally (if the experiment be carried to this extent), the *medulla oblongata*, cessation of respiration, and death.

My own experience leads me to adopt very nearly the conclusions of Dr. Brown, that the various parts of the nervous system are affected, in cases of complete and normal etherization, in the following order:—The *cerebellum* first, then the cephalic ganglia, the true spinal marrow, the ganglia of special sense and the cerebro-spinal system, and lastly the cerebrum proper; though it is not probable that the cerebrum is ever fully etherized, from the occurrence of dreams; total insensibility of the cerebrum would be nearly equivalent to death, or complete etherization of the *medulla oblongata*.

It has been a question whether ether produces its effects through the nervous or vascular systems. The first (*stimulant*) effect of ether is without question due to the conveyance of its action by the par vagum to the *medulla oblongata*, causing increased respiratory movements and quickened pulse; but, as far as experiments yet prove, the *narcotic* effects of ether are produced through the bloodvessels. This is easily understood when we consider the great extent of the internal pulmonary surface, its vascular net work, and the ease with which air is taken up; once introduced into the pulmonary blood, it would be very soon sent by the heart to the cerebral organs, and produce speedy narcotism. Unlike alcohol, ether taken into the stomach does not produce its specific effects. This has been proved by the experiments of Flourens; and this we should expect from the less extent and absorbing power of the gastric surface. Whether the ingestion of *ether vapor* into the stomach would be equally ineffectual, has not been proved; we know that the injection of the vapor into the *rectum* is speedily followed by insensibility.—See *Comptes Rendus, Avril, 1847, p. 605.*

When we consider the immense number of cases in which ether has been administered, and the exceedingly few and trifling accidents consequent on its use, we may fairly say that its inhalation is unattended with danger. I have administered it in thousands of cases without a single alarming result, to persons of every age, temperament, and condition of bodily health. The experience of Dr. George Hayward, of this city, is to the same effect. He says (*Boston Medical and Surgical Journal, April*

10, 1850), "I have administered it to persons of all ages, of every variety of constitution, and in almost every state of the system, and I have never known in a single instance a fatal or alarming result. I have given it to infants of seven weeks old, and to individuals of 75 years, with entire success. There is reason to doubt whether death has in a single instance been produced by it, when it has been properly administered."

Its advantages as an anæsthetic agent are its perfect safety, the ease with which it is administered, and the absence of ill consequences. Nausea, vomiting, and irritation of the air-passages, rarely occur unless the ether be impure, or be improperly administered; excessive narcotism may be remedied by cold water externally, and stimulants internally, which will soon excite the respiration to free the lungs from the ethereal vapor. The pungent and disagreeable odor of ether is a trifling objection compared with its advantages over chloroform in point of safety. I may again quote Dr. Hayward in this connection, who says, "I should give it the preference over every other article with which I am acquainted, that is used for the purpose of producing insensibility."

I leave it to surgeons and physicians to speak the praises of ether in the various surgical, medical and obstetrical operations in which it is now universally used, whenever the relief of pain is an object of importance; I shall only allude further to a few results of my own experience in dentistry, which may not be uninteresting to the profession. I will here introduce a table showing these results for a short period of my practice, which will enable me to show the nature of the operations, the quantity of ether required, the time for producing and the duration of unconsciousness, with the general effects on patients of different ages and temperaments. [See next page.]

From these cases, forty-four in number, we see that both sexes are affected in the same manner; that ether may be given at all ages; that for ordinary operations the quantity required varies from one half to two ounces; that insensibility is produced in from one to four minutes; that recovery takes place in less time, proportioned to the severity of the operation; that it is well borne by every variety of temperament; that the pulse, when affected at all, is generally slightly quickened, rarely slower than natural; and that for the most part those under its influence remain perfectly quiet, and undisturbed by nausea or vomiting.

Chloroform, or the perchloride of formyle, which was at first extensively employed as a substitute for ether, till numerous fatal accidents led to its more limited use, was first brought into notice as an anæsthetic agent by Dr. Simpson, of Edinburgh, who is entitled to the greatest praise for his scientific endeavors to improve our knowledge of anæsthetic agents. He says it possesses over sulphuric ether the following advantages:—it is more powerful, 120 drops being sufficient to produce insensibility; he has seen it produced "by six or seven inspirations of thirty drops of the liquid"; its action is more rapid and complete, and generally more persistent; it is more agreeable to the taste and smell. He might have added, if experiments then had allowed, that it is also *very much more dangerous*, and its very danger consists in its so-called advantages. We have rea-

son to believe that the chloroform used by Dr. Simpson is a purer and superior article to that commonly used here; this may account for the favor with which he views it. To counterbalance its agreeable taste and odor, chloroform is of an acrid caustic nature, and is apt to excoriate the skin. According to Dr. Hayward, its administration is generally followed by headache and vomiting, which continue for hours, with restlessness and want of sleep. Several cases came to his notice where it was taken in small quantity for dental operations, in which the brain and nervous system were affected to an alarming extent. Convulsions have frequently attended its use, as detailed by Dr. J. C. Warren (On Chloroform, Boston, 1848).

Sex.	Age.	No. of Teeth extracted.	Quantity of Ether used.	Insensibility produced in	Recovery in	Temperament.	Pulse at commencement and end.	Remarks.
F.	33	16	2 oz.	5 m.	1½m.	Lymphatic.	70-105	Perfectly quiet.
F.	34	21	1½	3	1	Nervous.	77	“ “
M.	18	1	1	3	1	Lymphatic.	105	Restless.
M.	40	7	¾	2	2	Very nervous.	100	No resistance.
M.	21	1	1	1	1	Lymphatic.	120	“ “
M.	43	1	1¼	1¼	1	Robust.	70	Slight resistance.
M.	23	1	1	1	1	Delicate.	70-60	Quiet.
F.	..	2	1¾	3	3	Common health.	65-70	“
F.	23	Nrv. destr.	¾	1½	½	..	100-130	Considerable agitat.
M.	..	1	1	½	½
M.	24	2	1½	1½	1½	Common health.	Irregular.	..
F.	20	Tooth exc.	1	3	2	..	“	Perfectly quiet.
M.	29	4	½	2	2	Sanguine.	82-110	Quiet.
F.	18	1	1	3	1	Laughter.
M.	10	4	1	2½	1½	Lymphatic.	80-90	Quiet.
M.	25	4	1	3	3	“	..	“
M.	18	2	1	1¾	1	“	Quickened.	“
F.	21	2	1	1½	1	Common health.	100-120	Trembling.
F.	33	1	1	1½	1	“	80	Conscious but insens.
F.	18	1	1	1½	1½	“	130-120	Quiet.
M.	21	3	1½	3	2	“	100	“
F.	25	3	1	3	1	..	80	“
F.	18	2	1	1½	1½	..	100-110	“
M.	21	4 Nvs. dest.	2	3	6	Very nervous.	160-100	“
M.	30	1	1	3	1	Sanguine.	80	“
F.	20	1	1	2¾	1	Weakly.	53-120	Perfectly quiet.
F.	34	1	½	1½	3	Nervous.	130-80	“ “
F.	32	6	2	5	5	Lymphatic.	80-90	“ “
F.	40	10	1	2	4	Weak & nerv.	70-80	Occasional spasms.
F.	22	16	2	3½	4	Lymphatic.	Quickened.	Quiet.
M.	3	1	1	3	3	Nervous.	130	Resisted.
F.	20	3 roots.	2	5	1½	Lymphatic.	Quickened.	Pleasant dreams.
M.	38	exc., 3 nv. d.	5	6	5	Sanguine.	70-130	Agitation.
F.	43	6 roots.	2	1½	2	Lymphatic.	..	Nausea.
F.	21	Nrv. extr.	2	3	3	Very nervous.	83-120	Dreams.
F.	25	3	3	4	2	“	Quickened.	Conscious but insens.
F.	18	3	1	3	3	Nervous.	..	Slight resistance.
M.	19	..	3	4	2	Very nervous.	..	Trembling.
M.	30	1 milk tooth	1	1½	1	Nerv. Sanguine.	Regular.	..
M.	25	3 roots.	3	6½	3	Lymphatic.	Quickened.	Delightful dreams.
F.	20	1	1	3½	3	Nervous.	70-60	Bad taste.
F.	16	1	1½	3	1	“	Regular.	Screamed but insens.
F.	25	1 filled.	3	3	10	Lymphatic.	“	Perfectly quiet.
M.	10	5	2	2	1	Sanguine.	Quickened.	Conscious but insens.

The physiological effects of chloroform are of the same nature as those of ether, only greater in degree, more rapidly produced, less to be

calculated on, and therefore more dangerous. That the partizans of chloroform were too hasty in maintaining that it always produces a calm sleep, without agitation or excitement (which was one of its alleged advantages), we may quote the distinguished surgeon Roux, who (*Comptes Rendus*, Dec., 1847) gives details of operations under its influence, performed by himself, in which the involuntary movements (in a state of complete insensibility) were so violent that they were with difficulty managed; in another case the patient's recovery was attended with the same excitement, disordered intelligence and loquacity, which have been set down as peculiar to ethereal inhalation.

Velpeau, though allowing the rapidity and certainty of its action, says that the duration of the insensibility is such as to render it dangerous in unskilful hands. A woman, who had inhaled it for only two minutes, remained for eighteen minutes without giving the least sign of sensibility. Its strength is such that an animal dies under its influence in two minutes, that would require the influence of *ether* for twelve minutes. As a general rule, a *drachm of chloroform* is considered equivalent to an *ounce of ether*. The very fact of its quick and certain action renders it formidable if prolonged carelessly; it is impossible to know exactly when to stop, and the fatal blow may be given before we are aware of the danger.

M. Dumas, the eminent chemist, considering the extreme power of this substance (see authority last quoted, p. 891) and its liability to abuse, remarked that chloroform ought to be classed among the *poisons*, whose sale is forbidden by *law* unless on the prescription of a physician; and recommended the police to attend to the subject.

These, and many other authorities which might be quoted, sufficiently attest the great danger of chloroform; and unfortunately there are many cases of *death* which can only be attributed to this powerful agent, though administered with care to healthy persons, in very small quantities, and by cautious practitioners. Even the death of a *single* individual should open the eyes of its advocates to the dangers of its use; but when upwards of *twenty* fatal cases can be clearly traced to the action of chloroform, it seems unjustifiable practice to submit a patient to its dangers, especially when we have in sulphuric ether an agent equally *effectual* and perfectly *safe*.

Malgaigne, in his Report to the French Academy, says that chloroform possesses a poisonous action peculiar to itself, which action, by being too much prolonged, may cause instant death; we can never be certain of being able to control it within the bounds which produce mere *insensibility*, when the passage from this to *death* is so sudden and so near.

Dr. Hayward, alluding to the undoubted fatal cases from the use of chloroform, says, "I know not how a conscientious man, knowing this fact, can willingly take the responsibility and expose his patient to this fearful result."

To show the danger of chloroform, its power, suddenness of action, symptoms and morbid appearances, the table in Dr. Warren's work (above quoted) containing ten fatal cases, may be consulted with ad

vantage. Of these ten cases, three were for operations connected with dentistry, viz., extraction of stumps, toothache, &c.; two had never used any anæsthetic agent before; while the third had used chloroform frequently without bad effects, yet she died instantly at last while under its influence—showing that previous use with impunity is no security against a final fatal result. The time of inhalation in most of the cases was about *one* minute, from a sponge, handkerchief or apparatus; the quantity varied from twenty drops to half an ounce; death ensued in two cases instantly, in the others in from one to ten minutes—showing the fatal issue cannot depend on the quantity inhaled, nor on the manner or duration of the inhalation, but on an instantaneous poisoning of the nervous centres. The symptoms in most of the cases were paleness of the face, discoloration of the lips, disordered respiration, extremely feeble pulse, with relaxation of the limbs, preceded in some by rigidity or slight convulsions; in two cases, in which the heart and liver were enlarged, the face is described as of a livid hue. The morbid appearances varied according to the quantity used and the duration of its influence in most of the cases, though in some the poisonous action was so quick that the appearances could not be attributed to the influence on the blood: thus, congestion of the brain, heart and lungs, was found in some who had inhaled but a small quantity for a short period; while in others, under the opposite conditions, these organs were natural. A remarkable fluidity of the blood was a constant phenomenon. It is very evident that the cause of death is not asphyxia, but sudden poisoning of the nervous system, or an instantaneous paralysis of the heart's action.

In the same Journal (for Sept. 30, 1849) may be found an interesting account by M. Robert, of the Hospital Beaujon, Paris, of four cases in which the administration of chloroform was followed by extreme agitation, in two of the cases ending fatally, as he believes, from pulmonary emphysema produced by this excitement.

Chloroform, injected into the arteries, causes in the muscles supplied by such vessels an increased amount of contractility, which may justly be called a partial and uninterrupted *tetanus*; and this it does by a special action on the muscular fibre, and not by any direct action on the blood or on the nerves. Experiments, going to prove this, may be found in the *Comptes Rendus*, for April, 1849.

As to the relative safety of sulphuric ether and chloroform, we may justly conclude, from the numerous data now existing in the annals of medicine and surgery:—

1. That there is an immense preponderance of testimony in favor of sulphuric ether, both during and after its application.

2. While there is but one case, and that not well ascertained, in which ether has been accused of producing fatal results, there are not less than twenty, and probably many more, in which the fatal result is clearly traceable to chloroform.

3. Chloroform has caused death in the young and the old, the strong and the weak, the healthy and the diseased; and cannot be said to be safe in any condition of the system.

4. Chloroform is much stronger and more prompt in its action than ether, and less volatile; which renders it impossible to calculate its effects, and difficult to avert danger in season to save life. The anæsthetic effects of ether gradually subside when its use is stopped; but the less volatility of chloroform often causes an aggravation of the symptoms, after the inhalation has ceased.

5. Chloroform may kill directly by its action on the nervous system and the blood, or indirectly by asphyxia.

6. There are certain idiosyncrasies, which cannot be known in advance, in which a very minute quantity of chloroform has produced, and will again produce, death.

7. In females and children, in whom there is generally a greater susceptibility of the nervous system, the action of chloroform is quicker, more complete, and therefore more dangerous.

8. Chloroform has produced instant death from syncope, or cessation of the action of the heart; it is therefore extremely dangerous in cases where the heart's action is enfeebled by lingering disease, by fear, by valvular or aneurismal disease, by old age, by sudden or large losses of blood, or any other cause of weakness.

9. There is no reason for diminution of confidence in the *efficacy* and perfect *safety* of sulphuric ether; while there is an unanswerable reason why chloroform should be abandoned, as its use involves the risk of a *fatal result*, which can neither be foreseen nor prevented, from the immediate suspension of the powers of life during its administration, or consequent changes in the nervous and vascular systems.

10. That while sulphuric ether will produce *safely* all necessary results expected of anæsthetic agents, no one is justified in submitting his patient to the risk of his life by using chloroform, simply because it is more agreeable, more powerful, cheaper, or more portable.

The above conclusions will apply to chloric ether as well as to chloroform, with a due modification for the inferior strength of the former, and for the fact that as yet no fatal effects have followed its use, as far as I know. Many surgeons speak highly of it as an anæsthetic agent, and are satisfied of its safety. But as *chloric ether* is a tincture of *chloroform*, or a mixture in variable proportions of the latter with alcohol, it must obtain its anæsthetic effects from chloroform. Alcohol cannot diminish the danger in idiosyncrasy or in conditions where chloroform has proved fatal. Though its odor is more agreeable, the quantity required to produce insensibility is as great as that of sulphuric ether, and the same time is required in both; it also irritates the skin, is more apt to produce nausea and vomiting, and greater disturbance of the nervous system. Says Dr. Hayward, "I cannot divest myself of the belief that chloric ether is an unsafe anæsthetic agent. * * * I fear that if it be used with the same freedom that sulphuric ether is, we shall soon have to record some very different results. * * * We cannot be by any means certain that death, when not looked for, may not follow its exhibition."

19 Tremont Row, Boston, Sept. 3, 1850.

LETTERS FROM GERMANY.

FROM THE EDITORIAL CORRESPONDENCE OF THIS JOURNAL.

COLOGNE.—Who has not had a bottle of the pure eau de Cologne? Well, this is the spot where about two drops in every two hundred barrels sold annually, are manufactured! No less than half a dozen shops, in sight of each other, have special notices in front, in French, German and English, assuring the gullible passer-by, that their's is the only genuine depot, where the unadulterated Farina article is to be had. All travelling ladies, of course, lay in a stock, in passing through, which is no small item of income to the venders, since a bottle, the diameter of an alderman's thumb, costs quite as much as it would in London or Boston.

Coblentz, at the junction of the Moselle with the Rhine, is exceedingly curious in various respects. Opposite is the formidable, elevated fortress of Phrenbretstein, the strongest position in Germany, on the peak of a high rock, from the top of which there is an uninterrupted view of many distant towns, towers, turrets, of the meandering river, bearing a fleet of strangely-devised vessels, laden with the various products of this and other lands. A bridge of boats (admirably represented in the Panorama of the Rhine exhibited in Boston last winter) shows that many of our rivers might be crossed in the same way, without detriment to navigation. Instead of the solid frame-work at Wheeling, over the Ohio, productive of bitter animosity between the up and down-river people, the boat bridge would have answered all the demands of land carriage, and would have been cheapest. Those having the management appear to reside in the boats, several having windows on the sides. From thence, steamers stem the current of the winding, swift-flowing Rhine, to Mayence, laden with the representatives of the whole civilized world. With descriptions of the scenery, the majestic ruins crowning the everlasting hills on either bank; the terraces for cultivating vines, on the steep sides of the rocks, which produce the highly-prized Rhenish wines; with innumerable incidental sights, many of them worthy of description, books and diaries abound, consequently it is unnecessary to dwell upon them longer. Those who have ascended the upper Mississippi, would look upon the mere river Rhine, unconnected with its historical associations, in the light of a small affair. On reaching Die-rich, a few miles below Mayence, the distant landscape brings to mind the general appearance of the rich prairie bottoms on the Iowa side of the former river. Johannisburgh, the estate of the fallen statesman Metternich, bears a resemblance, in the gentle, graceful swellings of the surface, the deep-green fields, and inviting aspect, to many untouched beauty-spots on the virgin soil near Lake Pepin.

Weisbaden, considered the first watering place in Germany, surrounded by the hills of Taunus, having a fixed population of about 12,000, admitted to be bewitchingly attractive, abounds in wealthy and very seductive influences in the form of gardens, walks, saloons, and, in short, whatever modern civilization has devised for extracting money from a close pocket. At the moment of penning this line (July 24th) it is conjectured that some thousands of strangers are in town, vastly more

than peep in upon Saratoga thus early in the season. By the middle of August the number may rise to 10,000. The hot spring, at which the multitude centres in the morning, boils out of the ground, bubbling like a pot, at an uniform temperature of 149° F.—therefore too hot for drinking till cooled. The quantity thrown up through all the crevices, in twenty-four hours, is not less than 11,000 hogsheads. It has the flavor of weak chicken-broth, through the aid of a favored imagination. There are sixteen of these thermal springs, but only one of them is particularly curbed, attended by a splendid band of music at an early hour, and otherwise receives the homage of noblemen and beggars. Carbonate of lime, magnesia, muriate of lime, alumina and iron, are held in solution, and although magnified into being a remedy for many diseases, Weisbaden, without its gaming tables, would lose its attractions. Gold and silver change ownership in startling rapidity, from 11, A. M., to 11, P. M., on a scale far exceeding the banking operations of chartered institutions in State street. Such gambling is not often witnessed.

At Weisbaden, there is evidently a subterranean fire, for how could water be heated without its agency? No less interesting are the warm and hot springs of Virginia, where the same phenomena occur, as mark this ancient bathing place of the Romans. One, however, is on the ridge of the Alleghanies, and the other on a plain—but both, unquestionably, are chimneys of volcanoes, into which water percolates, through fractures and dislocations of the rocks, till it reaches the furnace, where it is instantly converted into steam, which being condensed before arriving at its outlet, is urged on and upward, by the expansive force that is acting upon the column below.—At Weisbaden, Dr. Webster's confession was first made known to us, through the English press, giving all who read it a thrill of horror.

Baden-Baden, Grand Duchy of Baden, Germany.—When the Journal was last addressed, the paper was mailed at Frankfort-on-the-Main, where the peace congress is to meet towards the close of August. Besides a beautifully-executed bronze statue of Goethe, and the identical house still standing in which the poet was born, there is a fair share of astonishments, just far enough apart to keep a visiter actively moving while he remains. In the Jews' street, so narrow that a carriage is driven through it with difficulty, having immensely high, dilapidated old houses on either side, is pointed out the one in which the great bankers, Rothschilds, drew their first breath, and where their mother continued to reside till the day of her death, two years since, at an advanced age, notwithstanding the wealth of her children, who could at any moment pay down the ready cash for a kingdom. A purely medical traveller, who takes no interest in anything that does not have the flavor of ipecac., would find nothing for his diary in Frankfort, beyond the names of a few lucky practitioners, who have the patronage of those best able to pay their bills. Circumstances, in the profession of medicine, make the man—even in Europe. A very few rise to distinction by their energy of character, but the first positions are in the safe keeping of family influence. When a biographer speaks of this and that one as being called to a professorship, it would be far more honest to declare that through the

controlling activity of friends or relatives, he was raised over the heads of competitors, whose only qualification was merit—a kind of coin that is quite as much below par in Germany as in some other countries. In France—Paris particularly—there is a splendid exception to the monopolizing spirit. Velpeau, Lisfranc, and a brilliant catalogue of medical and surgical luminaries, would never have been known, were the policy adopted there that is acted upon by the leading managers in the schools of medicine generally.

Every day in travelling brings with it something new or strange, differing so much from the manner of doing things in young America, that it is not safe to mention more than one in a dozen of them. An idea may be formed of the general deviation from our satisfactory standard—which is considered by us a normal condition, such is our vanity—by merely relating that all through the Duchy of Baden, cows are worked like oxen; but the funniest part of the story is, that they draw by their horns instead of shoulders. A rope is tied to each horn, made fast to the cart, or a small pad is placed on the forehead and a rope passes across it. Notwithstanding their hard service, they are milked as usual. On remonstrating with a person on the impropriety of this, and stating that the nutritious properties of the milk were injured by heating and teasing the poor animals while at service, and it was therefore less suitable for food, and adding that in other countries they were, by general consent, exempt from labor, he shrugged up his shoulders, laughed at the idea, and was apparently ready for a long argument, to prove, on German principles, the futility of our theory as well as practice. Through Holland, carts and waggons are minus a tongue—a short stump projects from the middle of the forward axletree, that turns like half of a letter S, which the driver pushes either way to turn the course of the vehicle. In building coaches, they are copying the fashions of their neighbors by having tongues and thills. Goats are kept harnessed, on public stands, in miniature carriages, for hire, in airing children; and donkeys, poor despised asses, fantastically caparisoned, according to the owner's notions of elegance, are in such numbers, where there is any climbing to be done, that they are called the Weisbaden cavalry. It is pleasant to contemplate the character of these creatures, after all that is said of their stupidity. Those long ears were not made in vain; nor could the link in nature's chain of animal gradations be complete, without that big head, dull eye, small hoof and sure-footedness. They hear more than they say—what they think, is best known to themselves; but if one of them should happen to speak, as Balaam's did, what singular experiences they might relate of the ecstasies of foreign travellers, on first coming in view of the magnificent scenery to which they safely carried them on their low saddled backs. The only idlers in these old countries are the rich—it being a maxim, apparently, that nothing is worth having that is not productive. Let any man practise constantly upon this suggestion, and refuse even to keep a cat that never had kittens, and he is on the way to wealth.

No one, possessing a ray of observation, can pass through central Europe, without noticing something worth copying in agriculture. In the Duchy of Nassau, all the roads are bordered by fruit trees—apples,

pears, cherries and walnuts, which answer the two-fold purpose of shade and ornament, and then furnish the way-farer with wholesome fruit.

WATER, BATHING AND WASHING.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—You have quite stirred the people up, “frighted the Isle from her propriety,” by an article in your last number, in which is questioned whether men are aquatic or land animals—ducks or hens—bipeds with or without feathers. I was delighted with your article—with it all, except the *flannel proviso*. To me this was as unpalatable as is the Wilmot one to the South. To wear flannel, *me judice*, is to rub the skin when foul with a towel, and to wear it afterwards. And more, to me, flannel was most unhealthful. I was eternally sneezing and blowing, until my nose began to acquire the dimensions of that wonderful one which led to such profound questionings in the voracious journal of Sterne. No, Mr. Editor, I fight against flannel. I have not worn it for forty-five years and four days, and it is odds if I ever don it again.

But, to the water question. I have no sympathy with water. I am a perfect hydrophobist. Nothing to my mind is more ludicrous, ridiculous, &c. &c., than for a man regularly to strip, to jump into a tub of water, and then “jump out again”! There is no cleansing in such a process. You may *wet* the skin, make it look blue, give it the real par-boiled *smoothness*—but as to cleansing one’s skin so, you do no such thing. You imperfectly *wet* it, and that is all. Recollect for a moment the nature of one of the cutaneous secretions, essentially oily, and then with a glass or good eye see how it fares with the water which you pour upon or over it. This stands in small *separate drops*, for all the world resembling globules of mercury, and absolutely never *touch* the skin. Not only is air between them and the skin, but as dense a coating of natural grease as one can find on a summer’s day.

Think for a moment, dear Mr. Editor, of attempting to clean the back of the neck—the *ears*, inside and out—the axillæ in summer—and the regions round about Jordan, with cold water! It is utterly preposterous—impossible; water “can’t come it”! I used to try, but having wasted water, strength, and time enough, I gave up in despair, till one day standing naked before my glass, and thinking what I should do next, SOAP came to my thought. It was got—the best in the market—Babbitt’s, when it was invented—and to work I went, and I came out of the battle clean—yes, clean indeed! This is your only way. It takes time; but get up early and find it. It saves time, too, for you need not be eternally paddling in water, as is the wont of many. You are clean, and the cleanliness sticks. You need not wash it off once or twice every day. I have friends who almost literally live in the water. I am looking for the feathers. Thrice a day is common with them. Only think of such a discipline. It beats the old system of Flagellation out and out. I do not see how they can do any thing else but *bathe, bathe, bathe!* How do they eat and drink? It is suggested that they feed by *absorption*.

You give the history of a friend whose system of water discipline is striking; but I have a case which goes far ahead of it. An old gentleman told me his course. "I rise," said he, "all the year round, at day break. I strip myself and go into a north room, with painted floor, and wooden, painted chairs. There is my bathing tub. I break the ice, in winter of course [he is very precise], and jump in. I stay in till I am satisfied, get out, rub well down, and when dry, make my lather, sit down naked on my painted chair, naked feet on the floor, and shave. This takes some time, as I shave the whole face, not allowing a large part of it to run to grass, as is the custom of the heathen. Then I proceed to dress. My skin is as red as a lobster, and as warm as a toast." Such was the history. My friend is towards eighty, and very spare of flesh. When he described so graphically his morning devotions to the god of health, I was reminded of that passage in *Don Quixote*, in which the good knight does penance on the mountains, *in puris naturalibus*, so much to the confusion of the delicate and sensitive Squire. I saw, mentally, my friend, in his age, leanness, and nakedness, on that painted chair, and instantly

"Walked backward with averted gaze,
To hide the shame."

I said I was a hydrophobist. I came by the disease naturally. An aged relative of mine, from the best accounts I can gather, never tried a bath but once; at least, this is the only instance I ever heard of. He was between sixty and seventy. His servant who had care of the horses was directed to rub the old gentleman well. He was suffering from a skin disease of his legs. Dick was, so to speak, to *curry* him; which he did—and no mistake. My aged relative did all he could to shorten the time of so terrible a process; but he had to submit. He could not get out of the tub, and when taken out, he left much of his skin behind. He declared, with an emphasis which the age tolerated, that he would never be bathed again, come what might—and he never was. He died between ninety and a hundred, of acute disease, being in excellent health a few days before—the hero of a single bath. He left a large number of descendants, having had, as he once said, with a playful twinkle in the tail of his eye, eighteen legitimate children.

Dear Editor, I have written with much speed, this early morning, and feel most nicely and cheerly after *my* bath. I am as nice as a pin, as clean as a baby, and shall directly be in my chaise, in the way of such professional and other duty as may fall into my way.

Ever yours,

"O"

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 11, 1850.

New Remedy for Tape-worm.—The *Kouso*, otherwise called "*Brayera Anthelmintica*," from Dr. Brayer, who first made its properties known, is a tree which is found in Abyssinia, said to grow to the size of an oak,

and to bear bunches of small flowers, varying from a pale green to a rose color. The flowers, which appear to be the medicinal part of the plant, have been used by the Abyssinians for a long period for the purpose of destroying the tape-worm, to which they are very much subject. It is said that this new medicine is exported in a powdered state, having a resemblance to jalap in color, and scammony in its aroma. It is slightly bitter, and a little nauseous in its taste. Dr. Budd, in a clinical lecture at King's College Hospital, London, which is reported in the *Lancet* for June, makes mention of the new remedy. He fully concurs with the European and native doctors of Abyssinia, in their opinion of its merits as an anthelmintic. There is one great obstacle, however, in the way of its general use by the profession, and that is the enormous price at which it is held. M. Baggio, Pharmacien, No, 13 Rue Neuve des Petit Champs, Paris, is the only one who has it for sale, and he charges for a single dose forty francs, about \$4 75. A dose, ʒivss., is put up in a little phial, that is well stopped. It is hoped that some of our enterprising druggists will make an effort to obtain some of this new remedy, that we may have an opportunity also to test its reputed valuable properties.

Dr. John Bell and the University of Pennsylvania.—"A memorial to the Trustees of the University of Pennsylvania," by Dr. Bell, has been received. We understand from it that the choice of professors to fill the vacancies that have lately occurred in that institution, has given dissatisfaction to the memorialist; or, rather, the mode in which the appointments were made. The power to appoint professors and fill vacancies is vested in the trustees; but Dr. Bell thinks *nominally* so, and it is upon that particular point that he complains. He considers the faculty themselves the ones who really make the appointments, or at least the selections, which is analogous. "The present government of the medical department of the University of Pennsylvania is an anomalous one. Ostensibly it, like that of the other departments, is vested in the Board of Trustees. In reality, it is exercised by the Medical Faculty. The former goes through the form of appointing; but the latter designates him who is to be the successful candidate. Were this designation made in a fair, open, regular, and authentic manner, so that the responsibility of the measure should rest on those from whom it originated, there would be no room for reprehension, scarcely even for complaint. The reasons for the preference having been openly stated could be openly discussed, and their real weight estimated; separating those which bore directly on the required qualifications of the candidate, from motives of personal regard for him, or of personal or professional pique or jealousy towards a less favored competitor." If election by concours should become the law of our medical institutions, there would be little room for jealousies, or ill feeling towards a successful candidate. We really hope that those concerned may see the propriety of adopting such a measure, and it is our earnest wish that the trustees of our Colleges will take the matter under their especial consideration. The very case of Dr. Bell's memorial to the trustees of the University, speaks volumes in favor of having the old system of appointments abolished. We do not pretend to know that all which is contained in Dr. Bell's memorial is entirely correct, but it certainly appears very reasonable, and deserves a very careful consideration. The high standing of the memorialist will secure it from entire neglect.

Coad's Patent Graduating Galvanic Battery.—By reference to an advertisement in another part of the Journal, it will be seen that Mr. P. Coad, from Philadelphia, is in our city, ready to exhibit his inventions and improvements in the Galvanic Battery. The batteries which have generally been in use, in this and other cities, have had a similar name applied to them (*Graduated*), though their action has been as different from this, as the common electrical cylinder from the battery which generates the galvanic fluid. Although it is said that they are graduated, yet such is not the fact. It is true, by the sliding of the bundle of rods within the helix, the amount of intensity from the battery can in part be regulated. It would thus appear to be the magnet which should receive the term "graduated," and not the battery. In the apparatus of Mr. Coad, and for which he has had letters patent since 1842, the graduation of *quantity* is regulated in the battery itself—a very decided difference, and important in several particulars; one of which is, that the expenditure of force is only requisite to the amount actually needed in an operation. In the second place, the operator has the galvanic fluid under his perfect control. An individual may take the poles in his hands, and the fluid may be made to pass through him, in a most delicate manner, or its force by *quantity* can be so increased, as to deprive him of life. This apparatus also differs from others by the absence of an armature to interrupt the current: with Coad's battery, the fluid is accumulated into a reservoir (the helix), and from thence traverses a circuit, by means of a wheel breaking the current, which can be thrown off in quantity to suit the purposes of the operator. It would seem to be a law in galvanism, that intensity and quantity materially differ, which this battery of Coad's will perfectly illustrate. We have seen it in action, and can say, that in our opinion it is far more perfect than any similar apparatus we have seen. Mr. Coad has devoted much labor and expense to perfect his machine, and it would seem, by the many letters in his possession from the most eminent of the faculty, that it is fully appreciated.

New York Medical College.—The first catalogue of the officers of this College, and the announcement of the course of lectures for its first session, 1850–51, is before us. On its title page is seen the design for the new edifice, which is to be completed by the first of next month. Its appearance is chaste and imposing, and, according to the description, no doubt its interior will afford ample accommodations for the professors and students. The "general views of professional education" which are given by the Trustees, will, we think, give satisfaction to the majority of the profession. While our medical seminaries for learning increase, it is hoped that the consequent rivalry will have no other effect than the adoption of all honorable means to make each as advantageous as possible to the student. In the new College, the four months' system is to be adopted, which all the schools, with *two* exceptions, still retain. We wish the school success, and hope its graduates will always furnish evidence of the abilities of their *alma mater*.

University of New York.—The official announcement has been received of the acceptance, by Professors Gross and Bartlett, of Louisville, Ky., of the chairs, in the University of New York, which were vacated by the resignation of Drs. Mott and Detmold. These gentlemen are both well known as authors and lecturers.

Transactions of the Belmont (Ohio) Medical Society.—We have been favored with a copy of the proceedings of this Society for 1849-50. In it are the Inaugural Address of its President, Dr. Joseph Hewitson; an Essay on Scarlatina, by Dr. J. G. Affleck, the Vice President; one on Hydropathy, by J. D. Wright, M.D.; also several other able papers, on various subjects of interest to medical men, some of which we may hereafter copy into the Journal.

Medical Miscellany.—The Mayor of Pittsburg, having recently committed a number of vagrants to jail, the Sheriff refused to receive them, and the Mayor arrested him and held him to bail in the sum of \$50,000, to answer to the charge of misdemeanor. He refused the prisoners under the advice of the city physician, who said their reception would be dangerous to the health of the more permanent sick.—Dr. Julius Minding, of New York, committed suicide, Friday afternoon, by taking prussic acid, while suffering under a mental derangement.—The Homœopathic professorship in the Eclectic Medical Institute, Cincinnati, Ohio, has been abolished, which has given the greatest satisfaction to the rest of the faculty.—Dr. William Ingalls, jr., of this city, has been appointed Physician to the Marine Hospital, Chelsea.—On the 25th ult., Dr. J. C. Elliott, an estimable young physician, of Gaston Co., N. C., was killed, in a most shocking manner, by a vicious horse, which he went into the stable to bridle. On hearing his call for help, those who repaired to his assistance found him beneath the horse's feet, mangled in a most horrible manner.—A Society has been formed in London to investigate the history, origin, causes and laws of epidemic diseases, to be called the "Epidemiological Society." Dr. B. Guy Babington was elected president.—A dead infant was found in a servant girl's trunk at a hotel in Waterbury, Conn.—There is very little sickness in our city; considering the population, it never was much more healthy.—According to a calculation by Mr. Little, in the Edinburgh Monthly Journal, there are 3,000,000 opium smokers in China, and judging from the consumption of 603 smokers, each man uses about 50 grains daily. Drs. Burns and Macpherson believed that this habit did not tend to shorten life. There is however much difference of opinion on this subject.

TO CORRESPONDENTS—Besides the papers acknowledged in last week's Journal, and the conclusion of the proceedings of the Association of Superintendents of Lunatic Asylums, which have been crowded out to-day, there have been received Dr. Deane's Case of Abscess of the Tibia, and Dr. Erland's remarks on the use of Manganese.

MARRIED,—In this city, Dr. S. G. Ward, of Ridgeway, N. C., to Mrs. Lucy Stewart, of Boston; at Gilmanton, N. H., Dr. T. R. Nute, of Roxbury, Mass., to Miss Mary Ann, daughter of Mr. John Chamberlain, jr., of Albion, N. H.; Austin Lord, M.D., of North Haven, Ct., to Frances Finette Bigelow, of Marlborough. In Philadelphia, Pa., John N. Murdock, M.D., of Auburn, Mass., to Miss Amanda Maull, of P.

DIED,—In this city, Dr. E. P. Wells. At Bolton, Dr. Orrin Hunt, aged 57.

Deaths in Boston—for the week ending Saturday noon, Sept. 7, 89.—Males, 50—females, 39. Apoplexy, 1—disease of the bowels, 8—inflammation of bowels, 3—consumption, 12—convulsions, 2—cholera infantum, 3—cancer, 2—canker, 2—croup, 2—child-bed, 1—debility, 1—dysentery, 12—diarrhoea, 2—dropsy of the brain, 4—exhaustion, 1—typhus fever, 2—lung fever, 2—brain fever, 1—hemorrhage, 1—hooping cough, 2—disease of the heart, 1—intemperance, 1—infantile diseases, 8—inflammation of the lungs, 1—marasmus, 6—measles, 4—smallpox, 1—disease of the throat, 1—unknown, 2.

Under 5 years, 53—between 5 and 20 years, 5—between 20 and 40 years, 14—between 40 and 60 years, 12—over 60 years, 5. Americans, 44; foreigners and children of foreigners, 45.

Corresponding week last year, 205 deaths, including 61 by cholera.

MASSACHUSETTS MEDICAL COLLEGE.—The Medical Lectures of HARVARD UNIVERSITY will commence at the Massachusetts Medical College in Boston, on the first Wednesday in November.

Obstetrics and Medical Jurisprudence, by **WALTER CHANNING, M.D.**

Materia Medica and Clinical Medicine, by **JACOB BIGELOW, M.D.**

Theory and Practice of Medicine, by **JOHN WARE, M.D.**

Pathological Anatomy, by **JOHN B. S. JACKSON, M.D.**

Anatomy and Physiology, by **OLIVER W. HOLMES, M.D.**

Principles and Operations of Surgery, by **HENRY J. BIGELOW, M.D.**

Chemistry, by **E. N. HORSFORD, M.D.**

Clinical Lectures at the Massachusetts General Hospital three times a week, by the professors of Clinical Medicine and of Surgery. Surgical operations are very numerous, performed weekly in the presence of the class in the operating theatre. The safe and effectual practice of etherization is taught in this School. Practical Anatomy is amply provided for by the most liberal arrangements. The anatomical museum is one of the largest and richest in the United States, and has a fund of \$5,000 for its increase. The Eye and Ear Infirmary and other charities are open to students.

Fees for the whole course, \$80. Matriculation, \$3. Dissecting Ticket, \$5. Graduation, \$20. Hospital and Library gratuitous.

A descriptive pamphlet may be had by application, post-paid, to David Clapp, Printer, corner of Washington and Franklin streets, Boston.

Boston, July, 1830.

July 24—eptL.

JEFFERSON MEDICAL COLLEGE. *Session of 1830-51.*—The regular Course of Lectures will commence on Monday, the 14th of October, and continue until the first day of March. The Annual Commencement for conferring degrees will be held *early in March*, instead of at the end of the month, as formerly.

ROBEY DUNGLISON, M.D., Prof. of Institutes of Medicine, &c.

ROBERT M. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive, and Surgical Anatomy.

JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.

THOMAS D. MUTTER, M.D., Prof. of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Prof. of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Prof. of Chemistry.

ELLERSLIE WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, seventeen hundred and three cases were treated, and two hundred and nine operations performed. Amongst these were many major operations—as amputation of the thigh, leg, arm at the shoulder joint, removal of the parotid, nistamine, &c., lithotomy and lithotripsy.

The Lectures are so arranged as to permit the student to attend the Medical and Surgical Practice and Lectures at the Pennsylvania Hospital.

On and after the 1st of October, the dissecting rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

Fees.—Matriculation, which is paid only once, \$5. Each Professor, \$15—\$105. Graduation, \$30. The number of Students during the last Session was 515; and of Graduates, 211. R. M. HUSTON, M.D.,
Dean of the Faculty, No. 1 Girard st.

Philadelphia, July, 1850. July 10—tO10

PHILBRICK & TRAFTON manufacture and have for sale to the Profession, Iodides of lead, zinc, mercury, arsenic, sulphur, iron, &c. Iron (by Hydrogen); Muriated Tincture of Iron; Syrup Iod. Iron; Hyd. Per. Ox. Ferri (antidote for arsenic); Valerianate of Iron; Citrates, Tartrates, &c.

All Chemical and Pharmaceutical preparations made to order. New preparations, Chemical Tests, &c. 160 Washington st., Boston. March 6—tf

VACCINE VIRUS.—Physicians in any section of the United States, can procure ten quills charged with *Pure Vaccine Virus* by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office. Feb. 8.

ALBANY MEDICAL COLLEGE.—The next annual Course of Lectures will commence on the first Tuesday of October, and will continue sixteen weeks.

ALDEN MARCH, M.D., Professor of Surgery.
T. ROMEY BECK, M.D., Prof. of Materia Medica.
JAMES MCNAUGHTON, M.D., Prof. of Theory and Practice of Medicine.

LEWIS C. BECK, M.D., Prof. of Chemistry.
EBENEZER EMMONS, M.D., Prof. of Obstetrics and Natural History.

JAMES H. ARMSBY, M.D., Prof. of Anatomy.
THOMAS HUN, M.D., Prof. of Institutes of Medicine.

AMOS DEAN, Esq., Prof. of Medical Jurisprudence.

The fees for a full Course of Lectures are \$70. The Matriculation fee is \$5. Graduation fee, \$20.

Those who wish for further information, or for circulars, will address a letter (post paid) to the Registrar.

THOMAS HUN, Registrar.
July 3—tL

BOYLSTON MEDICAL SCHOOL. Incorporated March, 1847.—The regular course of instruction in this Institution for the ensuing term, will begin on the 1st of September.

Instruction is given daily in the various departments of medicine, by means of recitations and lectures, aided by the use of plates and anatomical preparations and the examination of patients. The students of this School may attend daily the medical visit at the House of Industry, whose hospitals contain a large number of patients, presenting every variety of disease, of children as well as of adults, including excellent opportunities for the practice of auscultation and percussion, and the study of contagious diseases. The opportunities for clinical study which this Hospital affords, are fully equal to any in the city.

All the privileges enjoyed by any medical students at the Massachusetts General Hospital and the Eye and Ear Infirmary, are free also to the pupils of this School.

DISSECTION.

This School enjoys the advantage of a private dissecting room, where especial attention is paid to the study of practical anatomy. Subjects will be provided, on which students may operate, under the direction of the instructors in surgery and anatomy.

EYE AND EAR.

A special course of lectures on the Eye, illustrated by cases, will be given, in the course of the winter, by Dr. H. W. Williams. Another special course on the Ear, similarly illustrated, will be given by Dr. E. H. Clarke.

Ample opportunities will be furnished for practical obstetrics.

The students will have admission to several excellent private libraries for reference. The daily recitations and lectures are of the most thorough and practical character.

The room of the School, in the Liberty Tree Block, corner of Essex and Washington Streets, is constantly open for the use of students. It is furnished with the large anatomical plates of Bouvier and Jacob, with a cabinet of preparations and articles of the materia medica.

GEORGE H. GAY, M.D., Instructor in Anatomy and Physiology.

WM. HENRY THAYER, M.D., Instructor in Pathology and Legal Medicine.

JOHN BACON, Jr., M.D., Instructor in Chemistry and Toxicology.

EDWARD H. CLARKE, M.D., Instructor in Materia Medica and Therapeutics.

CHAS. E. BUCKINGHAM, M.D., Instructor in Obstetrics and Diseases of Women and Children.

HENRY G. CLARK, M.D., Instructor in Operative and Clinical Surgery.

HENRY W. WILLIAMS, M.D., Instructor in the Principles and Practice of Medicine.

For terms, apply to E. H. Clarke, M.D., 2 Harrison Avenue. WINSLOW LEWIS, M.D., *Pres't.*
Boston, August, 1850. Aug. 14—ep3m.

DENTAL AND SURGICAL INSTRUMENTS.—D. WALTHER & Co., successors to N. Hunt, manufacture and have for sale all kinds of Surgical and Dental Instruments and Implements.

Old Instruments ground, polished and repaired, at the shortest notice.

Orders will be attended to with promptness.
May 22—tf 128 Washington street, up stairs.

HYDRARGYRUM CUM MAGNESIA.—This new article of medicine just received and for sale by **PHILBRICK & TRAFTON**.
Sept. 26—tf. 160 Washington st.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIII.

WEDNESDAY, SEPTEMBER 18, 1850.

No. 7.

PLACENTAL PRESENTATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following case of difficult parturition is at your disposal. Called August 6th, 1850, to attend Mrs. I. D., in labor with her second child at eight months. I attended her with her first, and there was nothing unusual in it except that it was tedious, and the child was delivered dead. Habit plethoric, and constitution above the standard value of Yankee women in general. On my arrival, found she had had uterine pains for three or four days, accompanied with sudden gushes of blood, and from appearances she must have lost a considerable quantity, her vital strength being much reduced. The os uteri was dilated so as to admit the index finger, and the vagina stuffed with coagula, but I did not learn the exact presentation on the first examination. Pains irregular, feeble and ineffectual, and hemorrhage increasing with every contraction of the uterus. I enjoined perfect rest in the horizontal position, applied the tampon wet in cold alum water, and waited further efforts of nature. On the second examination, two hours from the first, the os uteri being more fully dilated, I could feel the thin edge of the placenta lying upon the right and over the os uteri, partially detached, and forming some obstruction to the descent of the bag of waters. The hemorrhage was now almost constant, augmented about every ten minutes by a dull inactive pain. Patient calls for stimulants and fresh air, has syncope, dimness of sight, tremulous pulse, and a blanched countenance. I began to feel anxious for her safety, and so informed her friends. I had previously determined on Simpson's method of delivering the placenta first, provided I could keep the flooding under control by appropriate treatment. I administered some diffusible stimulants, with camphor and ammonia, applied a towel wet in cold vinegar and water to the abdomen, and once more resorted to the plug. She rallied for awhile, say half an hour, when her pains became harder and more expulsive, attended with increased flooding. I now ruptured the membranes, with a view to induce contraction on the body of the child. The funis came down, the head refusing to engage within the strait, and placenta still partially adherent. Her pains, instead of being increased, died away; and I should have given her a full dose of ergot, but I had none at my immediate command. I feared further loss of blood would exhaust my patient be-

yond restoration. I could now hardly think of saving the child, and as I thought the artificial separation of the placenta would occasion more hemorrhage than the operation of turning, I determined on the latter as the best chance for the mother. I was solicited to wait, as my friend, Dr. Jewett, of New Haven, had been sent for, but his arrival could not be expected short of two hours, and I had no time to lose. I passed my right hand, well smeared with olive oil, without any difficulty, through the os uteri. The feet were high up in the fundus. I seized one and brought it down, after its eluding my grasp a third time, so powerfully did the introduction of my hand stimulate uterine contraction. Dashing a basin of cold water on the bowels, I soon succeeded in delivering the child (dead), the after-birth immediately following. The woman lay in a pool of blood, but not even a teaspoonful escaped the uterus after the placenta came away. Re-action came on slowly, and she recovered as women in ordinary labor, except there was entire absence of the lochia.

Remarks.—The question naturally presents itself, was I justified, under the circumstances, in forcing delivery, or should I have waited further efforts of nature, using all the means in my power to stop the hemorrhage, at the same time promoting expulsion of the placenta? In this age of reform, there is diversity of opinion as to the best course to be pursued in partial or complete placental presentation, attended with alarming hemorrhage. From the days of Ambrose Paré down to those of Velpeau, a period of near two hundred years, the standard practice among distinguished accoucheurs has been *to turn and deliver*. But some recent practical writers, more especially Prof. Simpson, of Edinburgh, have attempted to show, with much plausibility, that an opposite course is more safe, and consequently should meet with more general adoption, viz., *to detach and deliver the placenta first*, and then let the labor proceed as in ordinary cases. We know that flooding generally ceases after removal of the placenta, especially if it be effected by the powers of nature. A case is reported in Duncan's Annals, where the placenta was delivered four hours prior to the birth of the child—another in Denman's work, where its expulsion preceded the child one hour; and similar cases are scattered through the various periodicals, with like results and the mothers doing well—the flooding ceasing suddenly on the extraction of the placenta. But general rules cannot be deduced from a practice which has terminated successfully in a few instances, because the dangers to which it was exposed have not occurred. Dr. Radford records a case similar to the one I have reported, where he detached and removed the placenta, but had to turn and deliver the child to save the mother from instant death. The tearing away the adherent placental mass must lay bare the orifices of more bleeding vessels; and while the child is retained *in utero* and there is absence of pain, the mother must be in the most imminent danger. The arrest of hemorrhage in a great degree necessarily depends on the process of contraction. This is our sheet anchor, over which, however, we have no certain control, unless by manual interference.

The argument for adopting the new practice in placental presentations, is drawn from the large number of maternal deaths said to occur in

the old. In 1845, Dr. Simpson published a table, giving 131 maternal deaths in 399 cases of this presentation—about 33 per cent.; a mortality equal to that accompanying the Cæsarean operation. This is shown to be wilfully inaccurate, and Dr. Lee cites numerous reports in favor of the existing practice. Dr. Merriman reports 17 maternal deaths in 78 cases of placental presentation, where turning was either performed or attempted to be; Dr. Portal, 1 in 18; Dr. Lee, 10 in 50; Dr. Ashwell, 2 in 20; Dr. Newnham, 1 in 13; and others of like success, and all of these authors agree in the opinion that if turning had been performed earlier, many more of the mothers might have been saved. The truth is, cases may occur under this form of presentation where the circumstances would justify and call for the prior removal of the placenta; while, on the other hand, cases happen where the condition of the mother is such that *no practice* short of turning would be compatible with her safety.

Mr. Editor, considering myself as among the laity of the profession, I am not so vain as to presume to instruct its older and better-informed members, and did not think of troubling you with so lengthy an article when I took up my pen to report the above case. Every day's experience, however, in the varied responsibilities of the healing art, shows me, more and more, the necessity of reliance upon general principles, modified to meet the exigencies of individual cases, rather than upon set rules of practice laid down in books. The wisdom of ages, and the routine of long experience, are of little avail in urgent cases, unless the judgment rather than the dexterity of the practitioner controls and governs all his efforts. The far-seeing eye of the philosopher may dive with unerring certainty into the mysteries of nature: the student of midnight toil may recount, with just pride and boast, the treasures of learning; and the cunning politician may outstrip his peers in climbing the ladder of distinction; but the *useful though noble* calling of the humble votaries of medicine demands, in the hour of stern necessity, *another and far more difficult exercise of the mind.*

A. BEARDSLEY.

Birmingham, Ct., Aug. 31st, 1850.

ABSCESS OF THE TIBIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The practical consideration of the following cases induces me to offer them for publication.

The first patient, a young man, 28 years of age, informed me that when 5 years old he was suddenly seized with intense pain in the knee and ankle-joints. Retraction of the leg ensued, and finally an abscess formed at the upper third of the tibia, which broke spontaneously and continued an open ulcer for the space of a year, and then healed. Minute spiculæ of bone were occasionally discharged, but the motions of the leg were fully regained. He was ever afterwards subject to periodical attacks of severe pain, and the tibia became unduly enlarged. When he was 11 years old, an abscess formed for the second time,

ending, as in the first instance, in a protracted ulcer and slight exfoliation. It finally healed, and never recurred again. During the subsequent period of seventeen years, the case was characterized by sudden invasions of intense pain in the knee and ankle joints, and in the seat of the former ulcerations, which were followed by irregular intervals of rest, when the patient resumed his avocations. Meanwhile the bone was permanently enlarged, but the knee and ankle joints were never in the least degree diseased.

In considering the pathology of this distressing disease, I could not suppose it to be due merely to an inflamed condition of the periosteum of the tibia, but rather to an inflammatory action existing somewhere in its interior. I was particularly struck with the analogy to certain cases reported by Mr. Brodie, twenty years ago. The essential features of his cases consisted in the persistency of the disease, enduring for many years, in its irregular intervals of pain and rest, in the hypertrophy of the bone, and in the tenseness and redness of the integuments and the adhesions of these tissues to the bone. In these respects the present case corresponded with singular accuracy.

Acting upon Mr. Brodie's method of cure, the patient being chloroformed, I dissected up the diseased integuments and exposed the surface of the bone. A small space, denuded of periosteum, was selected for the application of the trephine. When this instrument penetrated to the depth of seven lines, I broke out the circular portion of bone, and had the satisfaction to see that I had exposed an oblong cavity, entirely filled with pus. Upon cleaning this cavity, it was found to be more than an inch in length by more than half an inch in breadth. Its form was cylindrical, with rounded extremities. Its surface was smooth; it had no connection with the medullary canal, but existed in the solid texture of the bone, which had attained a thickness three times greater than occurs in the normal state, and was nearly as dense as ivory.

It is gratifying to add, that the sufferings of the young man were instantaneously relieved, and have never returned. The cavity filled by ossific deposit, and the enlargement of the tibia will entirely disappear.

Another case occurred in a young man, 25 years old, but the result was disastrous. When 13 years old, he received a violent blow upon the upper extremity of the tibia, and on the following morning he was unable to walk upon the affected limb, and from this injury he was confined for the space of five weeks. This was the commencement of a succession of intervals of distressing pain in the part, which has continued with increased severity during a period of thirteen years. The paroxysms of pain in the tibia embraced several days, and were attended with retraction of the leg. The pain was invariably more severe in the night. Four years ago he was confined during the entire winter. Two years ago, however, he was for a long time pretty free from pain, but during the last six months he has been subject to excruciating pain full one half of the time. With the exception of this disease, his health has always been perfectly good.

Upon examining the limb, the disproportion between external appearances and the disease was very striking. The upper extremity of the

tibia was greatly enlarged, and there was a small red spot upon the inner surface of the bone four inches from the top, which appeared to have a fistulous opening, but did not admit the probe deeper than the bone, which was excavated in a cup-like cavity. As in the foregoing case, the integuments were thickened, inflamed, indurated, and adherent to the bone. There never had been exfoliation or ulceration, and the superficial cavity in the bone appeared to be formed by the hypertrophy being more excessive in the surrounding parts. Believing this disease to have its seat in the cancellous structure of the bone, I determined to search for it by making a free opening into its interior. Consequently, after turning up the integuments, I applied the trephine to the full depth of its rim, but this did not reveal a cavity, which, however, was found by continuing the opening in an oblique direction with a bit, the small aperture of which did not allow further exploration.

The pain that characterized this disease never returned, and his recovery, until the tenth day, was rapid. At this time he injudiciously paid a visit to friends living at some distance, and indulged freely in eating, subjecting himself to undue exercise, and took cold. Some days after this, he experienced a stiffness in the movements of the lower jaw, which he ascribed to his cold, but the entire system was gradually seized with tetanus. During a space of ten or twelve days its violence did not preclude the expectation of recovery, but it finally became irresistible, and destroyed the patient about three weeks from its first invasion.

Greenfield, Sept. 5, 1850.

JAMES DEANE.

POPULAR PHYSIOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

UNDER the above head, a writer in your Journal of Aug. 21, pronounces *popular physiology* in common schools, and common lecture rooms, a *nuisance*; the lecturers a set of vagabonds, with humbug mannikins, preaching their *balderdash* physiology; and those who hear them a set of *flats*, with protruded eyes and open mouths that threaten to swallow something more palpable than instruction. Now I do not know what kind of *lecturers* or *mannikins* have visited the good town of Lynn, or what kind of a *gaping* crowd have there listened to the *gull-catcher*; but I do know that Dr. Azoux's mannikins are no humbug, and that *gentlemen* of good character, who are an honor to our profession, have been, and still are, lecturing on physiology, to audiences composed not of the *rabble*, but of *gentlemen and ladies* of intelligence and respectability. How soon our State Legislatures will pass laws to set such persons to "*picking stones, or oakum*," I do not know.

Believing, with Dr. G., that "a little learning is a dangerous thing" (and the *less* the more dangerous), and believing that medical quackery thrives and fattens upon *ignorance*, I have always hailed popular lecturers on *physiology* with pleasure, and advocated its study in common schools. Give a valuable watch to a man who knows nothing of its structure, and if it stops running he may try to repair it himself, or apply to a *black-*

smith for advice ; but let him see its wheels, and learn something of its movements, and he would neither meddle with it himself, nor allow any one but a *regular* watchmaker to repair it. Let a person study the structure of the lungs, and understand the function of respiration, and would he live in an atmosphere deprived of its oxygen, or compress the lungs with corsets till reduced to half their original capacity ? Or when the lungs are diseased, would he fall into the patent medicine gull-traps, believing that "consumption can be cured in its last stages" ? Let a man become acquainted with the function of digestion, the delicate coats of the stomach and bowels ; let him learn that alcohol and other fluids are absorbed, and pass through the circulation into the whole system ; and would it not lead him to avoid improper food and drink, and thus preserve his health ? And when diseased, would he pour patent medicines into those delicate organs, or apply for advice to a quack who did not know whether his stomach and liver were above or below the diaphragm ? In short, does not every fact which a man understands in relation to physiology, enable him the better to detect quackery and imposture in the treatment of disease ?

And why should not physiology be taught in our common schools, and in all schools ? Why should not the child who has learned the location of the rivers and streams on our globe, learn something also of those beautiful life-giving streams, flowing in his own arteries and veins ? Why not study the structure and location of the different bones, muscles and nerves, and the different organs of the body, as well as the location of the mountains, continents, oceans and islands of the earth ? Why not learn something of the laws of health and disease, relating to his own being, as well as the laws that bind the universe together, which relate to the distant planet, or the chemical affinities of matter ?

We may invoke the *State*, or *school committees*, to arrest the progress of knowledge. But it won't do ; we live in the wrong century. "Knowledge is power," and people are finding it out. Physiology *will* be taught in our schools, and lectures *will* be delivered, and people *will* hear them. And as knowledge is increased on this subject, the well-educated physician will be more and more respected and appreciated ; while quackery and medical humbugs will retire before the light of science and truth.

Ausable Forks, N. Y., Aug. 1850.

WM. W. FINCH, M.D.

LETTERS FROM GERMANY.

FROM THE EDITORIAL CORRESPONDENCE OF THIS JOURNAL.

THE degradation of women here is an outrage upon humanity ; a State cannot be secure, politically, that does not acknowledge the claims of the gentle sex. Where they are beasts of burden, the men are fierce and quarrelsome, and armies are the only resort in times of peace, to keep the people in subjection to government. All these little fractional parts of an empire, therefore, are overrun with soldiers, whose maintenance is felt to be oppressive. Place the women, in the humblest out-

skirts of society, in their true position, and civilization would advance. But the doctrine is not acknowledged here. They have imposed upon women the whole drudgery of the rural districts, even in Great Britain; and in France, as well as among all the continental powers, it is difficult to define what they are not obliged to do. In Liverpool, poor women are seen in the streets gathering up, with their hands, manure, on the sale of which they are dependent for their food. What a perpetual strife, to eke out existence day after day—with the cravings of hunger never satisfied! Is it strange, then, that deeds of all hues of wickedness, pollution and irreligion, should be predominant, where the great and all-absorbing thought is food or starvation. While viewing a group of peasants with prodigious burdens on their heads, and reflecting upon their fine upright forms, and freedom from any of those spinal distortions which are of such frequent occurrence in the upper classes, where there is perfect exemption from servile labor, the query arose—why would it not be philosophical to subject patients with these complaints, to similar discipline, but without the moral degradation alluded to? Every muscle in the body would be thus put in action, and the vertebræ thus find infinitely more support, than when harnessed in metallic corslets, or strapped down upon an inclined plane. Some bold, enterprising surgeon, who may start a new system of practice, based on this suggestion, may find himself a successful operator, in cases where others have totally failed. Who ever heard of a peasant woman, accustomed from early childhood, to balancing tubs, baskets, buckets, &c., on her head, who was deformed? They become such experts that they readily raise a tub of water, holding two pailsful, of fifteen quarts each, to the top of their own head, without assistance, and walk off without spilling a drop.

Having already spoken of Weisbaden, the Spa of Nassau, one of the great gathering places of idlers, valetudinarians, strangers and gamblers, a paragraph may be acceptable on *Heidelberg*—the seat of a thriving German university, inferior to no other, and in some respects superior to Bonn, at no great distance from it, on the Rhine, between Coblentz and Cologne. Perhaps there may be five hundred students in town, boarding wherever they can find accommodations. A more rough, unwashed, boisterous set of fellows, could not be found. Beer-drinking is a lesson they speedily master, after matriculation, which is estimated next in rank to cutting off noses with a short-sword blade, on the least provocation, when over their cups. At the lectures on law, history, physics, chemistry, philosophy, &c. &c., it is impossible not to acquire some useful knowledge; but the genuine scholars are unquestionably very few. If they learn thoroughly what is offered them in the classes, then they are well taught; but a better discipline than pertains to any of the German colleges yet visited, would beget more confidence in the system of education which at present characterizes them. As every stone and board in Heidelberg wears the aspect of age, so does the university—a single building, hemmed in on all sides by antiquated houses, and still older hills. The whole town is located in a gorge, on the little river Neckar, that runs rapidly along between the mountains. Several of the professors are eminently distinguished in literature, and as expounders of

the laws of nations. Some of the private anatomical collections are good ; but how is it possible to be excited to admiration by these small cabinets, with all their merits, after having examined those of London, Paris, Leyden, &c. ? Two objects in Heidelberg absorb nearly all the attention travellers have to bestow, viz., the vast ruins of a mighty castle, overhanging the town, and the big tun or giant cask. As all dilapidated castles, abbeys and monasteries look pretty nearly alike, a description of this will be omitted, that the dimensions of the master-piece of cooperage may have more attention. In the first place it is 33 feet long by 24 in diameter, made of staves, holding 383,000 bottles of wine, equal to more hogsheads than it is safe to mention. Three years were required to make it—and the object of the Elector Charles Theodore, by whose order it was set up and finished in 1751, just ninety-nine years ago, being to have it an emblem of a rich vine country, three times it has been filled with wine. By the side of this wooden monstrosity, is another of considerable capacity, held together by German magic for aught any one knows, not having a hoop upon it. Fronting both, is the statue of the Duke's fool, who is represented to have drank eighteen bottles of wine daily, to the age of 90 ! Some ancient, but grotesque statuary, of long-forgotten warriors, in coats of mail, stare at the throng of pedestrians, from their high niches above.

Baden is said to be the most celebrated of all the German watering places. A description of it need not be long, although to the philosopher, the geologist and the cosmopolite, it must always be considered one of the marked places of the earth. Other tourists would perhaps dwell with delight upon the excellent hotels, the rides, the balls, the music that greets one at the morning dawn ; but being a sober, matter-of-fact observer, nothing beyond a plain description of the thermal water, and the people who ostensibly wend their way to the terminus of the railroad for the water, can be expected from this source. Baden-Baden is in a hollow, surrounded, on three sides, by mountains. It is the property of the Grand Duke of Baden, who has a residence in a queer-looking, half-dilapidated palace, that commands the village. His capital is Carlsruhe, twenty miles distant, where the Court has a location most of the year. The houses are about six hundred in number, three hundred and ninety of them being hotels, lodgings, or to let, and rent is excessively high during the summer season. There are eleven hot springs, gushing out from the sides of the hills—the temperature being $158\frac{1}{2}^{\circ}$ F. Stop-cocks are placed in the walls in some of the narrow lanes, where the poor draw the water, steaming hot, for washing clothing, and ordinary domestic purposes. Passing through a paved street the other day, water was noticed to be boiling up in jets—smoking like a boiling tea-kettle—between the stones. One spring only, however, is conducted through pipes to a magnificent drink-house, cooled somewhat on the passage, where all company centres. As at Saratoga, Ballston, the White Sulphur Springs, and the Blue Licks in Kentucky, every variety of enchantment is provided. Such music—such luxuries—at prices, too, appalling to ordinary purse holders. The water of one of the springs, issuing from a crevice in some quartz rocks, is so intensely heated, that

pigs are scalded in it to remove their bristles, and fowls for loosening their feathers. The water contains, according to Sulzer, muriate of soda, sulphate of lime, muriate of lime, muriate of magnesia, oxide of iron and carbonate of lime. The taste is very slightly saline. If, however, it were handed to a person who had no knowledge of its origin, it would be considered simply hot water. Thousands of visitors arrive for pleasure, to one who comes for health. Of all the gambling establishments on the globe, there can be very few superior of those of Baden-Baden. Take away the roulette tables, the rouge et noir, and farewell to the Grand Duchy of Leopold the Duke. Hours would scarcely suffice for detailing the matters and things that make this little town a perfect charm to a multitude of idlers from the four quarters of the globe. Such magnificence of finish, as strikes the eye on entering the conversation hall, the apartment where ladies and gentlemen resort from their lodgings to lounge away the time, make it a masterpiece of decorative art. On Sunday, the ring of dollars and florins was as loud as on any other day, the stakes as high, and as many may have been ruined as on Saturday or Monday. Protestants and Catholics alternately have services in the same church on the Sabbath. Probably the one considers the other a source of pollution, but there is no alternative. The government is in one man's hands, and from what he decides there is no appeal. The protestant strangers who spend millions in his dominions, must have an altar an hour or two, just to put their consciences in apple-pie order in the morning, once in seven days, as a preparation for the approaching week. Not far from the drink hall are various antiquities, worthy of a special visitation. Adjoining the holy edifice is a nunnery, that receives ladies of distinction. In the village cemetery is a rough attempt to represent the garden of Gethsemane; three disciples, above the common size, in reclining postures, are sleeping, while the Saviour, in the attitude of prayer, is presenting a nose-gay to a little figure with wings, at a higher elevation! A mile or so from the cluster of hotels, is an antique Roman Catholic church, which, on two of its altars, has the skeletons of some renowned saints, crowned with jewels, and clothed partially in tawdry, laced, red-velvet habits—leaving the ribs and spine exposed, which are literally covered with brilliant stones. Each bony finger and toe is likewise coated, to the very extremity, with what are apparently precious rings. There is one tablet on the wall, bearing a record of 1262, that indicates some stability in the crust of the earth hereabouts, notwithstanding the inhabitants are located over the top of a boiling cauldron. Even before the christian era, the Roman emperors erected luxurious baths in Baden-Baden.

USE OF MANGANESE IN ANÆMIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My attention having been called to an article in Braithwaite's *Retrospect*, Part XX., on the use of manganese in anæmia and other similar affections, by M. Hannon, I have thought that it might not be uninterest-

ing to the readers of your valuable Journal, to know the history of a case which has recently fallen under my own observation, in which the administration of manganese was followed by the most favorable results, after the preparations of iron had signally failed. On the 10th of May last I was called to visit Miss F——, 15 years of age. Upon inquiry, I learned that she had been unwell for nearly eighteen months; that for the past year she had been troubled with a slight cough, loss of appetite and emaciation. Her friends at this time had begun to fear that she was to be the victim of that fearful disease, consumption. Her appearance was that of extreme anæmia, countenance white, like wax, showing scarcely a trace of arterial circulation; lips and conjunctivæ but slightly reddened; general muscular debility; could walk but a few steps without becoming much fatigued; circulation feeble; venous murmur distinctly audible in cervical region. Aortic murmur heard occasionally; frequent palpitation; slight pains in various parts of the body, with headache and giddiness; all of which symptoms indicated that condition of blood known to exist in anæmic affections. Being informed by her parents, that she had taken the preparations of iron for some time, under the directions of her former attendant, I at first doubted whether to continue the use of iron or not. I finally ordered syrup of the iodide of iron, and cod liver oil. This was continued up to June 12th, without any perceptible improvement. The muriated tincture of iron was now substituted, and continued up to June 30th. Seeing now no improvement, I determined to try the new remedy, manganese. Accordingly I ordered $\frac{1}{2}$ teaspoonful of the syrup of iodide of manganese, to be given each day with a large spoonful of cod liver oil. This treatment was continued up to July 15th, when the quantity was increased to 1 teaspoonful.

July 20th, the cough having almost entirely disappeared, I substituted for the iodide, carbonate of manganese, which was given in doses of 4 grains, 3 times a day, combined with cod liver oil as before.

July 31st, her appetite was much improved, pain nearly disappeared; lips and conjunctivæ of a decided red color. A slight redness was perceptible about the knuckles, and the countenance began to assume its characteristic hue.

August 10th, countenance had continued to improve; venous murmur entirely disappeared; appetite very good; pulse stronger; muscular strength and energy remarkably increased; has had no palpitation for several days, neither any pain.

August 20th, the manganese was given in doses of 2 grains, twice a day, and on the 25th it was discontinued. The patient is now, to all appearance, cured.

From my observation on the effects of manganese in the case above related, it seems to me its preparations exert a prompt and decided influence over the composition of the blood in anæmic affections. With regard to the permanency of this change, time and observation alone can determine. M. Hannon observes, that of all the cases treated by him, in no single instance has he known a relapse to occur. If observation should confirm the utility of manganese in these affections, as maintained by M. Hannon, then, certainly, we have a remedy hitherto much desired.

North Carver, Mass., Aug. 30, 1850.

W. T. ERLAND.

ASSOCIATION OF SUPERINTENDENTS OF LUNATIC ASYLUMS.

[Concluded from page 98.]

Third Day—Morning Session.—The Association met agreeably to adjournment.

The minutes of yesterday's proceedings were read and adopted.

Dr. Kirkbride, on behalf of the business committee, *moved*, that the consideration of Dr. Ray's project of a law for regulating the legal relations of the insane, which was made the order of the day for this morning, be deferred for the present, owing to the late period at which the printed copies have been placed in the hands of the members, which motion was agreed to.

On motion of Dr. Allen, it was

Resolved, That the Hon. Mayor of the city of Boston be requested to furnish us, for publication, a report of his eloquent address delivered at South Boston last evening; and also, that the President of this Association be requested to furnish, for the same purpose, his appropriate address in reply.

Resolved, That the Secretary furnish each of the above-named gentlemen with a copy of the preceding resolution.

An invitation to visit the University of Cambridge, and the Observatory, was received and accepted for 11 o'clock to-morrow.

An invitation from the Mayor and public authorities of the city of Boston, asking the members of the Association to visit the harbor and bay, and to inspect the public institutions in the vicinity, to-morrow afternoon, was received and accepted.

The Association, on motion of Dr. Bell, resolved to visit the Massachusetts General Hospital, on the invitation of Dr. Hayward, at 3½ o'clock, and the M'Lean Asylum for the Insane, on his own invitation, at 4½ o'clock, this afternoon.

Dr. Galt read a paper on the Medico-legal Relations of the Insane, the discussion on which, on motion of Dr. Bates, was deferred till the project of a law, prepared by Dr. Ray, shall come up for consideration.

Dr. Worthington read a paper on the Use of Baths in the Treatment of Insanity, which, after discussion, was laid upon the table.

Dr. Kirkbride, from the standing committee on the construction of hospitals for the insane, read a report on that subject, which, after discussion, was laid upon the table.

On motion of Dr. Ray, it was

Resolved, That the standing committee on the construction of hospitals for the insane, be requested, previous to the next meeting of the Association, to prepare a series of resolutions or propositions, affirming the well ascertained opinions of this body, in reference to the fundamental principles which should regulate the erection and internal arrangements of American hospitals for the insane.

Dr. Jarvis commenced reading a paper on the Comparative Frequency, Curability and Mortality of Insanity in the two sexes; after proceeding for some time, on motion of Dr. Bell, the further reading of the paper was deferred till the next session.

On motion of Dr. Allen, adjourned to meet at the M'Lean Asylum, at 4½ o'clock, P. M.

Afternoon Session.—Having previously visited the Massachusetts General Hospital, the Association met agreeably to adjournment, at the M'Lean Asylum, under the care of Dr. Bell, and guided by whom they visited and examined the different parts of that excellent institution.

Having come to order for business, Dr. Jarvis concluded the reading of his paper, commenced this morning, which, after discussion, was laid upon the table.

Dr. Bell, after referring to a paper read by him before the Association, last year, relative to a somewhat peculiar form of mental disease, moved that a committee, consisting of Drs. Awl, Kirkbride and Douglass, be appointed to visit a case of the disease then under his care in the Asylum, and to report the result of their observations, which was agreed to.

The committee having examined the patient, reported that it was a well-marked case of the form of disease alluded to, and although not often seen in institutions in the interior, is frequently met with in those near large cities, where cases manifesting much mental disturbance are commonly sent at once to a hospital for the insane.

On motion of Dr. Ray, adjourned to meet at the Tremont House, at 8 o'clock, to-morrow morning.

Fourth Day—Morning Session.—The Association met agreeably to adjournment.

The minutes of yesterday's proceedings were read and adopted.

Dr. Bell, from the committee on business, made the usual report as to the proceedings of the day.

Dr. Douglass read a paper prepared by his colleague, Dr. Fremont, on the past and present condition of the Insane in Canada East. After discussion, the paper was laid upon the table.

Dr. Galt read a paper on Water Closets, which, after discussion, was laid upon the table.

The Association then proceeded to the consideration of the project of a law regulating the legal relations of the insane, and after a full discussion the further consideration of the subject was postponed till the next session.

On motion of Dr. Bates, adjourned to meet at 9, P. M.

Evening Session.—After visiting the University of Cambridge, and the Observatory, the Association passed the afternoon as the guests of the corporate authorities of the city of Boston, in an excursion down the harbor and bay, in examining the public institutions in that vicinity, and in partaking of the sumptuous hospitality provided on the occasion, and then met for the transaction of business, agreeably to adjournment.

Dr. Bell offered the following resolutions, which were unanimously adopted, viz.

Resolved,—That this Association has felt, beyond the power of adequate expression, the profound solemnity which has been thrown around us, on occasion of its present meeting, by the loss of two of its members so prominent in the history of its organization, as well as in the records of the provision for the insane in this country, and with still

more sensibility, in view of the exalted personal worth, the amiable, cheerful and communicative manners, and pure, self-sacrificing lives of the deceased.

Resolved, That the deep and general regret which filled the mind of the whole philanthropic community, of an entire section of country and circles where they were best known, uttered in a thousand forms of expression, leaves us in no doubt that their virtues, merits, and devotion to great public duties have been appreciated, in a degree commensurate with their just claims, and leaving neither place nor necessity for any long-drawn eulogium.

Resolved, That notwithstanding the full justice which has been done to the public and private character of our distinguished friends, we still feel that the members of this Association, more intimately and fully acquainted with their peculiar traits of service and sacrifice in our specialty, ought not to be satisfied without a more particular testimonial of our feelings and opinions, as to our deceased brothers; we therefore earnestly and respectfully request, that Dr. Chandler would prepare for the next meeting of the Association, a biographical sketch of the late Dr. Woodward, and that Dr. Nicholls perform the same duty as regards the late Dr. Brigham.

On motion of Dr. Kirkbride, it was

Resolved, That Dr. Allen be requested to prepare an obituary notice of our late fellow member, Dr. McNairy, of the Tennessee Hospital for the Insane.

On motion of Dr. Bell, it was

Resolved, That the same course be adopted in reference to papers to be read before the Association at its next meeting, as was agreed upon last year.

On motion of Dr. Allen, it was

Resolved, That this Association regard with deep interest, the progress of the magnificent project which has been and continues to be urged by Miss D. L. Dix, on the consideration of Congress, proposing the grant of a portion of the public domain, by the federal government, the proceeds of which are to be devoted to the endowment of the public charities throughout the country, and that it meets with our unqualified sanction.

The subject of a project for a law regulating the legal relations of the insane, being again under consideration, on motion of Dr. Bell, it was

Resolved, That the same be re-committed, and that the committee report to the next annual meeting.

On motion of Dr. Allen, it was

Resolved, That a committee be appointed to prepare resolutions of thanks to the various public bodies and institutions, official and private citizens, to whom the members of the Association have been indebted for so much of the pleasure of their gratifying visit to Boston. Drs. Allen, Kirkbride and Benedict were appointed the committee.

Dr. Kirkbride tendered to the Association an invitation to hold its next meeting in the city of Philadelphia, when, on motion of Dr. Bell, it was

Resolved, That when the Association adjourn, it will adjourn to meet

in the city of Philadelphia, on the third Monday of May, 1851, at 10 o'clock, A. M.

On motion of Dr. Bates, adjourned to meet at 8 o'clock to-morrow morning.

Fifth Day—Morning Session.—The Association met agreeably to adjournment.

The minutes of yesterday's proceedings were read and adopted.

Dr. Kirkbride offered the following resolution, which was unanimously adopted, viz. :—

Resolved, That the members of this Association have visited and examined, with great interest and satisfaction, the M'Lean Asylum for the Insane, under the care of Dr. Bell, and the Boston Lunatic Hospital, under the care of Dr. Stedman, and desire to express to these gentlemen our sincere thanks for their marked courtesy and attention, for their bountiful hospitality, and for their steady and unwearied efforts to promote our comfort and pleasure during our very gratifying visit to the city of Boston.

Dr. Allen, from the committee appointed last evening, reported the following series of resolutions, which were unanimously adopted, viz. :—

Resolved, That the grateful acknowledgments of this Association be tendered to the Mayor, Common Council, and the citizens of Boston, for the flattering reception we have met at their hands, and their lavish hospitalities which have been tendered to, and enjoyed by us, and for the pleasure afforded us in a general examination of the public institutions under their control.

Resolved, That our thanks are due to the Trustees of the public institutions of South Boston, for polite attention and liberal hospitalities during our visit to their institutions, and to the Trustees of the Massachusetts General Hospital, for similar kindness and attention.

Resolved, That our thanks are also due to Drs. Hayward and Townsend, Surgeons, and Mr. R. Girdler, Superintendent, of the Massachusetts General Hospital; to Messrs. Harris and Sibley, Librarians, and other officers of Harvard University, and to the Messrs. Bond, of the Observatory, for attentions while visiting the institutions under their charge; and to the officers of the Boston Society for Medical Improvement, Boston Museum of Natural History, Massachusetts Historical Society, Boston Athenæum, and Perkins Institution for the Blind, for invitations to visit their several institutions, and to the Rev. Louis Dwight for valuable documents and other attentions.

Resolved, That our acknowledgments are due to Messrs. Tucker and Parker, the proprietors of the Tremont House, for the ample and elegant accommodations they have afforded us without charge, for the transaction of the business of the Association.

Resolved, That the Secretary be directed to furnish his Honor, the Mayor of Boston, with a copy of the preceding resolutions.

On motion of Dr. Allen, it was

Resolved, That the thanks of the Association be tendered to the President, for the able and impartial administration of his arduous duties, and to the Secretary, for the efficient discharge of the laborious functions of his office.

The Treasurer reported, that, after paying all the demands against the Association, there remained a balance of twenty-three cents in his hands.

On motion of Dr. Stedman, it was

Resolved, That the Secretary be instructed to furnish a copy of the proceedings of the Association, to the Editor of the American Journal, Insanity, and to the editors of the various medical journals in the United States and Canada, for publication in their respective periodicals.

On motion of Dr. Smith, it was

Resolved, That a committee of three be appointed by the chair, whose duty it shall be to take into consideration the whole subject of publishing, and to report their views to the Association at the next meeting. Drs. Smith, Allen and Kirkbride were appointed the committee.

On motion of Dr. Benedict, adjourned to meet in the city of Philadelphia, on the third Monday of May, 1851, at 10 o'clock, A. M.

THOMAS S. KIRKBRIDE, *Sec'y*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 18, 1850

College of Pharmacy in Massachusetts.—It is apparent to physicians, and every intelligent apothecary, that there is need of a school or college, for the better education of apothecaries' apprentices, to fit them for the responsible situations in which they are to be placed. It is also known to them, that by our existing laws every person, without regard to qualification, can open and keep a shop for the compounding and dispensing of medicines. Neither is there any law to restrain them in their doings; with impunity they can vent any nostrum or powerful medicine, be it ever so dangerous to the health and lives of the community. Also it is known that advantage is taken of the absence of all law which should regulate such matters, and that there are among the apothecaries, in our Commonwealth, many who are entirely incompetent to perform the function which belongs to the scientific pharmacist. Now this existing evil, which all will acknowledge to be great, can in a measure be remedied. The apothecaries themselves feel the necessity of something being done, and only await the harmonious action and co-operation of the profession, in seconding their efforts for the accomplishing of the object. A College of Pharmacy, established by legislative enactment, on a proper basis, would have a tendency to correct most of these evils, and afford to the student of pharmacy abundant means of improving himself. We hope the apothecaries of this city will at once move in the matter, and give it that consideration which one of so much importance demands.

Physician to the New Jail.—For the prison now in process of erection in this city, and which is to be completed about the first of the coming year, there should be provided, among its officers, a special physician. We believe this new structure is to contain over 200 cells; and admitting that 100

individuals are at one time confined in them, it would warrant the daily attendance of a physician. In the old prison, the medical duties devolve upon the city physician, who besides his attendance upon the prisoners, has other and more onerous duties to perform, among the citizens generally—such as vaccinating the children of the poor, and attending upon those with infectious diseases; employment enough, in a city like Boston, to occupy the most of his time. It has been, and is now often the case, that from accident or sudden sickness among the prisoners, the services of a physician are immediately required, and the officers have had in such cases to resort to those whom they could most easily obtain. Of course this is attended with expense and trouble, which might in part be obviated, were the physician a near resident, and who made his daily calls at the prison. In other cities of any magnitude, we believe such course is pursued by the government; and we do not see why our city cannot as well afford a medical officer in all her large institutions. In a future number, we may have something further to say on this subject.

Election by Concours.—The appointment of professors to our medical colleges, when vacancies occur, should be conducted in a way that will give those who are eminently qualified, a chance of success. Election by concours has been advocated in our pages, and we are glad to know that other Medical Journals are urging the propriety of such a measure. Not long since, as we learn, the demonstrator of anatomy in the Rush Medical College, at Chicago, was elected on the concours principle. It is too often the case that men are selected for such offices, on other grounds than their qualifications. There can be no good reason why the candidate should not pass a proper examination before he enters upon his onerous and responsible duties. We believe the teachers of our public schools have to do as much. It is often the case, in medical schools, that appointments by the trustees, give offence to the other teachers. Now were the way of *entrée* different, this difficulty would not be so likely to occur. Our hospital appointments should also be conducted on the same principle. Although the hospital physician and surgeon gets no direct emolument for his daily services, yet it is allowed that the confidence the public have in him, when his services are needed, more than recompenses him for the time and labor spent in the hospital. Many paying patients, who always endeavor to get the best medical advice when they or their friends are sick, often base the qualifications of the practitioner on the position which he holds in society, or the confidence certain individuals or institutions repose in him. It is to be taken for granted, then, that there is a benefit attached, although services are gratuitously rendered. Such being the case, let *all*, who are properly qualified, be allowed to be competitors when vacancies occur.

New York Medical Gazette.—We are quite satisfied with the explanation that is given in a late number of the Gazette, respecting the author of the “travestie” of the Harvard manifesto. No doubt it would have been the better part of wisdom in us, not to have noticed it; and indeed, after the article was written, we were on the point of drawing the pen across it, considering it not worth replying to. It occurred to us, however, that the “*facetious*” writer would expect to have an effusion of its character noticed, and, out of courtesy to him, we allowed the article to go into the compositor’s hands. Our opinion, however, is unchanged, respecting the

admission of the "poem" into the pages of a Journal devoted to medical science. As to the "absence of the Editor," the one who holds the place of "*locum tenens*" to this Journal will endeavor to be as courteous as possible towards the fraternity of medical editors, and will never allow his "*equanimity*" to be very much disturbed, even if there be an attempt to prescribe some of his own *physic* under the "*lex talionis*."

Mammoth Cave of Kentucky.—It is said that the temperature within this cavern is always the same—57 Fahrenheit—never varying from it in winter or summer; also that respiration is more easily performed in it than in other places. It is on this account, no doubt, that so many consumptive patients resort to this wonderful spot. We visited the panorama of the celebrated cavern, a few evenings since, and listened to the very interesting lecture of Mr. Brewer, its talented artist, and must acknowledge that we were both amused and instructed. To all, and particularly to invalids who wish to visit this cavern and try its remedial properties, we would recommend a visit to Mr. Brewer, at Amory Hall, who will each evening give them any information concerning the cave, &c. that they may wish.

University of Maryland.—The annual catalogue and circular of the medical department of the University of Maryland, for the session of 1850–51, has been received. There were at the last session 172 matriculants, 66 of whom, having passed the requisite examination, received the degree of doctor in medicine. It would seem, by the circular of the faculty, that it is their intention to extend the length of the term to four and a half months. In the circular, are expositions upon the modes of teaching medicine in its various departments, and the measures which are to be adopted by the professors for the furtherance of the object. Extensive arrangements have been made to give clinical instruction, in the Baltimore Infirmary. A new chair has been erected, that of "Pathological Anatomy," since the last session. The faculty seem fully determined to have their school present the best of advantages for practically teaching medicine. The manifesto is of a character that will establish a reputation for its authors; and were it not for the press of other matter, we would gladly copy some portions of it into our pages.

Buffalo Medical College.—The annual announcement and catalogue of the medical department of the University of Buffalo, has been received. The new edifice has been completed; and we should judge, from the engraving, that it would afford every facility requisite for the accommodation of the students attending the lectures. Our friends of the faculty are energetic in their endeavors to make their teachings as useful as possible. This University is distinguished by having for its Chancellor the Hon. Millard Fillmore, President of the United States. It is believed that this is the only instance, in the history of our republic, wherein a literary institution has been so highly honored. The number of students who attended the lectures in the medical department the last session, was 115; 27 of whom, having passed a satisfactory examination before the faculty, received their degree, as doctors in medicine.

Dr. Martin's Address.—An address delivered before the graduating medical class of Dartmouth College, by N. Martin, M.D., of Dover, N. H.,

is of a character which could not fail of producing an impression upon the young graduates. The advice and admonitions are excellent. The contrast which is drawn between the practitioner who studies while he attends to his business, and the one who, on receiving his degree, thinks there is no need of study, is very striking and true. The address might be read with profit by the seniors in the profession.

Prizes to Medical Graduates.—A liberal bequest has been made to Harvard University, by John Foster, Esq., for the benefit of the various professional schools belonging to that institution. The portion which accrues to the medical department, has been devoted by the faculty to the establishment of five annual prizes to deserving students, who should distinguish themselves at their examination for the degree of doctor in medicine. Accordingly during the last year five prizes of ten dollars each have been awarded to Messrs. Edwin Leigh, Albert G. Weeks, Edwin A. Hill, and Daniel C. Perkins, immediately after the graduating examination.

Officers of the American Scientific Association.—The Scientific Convention, in session for a week at New Haven, have adjourned to meet at Albany on the 3d Monday of August, 1851. There will be a semi-annual meeting in Cincinnati on the first Monday of May next. The following are the officers selected for the year:—

President—Prof. LOUIS AGASSIZ, Cambridge, Mass.

General Secretary—Prof. WILLIAM B. ROGERS.

Permanent Secretary—Prof. SPENCER F. BAIRD, Washington, D. C., Assistant Secretary of Smithsonian Institute.

Foreign Substances in the Nostrils.—While Mr. Simeon W. Cummings, of Willimantic, as we learn from the papers, was laboring in the field a few days ago, he felt something hard pass from the inside of his nose into his mouth, which he immediately spit out, and upon examination it proved to be a brass button about half an inch in diameter. His parents and others well recollect the time when he got it up his nose; it was in the month of August, 1833, he then being only four years old. From that time forward it caused him no trouble until last winter, when he had a fall which jarred his head considerably, and as he thinks partly dislodged the button and was the ultimate cause of its finding its way out, after being a tenant of his nose for about 17 years. The button is covered with a kind of bony substance, which gives it a rough and ragged appearance.

Gratuitous Medical Services to Clergymen.—At the late meeting of the South Carolina Medical Association, Dr. Cain presented the following preamble and resolutions:—

Whereas, it has been the custom of physicians to extend to clergymen the courtesy of their services gratuitously, in consideration of the respect justly due their sacred office; but, in consequence of the deplorable fact that numerous clergymen have become the advocates of quackery and imposture, by recommending secret medicines and preparations publicly in the newspapers, and more frequently privately to their parishioners, thus

using their extensive influence against the true interests of science, and the advancement of the medical sciences more particularly, it becomes the duty of physicians to discriminate between those who are, and those who are not, the friends of quackery: it is therefore

Resolved, That the members of the South Carolina Medical Association will continue to offer their services gratuitously to all clergymen and their families, when the clergyman is known to be a friend of the medical profession.

Resolved, That no clergyman shall receive our services gratuitously who advocates and recommends the use of secret and patented medicines, either publicly in the newspapers or privately to his own parishioners.

Resolved, That negroes belonging to clergymen are not to be considered in any case as entitled to the benefit of the first resolution, but for attendance on them, our usual rates may, in all cases, be charged.

Resolved, That the foregoing preamble and resolutions be offered to the newspapers of the State for publication.

Attending Families by Contract.—The following remarks we find in the *St. Louis Probe*:—"The plan of attending families by the year is dictated by a trading mercenary spirit, unworthy of members of a dignified profession. It has too much the air of pelf about it, and should at once be abandoned. It may suit the dealer in matches, the butcher, or the iceman, but is clearly out of place amongst physicians. We are glad to hear that notwithstanding the efforts of some members to have it recognized by the Medical Society, that respectable body unhesitatingly condemned it."

SUFFOLK DISTRICT MEDICAL SOCIETY.—There will be a stated meeting of this society at their rooms, Masonic Temple, this afternoon.

TO CORRESPONDENTS—The following papers have been received:—A Case of Fatal Inflammation of the Brain; Case of Fractured Cranium; Inhalation of Nitras Argenti; Case of Hydrophobia; Remarks on "Popular Physiology."

A communication signed B. C., intended as an answer to the dissertation of Dr. Williams on "Female Physicians," which recently appeared in our Journal, has been sent in. It being anonymous, and withal a reply to a paper with a responsible name, it is considered inadmissible.—"Veritas," it seems, does not like our notice of Dr. Dascomb's able "inquiry into the Principles and Practice of Homœopathy." We regret our inability to accommodate our friend by publishing his paper, which aims to "correct the error which Dr. Dascomb has committed," in his challenge to the homœopathic physicians. We can exclaim with "Veritas," most emphatically, "how much ink has been wasted in endeavoring to refute what nobody believes."

ERRATUM—The reader is requested to alter, with a pen, the No. 7, on the cover of last week's Journal, to No. 6.

MARRIED,—In Greene, Me., 3d inst, John Ladd, M.D., to Miss Sarah J. Hathaway, both of Livermore, Me.

DIED,—At Northboro', Mass., Dr. Stephen Ball, aged 83.

Deaths in Boston—for the week ending Saturday noon, Sept. 14, '96.—Males, 55—females, 41. Accidental, 1—apoplexy, 1—disease of the bowels, 20—disease of the brain, 1—consumption, 16, —convulsions, 3—cholera infantum, 6—cholera morbus, 1—canker, 2—debility, 1—dysentery, 8—diarrhœa, 3—dropsy of the brain, 3—drowned, 2—epilepsy, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 1—lung fever, 2—gangrene, 2—hooping cough, 1—intemperance, 1—infantile diseases, 6—diseased kidneys, 1—marasmus, 2—measles, 2—old age, 1—smallpox, 1—scrofula, 1—teething, 1—disease of the throat, 1—unknown, 2.

Under 5 years, 58—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 10—over 60 years, 5. Americans, 39; foreigners and children of foreigners, 57.

Corresponding week last year, 160 deaths, including 42 by cholera.

TREMONT STREET MEDICAL SCHOOL.—**IN BOSTON, OVER 33 TREMONT ROW.**—This School was instituted in Boston, in 1838, for the purpose of giving to private pupils a thorough course of instruction, by lectures and examinations, throughout the year. Two hundred pupils, including a large part of the recent academic graduates of Harvard University, who have devoted themselves to the study of medicine, and many others from all sections of the country, have received their professional education, or some portion of it, at this institution. By a recent act of the Legislature a charter has been conferred upon this School, which is thus enabled to avail itself of all the privileges which the laws of the State have conferred or may hereafter confer upon incorporated medical institutions.

Exercises in the different branches are given daily or oftener, from the close of the University lectures in March, until their commencement in November, with the exception of the month of August, during which most of the usual labors of the School are suspended. During the session of the University Medical School, examinations are held three times weekly on the subjects of the lectures.

The following is an outline of the plan of regular instruction, subject to variations when expedient.

Theory and Practice of Medicine, and Materia Medica, by Dr. BIGELOW.

Midwifery, Medical Jurisprudence and Diseases of Women and Children, by Dr. STORER.

Anatomy and Physiology, with instruction in the use of the microscope, by Dr. HOLMES.

Pathological Anatomy, by Dr. J. B. S. JACKSON.

Surgery and Clin. Surgery, by Dr. H. J. BIGELOW.

Chemistry, by Mr. JOHN A. PORTER, of the Law-Practical Scientific School.

Practical Anatomy will be taught under the immediate direction of the Teacher of Anatomy and Physiology, assisted by the Demonstrator of the Medical School of the University. Ample means of pursuing this important branch of study, and for the practice of the more important surgical operations, are provided without additional expense to the student.

CLINICAL INSTRUCTION.

This essential branch of a medical education will be made an object of especial attention. There will be clinical visits at the Massachusetts General Hospital, in the Medical Department, by Drs. Bigelow, Jackson and Storer, with Lectures at stated intervals; and constant attention to the practical study of Auscultation and Percussion, for which ample opportunities occur in the practice of the Hospital.

Clinical Instruction in Surgery will be given at the same institution by Dr. Henry J. Bigelow, during his term of service.

Sufficient opportunities are afforded for experience in Obstetric practice.

PUBLIC INSTITUTIONS.

In addition to the medical and surgical practice of the Massachusetts General Hospital, the Students will have admission to the Eye and Ear Infirmary, through the politeness of the Surgeons of that Institution; and also to the institution for the treatment of Diseases of the Skin, by permission of Dr. Durkee.

MEANS OF ILLUSTRATION.

The large collections of healthy and morbid specimens in the Warren Anatomical Museum, and the Cabinet of the Boston Society for Medical Improvement, will be made available for the purposes of instruction under the direction of Dr. Jackson, the Curator of both these collections.

LIBRARY.

During the whole Summer term, the Students of the Tremont Street Medical School will have free access to, and the privilege of taking Books from the Library of the Massachusetts Medical College, now consisting of about 1500 volumes, and rapidly increasing by a large annual appropriation, devoted to the purchase of Books most useful and acceptable to the Student.

*Application may be made to DR. BIGELOW, Summer street, Boston. A new Catalogue of the past and present Members of the School, with other details, may be had gratis, by applying, post-paid, to Mr. Burnett, Apothecary, 33 Tremont Row, at W. D. Ticknor's Bookstore, or at the Med. Journal Office.

The Room of the School, at 33 Tremont Row, over Mr. Burnett's Apothecary store, is open to Students from 6 A. M. to 10 P. M., furnished with Plates, Preparations, Articles of the Materia Medica, &c.

TERMS.

For the Summer Term (from March 1st to November 1st), \$90. For the Winter Term (from November 1st to March 1st), \$10. For a Year, \$100.
April, 1850. April 7—1st.

MATICO.—A fresh supply just received and for sale by **JOSEPH BURNETT, No. 33 Tremont Row.** Mch 17—1st

MEDICAL COLLEGE OF OHIO, Session of 1850-51.—The Thirty-First Annual Session of this institution, will open on the first Monday in November next, and close on the last of February, under the following arrangements:—

JOHN T. SHOTWELL, M.D., Prof. of Anatomy.

JOHN LOCKE, M.D., Prof. of Chemistry and Pharmacy.

L. M. LAWSON, M.D., Prof. of Physiology and Pathology.

T. O. EDWARDS, M.D., Prof. of Materia Medica and Therapeutics, and Medical Jurisprudence.

R. D. MUSSEY, M.D., Prof. of Obstetrics.

LONDON C. RIVES, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JOHN BELL, M.D., Prof. of the Theory and Practice of Medicine.

JOHN DAVIS, M.D., Demonstrator of Anatomy.

The following branches will be included in the course—Anatomy, Chemistry, Pharmacy, Physiology, Pathology, Materia Medica, Therapeutics, Medical Jurisprudence, Medical Botany, Surgery, Obstetrics, Diseases of Females, Diseases of Children, Practical Medicine, and Physical Diagnosis.

The Dissecting Rooms will be opened for classes on the 1st of October.

Clinical Lectures, on Medicine and Surgery, will be delivered at the Commercial Hospital three times a week.

OCTOBER LECTURES.

A Course of Lectures will be delivered by the Faculty (free of charge), commencing on the first of October, and embracing the following subjects:—

Anatomy and Physiology of the Senses; Diseases of the Eye; Medical and Elementary Botany; Functional and Organic Diseases of the Uterus; Medical Jurisprudence; Physical Diagnosis.

Also, Clinical Lectures at the Commercial Hospital.

Fees.—For a full course of Lectures, \$84; Matriculation and Library Ticket, \$5; Dissecting Ticket, \$8; Graduation Fee, \$20; Hospital Ticket, \$5.

Board (including the expenses of room, fuel and lights) can be obtained at from \$2 to \$3 per week.

Further information may be obtained by addressing the Dean. L. M. LAWSON, M.D., Dean

of the Faculty,
South side of Sixth st. betw. Walnut and Vine.
Cincinnati, July, 1850. July 24—31

MEDICAL INSTITUTION OF YALE COLLEGE.—The Course of Lectures commences annually on the last Thursday of September, and continues sixteen weeks.

BENJAMIN SILLIMAN, M.D., LL.D., on Chemistry and Pharmacy.

ELI IVES, M.D., on the Theory and Practice of Physic.

JONATHAN KNIGHT, M.D., on the Principles and Practice of Surgery.

TIMOTHY P. BEERS, M.D., on Obstetrics.

CHARLES HOOKER, M.D., on Anatomy and Physiology.

HENRY BRONSON, M.D., on Materia Medica and Therapeutics.

Lecture fees, \$68.50—Matriculation, \$5—Graduation, \$15.

CHARLES HOOKER,
Dean of the Faculty.

New Haven, July, 1850. July 31—1st.

COAD'S PATENT GRADUATED GALVANIC BATTERY AND INSULATED POLES.—For medical purposes, this Battery possesses many advantages over the various ones now in use. By it, the quantity of Galvanic Fluid can be graduated perfectly by the operator, to meet the wants of the patient, making it at once delicately susceptible for the tender infant; or the quantity can be so increased, as to destroy the life of an adult. In its application to disease, this battery possesses all the properties wished for; in testimony of which, the patentee has in his possession letters from the most distinguished of the profession in the United States. Apply to his residence in Philadelphia, 454 South Fourth street, or at his rooms in Marlborough Hotel, Boston, where the patentee will be ready to offer the battery and rights for sale, or illustrate it in applying it to disease.
Sept. 11—1st

CANTHARIDAL COLLODION.—A new Epispastic Remedy, and substitute for the ordinary preparations of Cantharides. It is speedy, convenient and powerful; can be applied to any portion of the body, and remain entirely unaffected by the movements of the patient. It requires the employment of neither leather or linen as in the use of the ordinary vesicating agents. Manufactured and for sale by

PHILBRICK & TRAFTON, Druggists,
Jan. 23.—1st 160 Washington St.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIII.

WEDNESDAY, SEPTEMBER 25, 1850.

No. 8.

MASKED AND FATAL INFLAMMATION OF THE BRAIN.

[Communicated for the Boston Medical and Surgical Journal.]

THIS case occurred in July last, in the little daughter of Mr. H., of our city, who was about 10 or 11 years of age. I send you the account as it was recorded at the time; and if you think it will be of any interest to your readers, it is at your disposal.

I had been attending this little sufferer about three weeks, at the latter part of which period Drs. Dunbar and T. Buckler were called in. At first her symptoms were of a bilious character, with some slight gastric disturbance. This was soon corrected with a few powders of calomel and rhubarb, when the brain was attacked, of which there was more or less complaint till death. Leeches were applied to the temples, a blister to the back of the neck, and ice to the head. The circulation seemed remarkably tranquil throughout, as the pulse, till within a day or two of death, was always regular and soft—the respiration free and easy—the digestion good, and rather ravenous than otherwise. The bowels were pretty regular, and the skin not unnaturally dry and hot, but sometimes having the sensation of chilliness. Yet, notwithstanding all this, there was marked *irritability* of the brain, as seen in the tossing of the head from side to side, the moaning, occasional screaming, and frequent saying “Oh, my head,” and wishing she “was dead,” &c. Still there was no development of fever, or general disturbance of the system, and the case was therefore regarded as one of great nervous irritability, rather than of acute or violent inflammation of the brain. And this view appeared to be confirmed by the treatment, as repeated doses of hydrocyanic acid invariably acted almost like a charm, in quelling all this cerebral excitement, and causing the most gentle and natural sleep. A Dover’s powder with calomel, occasionally given, had the same effect, but not in so happy a manner, so that the acid was mostly relied on.

There was almost constant picking of the nose, which, with the ravenous appetite just noticed, led to the suspicion that *worms* might be the cause of all the cerebral disturbance. Hence anthelmintics were given, without, however, discharging any. She also made occasional complaint of her side, to which a blister was applied, though there was no cough. After the blister had healed on the back of the neck, an ointment of croton oil, sp., &c., at Dr. Dunbar’s suggestion, was rubbed on; the

same was also rubbed behind the ears, and nitre was given when there appeared to be much thirst. When Dr. Buckler saw the case, he recommended spts. of turpentine in small doses; after which, powders of lupul., valer. and camph. But these had to be discontinued, as fever seemed to be produced, and the eyes to redden. About a week before death, the pupils were much dilated, and we were fearful of effusion upon the brain. Within a day or two of death, the pupils continued dilated and insensible to light, with but slight intervals of apparent contraction, while the balls of the eye, on the day of death, were quite red and head hot. During all this time the sense of hearing was good, as she would put out her tongue when required, and either nod or shake her head to questions asked. The head, it should be remarked, kept generally tolerably pleasant to the touch, so that she would frequently refuse the ice to it.

Post-mortem, nine hours after death—Brain.—The veins upon its surface, and sinuses, were loaded with blood. A small patch or two of yellow, hardened lymph, was seen on the superior surface of the hemisphere. The lateral and third ventricles contained at least five or six ounces. The optic nerves at their origin, the tubercula quadrigemina, and lower surface of pons-varolii, were all covered with a remarkably thick and expanded layer of yellow coagulable lymph. The pituitary gland was also covered with this same kind of lymph, which extended to the optic nerves at this point; and this lymph was noticed to be very firm, requiring some force to separate it, and in fact seeming somewhat organized. A row of little pearly bodies, not so large as a pin's head, were seen along the side of the pons, and were regarded as miliary tubercles. The medullary portion of the brain presented its usual natural whiteness, but was much firmer than in health. The interior of the pons especially, on cutting, offered considerable resistance, and felt remarkably firm on pressure.

Chest.—The lungs were sound, and nothing noticed as morbid, except an old chronic adhesion of pleurisy, of some firmness, between the lung and ribs on one side.

Abdomen.—Large intestine inflated with air. The spleen much more dense than usual, though of natural size and color. The appendix vermiformis had strong adhesions. The glands of Peyer, as well as the rest of the abdominal organs, generally seemed in a natural state.

Remarks.—On reviewing the symptoms of this case, and comparing them with the appearances after death, a *fact* of the greatest moment presents itself for consideration—a fact, which, to our mind, seems of the greatest magnitude, both in practice and theory—a fact, which, we must confess, not a little staggers our confidence in the certainty of *diagnosis*—and a fact which would seem strongly calculated to humble our self-esteem, not only for unerring or superior pathological skill, but also for that of every other species of medical dogmatism. We allude to the strange harmony of healthy and morbid symptoms at the same time—or rather, that the circulation, respiration, digestion, and secretions generally, should seem in a healthy condition, while at the same time the most active and fatal inflammation of the brain was going on—while this same

brain also presented symptoms rather of irritation than acute inflammation—in other words, the strange incompatibilities of apparently healthy functions, being united with the most destructive inflammation. It is true that the physicians in attendance do not regard all this mischief as the result of this attack, as the mother states that her daughter, long before, used to show symptoms of head disease, and being of an exceedingly nervous temperament, the structural changes noticed in the brain were believed to be the insidious, though fatal work of time. The case, nevertheless, strongly presents the caution, which we may here be justified in using—that probably it is better, in such cases, to be a little too hasty than otherwise, in suspecting *serious inflammation*, and then acting decidedly on such suspicion; for should it prove wrong, the error can be much more readily repaired, than on the other plan of treating as if little or no inflammation was present.

W. R. HANDY.

Baltimore, Sept. 10th, 1850.

“POPULAR PHYSIOLOGY.”

[Communicated for the Boston Medical and Surgical Journal.]

AN article, under the above caption, appeared in the Journal of Aug. 21st, which, although it contains many truths, contains, also, much that had better be left unsaid than said in the manner it is in the article alluded to. It is incumbent on philanthropic individuals, who seek to correct existing evils, to use such terms in exposing error as shall least offend those they wish to serve, as the human mind is so constituted that it *will not* be convinced by ridicule, much less by vituperation.

It is not, in my opinion, the best way to convince mankind they are in the wrong, to call them “shallow brains,” or to compare them to unclean animals—neither does it bespeak a very refined taste in the author of such a tirade. Most men, undoubtedly, are very ignorant of physiology; but, so far from thinking their ignorance a fit subject for ridicule, I cannot but regard it as one of a class of evils, which, if we would perform our duty, we should do all in our power to remedy. It is not their fault that they are so ignorant of “physiology,” and consequently so easily deceived by the artful and designing; it is, in part owing to the mystery in which (until comparatively of late) everything relating to medicine has been wrapt up; but chiefly to the truth of our friend’s “counter proverb,” “we cannot know everything.” We cannot, indeed, know everything; but should that fact prevent men from learning, or seeking to learn, as much as they can? The facility with which the public fall a prey to every quack that perambulates the country, affirms the truth of the contrary.

Now, shall we say to those less favored than ourselves in this particular department of knowledge, you cannot know everything connected with the study of physiology, and therefore you should know *nothing*? Because, forsooth, you cannot spare the time, or have not the inclination, to wade through the intricacies of a “regular education,” you must not venture on the (to you) forbidden ground, but leave it to

those who have a "diploma" and by virtue of *that* possess the exclusive privilege of investigating such matters. As well may the astronomer say that none but astronomers have a right to look through the telescope into the mysterious depths of space; or, because we have not the time, and it may be the inclination, to learn the names given to the different planets, their relative positions, and the distances of the various systems of worlds, that we should not know there are other worlds, except the one we inhabit. If only to physicians belongs the privilege of studying physiology and its kindred sciences, then to divines, alone, belongs the right of opinion in matters of religion; and to statesmen, the domain of politics; and no one has the right to intrude on the particular province of the other. Does not this appear absurd? and yet this, I believe, is the idea sought to be conveyed by our friend.

It is very true that not every man "can be the maker of his own watch, his own newspaper, his own almanac." Yet I think that fact, important as it is, should not prevent his learning as much as is possible of each and all of these various trades or professions, nor even prevent his knowing a *little* of "physiology." I confess I am not of that class who fear the world will know too much of the mysteries of our profession; for, though a "little knowledge is a dangerous thing," I have ever found that ignorance is a great deal more dangerous. It is possible to convince even a "shallow-brains," if he has an idea of what we wish him to understand; but it is almost impossible to remove the prejudices of a strong-minded man if he is ignorant, and much more so the prejudices of a "shallow-brains" in the same predicament.

I do not wish to be understood as an advocate of "popular physiology," as taught by ignorant, unqualified itinerants—men who care only for the "twelve-and-a-half cents" of which our friend speaks; but I *do* protest against the wholesale denunciation in which he indulges of any mode of teaching children and others. If a correct system of physiology were taught in our public schools, by competent persons, it would do more to check the floods of quackery that are pouring over the land, than all the penal enactments that have ever passed our legislative halls. To be a competent teacher of elementary physiology, it is not necessary for the person to be a physician. Let the teachers in our public schools understand what is expected of them in this particular branch of study, and that they must be properly qualified for their task, and I think it will be found that the dangers which our friend dreads, are merely chimerical. I do not think we need to dread the raising the veil of our Isis. The only effect that a knowledge of elementary physiology will have on the public mind, will be, that possessing more information than heretofore on this subject, they will be better enabled to distinguish between the well-informed physician and the ignorant pretender—whether he have a "diploma" or not. For my part, I have no fear of our profession losing an iota of the respect or veneration due it, by the dissemination of knowledge among the multitude. It is only ignorance and superstition that dreads the prying eye: true knowledge courts inquiry.

Before closing, I would respectfully suggest to the "doctor" that in

future he employ more refined comparisons, and not deal so liberally in the use of expletives—for the bitterer the pill, the more need is there of the saccharine coating, if we would induce those, for whose benefit it is intended, to swallow it.

MEDICUS.

CASE OF FRACTURED CRANIUM.

[Read at a Quarterly Meeting of the Rhode Island Medical Society, and communicated for this Journal by order of the Committee on Publications.]

ON the 13th of April last, my father and myself were called to see my brother Richard, thrown from a horse four miles from home. On our arrival, we found him very much collapsed, and having a wound on the right side of the head of great extent and frightful appearance. The scalp was lacerated just posteriorly to the temporal fossa, to about the extent of a half dollar; and about two inches posterior to this, a smaller laceration existed. In the anterior of the two wounds the skull was fractured and driven in upon the substance of the brain, so that three fingers might be passed directly down into the brain, an inch or more, without resistance. There was a fissure extending posteriorly from the principal wound, in a line with the smaller one, with very considerable depression on the inferior side, which I immediately replaced with my forceps without any resistance; showing, as I think, that the inferior margin of the parietal bones, between the line of fissure and the squamous suture, was detached and depressed. There was a considerable quantity of brain about the wound, as well as upon the stones where he fell; in fact, the quantity of cerebral matter lost could not (in the whole progress of the case) have been less than an ounce.

Upon inquiry, we gathered the following history. At near 8 o'clock in the morning he separated from his brother to go north by a rather secluded road, and within fifteen or twenty minutes of that time his horse was seen returning, but his brother having been seen in his company, it was supposed he had taken him into the carriage, and the people in the neighborhood gave themselves no uneasiness about it; so that he was not found until the expiration of three or four hours. The wind was northeast; and although, fortunately, it did not rain, the weather was of the peculiarly penetrating and unpleasant description which characterizes our spring. It is not to be wondered at, therefore (when considered in connection with the extensive loss of blood which must have occurred), that the system was in the lowest state of depression. There was considerable paralysis of the left side, which was very evident upon his attempting to answer questions, which he could do quite pertinently when aroused, although there was considerable stupor, and he was aroused with great effort.

Upon examining him, our prognosis was, of course, a fatal one; but, not to neglect any proper measures, we immediately sent for our friend, Dr. T. C. Dunn, to whose skill and kindness in the future conduct of the case we wish to express our deep obligations.

Upon his arrival, he proceeded to operate in the following manner:—

Introducing a director into the anterior wound, it was passed back under the integuments and superior attachment of the temporal muscle to the posterior wound; then passing a bistoury along the groove of the director, the two wounds were converted into one. The pieces of bone were then (five in number, and about the size of a dollar when placed in co-aptation) taken out with forceps, and the wound covered with a piece of lint wet with cold water, which, with a compress, also wet with cold water and changed once in ten or fifteen minutes, was the dressing used from that time.

In the course of the afternoon of the second day, the re-action became quite violent, and there were some convulsive movements, particularly of the face, so that it was considered necessary to abstract some blood, and he was accordingly bled pretty freely from the arm, notwithstanding the large amount already lost, and notwithstanding, also, that considerable quantities continued to exude from the wound. His diet was the most rigid possible; and although he soon became ravenously hungry, he was not allowed to take anything but bread-water for about three weeks. In fact, the first relaxation occurred when the granulations assumed the flaccid and pallid appearance which indicates superabundant serosity of the blood, and then he was allowed one molasses cookie per day.

On the second morning after the accident, the symptoms became very unfavorable, the convulsive movements set in with renewed force, and the stupor increased; but upon removing the dressings, a quantity of bloody serum and disorganized cerebral matter was removed, and instantaneous relief was manifested; and from that time there was a gradual though very slow improvement in the constitutional symptoms, the most serious feature being the remarkable diminution in the rapidity of the pulse, which is almost pathognomonic of serious injuries of the brain, and the removal of which was as gradual as the other evidences of restoration.

After the first few days, a hernia cerebialis occurred, which was treated by pressure made by strips of adhesive plaster drawn over little plates of sheet lead, and which finally disappeared after about four weeks. At the end of the fifth week, he was removed home, without difficulty, and no unfavorable symptom afterwards occurred to interrupt the cure, which, at the end of the twelfth week, was in all respects perfect, neither his physical nor mental condition being at all impaired.

I should have mentioned, in passing, that the use of the catheter was necessary for about three weeks, as also a little encouragement to the action of the bowels. I should also express our sense of the attention and kindness of our professional brethren, more particularly of Dr. O. C. Turner.

HENRY E. TURNER.

September, 1850.

INHALATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE inhalation of the powder of *nitras argenti* and lycopodium forms almost a new era in the treatment of diseases of the larynx, bronchial tubes and lungs. The subject of inhaling various substances, as the vapor of different medicines, for these diseases, is not new. It has been tried in a variety of forms, and with numerous substances, by many eminent physicians, in various ages; but the use of the *nitrate*, as applied to the mucous membrane of the air passages, is very recent. For some three or four years it has been used by the probang, or a piece of bent whalebone with a sponge securely fastened to the bent end of it. This has been superseded by the *syringe*, and, more recently, by *inhaling*, from a properly-constructed instrument, the powder here named. This powder, when prepared according to the formula which I gave in the number of this Journal published March 6th, is impalpable, or exceedingly fine, and one half its weight is the *nitras argenti*. I have found it very beneficial in ulcerated sore throat, in laryngitis, bronchitis and incipient phthisis. The report, from several physicians in the country who have used it, has been favorable. Several of them state that they have raised cases in these diseases by its use, which they think would not have been raised by former modes of treatment.

The object of this note is to invite the attention of the profession to the subject, and induce them to make trial of it. The expense is comparatively trifling, and the inhalation is easily performed, and, if once adopted, I believe will not soon be abandoned.

As the ingredients, with the manner of compounding the powder, have been fully stated, any one can manufacture it himself, and easily construct an instrument by which it can be inhaled.

W. M. CORNELL.

Boston, September, 1850.

LETTERS FROM SWITZERLAND.

FROM THE EDITORIAL CORRESPONDENCE OF THIS JOURNAL.

BASLE—On leaving Baden-Baden—designated, in some of the hand-books, the *hell of hells*, in reference to its gambling operations—a letter was mailed for Boston, the postage of which to Liverpool, in advance, was not far from fifty-five cents. This is mentioned merely that some idea may be formed of the tax upon letter-writing in this land of contraries, where a few are learned, rich and powerful, while the million are destined to labor, pay taxes, and train their children to believe in the divine right of kings. Basle is a quaint, rusty, antique looking place, containing perhaps 26,000 inhabitants—occupying both sides of the river, and united by a rickety, dilapidated bridge, which is laden with heavy stones to keep it from being swept away. Of the University, the library of Erasmus, Greek manuscripts that no one ever reads, and therefore estimated to be of rare value; the correspondence of the reformers; a collection of medals, Roman fragments of water-jugs, margins of milkpans,

and numerous bits of things supposed to be very curious indeed, because no one can determine what they are—of these, and divers other objects, letter-writers have kept the new world well informed. Architecture was not studied as a science, when the towers, the walls and the spires of the churches were reared. Uglier conceptions were never mustered in the head of an intelligent being, since the dawn of civilization, than stand forth in these monuments of former generations. Sculpture appears to have been, at the same epoch, of a corresponding type. Even the pumps, at the corners of the streets, are dignified with stone saints, warriors and guardian angels, that excite a burst of laughter, instead of calling forth pious ejaculations as intended. This is entering Switzerland. In agriculture, they are here greatly in advance of us. Had the late lamented Mr. Colman lived to have written his views upon the modern cultivation of the soil in central Europe, it would have been a book of books. No where is the art of making the ground productive, so well understood as in Belgium, Prussia, and some parts of Germany, bordering upon the mountains of Switzerland. If the Agricultural Society of Massachusetts would send a committee to inspect and report upon the system, the expenditure would be money profitably laid out, provided the report were drawn up in a plain manner, so that our people could clearly understand the pith of the matter. Immense crops are raised here, of articles wholly unknown to American farmers, and perhaps the kinds best fitted to particular localities, where grains and potatoes yield poorly under the best efforts. One of these is *poppies!* Thousands of acres are at this moment nearly ready for harvest—which the traveller takes for granted, as he hurries by, are to be manufactured into opium. They are not, however, intended for medicinal use at all, but for a widely different purpose. From the poppy seed, a beautiful transparent oil is made, which is extensively employed in house painting. It is almost as colorless as water, and possesses so many advantages over flaxseed oil, that it may ultimately supersede that article. Where flax cannot be grown, poppies often can be—even in sandy, poor soil. Linseed is annually becoming dearer, and the demand for paint oil is increasing. With white lead, poppy oil leaves a beautiful surface, which does not afterwards change, by the action of light, into a dirty yellow. In short, this oil is destined to bring about a revolution in domestic economy. Another season, some one should make a beginning at home, in this important branch of industry. The oil may be used for various other purposes, and even put in the cruet for salads. More of this, however, on a fitting occasion.

Zurich.—The reader is not to be inflicted with comments upon every little hamlet in the course of a route through Switzerland. Prominent points only, in some of the principal towns, can be introduced—leaving all minor sights for future rumination. This town has claims to more than an ordinary passing notice, on several accounts. And first, its venerable age—for no body pretends to know how old it is. In a niche of the cathedral, facing the lake, is a hard, massive statue of Charlemagne. Lavater, universally known by his treatise on physiognomy, was pastor of a church in Zurich, and resided in a house adjoining St. Peters, in

the yard of which he was killed. In the public library, occupying three stories of an out-of-shape, out-of-plumb, stone edifice, partly in the water, is an elaborately constructed model of Switzerland, which gives a very accurate idea of the mountain peaks and the lakes, and explains at a glance the drainage of the whole country. This is very convenient, for the hydraulic apparatus, which is in operation for supplying vegetation and animals with water, and then conveying the superfluous quantity to the ocean from whence it was derived, is on the grandest scale imaginable. The librarian shows the Greek bible of Zwingler, one of the reformers—bearing marginal notes in his own hand-writing, as far back as 1528. Then comes the original correspondence of Henry IV. of France, and Joan and Catherine of Navarre, in 1507—only curious on account of their being historical personages. Next, the Codex Alexandrinus—and Quintilian, a splendid copy, written in the eleventh century. Each letter is full, plump, and so perfectly defined, that no writing master of this age could match it. Several ancient pictures, and a representation of three martyrs, marching with their own heads in their hands, together with the portraits of all the city chief magistrates, from 1338 to 1798, make up the inside of the Stadtbibliothek. In the arsenal, is William Tell's cross-bow, pronounced genuine by those who take a franc for showing it. Crosses, crucifixions, little boxes with paintings of the Virgin, dressed up figures, &c., abound by the road sides; and the churches and chapels being also numerous, naturally enough leads to the inference that the inhabitants have religion always at heart. On crossing the lake of Zurich, to Horgan, where weaving figured silk, in rude, shakely hand-loom, is the principal industry, and examining the large sheets of lignite-fossil charcoal, a charming fuel, abounding in the mountains, the next stopping-place was Zug—pronounced *Zöög*—the capital of the smallest of the confederated Cantons. How strange it is that immense beds of fossil coal, or rather sheets of wood coal, should have been stored away in these alpine summits, to meet the wants of those who are now digging it! The vein, near Horgan, is represented to be thirty feet below the surface, () feet in thickness, and extending no one knows how far.

From the little town of Art, on the northwest, it is customary to ascend the imposing mountain of Righi; and from a village a few miles from Lucerne, the ascent is made on the other side. A description of the scenery is beyond the ability of the writer. The expressions—“grandeur,” “sublimity,” “glorious exhibition of Almighty power,” &c., are on every person's lips when at the summit—which is 5536 feet above the sea, and consequently not equal in altitude to Mount Washington. Hundreds assemble here daily, from every quarter of the continent, with a tolerable representation from America, to remain over night and see the sun rise the following morning. A bugle announces the hour for rising—which brings forth a motley group, in bed-blankets, night-caps, hunting-coats, and other odd appearing garments. Huddled together on a small plateau, they wait impatiently for Sol's appearance above the horizon. Many who never saw him rise before, feel the spirit of poetry urging them onward, perhaps thousands of miles, through dan-

ger and fatigue, to witness the inspiring spectacle on the lofty Righi. Exquisite young gentlemen, all moustache and imperial, in white kid gloves, look at him through opera glasses; sentimental misses, of whom there is invariably a predominance in numbers, squint, first with one eye and then the other, through an eye-glass at the end of a golden chain. Sharp-pointed mountains, piled one above another, as far as the range of vision extends, tipped with snow, and glittering in the first rays of morning light—while in the valleys below, the softness of summer reigned triumphantly, were calculated to impress us all with the feebleness of man, contrasted with the majesty and power of God, who made, and who holds, in obedience to determinate laws, the material universe.

All over Germany and these parts of Switzerland, at this particular season, viz., school and college vacations, it is perfectly delightful to meet, as we do constantly, lots of boys, with little calfskin packs on their backs, an umbrella and perhaps a spy-glass, reconnoitring the country in search of the picturesque. It generates a taste for the contemplation of nature, invigorates their bodies, and gives them elastic minds. They run, halloo, whistle, sing, take notes, make sketches, or whatever else may add to the charm of ranging over the hills and through the dales during the period of emancipation. Why do not our public instructors of youth encourage these excursions over our own unsurpassed country, where nature has been profuse of blessings, and not a whit behind in the displays of the grand and sublime? We are all determined to preach up a crusade for the boys of New England, in all coming years, and if possible aid and assist in overturning the stiff, unphilosophical course of boy-training, now predominant among us. Put money in their pockets to meet exigencies, enabling them to ride when lame, send a dozen of them off together to the White Mountains one vacation, to Niagara another, the Green Mountains a third, and so on, requiring them always to be gentlemanly in their intercourse with strangers, neat in their persons, conscientious in their duties, observers of the Sabbath, but to *have a good time*—all the while keeping a journal, and to write home once a week. What an influence this course of training would exert over the public health, were it general.

This is beginning to be a long dissertation upon all sorts of subjects but medicine—respecting which, not an item can be gathered worth remembering in this ragged, up and down, and physically upturned country. It may not be amiss to state that all these everlasting mountains are made up of small pebbles, to their extreme points, imbedded in a primitive mixture that holds them, like the Roxbury conglomerate, or, as it is commonly called, pudding stone. These pebbles were originally derived from the breaking up of rocks, which were rolled among themselves by the action of moving water, till they were rounded. They were afterwards the barrier perhaps of a great sea basin, till volcanic agency mixed them up in the mud, and then raised them, in these terrific forms.

Lucerne—(on the margin of the placid lake, one of the glories of Switzerland) *Aug. 6, 1850.*—What can be said of it, not already written and re-written, till even lovers of the romantic are weary of the story? It abounds in oddities, the fine arts, not forgetting the great lion

by Thorwaldsen, twenty-eight feet in length, copies of which are plenty as peaches in New Jersey; images in wood, in plaster, and marble, of all epochs. Three bridges, leading over arms of the lake, clumsy wooden things, are roofed over, and under the rafters are a series of biblical paintings, old of course, illustrating striking events in the early history of our race. One shows Adam asleep, and Eve fairly escaped from his side. Another is King David in the balcony of a funny-looking house, watching Uriah's wife at the bath. A second bridge is called the "dance of death." On the third, the feats of valor of the Lucerners are favorite subjects of the artist. Medical practitioners are few in number; the inhabitants are healthy, diligent and long-lived.

IMPROVEMENT IN THE METHOD OF MOUNTING ARTIFICIAL TEETH.

FOR several years past a few dentists among our acquaintance have been in the practice of soldering their artificial teeth, for entire lower sets, to the gold plates with pure tin, using the tinman's soldering iron instead of the blow-pipe. The manner of proceeding is as follows.

First strike up, in the usual manner, a very thin gold plate (No. 30 or 31 will answer) to fit the jaw. When this is done, place the wax upon it, and cut it to the right curve and the proper height for the length of the teeth. The teeth are then to be selected and put round upon the wax in the proper position for use; but it does not matter whether, or not, they come down to the plate, provided all that part of them which is exposed to view, when in the mouth, is right, as all below will be filled with tin when the process is completed. Plaster and sand is now to be put on the outside of the teeth and plate, in the same manner as though they were to be soldered in the usual way. When this is done, the wax may be cut away, the teeth removed from the plaster, and a thin gold back put upon them. In backing them it will be necessary to bend the platina wires together, over the gold, with a common pair of pliers. The backs may now be soldered to the plate, forming one solid mass of tin as high as the wires, and imitating as nearly as possible the form of alveolus which has been absorbed. When this is done the plaster may be taken away, and as much tin put upon the front as will restore what has been lost by absorption of gum and alveolar process.

When the piece is properly trimmed and burnished, it makes a very strong and natural set of teeth, while the additional weight given to it by the tin keeps it in place better than those made in the ordinary way. Some use silver plate instead of gold, and gild the whole by the galvanic process, and we can see no reason why this metal should not answer just as well as gold. We have put in several temporary sets in the above manner, on gold, and all have done remarkably well, giving entire satisfaction. This plan of mounting teeth was first practised, we believe, by Mr. Royce, about eight years since, and has been used by him in very many cases, as he alleges, with perfect success.

Mr. George E. Hawes has lately made an improvement upon the above plan, by means of which he dispenses with all metallic castings and

plates of every kind, using only the pure tin and the teeth. His plan is, after the first cast is procured, which should be made of plaster with a large proportion of sand, to fit it to a piece of tin foil, or plate, as thick as can well be rubbed down to it with a burnisher, and as large as a gold plate would have to be. The wax is then put upon this tin plate, and trimmed to the proper curve and height as in ordinary practice. Next, the teeth are to be placed upon the wax, and when properly arranged a strip of wax is put round the bottom of the front side of the teeth and plate. This wax, and that on the backs of the teeth, is then to be carved to represent the natural gums, or so as to form a smooth ridge as high as is desirable. Care must be taken to select such teeth as have their platina pins low, so that they may remain imbedded in the wax.

When this process is completed, the whole is to be placed upon the plaster and sand cast, and more plaster and sand poured over it, so as to cover with a thick mass the whole of the wax and the teeth. After the plaster has thoroughly hardened, the casts may be parted, and the tin plate and all the wax taken away; and the platina wires, and those parts of the teeth exposed, washed with muriate of tin. A hole to pour the melted tin into must now be made at one end of the set, and another on the other side for the air to escape from. When completed thus far it is ready for the pouring, and to insure perfect success, the castings should be securely bound together, and the whole mass heated to the temperature of melted tin.

Sets of teeth made in this way, and having the casting thoroughly gilded, are much handsomer and more natural in their form than those which have the long teeth and gold backs. They are also stronger, as they are protected both front and back, can be made for one half the expense of the ordinary sets on heavy gold plates, and, judging from the little experience which we have had in making and testing them, as well as the testimony of Mr. Hawes, are equal in every respect, if not superior, to those mounted upon gold backs.—*N. York Dental Recorder.*

FRAGILITAS OSSIUM.

PROF. R. W. SMITH exhibited to the Dublin Pathological Society the pelvis and thigh bones of a female who had suffered from fragilitas ossium, and which had been forwarded to him by Dr. Campbell, of Lisburn. The following was the history of the case, as furnished by Dr. Campbell:—

Eliza Cosgrave, about 45 years of age, a married woman, and mother of two children, the elder being 9 years old and healthy, the younger having died when about three months old, began shortly after the birth of her second child to complain of pains in her limbs, and generally over her body, which she attributed to her residence in a damp house. She soon became so helpless as to be unable to get into or out of bed without assistance. On one occasion, while being helped into bed, her thigh was struck against the bed-post, and the femur broken just below

the trochanter. She now obtained admission into a neighboring hospital, where she remained for many months, and was then discharged without having experienced any amendment of her condition. In this state she removed into the Lisburn Union Workhouse, about two years ago. On examination the injured limb appeared to be about three inches shorter than the other; there was no crepitus, although acute pain was experienced when the thigh was handled or moved. Her general health at this time did not appear much broken, and her appetite was good; but her pains, chiefly in the thigh, were so severe as to require the administration of an opiate every night. Several months having elapsed in this manner, one night, whilst the nurse was turning her in bed, the other thigh was also broken near the trochanter, after which her pains for some weeks were mitigated to a certain extent. Diarrhœa at length set in, and resisted all treatment; her pains returned with greater violence than before, and she died after a few weeks of extreme suffering.

Upon examination after death the fractures were found to have occurred about two inches below the great trochanters; they had both become consolidated, but with great deformity remaining, the fragments being, upon each side, at right angles with one another. The pelvis and thigh bones were so light as to float upon water, and so fragile that a slight pressure of the finger was sufficient to crush the osseous tissue. The compact structure of the femora was as thin as an egg-shell, and the medullary canals enlarged, here and there crossed by delicate osseous septa, and filled with a grumous semi-fluid substance, resembling a mixture of medullary matter and blood. Mr. Smith observed that the facility with which fractures united in such cases was remarkable; the union, as Mr. Stanley has noticed, occasionally taking place within the ordinary period. Mr. Tyrrell has recorded, in the reports of St. Thomas's Hospital, a case of fragilitas ossium, in which twenty-two fractures occurred, and observes that the injuries were repaired with greater rapidity than he had seen in other individuals, the union of the fracture of the femur being perfectly firm at the expiration of three or four weeks.

Mr. Smith, in conclusion, alluded to the extraordinary case of this disease recorded by Saillant, in which the lightness of the osseous system was such that the patient, an adult female, when placed in a warm bath, actually floated upon the surface of the water.—*Dublin Quarterly Journal of Medical Science.*

DEATH FROM SWALLOWING A COPPER PENNY.

DR. O'CONNOR detailed to the Cork Medical Society the history of the following case:—A young gentleman, about 18 years of age, called on him in a state of great mental uneasiness, stating that he had a short time previously swallowed a copper penny, that he at first made ineffectual efforts to grasp the coin with his finger, and that an apothecary whom he consulted immediately afterwards was equally unsuccessful in his efforts to extract it. A probang was afterwards passed without any difficulty, and he was comparatively well for several days, except that

his bowels became very costive so as to require the administration of very active aperients. In about a week from the date of the occurrence he felt severe pain in the right hypochondrium, about the situation of the pylorus, which became more severe every day, extending up the right side towards the shoulder. Subsequently he had some degree of nausea and vertigo, and complained of a very peculiar distressing sensation, which he described as resembling a sudden and violent raising upwards of the right side of the body, from the point in which he felt the pain to the top of the head. This feeling recurred frequently and distressed him very much. When this state had lasted a few days, he suddenly discharged a large quantity of blood by the bowels, and very soon after a quantity of clotted blood by vomiting.

The ordinary remedies were had recourse to, but the hemorrhage continued until the patient expired, about four-and-twenty hours from the first discharge of blood. The apothecary who was in attendance, stated that, immediately after death, he distinctly felt the coin in the part where it was suspected to have been impacted, namely, in the pylorus, but an opportunity was denied of testing the correctness of this opinion by a post-mortem examination.

Dr. O'Connor considered the novelty of the occurrence of death from such a cause a sufficient reason for bringing the case under the notice of the Society, more particularly as in books there is more generally found a recital of the extraordinary substances that have been swallowed and passed through the alimentary canal without producing much injury, than of the exceptional cases in which death has been produced by swallowing objects apparently less calculated to cause danger.—*lb.*

FORMATION OF A SUBSTITUTE LOWER LIP.

BY JAMES SYME, ESQ., PROFESSOR OF CLINICAL SURGERY, EDINBURGH.

THE operation formerly in use for restoring the lower lip was one of the most unsatisfactory in the practice of surgery—so much so, indeed, that few practitioners felt inclined to try it more than once, if they did so at all. The principle of its performance was to obtain integuments sufficient for the purpose by dissecting a flap from below the chin, and turning it round, so as to occupy the vacant space. The ordinary result of this proceeding was sloughing of the transplanted part, which, in the event of escaping that danger, constituted a most unseemly and uncomfortable substitute for the absent part—presenting no resemblance of the natural lip—affording no protection against the dribbling of saliva—and being a constant source of annoyance, from the beard causing irritation by growing in a wrong direction. Some years ago I proposed another method of proceeding, which simply, easily and effectually accomplished the object. The following case, when taken in addition to those already published, may tend to increase the confidence which has been placed in this operation.

W. M., aged 58, from Perthshire, was admitted on the 27th of May,

on account of a malignant-looking sore of the lower lip, which was in great part destroyed, and thoroughly diseased throughout the portion that remained. The disease had appeared about fifteen months before, and been subjected to operation in a provincial hospital, but subsequently returned.

The patient having been placed under the influence of chloroform, I removed the diseased parts, and made the dissection requisite for constructing a new lip, precisely as described in my original account of the operation, and with the same satisfactory result hitherto experienced. The patient was able to permit the manipulations of the barber within a week, and was not only relieved from the disease, but provided with a lip quite similar to the natural feature, and perfectly efficient for all its duties in articulation, mastication and closure of the mouth.—*Edin. Monthly Journal of Medical Science.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 25, 1850.

Abuses of Bathing.—In a previous number of the Journal, we took occasion to express an opinion respecting the abuses of water in bathing. As the article has disturbed the sensibilities of a few of our readers, and others, who perhaps may, for fashion's sake, have indulged too freely in the bath, and as they are disposed to receive our sentiments as authority, we beg leave to qualify one or two expressions in the article alluded to. We were made to say that once a week was often enough to bathe the whole body, either for the purpose of cleanliness or luxury, and beyond that was considered injurious. Although in some cases this remark might be applicable, yet we should rather say, that from once to three times a week is often enough to bathe the whole body, and in many cases to use it beyond that number of times is injurious. As to the other parts of our article, which some of the daily journals seem to think are heterodox in principle, we do not see any good reason for changing our opinion. Water, as a prophylactic, luxury, or remedy in disease, when used in extremes, can be as *baneful* as the most potent and subtle of other natural or artificial remedies. We wish it to be distinctly understood, that we do not disapprove of its discriminate use; and that it was our intention, in the previous remarks, to state the danger of the extremes which people are likely to fall into, when making use of any fashionable prophylactic or therapeutic remedy.

Cleveland Medical College.—The annual announcement of lectures in the Cleveland Medical College, for the session of 1850–51, has been sent us. It is gratifying to be furnished with such evidence of the success of the institution since its first organization. It appears that seven courses of lectures have been given since it was founded, commencing with sixty-seven students, and the last course exhibiting a class of two hundred and fifty-six—an increase of one hundred and eighty-nine.

Death from Hydrophobia.—A Miss Fulton, of Franklin Co., Louisiana, died on the 4th inst., from the effects of the bite of a rabid dog. It appears she was returning home from a barbecue, and when attempting to drink some water, had a severe chill. The paroxysm increased in severity, terminating with her death in about twenty-four hours from the first attack. Two others were bitten by the same dog, but as yet have exhibited no symptoms that would indicate their being sensibly affected.

The Intellect and Passions.—“Mental Hygiene, or an examination of the intellect and passions, designed to show how they affect and are affected by the bodily functions, and their influence on health and longevity. By Wm. Sweetser, M.D., Professor of the Theory and Practice of Medicine in Bowdoin, Castleton and Geneva Medical Colleges. Second edition, re-written and enlarged.” The design of this work, published by Mr. Putnam, of New York, is to impress the reader with the importance of studying mind and body together, and under their mutual and necessary relationship; “to elucidate the influence of intellect and passion upon the health and endurance of the human organization. The character and importance of this influence has, it is believed, been but imperfectly understood and appreciated by mankind at large. Few, we imagine, have formed any adequate estimate of the sum of bodily ills which originate in the mind. Even the medical profession, concentrating their attention upon the physical, are very liable to neglect the mental cause of disease, and thus are patients sometimes subjected to the harshest medicines of the pharmacopœia, the true origin of whose malady is some inward and rooted sorrow, which a moral balm alone can reach.” It is a production of much merit, and cannot fail in the accomplishment of its design.

The British Association for the Advancement of Science.—The Edinburgh Monthly Journal of Medical Science gives the following account of the meeting of this Association recently in that city:—

“The late meeting of the Association in Edinburgh was, as regards the numbers of those who attended it, the most successful which has been held since the former meeting in the same city in 1834. As was to be anticipated, it became necessary to institute a Physiological Sub-section, which, during the two days on which it was open, was very crowded. Indeed there can be little doubt, that had it been instituted earlier, it would have constituted a principal feature of the meeting.

“The proceedings at some of the sections struck us as exhibiting less than formerly that high scientific and original character which would satisfy rigid *savans*: there seemed to be a tendency to popularize, and an unwillingness to hazard criticism; while the memoirs brought forward were in various instances mere re-statements of papers and views long published, or laid before different learned societies, and hence not new to the scientific world. The miscellaneous nature of the auditory may, in part, account for the predominance of the popular element in some of the communications made to the sections; and we question much if such crowds of fair Associates would have been attracted thither had the nature of the entertainment provided for them been more severely intellectual.

“Although the still rather unsettled state of the Continent prevented such an influx of foreign visitors as we had expected, it was still gratify-

ing to see the chief seats of learning in Europe represented by some of their brightest ornaments; and the reception which these gentlemen met with, while it could not but be pleasing to them, was, we are proud to think, not unworthy of our national character for hospitality. Public entertainments were given by the College of Physicians at Barry's Hotel, and by the President of the College of Surgeons, Mr. Syme, at his villa at Millbank House; while many other members of the medical profession distinguished themselves by the exertions which they made to promote the comfort of the strangers who became their honored guests."

Gutta-percha Instruments.—Gutta-percha, in its application to surgery, has been brought before the Academy of Medicine of Paris. The London Medical Gazette states that "Mr. Robert read a report on a memoir presented by M. Cabriol, which spoke in favorable terms of the employment of gutta-percha for the manufacture of many surgical instruments. M. Ricord agreed with the report, with the exception that he did not concur in the opinion that the use of gutta-percha sounds disposed, less than others, to the formation of calculous deposits. These, M. Ricord observed, are dependent upon individual peculiarities, and not upon the introduction of instruments. M. Ricord considered sounds and bougies of gutta-percha to be more durable, and superior to those of caoutchouc or wax.

"M. Velpeau had found gutta-percha bougies to yield when warmed by contact with the walls of the urethra, and from their want of elasticity lose their shape. The same inconveniences, M. Velpeau stated, had attended the use of gutta-percha pessaries.

"M. Segalas had found these sounds and bougies an improvement upon those formerly in use."

Correspondence between Dr. C. J. B. Williams and a Homœopathic Practitioner.—The following recent letter from a homœopathic physician to the well-known Dr. C. J. B. Williams, and his reply to the same, are copied from a late number of the London Lancet.

"DEAR SIR,—I am very desirous of having your opinion in a case of suspected disease of the heart. The patient is the Hon. Mrs. ———, at present residing with Lady ———, ——— Square. Will you have the goodness to inform me at what hour on Monday it would be convenient for you to see Mrs. ———?"

"I think it right to state that Mrs. ——— has been for many years a convert to homœopathy, and that I, as you possibly may have heard, practise that system of treatment. I mention this, because you may have some objection to meet a homœopathic physician in consultation, and I should much regret if I were the means of inducing you to do any thing distasteful to you, in ignorance of the above facts. I may, however, mention that it is as a matter of diagnosis rather than of treatment that your opinion is desired, and that my friends, Sir ——— and Dr. ———, have seen the case with me on former occasions. I remain, dear Sir, your very obedient servant,

"———."

"To Charles J. B. Williams, Esq., M.D., &c."

"DEAR SIR,—I am obliged to you for your courtesy in wishing to have my opinion on the diagnosis of the case of the Hon. Mrs. ———, and for your candor in apprising me that she is under homœopathic treatment; but under these circumstances I must beg you to excuse my attendance.

“Believing, as I firmly do, that the so-called ‘homœopathic system’ is an entire fallacy, and therefore calculated to do much injury to those on whom it is practised, I consider it to be my duty to do nothing that can, directly or indirectly, countenance or aid it; and it appears to me, that to meet a homœopathic physician in consultation, and to assist in the diagnosis of a case professedly under homœopathic treatment, would have such an effect.

“I need scarcely add, that I have no personal feelings in the matter. And hoping that you will soon return to the legitimate domain of rational medicine,

I remain, dear Sir, yours faithfully,

“To Dr. —.”

“C. J. B. WILLIAMS.”

Trial of Mr. Wakefield for Manslaughter.—In the Municipal Court, in this city, on Saturday last, was commenced the trial of Terrence Wakefield, jr., upon a charge of manslaughter, in causing the death of James D. Hall, as mentioned in this Journal a few weeks since, by putting up, in his apothecary shop, corrosive sublimate instead of calomel. E. D. Sohler, Esq. appeared for the defence, and S. D. Parker, Esq. for the government. Several witnesses were examined, the most important of whom was the sister of the deceased, who testified to going to Mr. W.’s shop with Dr. Coale’s prescription, which was put up by Mr. W. himself. “The witness asked if it could be taken in water, and he answered ‘yes.’ Witness then went home and administered it to her brother, who immediately began to vomit, saying that there was a mistake; that he had taken liquid fire. She then went back to Mr. W.’s shop and asked what he gave her? He replied, ‘Corrosive Sublimate.’ She then asked what the prescription was for? and he, upon looking, replied ‘ten grains of calomel.’ Witness asked what she should do, when Mr. W. inquired if he vomited? and recommended the administration of warm water, which witness upon her return gave to her brother. Dr. Flint was soon after sent for, who prescribed. Until the time of death he continued sick at the stomach, complaining of great pains. Upon the cross-examination she stated that she had been a customer at Mr. Wakefield’s shop for some time. When witness gave the recipe to Mr. W. she did not tell him it was for her brother, and he did not know that fact until the mistake was discovered. When she went back, Mr. W.’s inquiry was—‘did he vomit immediately?’”

Further notice of the trial will be given.

Manganese.—MR. EDITOR,—As we have frequent inquiries from physicians as to the strength of the Syrup of the Iodide Manganese prepared by us, we would say, for the benefit of the profession, through the medium of your Journal, that each fluid ounce of the Syrup uniformly contains 40 grains of the Iodide. Respectfully,

PHILBRICK & TRAFTON.

Boston, Sept. 20, 1850.

Suffolk District Medical Society.—At the stated meeting of this society, held at their rooms on Wednesday afternoon last, reports from the several committees who had special business assigned them, were read. The further discussion and action upon the subject of the disuse of Latin in writing prescriptions, was postponed to an adjourned meeting, which will take place four weeks from that day. The committee on irregular practices by

members, will report, at the next meeting, what measures should be adopted in such cases.

Foreign Medical Books and Surgical Instruments.—It will be seen by an advertisement in to-day's Journal, that an agency has been established in the city of New York, for the sale of foreign scientific Books and Surgical Instruments. Those who may wish to procure any book upon the sciences which cannot be found in our stores, or instruments of the celebrated manufacture of M. Charrière, have only to order through this agency, to have them promptly and faithfully executed. It will be found a great convenience, and we hope the enterprise may meet with a proper encouragement.

Inauguration of the Statue of Larrey.—This statue, the work of M. David (d'Angers), has been recently erected in one of the courts—*la cour d'honneur*—of the Parisian Military Hospital—the Val-de-Grâce. At its inauguration, on the 9th August, deputations from the principal public bodies of the capital attended, and a number of orations were delivered in honor of the illustrious surgeon, and of the service to which he belonged. None of the orators seem to have so completely charmed the auditory as M. Dupin, the President of the Assemblée Nationale, whose brilliant little improvisation, reported in the Gazette des Hopitiaux, conveys, even to our minds, the perfection of eloquence and fine feeling.—*Edinb. Monthly Journal.*

Sangrado Redivivus.—The Spanish Journals narrate the case of a man, aged 70, born at Majorca, of sanguine and apoplectic temperament, who, according to an approximate calculation, has, during a period of fifty-five years, been *two thousand times* bled at the arm, and on each occasion at least a pound of blood has been abstracted. From the age of fifteen this man was obliged to have himself bled every month, in order to combat his tendency to apoplexy. At the age of twenty, he was compelled to have recourse to the operation twice every month; at twenty-five, thrice a month; afterwards, thrice every fifteen days; finally, he has sometimes been bled fourteen times in a month. Even still, he is bled twice or thrice a fortnight to prevent his tendency to apoplexy.—*L'Union Médicale*, Aug. 1850.

TO CORRESPONDENTS—A paper from Dr. Hayward, on the Statistics of Amputations, will appear next week.

A correspondent who sent in a communication on vaccination, is informed that the peculiarities and different modes of performing the operation are not *new*, the same having been discussed in the meetings of the Suffolk District Medical Society, and in the pages of this Journal. It is the opinion of many of the most scientific of the profession, in this and other countries, that re-vaccination is necessary to protect one from the influence of variolous contagion; and, further, the number of the vaccine pustules does not increase its protective power, or the extraction of the lymph destroy its prophylactic properties.

Deaths in Boston—for the week ending Saturday noon, Sept. 21, 71.—Males, 38—females, 33. Accidental, 2—disease of the bowels, 10—disease of the brain, 1—consumption, 15—convulsions, 3—cholera infantum, 1—canker, 1—child-bed, 1—delirium tremens, 1—dysentery, 4—diarrhoea, 3—dropsy, 5—dropsy of the brain, 1—drowned, 1—erysipelas, 1—typhus fever, 1—typhoid fever, 1—hooping cough, 3—infantile diseases, 2—inflammation of the lungs, 1—marasmus, 1—measles, 2—old age, 3—poison, 1—quinsy, 1—teething, 4—unknown, 1.

Under 5 years, 33—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 6—over 60 years, 9. Americans, 29; foreigners and children of foreigners, 42.

Less than last week, 25—less than the corresponding week last year, when there were 24 deaths by cholera, 78.

UNIVERSITY OF PENNSYLVANIA, MEDICAL DEPARTMENT, Eighty-fifth Session (1850-51). The Lectures will commence on Monday, October the 7th, and terminate about the end of March ensuing.

GEORGE B. WOOD, M.D., Theory and Practice of Medicine.

WILLIAM F. HORNER, M.D., Anatomy.
JOSEPH CARSON, M.D., Materia Medica and Pharmacy.

JAMES B. ROGERS, M.D., Chemistry.

WILLIAM GIBSON, M.D., Surgery.

HUGH L. HODGE, M.D., Obstetrics and the Diseases of Women and Children.

SAMUEL JACKSON, M.D., Institutes of Medicine.

Clinical Instruction at the Pennsylvania Hospital, by **Geo. B. Wood, M.D.,** and by **George W. Norris, M.D.**

Demonstrative Instruction in Medicine and in Surgery, by the **PROFESSORS OF THE MEDICAL FACULTY,** assisted by **W. W. GERHARD, M.D.,** and **HENRY H. SMITH, M.D.**

Practical Anatomy by **JOHN NEILL, M.D.,** Demonstrator.

Summary of Rules of Graduation.—The candidate to be twenty-one years of age; to have read medicine for three years, two of them under a respectable practitioner of medicine; to have attended two regular courses, one of them at least in this institution; one Hospital course here or elsewhere; and to present a Thesis of his own composition and handwriting.

The regular course is Theory and Practice of Medicine; Anatomy; Materia Medica and Pharmacy; Chemistry; Surgery; Obstetrics, &c.; and Institutes.

The Commencement will take place early in the following April.

Amount of Fees for Lectures in the University, \$105. Matriculating Fee (paid once only), \$5. Hospital Fee, \$10. Practical Anatomy, \$10. Graduating Fee, \$30.

W. E. HORNER, M.D.,
Dean of the Medical Faculty.
Philadelphia, } 385 Chestnut street, above 13th,
July 1, 1850. } opposite the U. S. Mint.
June 20—eoptoct.1

PHILADELPHIA COLLEGE OF MEDICINE,
Fifth Street, South of Walnut.—The Winter Course of Lectures for 1850 and '51, will be commenced on Monday, October 14th, 1850. The General Introductory will be given by **Dr. JAMES MCCLINTOCK.** Degrees will be conferred early in March.

FACULTY.

JAMES MCCLINTOCK, M.D., Principles and Practice of Surgery.

RUSH VANDYKE, M.D., Materia Medica and General Therapeutics.

THOMAS D. MITCHELL, M.D., Theory and Practice of Medicine.

JAMES BRYAN, M.D., Institutes of Medicine, and Medical Jurisprudence.

EZRA S. CURR, M.D., Medical Chemistry.

JAMES MCCLINTOCK, M.D., General, Special, and Surgical Anatomy.

F. A. FICKARDT, M.D., Obstetrics, and Diseases of Women and Children.

Fee for the full Course, \$84. Matriculation, paid once only, \$5. Graduation, \$30. Fee for those who have attended two full courses in other Colleges, \$45. Dissecting Ticket, \$10. Perpetual ticket, \$150.

Full course candidates for graduation will be furnished with the Pennsylvania Hospital ticket without charge.

The fee for the respective tickets may be paid to each member of the Faculty, or the whole amount may be paid to the Dean, who will issue a certificate which will entitle the student to the ticket of each Professor.

The *Spring Course*, for 1851, will commence about the 15th of March, 1851. Degrees will be conferred about the 15th of July, 1851.

For further information, inquire of
JAMES MCCLINTOCK, M.D., *Dean,*
No. 1 N. Eleventh St.
Philadelphia, June 18, 1850. Aug 21—6t

A. CARD.—**Dr. J. H. ROBINSON,** (inventor of Robinson's Improved Pessary) has removed from 30 Green street, Boston, to No. 1 Bow st., Charlestown, near the square, where communications may be addressed, and where he may be consulted in relation to all Uterine complaints. Ladies afflicted with this class of troublesome diseases, are invited to call and examine the Improved Pessary, and make themselves acquainted with his mode of treatment.

May 15—4t

BOYLSTON MEDICAL PRIZE QUESTIONS.—The Boylston Medical Committee, appointed by the Corporation of Harvard University, consists of the following Physicians:—

JOHN C. WARREN, M.D., **WALTER CHANNING, M.D.,**
S. D. TOWNSEND, M.D., **D. H. STORER, M.D.,**
G. C. SHATTUCK, M.D., **EDW. REYNOLDS, M.D.,**
J. B. S. JACKSON, M.D., **J. MASON WARREN, M.D.,**
JOHN JEFFRIES, M.D., Sec'y.

At the annual meeting of the Committee on Wednesday, Aug. 7, 1850, a premium of sixty dollars, or a gold medal of that value, was awarded to **F. WILLIS FISHER, M.D.,** of the city of New York, for the best dissertation on the following subject:—
"What is the value of the Microscope in detecting pathological changes in the human body?"

No premium was awarded for a dissertation on the subject "What is the connection between Cerebral and Cardiac diseases?"

The following are the Questions for 1851:—
1. A comparison between the present (1849) and the former invasion of Epidemic Cholera.

2. How far are the diseases of the Larynx remediable by surgical treatment?

The following subjects are proposed for the year 1852:—

1. On the diseases of the Prostate Gland.
2. Original researches with the Microscope illustrative of Anatomy, Physiology, or Pathology.

Dissertations on any of these subjects must be transmitted, post-paid, to **JOHN C. WARREN, M.D.,** Boston, on or before the first Wednesday of April of the respective years.

The author of the best dissertation, considered worthy of a prize, on either of the above questions, will be entitled to a premium of Sixty Dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1836, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

JOHN JEFFRIES, Secretary.
Boston, Aug. 17, 1850. Aug. 21—6t

MEDICAL INSTITUTION OF YALE COLLEGE.—The Course of Lectures commences annually on the last Thursday of September, and continues sixteen weeks.

BENJAMIN SILLIMAN, M.D., LL.D., on Chemistry and Pharmacy.

ELI IVES, M.D., on the Theory and Practice of Physic.

JONATHAN KNIGHT, M.D., on the Principles and Practice of Surgery.

TIMOTHY P. BEERS, M.D., on Obstetrics.

CHARLES HOOKER, M.D., on Anatomy and Physiology.

HENRY BRONSON, M.D., on Materia Medica and Therapeutics.

Lecture fees, \$68.50—Matriculation, \$5—Graduation, \$15.

CHARLES HOOKER,
Dean of the Faculty.
New Haven, July, 1850. July 31—11.

MASSACHUSETTS MEDICAL SOCIETY.—A Stated Meeting of the Counsellors of the Massachusetts Medical Society will be held on Wednesday, October 2, at the Masonic Temple, in Boston, at 11, A. M.
HENRY I. BOWDITCH,
Sept. 11.—3t *Recording Sec'y.*

NOTICE TO PHYSICIANS.—Since calling attention to the inhalation of the powder of the *Nitras Argenti*, in the number of this Journal, March 6th, 1850, I have had many inquiries from physicians at a distance, as to where they could obtain the powder. I have had a quantity prepared, and, also, an *Inhaler*, which will be furnished to physicians on very reasonable terms. I think it decidedly beneficial in diseases of the Lungs and Air Passages.

WM. M. CORNELL, M.D.,
April 24—6m 496 Washington st., Boston.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIII.

WEDNESDAY, OCTOBER 2, 1850.

No. 9.

STATISTICS OF THE AMPUTATIONS OF LARGE LIMBS THAT HAVE BEEN PERFORMED AT THE MASSACHUSETTS GENERAL HOSPITAL, FROM ITS ESTABLISHMENT TO JAN. 1, 1850.

BY GEORGE HAYWARD, M.D., ONE OF THE SURGEONS TO THE HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

SOME years since, I published in the American Journal of Medical Sciences, at Philadelphia, a list of all the amputations of large limbs that had been performed at the Massachusetts General Hospital from the time of its establishment to January 1st, 1840. I have now prepared another list of the same kind, embracing all similar operations that have been done there from that period to January 1st, 1850.

It seemed to me desirable that the first table should be re-printed in connection with that which I have just finished, so as to give at one view the result of all the amputations that have ever been performed at that institution. This will enable any one, who is curious in these matters, to make such an analysis of the tables as may be likely to throw light on the subject at large.

It is true that the number of operations is not sufficiently great to authorize any very general conclusions; at the same time every addition of this sort is important, as contributing to the collection of facts from which valuable inferences may hereafter be deduced.

It is only within a few years that the statistics of amputation have attracted any considerable degree of attention; but what has already been done has wrought a great change in the opinions of surgeons as to the result of this operation. Mr. Benjamin Bell, who wrote nearly seventy years ago, thought that not more than 1 patient out of 20 died, on whom amputation was performed; and yet it has been ascertained that 1 out of 4 died in 2000 cases that occurred in civil practice in Great Britain, and 1 out of 3 in 5000 cases in various parts of Europe. Yet no one can suppose that the operation was better done, or the after-treatment more judicious, in the time of Mr. Bell, than they are at present; for it is well known that surgery, in all its departments, has made greater progress within the last century than it had in all preceding time. The only explanation of this startling fact is, that there were formerly no records kept of the results of these operations; there were no data upon which such an opinion as that of Mr. Bell could rest, except what were

derived from vague impressions. The memory is apt to be treacherous with regard to unfavorable cases; the successful ones are usually remembered, and too often published alone.

It is very desirable, therefore, to get as much information as possible on the subject; and in order to do this, every one who has many operations of this kind, either in private or hospital practice, should publish them all with their results. When a large amount of materials has been thus collected, a careful analysis of the whole will show, to some extent, no doubt, how far death, when it does take place after amputation, is attributable to the injury or disease for which the operation was performed, or to the operation itself, or to some other circumstance. It will serve to guide surgeons in some measure in deciding upon the expediency of operating; under what circumstances it can be done with the best prospect of success, or when it should be deferred or avoided altogether. This course is now in successful progress, and it is to be hoped that it may be continued so long as the operation of amputation may be found necessary.

[From the American Journal of Medical Sciences for May, 1840.]

Statistics of the Amputations of Large Limbs that have been performed at the Massachusetts General Hospital, from its establishment to January 1, 1840; with Remarks.

The following table, it is believed, contains a list of all the amputations of large limbs that have been performed at the Massachusetts General Hospital since the establishment of that institution. Such particulars are added as were thought calculated to throw light on the subject. These in a few instances are not so full perhaps as could be wished.

This remark applies especially to some of the early cases, which occurred at a period when the records of the hospital were not kept with that precision that has since been adopted. The omissions, however, are not thought to be such as will impair to any extent the value of the table.

The statistics of amputation are very desirable. They may probably lead to practical results of some importance. From what has recently been published, it is evident that amputation is more often followed by the death of the patient, than was formerly supposed. But to what extent this can be attributed to the operation itself, or to the disease or injury for which it was performed, cannot be precisely determined.

It has been stated, that more than one half of all whose limbs are amputated at some of the hospitals of Paris, die; and it appears, from a very valuable paper published by Dr. Norris in the number of this Journal for August, 1838, that of 55 patients, being the whole number on whom amputation was performed in the Pennsylvania Hospital during a period of eight years, 21 died.

And yet these unfavorable results cannot fairly be attributed to the operation alone. There are a variety of causes that would exert a bad influence in the hospitals of Paris, that are not to be met with in those of our country. The former are more crowded, less comfortable,

and badly ventilated in comparison with similar institutions here, and it is believed that the after-treatment is not so faithful and assiduous as with us.

Dr. Norris has, no doubt, suggested the true cause of the large proportion of fatal cases in the Pennsylvania Hospital, and that is that the operation was probably in many cases too long delayed, in the hope of saving the limb. No one can doubt, who knows anything of that institution, that nothing would be omitted that would be thought likely to add to the comfort and safety of the patient.

While it is no doubt true that amputation is sometimes too long delayed, it is equally certain that it is often performed when it might have been avoided. It is difficult in many cases to decide on the best course, but the operation should not be done without the clearest evidence of its necessity, for it is a hazardous and painful one, and, even when perfectly successful, leaves the patient in a mutilated state.

It will be seen by the subjoined table, that the results at the Massachusetts Hospital were somewhat more favorable than those at the Paris and Pennsylvania Hospitals, above referred to. In a large proportion of the following cases, the amputation was done by the circular incision; the flap operation was adopted occasionally, whenever there was reason to believe that a better stump could be made by it than by the other method. The dressings were always of a light and simple kind, consisting of two or three strips of adhesive plaster and a small compress and roller; and yet there are some surgeons of the present day, who would perhaps regard these as more cumbersome than was necessary.

If the bleeding was slight, the dressings were applied before the patient left the operating room; but if there was anything more than oozing from the veins, it was deferred till a few hours after.

Secondary hemorrhage was not frequent, though it sometimes occurred; pressure was generally sufficient to arrest it, but occasionally it was found necessary to open the stump, and tie one or more vessels. In one case where hemorrhage occurred twelve days after the operation, from a diseased state of the posterior tibial artery, the femoral artery was tied. No one who had secondary hemorrhage died, and though it sometimes debilitated the patient, in no case was there any permanently injurious effect from it.

In all the cases it was attempted to heal the wound by the first intention, and in a few instances it was completely successful, but in by far the greater number it was only partially so.

It has not been the usual practice at the Massachusetts Hospital to administer an opiate before an operation, though in a few instances it has been done. In one case, where amputation was performed on a patient with delirium tremens, twelve grains of opium were given shortly before the operation; he became drowsy soon after, and recovered.

It was not thought necessary to indicate the exact part of the limb at which each operation was done, but it was supposed to be enough to say whether it was above or below the knee. It may be proper to add, that in all the cases below the knee, it is to be understood that the amputation was performed above the ankle.

TABLE I.—Amputations of Large Limbs at the Massachusetts General Hospital, to Jan. 1, 1840.

No.	Name.	Age	Time of admission.	Disease or injury.	Time of operation.	Place of operation.	Result.	Time of discharge or death.
1	Francis Vauvactor,	60	1822. Jan. 26,	Compound fracture of right leg.	1822. Feb. 5.	Below knee.	Died.	Feb. 11, 1822.
2	Sarah Ann Newell,	42	1823. Nov. 1,	Large ulcer inside of left knee.	1823. Nov. 18.	Above knee.	Recovered.	June 21, 1824.
3	John F. Manco,	22	Dec. 19,	Frost-bite—both feet.	Dec. 20.	Below knee, both legs.	Recovered.	April 2, 1824.
4	William C. Stone,	16	1824. March 27,	White swelling seven years—left knee—much bent.	1824. March 30.	Above knee.	Recovered.	May 4, 1824.
5	Lawrence Ryan,	18	May 29,	Swelling 18 months—right knee.	June 17.	Above knee.	Died.	June 20, 1824.
6	William Littlefield,	30	Nov. 19,	Compound fracture of right leg—trismus.	Dec. 4.	Above knee.	Died.	Dec. 5, 1824.
7	Thomas Hooper,	21	1825. May 22,	Abscess and fungus—right foot.	1825. May 30.	Below knee.	Recovered.	July 30, 1825.
8	Moses Cheney,	57	Aug. 22,	Ulcerated tumor—right arm.	Aug. 27.	Above elbow.	Recovered.	Oct. 6, 1825.
9	Luther Haskell,	41	Nov. 25,	Tumor on tibia—kicked by a horse 2 years previous.	Dec. 17.	Below knee.	Recovered.	March 1, 1826.
10	Levi Stearns,	22	1826. Sept. 4,	Knee swelled three years—unable to walk 6 months.	1826. Dec. 9.	Above knee.	Recovered.	Feb. 12, 1827.
11	John Currier,	18	1827. March 27,	Ulcers on leg—knee bent.	1827. May 9.	Above knee.	Recovered.	June 8, 1827.
12	Federal Burt,	34	April 7,	Fungus hematodes.	April 11.	Above elbow.	Recovered.	June 18, 1827.
13	Samuel G. Merrill,	8	April 8,	Swelled and stiff knee from injury, three months.	Dec. 8.	Above knee.	Recovered.	Dec. 14, 1827.
14	Margaret Twiss,	26	May 10,	Scrofulous disease of right elbow.	Mar. 1828.	Above elbow.	Recovered.	April 9, 1828.
15	Charles Richards,	30	Oct. 31,	Compound fracture of leg.	Nov. 10.	Below knee.	Recovered.	Jan. 15, 1828.
16	John Cleverly,	23	1828. April 23,	Painful tumor of knee, 10 years.	1828. May 9.	Above knee.	Died.	May 18, 1828.
17	John Evans,	17	Nov. 18,	Compound fracture.	Nov. 19.	Above knee.	Recovered.	Dec. 26, 1828.
18	George Hatten,	24	Dec. 6,	Dislocation of patella—Contraction of joint—Exceedingly painful.	Dec. 20.	Above knee.	Recovered.	Jan. 28, 1829.
19	Abigail Day,	50	1829. March 4,	Fungus hematodes.	1829. March 5.	Above knee.	Recovered.	May 9, 1829.
20	James Dowsiey,	27	May 15,	Compound fracture of leg.	June 3.	Below knee.	Died.	June 3, 1829.
21	Henry Mills,	23	May 29,	Comp'd, comm. and complicated fracture leg and knee.	May 30.	Above knee.	Died.	July 4, 1829.
22	Fernando Worcester,	12	Nov. 18,	Severe injury of knee joint.	Dec. 5.	Above knee.	Recovered.	March 15, 1830.
23	John Hatheway,	46	1830. Jan. 27,	Ulcers on foot 20 years—on leg 10 months.	1830. Feb. 11.	Below knee.	Recovered.	March 30, 1830.
24	Elias Hine,	49	Jan. 29,	Fracture of both bones of left leg.	Feb. 26.	Below knee.	Recovered.	May 8, 1830.

A Table of the Amputations of Large Limbs—Continued.

No.	Name.	Age	Time of admission.	Disease or injury.	Time of operation.	Place of operation.	Result.	Time of discharge or death.
25	Richard Alley,	49	1830.	Oblique fracture of both bones of right leg. White swelling of knee, three years. Irritable ulcers from injury.	1830. June, 1831. Nov. 27. Dec. 18.	Below knee. Above knee. Below knee.	Recovered. Died. Recovered.	Aug. 30, 1831. Dec. 21, 1830. March 11, 1831.
26	Moses Chase,	23	June 24,					
27	Abraham D. Phillips,	43	Dec. 4,					
28	Elijah N. Barker,	10	1831. June 28,	Thigh crushed by an anchor.	June 29.	Above knee.	Recovered.	Nov. 1, 1831.
29	Robert Caswell,	13	1832. Jan. 2,	White swelling from infancy—injured seven years after—limb useless.	1832. Jan. 7.	Above knee.	Recovered.	Feb. 25, 1832.
30	Joseph Fernald,	26	March 21,	Knee strained six years before entrance—bones felt through fistula.	April 14.	Above knee.	Recovered.	July 13, 1832.
31	James Ryan,	27	April 25,	Integuments of leg crushed by wagon-wheel.	April 26.	Below knee.	Recovered.	July 17, 1832.
32	Benjamin Nourse,	57	June 8,	Ulcer around leg, 20 years.	Jan. 1833.	Below knee.	Recovered.	March 12, 1833.
33	Mary C. White,	27	July 9,	Abscess inside right knee, 23 years—constant discharge—bones carious.	November.	Above knee.	Recovered.	Jan. 14, 1833.
34	Charles West,	21	Aug. 28,	Injury of knee—subsequently great inflammation.	Oct. 26.	Above knee.	Recovered.	Dec. 18, 1832.
35	Joseph Bragden,	37	Sept. 26,	Chronic disease and extensive caries of tibia.	Oct. 20.	Above knee.	Recovered.	Dec. 22, 1832.
36	Eliza Low,	21	1833. Jan. 11,	Chronic inflammation of knee—health failing. Deformed foot, ankle ankylosed and painful. White swelling. Stiffness of right knee four years—abscess 3 weeks. Fungus over ligamentum patellæ from blow 2 years before.	1833. Feb. 2. March 7. May 16. Dec. 28.	Above knee. Below knee. Above knee. Above knee. Above knee.	Recovered. Recovered. Recovered. Recovered. Died.	April 13, 1833. April 10, 1833. July 11, 1833. Feb. 19, 1834. Jan. 18, 1834.
37	Henry T. Spear,	19	March 2,					
38	John Jordau,	26	May 8,					
39	Hannah M. Andrews,	23	Oct. 29,					
40	Hosea Sargent,	35	Dec. 25,					
41	Patrick Donnah,	24	1834. Jan. 29,	Foot crushed by railroad car—same day.	1834. Feb. 8.	Below knee.	Died.	Feb. 13, 1834.
42	Hannah Bray,	14	May 31,	Abscess on back right hand from blow 1 year before.	Nov. 8.	Below elbow.	Recovered.	Nov. 26, 1834.
43	Thomas Marshall,	25	June 20,	Right wrist lacerated by cannon—same day—(face torn, &c.)	June 27.	Below elbow.	Died.	June 29, 1834.
44	Ephraim M. Spear,	37	Nov. 12,	Part of foot amputated three years before for frost-bite—stump not healed.	Nov. 15.	Below knee.	Recovered.	Dec. 17, 1834.
45	James Neal,	29	1835. April 3,	Left hand shattered by bursting of gun day of entrance.	April 8.	Below elbow.	Recovered.	May 13, 1835.

A Table of the Amputations of Large Limbs—Continued.

No.	Name.	Age	Time of admission.	Disease or injury.	Time of operation.	Place of operation.	Result.	Time of discharge or death.
46	Elizabeth P. Chapman,	31	1835. Dec. 4,	Knee injured by fall one year before. Sloughy ulcers about right ankle.	1835. Dec. 12,	Above knee.	Recovered.	May 22, 1836.
47	Robert Boyd,	38	Dec. 20,		Feb. 1836.	Below knee.	Recovered.	March 31, 1836.
48	Daniel Fuller,	43	1836. Feb. 6,	Indolent ulcer of right foot from frost-bite 14 years before. Compound & comminuted fracture of both legs—same day.	1836. Feb. 20,	Below knee.	Died.	March 16, 1836.
49	Jerry Ryan,	31	June 2,		June 2,	1 above, 1 below knee.	Died.	June 2, 1836.
50	James Achworth,	23	Sept. 13,	Scrofulous disease of knee. Right knee ankylosed—abscess—bones carious.	Dec. 10,	Above knee.	Recovered.	Jan. 30, 1837.
51	Mary Tyrrell,	24	Dec. 16,		Dec. 17,	Above knee.	Recovered.	Jan. 13, 1837.
52	Wm. A. Waterhouse,	43	1837. Jan. 8,	Frost-bite of both feet 11 days before. Scrofulous disease of knee, four years. Swelling of knee, five years. Leg crushed by bank of earth, day before. Right side of head injured by truck, when four years old, followed by numbness of left foot, pain and deformity.	1837. Jan. 21,	Both legs, below knee.	Recovered.	March 12, 1837.
53	Erastus Jennison,	27	April 25,		June 10,	Above knee.	Recovered.	July 15, 1837.
54	James Kennard,	22	Sept. 8,		Nov. 14,	Above knee.	Recovered.	Dec. 18, 1837.
55	Martin St. John,	39	Sept. 24,		Sept. 24,	Above knee.	Died.	Sept. 24, 1837.
56	Eleanor Ryan,	25	Nov. 23,		Nov. 25,	Below knee.	Recovered.	Jan. 6, 1838.
57	John Connor,	30	1838. March 5,		Ankle crushed by bank of earth. Hand lacerated by a steam engine. Fungous ulcer on right leg from boiling water, as counter-irritant. Both legs broken and crushed by stone wall. Compound and comminuted fracture of leg and knee.	1838. March 5,	Below knee.	Died.
58	Jarvis Gabel,	23	April 12,	April 12,		Below elbow.	Recovered.	May 17, 1838.
59	John Newcomb,	38	April 17,	April 21,		Below knee.	Recovered.	July 14, 1838.
60	William Conners,	45	Aug. 22,	Aug. 28,		Above knee (right).	Died.	Sept. 6, 1838.
61	J. W. Fullick,	27	Nov. 5,	Nov. 5,	Above knee.	Recovered.	Feb. 18, 1839.	
62	George Clark,	26	1839. Jan. 16,	Compound fracture of leg—great laceration. Scrofulous of hand. Scrofulous disease of elbow, three years. Ulcer on leg, 24 years after injury. Fungoid ulcer on back of right hand. Chronic carious ulcer of ankle.	1839. Jan. 17,	Below knee.	Recovered.	March, 1839.
63	William Burbank,	17	March 22,		March 22,	Below elbow.	Recovered.	April 22, 1839.
64	Ruth A. Blaisdel,	18	April 3,		June 7,	Above elbow.	Recovered.	June 27, 1839.
65	Robert Fletcher,	37	May 20,		May 25,	Above knee.	Recovered.	July 12, 1839.
66	Jacob Hersey,	72	Aug. 6,		Aug. 16,	Below elbow.	Recovered.	Aug. 30, 1839.
67	John Manyan,	29	Nov. 6,		Nov. 17,	Below knee.	Recovered.	Jan. 10, 1840.

From this table, it appears that there were 70 operations on 67 patients; three patients having two limbs removed. In one of these three cases, one operation was above and the other below the knee, and in the other two, both operations were below; the first patient died, and the other two did well.

Of the whole number operated on, 15 died and the remainder recovered, at least so far as to be able to leave the hospital; though it is probable that in some instances the disease may have returned.

There were 34 patients who had the thigh amputated, and one of these had the other leg taken off at the same time below the knee; of this number, 9 died. Of 23 patients whose legs were amputated below the knee, two having both legs removed, 5 died; and of the 10 who had an arm amputated, six below and four above the elbow, 1 died.

This goes to confirm the prevailing opinion among surgeons, that amputation of the lower extremities is more often followed by fatal consequences than that of the upper, and that death takes place more frequently after amputation of the thigh, than after that of the leg. More than a quarter of those whose thighs were amputated died, while there was but little more than 1 death in 5 among those whose legs were removed below the knee, and only 1 of the 10 whose arms were amputated. This patient, too, died of delirium tremens. The operation to be sure did not arrest the disease, but apparently contributed nothing to the fatal result.

This table tends also to support the opinion, that patients who undergo amputation for chronic diseases are much more likely to recover than those in whom it is performed in consequence of recent accident. Of the first class, there were 45 patients afflicted with various diseases, and of this number all recovered but 5; and of the remaining 22, whose limbs were removed on account of recent injuries, no less than 10 died; being nearly half of the latter, and only 1 in 9 of the former.

This fact certainly gives support to the opinion, that a state of high health is not favorable to surgical operations; and it also tends to show that death after amputation is not by any means attributable in all cases to the operation alone; for if it were, the proportion of deaths should be as large among one class of patients as among the other. There can be no doubt, I think, that the result is influenced very much not only by the age and constitution of the patient and the disease or injury for which the operation is performed, but also by the period at which it is done. I have before said that I thought that amputation was "often performed when it might have been avoided." But this remark applies principally to cases of recent injury. In those of chronic diseases of the limbs, the error is more apt to be of the opposite character; the operation is either not performed, or if done at all, frequently not till it is too late. It cannot be denied, I think, that there is a disposition at the present day to defer amputation too long in cases of diseased limbs; there is an unwillingness to admit that the morbid affection is beyond the reach of remedies, and the operation is too often postponed till other parts become affected, or the system is worn down by continued irritation. At length the limb is removed; but the patient, already exhausted by

disease and long suffering, is hurried to his end by the very means that might have saved him, if they had been earlier employed.

If amputation is frequently too long delayed in chronic diseases of the limbs, it is, I fear, very often resorted to in recent injuries earlier than it should be. Many limbs that have been removed, might probably have been saved; but where this cannot be done, it is rare that much inconvenience would follow from a little delay.

In most cases of accident sufficiently severe to justify amputation, the whole system has suffered a great shock, and an operation at this time, before re-action is fairly established, is very likely to cut off what little chance the patient might otherwise have of recovery. While the extremities are cold and the action of the heart is feeble, the local injury is hardly, if at all, perceived, and adds nothing to the patient's sufferings. An operation cannot be required then: and yet how often it is done at that period; the better judgment of the surgical attendant sometimes being overruled by the importunate interference of the by-standers.

If the injury be not so serious as to cause almost immediate death, re-action usually comes on with proper management in a few hours, and then, if an operation be necessary, it can be done with a much greater prospect of success.

With regard to the ages of the patients operated on, it appears that there were—

	Under 20 yrs. of age	13.	Of this number	1 died.
Over 20 and not exceeding	30	“ 31.	“	8 “
“ 30	“ 40	“ 9.	“	3 “
“ 40	“ 50	“ 10.	“	2 “
“ 50	“ 60	“ 3.	“	1 “
	Over 70	“ 1.	“	0 “

Whole number, 67. No. of deaths, 15.

Boston, March 24, 1840.

TABLE II.

This table, it will be perceived, is prepared in a manner very similar to the preceding one. It differs from it only in noting the kind of operation, whether it were flap or circular, and also in stating every instance in which a patient inhaled any of the anæsthetic agents.

It appears from it, that from January, 1840, to January, 1850, there were 76 amputations of large limbs performed on 74 patients, two patients having two limbs removed at the same time. One of them had one leg taken off above the knee, and the other below; and the other patient had one arm amputated above the elbow, and the other below. The first patient died, and the other recovered.

There were 17 deaths; one of these was from tetanus, and another from phthisis. All the amputations of the lower extremity were above the ankle, and all those of the upper were above the wrist.

TABLE II.—Amputations of Large Limbs performed at the Mass. Gen. Hospital, from Jan. 1, 1849, to Jan. 1, 1850.

No.	Name.	Age	Time of admission.	Disease or injury.	Time of operation.	Place and kind of operation.	Result.	Time of discharge or death.	Remarks.
1	John Nowland,	23	1839. Nov. 25,	Compound and comminuted fracture of the thigh.	July 25.	Above knee—flap.	Died.	July 25, 1840.	
2	Stillman Hubbard,	32	1840. Dec. 24,	Caries of elbow.	March 13.	Above elbow—circular.	Recovered.	April 3, 1841.	
3	Bridget Duffie,	50	1841. Aug. 14,	Compound fracture of leg.	Aug. 14.	Below knee—circular.	Recovered.	Oct. 9, 1841.	
4	Samuel Brown,	56	1842. March 14,	Osteo-sarcoma of hand.	1842.	Below elbow—circular.	Recovered.	April 2, 1842.	
5	John F. Homer,	34	March 15,	Chronic ulcer of leg.	March 19.	Above knee—circular.	Recovered.	May 5, 1842.	
6	Jedediah Little,	73	Oct. 18,	Chronic ulcer of leg.	Nov. 5.	Below knee—flap.	Recovered.	Dec. 26, 1842.	
7	Olwyn T. Jones,	19	Nov. 16,	Disease of knee.	Nov. 19.	Above knee—circular.	Recovered.	Dec. 29, 1842.	
8	Henry Walker,	14	1843. May 4,	Tubercular disease of hand.	1843.	Below elbow—circular.	Recovered.	July 5, 1843.	
9	Elizabeth Pickett,	17	June 10,	Disease of knee.	Oct. 13.	Above knee—flap.	Died.	Nov. 12, 1843.	
10	Edward Flags,	45	Nov. 17,	Caries in stump.	Nov. 18.	Below knee—circular.	Recovered.	Dec. 16, 1843.	
11	Granv. D. Bragdon,	30	1844. Nov. 7,	Disease of knee.	1844. Dec. 14.	Above knee—flap.	Recovered.	Feb. 18, 1845.	
12	Thomas Smith,	53	1845. March 6,	Compound and comminuted fracture of the leg.	March 6.	Above knee—circular.	Recovered.	July 1, 1845.	
13	Daniel Tarbox,	60	March 10,	Ulcer of leg—20 years.	March 15.	Below knee—circular.	Recovered.	April 22, 1845.	
14	Lewis C. Blaisdell,	31	April 15,	Compound and comminuted fracture of the wrist.	April 15.	Below elbow—circular.	Died.	April 19, 1845.	
15	Michael Welch,	24	May 19,	Scrofulous disease of knee.	June 17.	Above knee—circular.	Recovered.	Aug. 25, 1845.	
16	John Field,	40	July 17,	Compound fracture of leg.	Oct. 4.	Below knee—circular.	Recovered.	Oct. 29, 1845.	
17	Michael Devine,	21	July 25,	Compound and comm. frac. of leg.	Aug. 9.	Below knee—circular.	Recovered.	Sept. 9, 1845.	
18	Hector Holmes,	21	Aug. 5,	Gangrene from injury to thigh.	Aug. 16.	Above knee—flap.	Recovered.	Oct. 3, 1845.	
19	Thomas Doland,	25	Aug. 7,	Compound and comminuted fracture of the thigh.	Aug. 16.	Above knee—circular.	Recovered.	Oct. 13, 1845.	
20	John E. Barnes,	19	Oct. 17,	Ulcer, with contracted knee.	Nov. 8.	Above knee—flap.	Recovered.	Dec. 2, 1845.	
21	Eben C. Johnson,	12	Dec. 25,	Disease of knee.	Dec. 27.	Above knee—flap.	Died.	Dec. 23, 1845.	

A Table of the Amputations of Large Limbs—Continued.

No.	Name.	Age	Time of admission.	Disease or injury.	Time of operation.	Place and kind of operation.	Result.	Time of discharge or death.	Remarks.
22	John Hooper,	10	1845.		1846.				
23	Alice Mohan,	18	Sept. 18,	Disease of knee.	May 23,	Above knee—flap.	Recovered.	July 2, 1846.	Inhaled sul. ether.
24	Theophilus Petter,	35	March 7,	Disease of knee.	Nov. 7,	Above knee—flap.	Recovered.	Dec. 22, 1846.	Inhaled sul. ether.
			Nov. 16,	Compound and comminuted fracture of the leg.	Nov. 16.	Below knee—flap.	Recovered.	April 3, 1847.	Inhaled sul. ether.
25	Ann Kerr,	18	1846.		1847.				
26	Catharine Crowley,	56	July 8,	Periostitis of foot.	April 3,	Below knee—flap.	Recovered.	May 13, 1847.	Inhaled sul. ether.
27	Fanny Abbot,	42	Aug. 3,	Necrosis of tibia.	Jan. 9,	Below knee—flap.	Recovered.	April 20, 1847.	Inhaled sul. ether.
			Dec. 23,	Disease of ankle.	Jan. 2,	Below knee—circular.	Recovered.	Feb. 23, 1847.	Inhaled sul. ether.
28	James Mitchell,	27	1847.		Feb. 20.	Below knee—circular.	Recovered.	July 31, 1847.	Inhaled sul. ether.
29	Dennis Pickett,	30	April 6,	Compound and comminuted fracture of the leg.	April 7,	Above knee—circular.	Died.	April 9, 1847.	Inhaled sul. ether.
30	Patrick Conny,	39	March 24,	Compound and comminuted fracture of the leg.	March 24.	Below knee—circular.	Died.	March 30, 1847.	Inhaled sul. ether.
31	Patrick Kidney,	22	May 25,	Lacerated wound of arm.	June 8.	Above elbow—circular.	Recovered.	Sept. 2, 1847.	Inhaled sul. ether.
32	Abner Johnson,	60	May 31,	Necrosis of tibia.	June 5.	Above knee—circular.	Died.	July 4, 1847.	Inhaled sul. ether.
33	Francis Manuel,	19	June 14,	Disease of fibula.	Oct. 2.	Below knee—flap.	Recovered.	May 20, 1848.	Inhaled sul. ether.
34	Jacob D. Edwards,	45	June 24,	Compound fracture of arm.	June 24.	Above elbow—circular.	Died.	June 24, 1847.	Inhaled sul. ether.
35	Benj. Hammond,	39	July 19,	Disease of knee.	July 14.	Above knee—flap.	Recovered.	Aug. 9, 1847.	Inhaled sul. ether.
36	S. H. Jones,	25	Aug. 27,	Fungus hematodes—leg.	Sept. 4.	Above knee—flap.	Recovered.	Oct. 28, 1847.	Inhaled sul. ether.
37	Michael Sullivan,	34	Sept. 1,	Disease of knee.	Nov. 6.	Above knee—flap.	Died.	Nov. 12, 1847.	Inhaled sul. ether.
38	Patrick Dorthery,	40	Sept. 2,	Compound fracture of foot.	Sept. 2.	Below knee—circular.	Died.	Sept. 3, 1847.	Inhaled sul. ether.
39	Nathan Butler,	60	Sept. 15,	Malignant disease of elbow.	Sept. 18.	Above elbow—circular.	Recovered.	Dec. 13, 1847.	Inhaled sul. ether.
40	John Madden,	25	Sept. 21,	Compound fracture of leg.	Sept. 27.	Below knee—flap.	Recovered.	Jan. 14, 1848.	Inhaled sul. ether.
41	Peter Catou,	26	Sept. 27,	Wound of foot.	Sept. 27.	Below knee—circular.	Recovered.	Dec. 21, 1847.	Inhaled sul. ether.
42	John Nightingale,	63	Sept. 29,	Malignant disease of arm.	Oct. 2.	Above elbow—circular.	Recovered.	Dec. 13, 1847.	Inhaled sul. ether.
43	Michael Clark,	23	Nov. 27,	Gangrene from ligature of the femoral artery.	Jan. 10.	Above knee—flap.	Recovered.	Aug. 5, 1848.	Inhaled chloroform.
44	Michael McSoley,	22	1848.		March 11.	Above knee—flap.	Recovered.	May 31, 1848.	Inhaled sul. ether.
45	Benj. T. Perkins,	33	Feb. 13,	Disease of knee.	April 7.	Above knee—flap.	Died.	April 12, 1848.	Inhaled sul. ether.
46	Eliz. Phenau,	6	March 13,	Compound fracture of leg.	March 13.	Below knee—flap.	Recovered.	July 31, 1848.	Inhaled sul. ether.
47	James Smith,	20	March 31,	Compound and comminuted frac. of leg.	March 31.	Above knee—flap.	Recovered.	May 8, 1848.	Inhaled chlo. ether.

A Table of the Amputations of Large Limbs—Continued.

No.	Name.	Age	Time of admission.	Disease or injury.	Time of operation.	Place and kind of operation.	Result.	Time of discharge or death.	Remarks.
48	Dennis Casey,	28	April 28,	Injury to arms (powder)	April 23,	Above & bel. elbow—flap	Recovered.	Aug. 4, 1848.	Inhaled chlo. ether.
49	Hannah Donavan,	30	April 27,	Compound fracture of foot.	April 27,	Below knee—flap.	Recovered.	Aug. 10, 1848.	Inhaled chlo. ether.
50	James M. Jones,	23	June 7,	Disease of knee.	July 15,	Above knee—circular.	Recovered.	Aug. 19, 1848.	Inhaled sul. ether.
51	John Canfield,	10	Nov. 8,	Compound fracture of foot.	Nov. 11,	Below knee—flap.	Died.	Nov. 18, 1848.	Inhaled sul. ether.
52	Dennis Hurley,	36	Nov. 17,	Rupture of femoral artery.	Nov. 18,	Above knee—circular.	Recovered.	April 7, 1849.	Inhaled sul. ether.
53	Timothy Lynch,	24	Dec. 7,	Gangrene of foot—accident.	Dec. 9,	Below knee—flap.	Recovered.	March 2, 1849.	Inhaled sul. ether.
54	Lucy Thresher,	26	Dec. 15,	Malignant disease of hand.	Dec. 25,	Below elbow—circular.	Recovered.	Jan. 18, 1849.	Inhaled sul. ether.
55	John Rogers,	23	Aug. 23,	Scrofulous disease of foot.	1849.	Below knee—circular.	Recovered.	Feb. 14, 1849.	Inhaled sul. ether.
56	Zimri Heywood,	10	Dec. 11,	Disease of knee.	Jan. 18, March 31,	Above knee—flap.	Recovered.	May 9, 1849.	Inhaled chlo. ether.
57	Thomas Dorothy,	30	Feb. 11,	Compound and comminuted frac. of leg.	March 17,	Above knee—flap.	Recovered.	May 10, 1849.	Inhaled chlo. ether.
58	Bridget Shea,	28	April 2,	Scrofulous disease of foot.	May 2,	Below knee—flap.	Recovered.	July 4, 1849.	Inhaled chlo. ether.
59	Ann J. Prince,	17	April 3,	Ulcer of foot—16 years.	April 7,	Below knee—flap.	Recovered.	July 4, 1849.	Inhaled chlo. ether.
60	Morris Brown,	40	April 2,	Compound and comminuted frac. of leg.	April 2,	Above knee—circular.	Died.	April 2, 1849.	Inhaled chlo. ether.
61	Lawrence Britain,	22	April 7,	Compound fracture of arm.	April 7,	Above elbow—diap.	Recovered.	May 22, 1849.	Inhaled chlo. ether.
62	Andrew Hall,	27	May 8,	Compound and comminuted frac. of leg.	May 9,	Below knee—flap.	Died.	May 22, 1849.	Inhaled chlo. ether.
63	Caleb Kendall,	42	May 9,	Necrosis of femur.	May 30,	Above knee—flap.	Recovered.	Aug. 17, 1849.	Inhaled chlo. ether.
64	James Brady,	37	May 12,	Compound fracture of hand.	May 12,	Below elbow—flap.	Recovered.	July 22, 1849.	Inhaled chlo. ether.
65	James McKoy,	39	June 19,	Compound and comminuted fracture of thigh and leg.	June 20,	Above & bel. kn.—flap.	Died.	June 20, 1849.	Inhaled sul. ether.
66	Charles Dennett,	34	July 20,	Compound fracture of leg.	Aug. 22,	Below knee—circular.	Died.	Sept. 3, 1849.	Inhaled sul. ether.
67	Lawrence Mazenty,	25	Aug. 24,	Compound fracture of leg.	Sept. 11,	Below knee—flap.	Recovered.	Feb. 2, 1850.	Inhaled sul. ether.
68	Thomas Dyke,	22	Sept. 4,	Malignant disease in fibula.	Sept. 5,	Above knee—circular.	Recovered.	Nov. 3, 1849.	Inhaled sul. ether.
69	William G. Hunting,	33	Sept. 7,	Disease of knee.	Sept. 8,	Above knee—circular.	Recovered.	Nov. 30, 1849.	Inhaled sul. ether.
70	Sylvester O. Sullivan,	35	Oct. 6,	Compound and comminuted fracture of the leg.	Oct. 6,	Below knee—circular.	Recovered.	Dec. 25, 1849.	Inhaled chlo. ether.
71	Samuel B. Emmons,	48	Oct. 17,	Necrosis of femur.	Oct. 20,	Above knee—circular.	Recovered.	July 28, 1850.	Inhaled chlo. ether.
72	Daniel Hogan,	27	Oct. 23,	Malignant disease of thigh.	Oct. 24,	Above knee—circular.	Died.	Dec. 23, 1849.	Inhaled chlo. ether.
73	Theo. S. Cushing,	32	Nov. 27,	Ulcer, in cicatrix of burn.	Dec. 15,	Above knee—flap.	Recovered.	Feb. 7, 1850.	Inhaled sul. ether.
74	David Long,	21	Dec. 15,	Compound fracture of thigh.	Dec. 15,	Above knee—circular.	Recovered.	Feb. 1, 1850.	Inhaled sul. ether.

There were	35	amputations of the thigh, and	10	deaths.
“	28	“ below the knee, and	5	“
“	7	“ above the elbow, and	1	“
“	6	“ below the elbow, and	1	“
	—		—	
	76 amputations.		17 deaths.	

Ten of the amputations of the thigh were performed in consequence of injury, and 25 in consequence of disease, and 5 of each of these two classes of patients died; that is to say, one half of the former and one fifth of the latter.

On the five patients who died after amputation below the knee, the operation was performed in every instance in consequence of injury; and in the two fatal cases of amputation of the arm, the operation was done on patients who had severe compound fractures.

Forty of the patients had amputation performed in consequence of disease, and only 5 died; being 1 in 8: and the remaining 34 had been injured, and 12 died, being more than one third.

It is apparent, therefore, that the fatal result is not altogether attributable to the operation, but is in no small degree dependent upon the injury which the patient has received, or the peculiar state of system induced by it.

There is one circumstance that has probably been observed by every one who has had frequent occasion to amputate for rail-road accidents, and that is the great tendency of the parts in the neighborhood of the injury to slough after the operation. These accidents, when sufficiently severe to require amputation, are usually caused by a wheel of a locomotive engine or rail-way car passing over the limb. This in most instances produces a compound and comminuted fracture of the worst kind.

If the operation be performed in the immediate neighborhood of the injury, however sound the parts may appear to be at the time, they will in most cases slough to a greater or less extent, and leave the bone protruding beyond the soft parts, so as to require the removal of a portion of it at a subsequent period. This is on every account a very unpleasant result, and we cannot feel confident that it may not happen, unless the operation be done at a greater distance from the injury, than it is usual to do it in ordinary cases of accident. The vitality of the parts seems to be destroyed to a greater extent than is common in similar accidents that are caused by a less degree of violence. Or perhaps it would be more proper to say, that their condition resembles that which is spoken of by military surgeons under the name of local asphyxia, as sometimes occurring from gun-shot wounds. It is a state of suspended animation, differing from death only in the fact, that the power of resisting decomposition is for a time retained, but the debilitating effect of an operation is very sure to destroy this.

It appears that in one half of the operations the circular amputation was adopted, and in the other half the flap. Nine of the former died, and eight of the latter.

Forty-eight of the patients inhaled some anæsthetic agent; 12 of this

number died. It is well known, that it was at this hospital that these agents were first successfully employed in general operative surgery; and so entirely satisfactory have been the results, that no operation of any importance is now performed there, without the patient being previously rendered insensible to suffering by these means. It may not be amiss to add, that no fatal effects have followed their administration, nor has any serious ill consequence in a single instance ensued from it.

It appears, then, from these tables, that the whole number of amputations of large limbs that have ever been performed at the Hospital, is 146, on 141 patients. Of this number, 32 died.

Eighty-five had their limbs removed in consequence of disease; of whom 10 died.

Fifty-six in consequence of injury; of whom 22 died; being 1 in $8\frac{1}{2}$ of the former, and more than 1 in 3 of the latter.

69 patients had the thigh amputated—	19 died.
50 had the leg removed below the knee—	10 died.
11 had amputation above the elbow	— 1 died.
11 “ below “	— 2 died.

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The ages of the patients were as follows :

Under 20 years of age,	26,	of whom	4 died.
Between 20 and 30	56,	“	11 died.
“ 30 and 40	28,	“	10 died.
“ 40 and 50	18,	“	5 died.
“ 50 and 60	7,	“	1 died.
“ 60 and 70	4,	“	1 died.
Over 70	2,	“	0 died.

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Boston, September, 1850.

LETTERS FROM SWITZERLAND.

FROM THE EDITORIAL CORRESPONDENCE OF THIS JOURNAL.

INTERLAKEN.—Immediately after despatching the last letter, the discovery was made of a hospital in Lucerne, where that letter was written. It may be of service to future voyagers, desirous of visiting such institutions, to know where to find them in this section of the globe, where the crust of the earth is thrown into the wildest and most frightful forms imaginable. Mountain peaks of great altitude, and gorges awful to contemplate; leaping waterfalls, perpetual snows, moving rocks, sliding avalanches that make the earth tremble, constituting such extraordinary combinations of the grand, sublime and beautiful in nature, as can no where else be found, exert a peculiar influence on even the dullest intellect, and inspire all who enter this land of geological anomalies, with new emotions. But these poetical suggestions must not be permitted to usurp the place of matters of professional interest, which should have the first claim in this communication.

On one side of the town, quite hidden by the ugliest houses that were ever contrived, there is a low stone building, with a small enclosure, that may have been erected, and probably was, for some purpose foreign to its present appropriation. This is the public hospital, with accommodations for 100 patients, yet there are rarely more than forty in it. Exactly in front is a formidable mountain, a rival to Righi, called Mount Pilatus, from the tradition that Pontius Pilate, after the crucifixion, fled to its base, and drowned himself in the lake of Bründlinen, near by. The sides of the mountain, facing the town, are highly cultivated, and rented to farmers—and being the property of the hospital, it yields to it an annual revenue, far beyond its outgoes. The wards for the poor are neatly kept, the bedding unexceptionable, and the attendance faithful. There is a small hall, in which a few paying patients are lodged. There are three surgeons attached to this hospital—the principal, and leading man, being Dr. Elmiger, an enthusiastic, ambitious, well-informed gentleman. Most of the private practice in Switzerland is of a mixed character—midwifery, surgery, &c., combined with a shop of drugs. In a country where good health is to be found, if any where, the practice of medicine cannot be a very lucrative employment. About fifteen hundred dollars a year, under the most favorable circumstances, is considered a good income. Perhaps not one in twenty realizes five hundred. However, where the wants are few, and the money in circulation very small, this sum may be equivalent to ten times that amount where expenses correspond in magnitude. At Züg, it may have been mentioned, there is a *one room* hospital for the poor, but no one in it.

The Lucerners appear to have had a taste for frescoing their dwellings on the outside, from a remote epoch. On the towers and the old crumbling walls, paintings of giants, saints, and heroic personages, whose mighty deeds are recorded in German verse, scarcely discernible, express the refined notions of the former inhabitants of the town. Over the portal of one tower is an ideal representation of the music of heaven, in which one angel is playing on a bass viol and another on a fiddle!

Having arrived at the charming village of Interlaken (that is, *between the lakes* of Thune and Brientz), in which travellers from all countries assemble, excursions have been, and are to be made, from day to day, till whatever is of value to a physician or naturalist has been satisfactorily examined. In one of the early letters from Edinburgh, allusion was made to Dr. Guggenbuhl, of Abendburg, the first successful instructor of cretins. Well, a mountain, 3000 feet high, and 1200 above Interlaken, has been ascended on donkeys, to a house, solus, on the brow of a frightful precipice, which is Dr. Guggenbuhl's institution. In answer to the question why such a position was selected for the exercise of his humanity, he says, as all his admirers do, that it is a point of elevation which was necessary, as cretinism is at that height never developed. Below 3000 feet, this extraordinary form of idiocy abounds in Switzerland; and Dr. G. intimated that in the mountainous regions of the United States, it would be yet ascertained there is a similar tendency. He fully intends extending his researches to the American continent, and within a few years he will be there. At present, there may be, perhaps, thirty cretin

children at Abendburg, in which are painfully illustrated a variety of cerebral imperfections, accompanied by bodily infirmities equally discouraging, but which Dr. G. hopes to relieve. Some are beyond the reach of science; but so many are benefited, and are so much strengthened in mind, as to appreciate their friends, learn the elements of common things, and show beyond question that the true system has been discovered of ameliorating the condition of a peculiar order of beings, who have heretofore, by the universal consent of society, been supposed beyond the reach of instruction. A contraction of the tendon of the heel, followed by a cramping of the toes, is considered by Dr. G. an invariably certain indication of the approach of the most common forms of cretinism. Some children are taken, at the intervening period between three and eight years, with a slight twisting of the foot, the cause of which is to be referred to the brain; and if not arrested by energetic measures at once, it will certainly terminate in confirmed disease. Although furnished with much information on this important subject, at the fountain head, no further remarks need here be added, except that the treatment is almost exclusively frictions, baths, exercise, suitable diet, and faithful nursing. Dr. Guggenbuhl, who enjoys the confidence of philanthropists and medical philosophers generally, is rather singular in his personal appearance. He is small in stature, with a round head, long, tangled hair, and a moustache on the upper lip, not very tastefully dressed. He is a bachelor of not far from forty, with a countenance lighted up with an expression of kindness that is acceptable in any face. In the official apartments, anatomical colored plates, a few books, casts of idiot heads, and one of Spurzheim, are conspicuous. Diplomas, too, from various learned societies, are suspended in frames. He says he is a universal believer—for he believes in homœopathy, in animal magnetism, and various other modern *isms*, which are viewed as absurdities by very respectable numbers of very competent persons in all countries.

In this pretty village, in which the lumber of many centuries is in juxtaposition with modern structures, is a little hospital in a wing, it looks to be, of an ancient convent, for the admission of natives who require immediate surgical assistance. Ten patients is the maximum that can be taken. It now has eight—an unusual complement—with fractures principally. The expense is defrayed by the government of the Canton of Berne. On entering this Canton, by the way of the long valley lying between Lucerne and Thune, specimens of goitre begin to be noticeable, thickening as the traveller advances. More females than males appear to have this enlargement of the thyroid gland, which in some aged women, rivals the size of a teacup, on both sides of the throat. The youngest person on whom incipient goitre has been noticed, was a girl of some twelve years of age. Some have conjectured that this malady, not of pain, but deformity and inconvenience, is confined to the peasantry—especially those who labor in the fields. Future observations, in our progress through other parts of Switzerland, may result in the collection of additional facts respecting it. The people themselves manifest no concern in relation to this singular endemic tendency, from any thing we can discover; and whether the snow water of the Alps, the goat's milk, the

minerals in solution taken in potable water, or atmospheric influences, are the exciting cause, remains to be determined.

A large proportion of the medical practitioners of Switzerland, appear, on inquiry, to have studied in Paris or Germany. No medical school exists in any of the Cantons, nor could it probably, were it organized, for the want of students. It is a question how any practitioners in the rural districts find enough to do, to keep them from starvation, if they have no other means of support. In the large towns, there is quite a show of names, but generally some one takes the lead, and engrosses all the business, which at best cannot be much.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 2, 1850.

Trial of the Apothecary Wakefield, for Manslaughter.—In the Journal of last week, the commencement of this trial, on the Saturday preceding, was alluded to. It was finished Monday evening, and a verdict of "*Not Guilty*" rendered by the jury. We give below, from the Traveller of this city, the medical evidence in the case.

The testimony of Dr. Wm. E. Coale was, that he was called to Mr. James D. Hall, on Sunday evening, July 14th, at his house. He found Mr. H. sick, with pain in limbs, furred tongue, pain in head, &c.; wrote a prescription for ten grains of calomel, in the common form. [The prescription was here produced: it is in pencil mark, but is quite plain.] Saw the patient again at 12 1-2, P. M., the next day; did not direct the manner to administer the medicine; found Mr. Hall vomiting a fluid like water, with red blood; was in great bodily pain; was informed of the mistake that had been made, and that Dr. Flint had been called; prescribed laudanum, and found the pain to leave him; saw him again on Tuesday, when he had a quickened pulse, and furred tongue; had ceased vomiting. Directed him to take magnesia. Wednesday, found that there was an eruption of varioloid upon the skin; at the next call found that the varioloid was more marked, the febrile symptoms had disappeared, but the vomiting continued. Saw him on Thursday evening; there had been no vomiting since the morning, but it was brought on by an attempt to swallow; alluded to no pain in the course of the day. On Friday morning found there had been vomiting through the night of bilious and dark-brownish matter. He then described a pain through the chest, attacking him as it were by spasms, or on an attempt to swallow; the skin was cool, almost too much so; and there was no excitement of the pulse; the varioloid was progressing. The next day there was no marked change. On Sunday the condition of things was very much the same, except that the distress of the chest was more internal; described to be like that of the stabs of a sharp knife. Tuesday the symptoms were very urgent, and I visited him twice in the day and at 10 at night. The varioloid was fast drying up; the strength of the patient was failing; the vomiting was more frequent; distress increased; skin cold; pulse about 70. On Wednesday the case was so serious that a consultation was held at 1 o'clock with Dr. Bigelow, but the treatment was not altered. The varioloid still continued to dry up. Dr. Bigelow attributed the vomiting possibly to the varioloid. In the evening the patient spoke more encouragingly of himself. On Thursday morning, there were the same symptoms; on the same afternoon was called suddenly to him, and found him dead. During the whole of the sickness there was an entire suppression of urine. Made post-mortem examination. The stomach contained some fluid of particular appearance as regards color. Here the Court adjourned to Monday morning.

Monday Morning.—Examination of Dr. Wm. E. Coale, resumed.—The stomach

of the deceased had nothing peculiar in color; the inner coat had a friable appearance; there was nothing that could be called inflammation of the stomach; there was no appearance of ulceration in the stomach or gullet; there were removals of the lining of the œsophagus, and a raggedness more irregular than generally found. At the time of the examination I was of the opinion that the marks were caused by corrosive sublimate; I have not now so much confidence in the opinion, in consequence of the opinions to the contrary by Dr. J. B. S. Jackson. The removal of the lining of the œsophagus would produce more or less irritation. Sometimes small ulcerations produce death, and at other times greater ones do not. My opinion was and still is that the death was caused by corrosive sublimate. I do not suppose that the varioloid had any modifying effect in the case.

Cross Examined.—I have never had a similar case before, and never was present at a post-mortem case of the same character; do not remember of being present at a post-mortem examination of a decease by smallpox. My opinion of the cause of the disease is formed by the knowledge of the effects of such substances. I relied more upon the symptoms before death than upon the post-mortem. The appearances on examination might or might not have been caused by corrosive sublimate. Some of the symptoms of poison by corrosive sublimate were absent—as the length of time before the death took place; want of tenderness on pressure of the stomach, and inflammation of the stomach, of which that tenderness is always indicative; want of high fever. There was a lull in the violence of the symptoms, in the second twenty-four hours, during the day, and an absence of purging, and salivation. There was a coldness of the flesh, and a depression of the pulse, not general.

The shortest case of death on record by corrosive sublimate, was two hours; do not recollect of one so long as eleven days; have an impression of one of not more than eight days. In all cases of long continuance, there is an inflammation. The symptoms in this case I rely on are the suppression of secretions of the kidneys, the constant vomiting, vomiting of organized blood; general depression of the whole system, and great distress; very severe hiccough, which lasted two days. Vomiting does not generally accompany smallpox. The examination was completed in the evening, and was sufficient to satisfy me there was no peculiarity in the appearance of the kidneys. I do not call to mind any other appearance of corrosive sublimate.

The pain suffered by Mr. Hall he complained of as being above the stomach. The antidotes administered were the usual ones—whites of eggs and oils. The corrosive sublimate acts upon the eggs instead of the stomach. If produced by corrosive sublimate, the case was an anomalous one.

By the Government.—The administering of a pint of warm water would be to distribute the effects of the poison, and impede the influence of antidotes afterwards given. There was a difficulty of swallowing, caused, as I supposed, from irritation by the sublimate. In varioloid, the febrile symptoms disappear when the eruption takes place. There were no secondary febrile symptoms in this case. I should say the varioloid did not cause the death, but think the corrosive sublimate did.

By the Court.—I should think the symptoms more remarkable as accompanying varioloid than as accompanying corrosive sublimate.

Cross Examined.—Some of the symptoms described may take place in varioloid.

Dr. Flint.—I called to see Mr. Hall on the evening of the 14th July. Being told that he had taken corrosive sublimate, I administered white of eggs, gave him twelve or fifteen, and directions when I left to continue it until relief was obtained. The use of warm water would diffuse the poison, if it did not throw it off. The pulse was natural, tongue a little coated, when I saw him again. On the 24th I saw him again by accident. On Thursday, 25th, I was called, and when I arrived found him dead. From the slight examination should suppose the varioloid a bad case; ten grains of corrosive sublimate would be sufficient to produce death; it is not common to administer corrosive sublimate as a medicine; when used, only from one-sixteenth to an eighth of a grain is given. The recipe exhibited to me is in the usual form for calomel. I had a conversation with Mr. Wakefield on the next morning to ascertain how the mistake occurred; he admitted that the recipe was plain enough.

Cross Examined.—My house was about a quarter of a mile from Mr. Hall's house. From twelve to twenty-five eggs were used, alternating with oil, and flour and water. The next day, 8 o'clock, he was quite comfortable; thought him out of danger, and supposed the poison was removed. If written for corrosive sublimate, the recipe would have been "ox mur. hyd.," instead of "sub mur. hyd.," the recipe for calomel.

The case of the government here closed.

For the Defence.—*Dr. Charles Ware.*—I have been in practice in this city twelve years. I saw the stomach of Mr. Hall; should not have supposed that the death was caused by corrosive sublimate; there was nothing very peculiar, or appearance I should call morbid; there was a slight abrasion of the lining membrane, but nothing to attract my attention.

Cross Examined.—The effects of ten grains of corrosive sublimate would cause pain, vomiting, distress, and death, if not thrown off. I have administered from one-twelfth to one-eighth of a grain. I have heard reported as great a quantity as three grains administered. I have known death to ensue in six or seven days after taking the poison. I examined the stomach separate from Dr. Jackson.

Dr. Jacob Bigelow.—I have been in practice between 30 and 40 years. I was called to Mr. Hall on the 24th July. He complained of weakness, nausea and vomiting. Otherwise he expressed himself as being in comfortable circumstances; had no pain whatever; no tenderness or other inconvenience when pressed upon the stomach or other parts of the body. I learned that he had taken corrosive sublimate ten days before; immediately after which he vomited, and had remained ill, with symptoms such as have been described by other witnesses. His pulse was nearly natural; did not see cause for alarm, and told Dr. Coale I thought that as far as the poison was concerned, the chief danger was over. The death might possibly have been caused by the poison, but there is a strong probability that it was not. I have found that individuals have recovered after taking larger doses than did Mr. Hall, and also after suffering more violent symptoms. In fatal cases death usually ensues within two or three days; have never known death so late as the twelfth day.

Cross Examined.—In most cases there is a progression in violence. In such a case I should rely both on symptoms and a post-mortem examination. Suppression of urine is not confined to cases of this kind. Corrosive sublimate is designated in various ways—"Muriate," "Oxy-muriate," and "Bichloride." The quantity of corrosive sublimate would not be extraordinary, if not to be taken at once. Directions for taking it are usually given, which the apothecary may not know of.

Since being summoned as a witness, I have read some of the best authorities on the subject—find the longest case of living to be eight days. I discovered nothing in the case of Mr. Hall to indicate the cause of his death. When I first saw him, the varioloid was in the declining state. I could not say that he died by varioloid.

By the Court.—I should not be able to say whether the death was more probable from varioloid than from corrosive sublimate. He may have died from some other cause.

The defence resting here, Dr. H. G. Clark was called by the Government.

Dr. Clark.—I have had some experience on the subject of poisons. In relation to causing death, I should think nitric acid would be more active than corrosive sublimate. They operate on the stomach in a similar manner. I have known a case of a woman who died in the jail, who lived fourteen days after taking nitric acid.

Cross Examined.—I should think that doses of corrosive sublimate sufficiently large to prove fatal, would have that effect generally in thirty-six hours.

NEW MEDICAL PUBLICATIONS.

Dr. Warren's Address.—"Address before the American Medical Association, at the Anniversary Meeting in Cincinnati, May 8th, 1850, by John C. Warren, M.D., President of the Association." In one of the June numbers of this Journal, we gave our readers the substance of this able address. Since then, Dr. Warren has had it printed in a book, occupying 65 pages, revised and corrected by himself. It is a choice and carefully prepared production, and characteristic of the mind and

heart of its learned and venerable author. It affords us much pleasure in having an opportunity of again referring to it, and we may, hereafter, lay before our readers those portions of it that were before omitted in our pages.

The Western Medico-Chirurgical Journal.—This is the name of a new Journal, which comes to us from the far-off west, being published at Keokuk, Iowa. It has for its object the circulation of medical intelligence among the profession in regions, which, until within a few years past, were trode only by the *red man*. It affords us much pleasure to witness so good a specimen of medical literature from this distant place, and we shall comply with the request of its editors to exchange with them. It is to be published monthly, at \$2 per annum, by Drs. Sanford and Armor, the editors and proprietors.

New York Register of Medicine and Pharmacy.—This is the name of another new Journal which comes to us this week for notice and exchange. The object of the editor, Dr. C. D. Griswold, is to furnish a cheap medium for the dissemination of medical intelligence among the members of the profession; and if all is done that is promised in the specimen number, it will be valuable to its reader, affording them much information at a trifling cost. The editor is mistaken, however, in saying that the Register is the "cheapest Medical Journal in the world." Its price is one third that of ours; but its 16 pages, twice a month, though making annually somewhat more in number than a third as many as are contained in this Journal, will not contain a third as much matter, if this first number may be taken as a specimen of the succeeding ones. We wish success to the undertaking.

Physician's Account Book.—This book is "designed for keeping a correct list of patients, and charges for visiting; also, referring to medical treatment in former cases." Jonathan Allen, Lowell, Mass., is the publisher. It affords every facility for keeping a correct diary of cases, as well as charges for visits, and to the systematic physician will prove itself of the greatest value. We would suggest to the publisher, that, in his next edition, he allow a little more space in the columns for remarks.

Foster Prizes to Medical Graduates.—In the notice respecting these prizes, in the number of this Journal for Sept. 18th, the name of David Onslow Smith, as one of the graduates receiving a prize the present year, was accidentally omitted.

Suffolk District Medical Society.—The monthly meeting of this society, for medical improvement, has been changed from the last Saturday, to the *first Thursday* in the month. Its next meeting, therefore, will be held at their rooms in the Masonic Temple, *to-morrow evening*, at the usual hour. It is hoped that a re-consideration of the vote, by which this change was effected, will be called for at the next stated meeting, as we think Saturday evening will more generally accommodate the members.

Medical Miscellany.—The annual expenditure in England for spirits, beer, tobacco and snuff, amounts to upwards of *fifty-seven millions sterling*.—All churchyards in London are to be closed forever on the first of July, 1851, when burials are to take place in the suburban cemeteries.—Dr. Geo. F. Fout has recently been nominated by a convention of the citizens, a candidate for Governor of New Jersey.

MARRIED.—At Poughkeepsie, N. Y., Dr. F. H. Simpson, of Holyoke, Mass., to Annie E., daughter of John Adriaance, of Poughkeepsie.

DIED.—At Brooklyn, N. Y., Dr. Waters Smith, Surgeon of U. S. Naval Hospital.

Deaths in Boston—for the week ending Saturday noon, Sept. 28, 70.—Males, 38—females, 32. Disease of the bowels, 9—disease of the brain, 1—inflammation of the brain, 2—consumption, 13—convulsions, 6—cholera infantum, 2—cancer, 1—canker, 1—child-bed, 1—dysentery, 10—diarrhoea, 3—dropsy of the brain, 1—fever, 3—typhus fever, 1—lung fever, 1—puerperal fever, 1—hooping cough, 1—disease of the heart, 1—hydrothorax, 1—infantile diseases, 2—disease of the kidneys, 1—inflammation of the lungs, 1—marasmus, 1—measles, 2—old age, 1—teething, 3.

Under 5 years, 37—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 5—over 60 years, 5. Americans, 32; foreigners and children of foreigners, 38.

COLLEGE OF PHYSICIANS AND SURGEONS OF THE UNIVERSITY OF THE STATE OF NEW YORK.—The Forty-Fourth Session of the College will be commenced on Monday, 14th of October, 1850, and continued until March 13th, 1851 (Commencement day).

ALEXANDER H. STEVENS, M.D., LL.D., President of the College, and Emeritus Prof. of Clinical Surgery.

JOSEPH M. SMITH, M.D., Prof. of the Theory and Practice of Medicine and Clinical Medicine.

JOHN F. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., LL.D., Prof. of Botany and Chemistry.

ROBERT WATTS, JR. M.D., Prof. of Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M.D., Prof. of Physiology and Pathology (including Microscopy).

CHARLES E. ISAACS, M.D., Demonstrator of Anatomy.

Fees.—Matriculation Fee, \$5; fees for the full course of Lectures, \$34; Demonstrator's ticket, \$9; Graduation fee, \$25; board, average \$3 per week.

Clinical Instruction is given at the New-York Hospital daily, by the Medical Officers (Prof. Smith being one of them), fee eight dollars per annum; at the Bellevue Hospital twice a week, without fee (Profs. Parker and Clark belonging to the Medical Staff); at the Eye Infirmary, without fee; and upwards of 1,000 patients are annually exhibited to the class in the College Clinic. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The Annual Commencement is held at the close of the Session; there is also a Semi-annual Examination on the second Tuesday in September. The prerequisites for graduation are, 21 years of age, three years of study, including two full courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with medical science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 30th September, and continued until the 14th October.

This course will be free.

R. WATTS, JR., M.D.,

Sec'y to the Faculty.

Coll. of Physicians and Surgeons, }
67 Crosby st. N. York. } July 24—tN1.

MASSACHUSETTS MEDICAL COLLEGE.—The Medical Lectures of HARVARD UNIVERSITY will commence at the Massachusetts Medical College in Boston, on the first Wednesday in November.

Obstetrics and Medical Jurisprudence, by WALTER CHANING, M.D.

Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.

Theory and Practice of Medicine, by JOHN WARE, M.D.

Pathological Anatomy, by JOHN B. S. JACKSON, M.D.

Anatomy and Physiology, by OLIVER W. HOLMES, M.D.

Principles and Operations of Surgery, by HENRY J. BIGELOW, M.D.

Chemistry, by E. N. HORSFORD, M.D.

Clinical Lectures at the Massachusetts General Hospital three times a week, by the professors of Clinical Medicine and of Surgery. Surgical operations are very numerous, performed weekly in the presence of the class in the operating theatre. The safe and effectual practice of etherization is taught in this School. Practical Anatomy is amply provided for by the most liberal arrangements. The anatomical museum is one of the largest and richest in the United States, and has a fund of \$5,000 for its increase. The Eye and Ear Infirmary and other charities are open to students.

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A descriptive pamphlet may be had by application, post-paid, to David Clapp, Printer, corner of Washington and Franklin streets, Boston.

Boston, July, 1850. July 24—eptL.

ROBINSON'S PATENT PESSARY—may be obtained, Wholesale and Retail, of Aaron P. Richardson, M.D., No. 36 Green street, Boston.

May 29—tf

THE NEW YORK MEDICAL COLLEGE—Session 1850, will commence its Course of Lectures on the first Monday of November next.

JORACE GREEN, M.D., Prof. of the Theory and Practice of Medicine.

ABRAHAM L. COX, M.D., Prof. of Surgery.

B. FORDYCE BARKER, M.D., Prof. of Midwifery and Diseases of Women and Children.

JOHN H. WHITTAKER, M.D., Prof. of Anatomy.

EDWARD HAMILTON DAVIS, M.D., Prof. of Materia Medica and Pharmacy.

R. OGDEN DOREMUS, M.D., Prof. of Chemistry.

E. M. BRUNDICE, M.D., Demonstrator of Anatomy.

ALEXANDER B. MOTT, M.D., Prosector of Surgery.

A College edifice, unsurpassed for architectural beauty and adaptation to its purposes, will be completed by the first of October. An inspection of the building and its arrangements now in progress, will satisfy gentlemen engaged in the study of medicine that no better devised or ampler provisions could be made to facilitate their pursuits and to promote their comfort, than here are furnished. The capacious anatomical rooms and theatre, the well-arranged laboratory, and beautiful and convenient halls, will compare with those of this or any other city.

Its position is unrivalled, being in Thirteenth st., within one hundred yards of Broadway and Union Place, midway between the New York Hospital and Bellevue Hospital, at a convenient distance from the Eye and Ear Infirmary and the various Dispensaries of the city, which are all accessible to the students. In addition to the hospital advantages of the College, students will have an opportunity of studying disease practically in three weekly clinics, one by the Professors of Surgery and Anatomy, one by the Professor of Theory and Practice, and one of Diseases of Women and Children by the Professor of that Department.

Aug 7—tOct15

JEFFERSON MEDICAL COLLEGE. Session of 1850-51.—The regular Course of Lectures will commence on Monday, the 14th of October, and continue until the first day of March. The Annual Commencement for conferring degrees will be held early in March, instead of at the end of the month, as formerly.

ROBLEY DUNGLISON, M.D., Prof. of Institutes of Medicine, &c.

ROBERT M. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive, and Surgical Anatomy.

JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.

THOMAS D. MUTTER, M.D., Prof. of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Prof. of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Prof. of Chemistry.

ELLERSLIE WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, seventeen hundred and three cases were treated, and two hundred and nine operations performed. Amongst these were many major operations—amputation of the thigh, leg, arm at the shoulder joint, removal of the parotid, mammae, &c., lithotomy and lithotripsy.

The Lectures are so arranged as to permit the student to attend the Medical and Surgical Practice and Lectures at the Pennsylvania Hospital.

On and after the 1st of October, the dissecting rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

Fees.—Matriculation, which is paid only once, \$5. Each Professor, \$15—\$105. Graduation, \$30. The number of Students during the last Session was 510; and of Graduates, 211. R. M. HUSTON, M.D.,

Dean of the Faculty, No. 1 Girard st. Philadelphia, July, 1850. July 10—tO10

CANTHARIDAL COLLODION,—A new Epispastic Remedy, and substitute for the ordinary preparations of Cantharides. It is speedy, convenient and powerful; can be applied to any portion of the body, and remain entirely unaffected by the movements of the patient. It requires the employment of neither leather or linen as in the use of the ordinary vesicating agents. Manufactured and sold for sale by

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THE

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No. 10.

NOTES ON DISEASES OF THE EAR.

BY EDW. H. CLARKE, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

INFLAMMATION OF THE MEMBRANA TYMPANI.

It is a matter of regret that diseases of the ear have been so long neglected. Until within the last quarter of a century, very little attention, comparatively speaking, has been bestowed upon them. Since the appearance, however, of M. Itard's celebrated work in 1821, they have been more closely studied, and consequently better known. At the present time there are several distinguished observers in Europe, particularly in Germany and France, such as Kramer, Menière, Frank and Schmalz, who are devoting themselves to aural surgery. They have already done much towards dissipating the obscurity and uncertainty with which diseases of the ear were invested, and much more light will undoubtedly be thrown upon these diseases by their continued labors. In this country, very little has yet been done in this department. When, however, the attention of American observers shall be turned more directly towards diseases of the ear, we may hope that aural surgery in America will not keep far in the rear, to say the least, of the same branch in Europe.

I do not propose, in the following paper, to describe all the varieties of inflammation of the membrane of the tympanum, but only to give a few cases as illustrations of those which most frequently occur. According to Mr. Wilde, of Dublin, whose classification is the best of any with which I am acquainted, the inflammatory affections of the membrana tympani may be classified as follows:—

1st. Acute inflammation of the membrane of the tympanum, accompanied with inflammation of the tympanal cavity, sometimes of a rheumatic character.

2d. Sub-acute inflammation, unaccompanied by pain.

3d. Chronic inflammation, with or without inflammation of the tympanum.

4th. Strumous inflammation.

5th. Syphilitic inflammation.

6th. Febrile, sub-acute inflammation, accompanying the exanthemata and other fevers; generally producing otorrhœa.

The cases which follow are examples of the three first varieties. The examinations were all made in a clear sun-light, by the aid of Menière's speculum.

I.—*Acute Myringitis.*

Acute inflammation of the membrane of the tympanum comes on suddenly. It usually follows some sudden exposure to a low temperature, draughts of harsh, cold air, sea bathing, or irritating substances, which have found their way into the external meatus. The seat of the inflammation is usually in the true fibrous coat of the membrane. The external meatus is more or less implicated, and sometimes the auricle. The inflammation not infrequently extends into the cavity of the middle ear, and in some cases, fortunately they are rare, the internal ear and the brain participate in the inflammatory action.

In severe cases, the rapid and full pulse and hot and dry skin indicate considerable constitutional disturbance. There is much headache which is intense, and unremitting at the commencement of the attack. Patients describe it to be of the most severe, piercing, throbbing and excruciating character. It is often attended with a wild delirium, which simulates to a very considerable degree an attack of phrenitis. I have sometimes been obliged to give large and repeated doses of morphia before anything like quiet could be obtained. The act of coughing, and the movements of the jaw in chewing and swallowing, produce severe pain, which is referred by the patient to the deep parts of the ear. In one individual, the simple effort of speaking produced increased uneasiness, and a forced expiration, as in blowing his nose, excited a sensation of sharp pain, as if a cutting instrument had been introduced into the ear. There is tinnitus, which is usually of a most disagreeable character. Some of the above symptoms may be wanting in mild cases, or exist in a mitigated degree.

The auricle and integuments over the mastoid process and near the entrance of the meatus are sometimes, but not usually, swollen, red and tender. There is either an absence of cerumen, or it has a dried, dark and crisped appearance. The lining membrane of the external meatus has a light pinkish color, and is slightly swollen. The swelling increases, and the color becomes deeper near the membrane of the tympanum. In the early stages of a mild case, the latter membrane is of a diffused and light pink color. But in severe cases the color becomes redder; new vessels seem to start into existence, the membrane thickens, and assumes a villous appearance; the vascularity increases; the bones of the ear can no longer be distinguished; sometimes a few vessels, larger and of a deeper red than others, may be seen, radiating from the insertion of the malleus; but oftener, the membrane presents a secreting surface, with a villous appearance and of a diffused and deep red color. When the cavity of the tympanum is implicated in the inflammatory action, perforation of its membrane frequently results. A discharge of a muco-purulent character (streaked with blood) follows this latter accident, with much relief to the pain and severe constitutional symptoms.

Such is a brief account of the ordinary course of acute myringitis. Under proper treatment, the prognosis in a great majority of cases is fa-

vorable, even if there be perforation of the membrane of the tympanum. The two following cases are illustrations of this variety of inflammation of the ear and its usual termination.

CASE I.—Miss E——, an American, about 20 years of age, unmarried, with dark complexion, hair and eyes, and good general health, took a sudden and severe cold, the last week in February, 1850. The cold was accompanied with a most violent headache, and, according to the report of her attendant, with a high fever. After the cold had continued two or three days, she began to suffer from an intense otalgia in the right ear, which was somewhat though not entirely relieved by a profuse discharge of matter. The discharge was streaked with blood. I then saw the patient for the first time, on the 23th of February. She was sitting up, with her ear bandaged. Her skin was hot; pulse about 90, full and strong, and her tongue covered with a white coat. She complained of otalgia and a severe headache, which was confined to the right half of the head, and radiated from the ear as a centre. There was some tenderness on pressure over the mastoid process. Pressure upon the tragus or the meatus caused pain in the ear. Pain was also produced there by swallowing or chewing. The meatus itself was plugged up with a mass of stringy matter. This was carefully removed by a syringe, and the patient placed in a strong sun-light, where, by the aid of a speculum, the membrane of the tympanum was found to be highly vascular, of a bright red color, swollen, and of a velvety appearance. The inflammation extended from the membrane some distance along the sides of the external meatus. A perforation existed in the anterior and superior part of the membrane, through which the air could be forced with a hissing and gurgling sound. The sense of hearing was so much impaired, that my watch could not be heard when closely applied to the external ear.

Three leeches were immediately applied—two behind the ear, and one at the entrance of the meatus. A cathartic of blue pill and ext. colocynth was ordered, to be followed by a saline draught if necessary. She was allowed gruel for diet, and one eighth of a grain of morphia, every hour, until the pain was relieved. Gentle syringing, so as to keep the ear clean, was also directed.

On the next day, she reported herself to be much relieved. The morphia had been taken several times. The leeches had drawn well, and the cathartic acted briskly. There was still some pain. The morphia and syringing were continued *pre re nata*, and the application of steam to the ear ordered every two or three hours. On the following day, the pain had altogether disappeared. The otorrhœa continued, but had lost its bloody character. The pulse was less frequent, and skin cooler. The steaming was then discontinued. A blister was applied behind the ear, and dressed with savin cerate. Gentle cathartics were given daily, and the syringe employed often enough to keep the meatus clean. After syringing, a solution of acet. plumbi, gr. iij. to ℥ j., was poured into the ear three or four times a-day. Under this treatment the inflammation gradually subsided, the membrane of the ear assumed a healthier aspect, and the perforation healed.

On March 14th, fifteen days from the commencement of the treatment, my record is as follows. "Patient had a slight turn of pain in her ear this morning; the otorrhœa is slight; the membrane of the tympanum not quite natural—the antero-superior portion being red, the remainder normal; can hear the ticking of my watch ten feet." The solution of lead was increased to gr. vj. to ℥j., and used as before, and the other treatment discontinued. On the 21st of March, twenty-two days from the commencement of treatment and about twenty-eight from the accession of the attack, there was no otorrhœa or pain. The membrane of the tympanum was clear and transparent, and the sides of the meatus free from inflammation. There was no tinnitus, and the hearing distance was normal.

CASE II.—A physician of this city, of middle age and medium stature, was taking a sea-bath in June, 1850. He plunged into the water head first, and immediately felt an uncomfortable sensation in his left ear, accompanied with pain. He thought the disturbance was only a temporary one, and paid but little heed to it. The pain, however, increased, and by night it was quite severe, and accompanied with tinnitus and occasional crackling in the cavity of the tympanum. On the next day and the following days the otalgia was very acute, and the tinnitus and uncomfortable sensations did not diminish. The pain and disturbance deprived him of sleep, and at length, on making a forced expiration, he heard a distinct gurgling or whistling in his ear. At that time, June 25, I first saw him. It was about a week after the commencement of the attack. The condition of the auricle was normal. There was some tenderness upon pressure on the tragus and below the mouth of the meatus. The act of swallowing produced pain in the middle ear. An examination in a clear sun-light showed an entire absence of cerumen. The sides of the external meatus were dry and red, but not much swollen. The redness was most marked near the membrane of the tympanum. This membrane itself was of a bright-red color, the redness not being generally diffused, but radiating from the insertion of the malleus, and perforated anteriorly. A forced expiration produced a whistling sound in the ear, and bubbles of fluid mucus could be seen blown through. The mucous membrane of the fauces was somewhat though not deeply reddened and congested.

The patient had already taken blue pill, which had been followed by a saline draught. The same prescription was repeated. Counter-irritation behind the ear was kept up with croton oil, and an alum gargle ordered for the throat. Instillations of cold rose water were poured into the meatus, which after a few days were replaced by a weak lead solution, and the patient was put upon a low diet. Under this treatment (the blue pill was not given but once or twice) the edges of the perforation united; the redness gradually disappeared from the membrane of the tympanum and the meatus; the tinnitus ceased, and the pain produced by swallowing disappeared. On the 7th of July, eighteen days from the commencement of the attack, the appearance of the ear was normal, and the hearing unimpaired. When I first saw him, my watch could only be heard when applied to the pavilion.

II. *Sub-acute Myringitis.*

This variety of inflammation of the membrane of the tympanum comes on insidiously. It is usually unattended with pain, and produces little or no constitutional disturbance. It may or may not be attended with tinnitus. The first symptom which excites attention, is generally deafness. The nature of the disease can only be learned by a careful inspection of the ear with a speculum, in a clear sun-light. In most cases there is no secretion of wax. The lining membrane of the meatus is of a pale red, dry, and without its natural polish. The membrane of the tympanum loses its transparency and opaline color, and becomes dull and dry. A few red vessels may be seen winding across its surface, and there is a line of redness over the insertion of the malleus, and generally another around its circumference. Whenever pain exists, it is not constant, but appears at intervals, lasts but a short time, and is usually supposed to be of a neuralgic character. The treatment of this variety of inflammation, to be of any avail, should be commenced early and pursued rigorously. When the disease has been neglected until it has become decidedly chronic, and thickening of the tympanal membranes and deposition of lymph around the bones have taken place, the resulting deafness is of the most irremediable character. The following case illustrates this species of inflammation of the membrane of the ear.

CASE III.—Master S., of South Boston, an American, 7 years of age, with light hair and eyes, and good general health, applied to me for relief of deafness, on Feb. 20, 1850. Two years previous, he had had scarlatina, which was not followed by any affection of the ear. He takes cold easily, and when suffering from a cold is liable to partial deafness. The deafness, however, usually passes away as the cold subsides. His hearing has never been so much impaired as at the present time. Four or five weeks previous to the above date, he was exposed to cold, and was attacked with bronchitis in a mild form. The bronchial affection readily yielded to the ordinary treatment. While it lasted, he complained of *occasional otalgia* and of a "crackling" or "snapping" in his ear. Hoping that his hearing would be restored with his convalescence from the bronchitis, but little attention was paid to his ear. He was brought to me with the report that his hearing was not re-established, though he was in other respects well and had been so for some time. Croton oil had been rubbed into the skin behind each ear for a week.

He heard the ticking of my watch four inches from his right ear and nine from his left. His throat was healthy; and tonsils of natural size. The right auricle was healthy; no tenderness upon pressure over mastoid process; the external two thirds of the meatus presented a normal appearance. The inner third was reddened in streaks. The membrane of the tympanum was not translucent, and had some red lines crossing it. The left ear, meatus and membrane, presented an appearance similar to the right. The membrane of this ear, however, had a less number of red lines upon its surface. There had been no otorrhœa from either side. I did not succeed in catheterizing the right

Eustachian tube, on account of tenderness in the nasal passage. The air douche through the left tube, which was catheterized with ease, was attended with a mucous rale. After the douche, the hearing distance on that side was increased to two and a half feet.

The treatment consisted of decided counter-irritation behind each ear; small doses of blue pill and rhubarb twice daily; a low diet; and in addition to this, I applied the air douche to the cavity of the left tympanum every third day, on account of the catarrh of the middle ear.

Feb. 26th.—The first record of any improvement is made in my notes at this date. The treatment was continued.

March 7th.—The hearing distance of the left ear was three and a half feet. That of the right, ten inches. A few red lines were perceptible in the left membrane of the tympanum, and quite a number in the sides of the meatus adjoining. The membrane had become almost translucent. The right membrane was less translucent than the left, and the red lines upon its surface larger. Counter-irritation was discontinued behind the left ear, but continued behind the right; and blue pill taken only once a-day. There was no soreness of the gums or mercurial fœtor of the breath. I ought to mention that after a few trials I desisted from any attempt to catheterize the right Eustachian tube, on account of the irritation the catheter produced in the nasal passage. The left Eustachian tube was catheterized so long as the power of hearing was improved by the air douche. After a few sessions no increased improvement was obtained by it, and it was discontinued.

March 15th.—At this date my record states that no redness was perceptible on either membrane, and he had had no otalgia for a considerable time. He heard my watch four feet from his left ear, and only ten inches from his right. Except some dryness of the meatus and diminished ceruminous secretion, the natural healthy appearance of each ear was restored. All previous treatment was discontinued, and he was directed simply to rub glycerine into each meatus daily. After a few weeks the meatus became healthy, and his hearing was fully re-established.

The disease of which the above case is an example, is of a most insidious character. It comes on with little warning, progresses stealthily in its course, and in many cases no attention is paid to it until organic changes have taken place, that are beyond the reach of treatment. When treatment is commenced in season and rigorously pursued, the prognosis is generally favorable. In this disease, mercury is indispensable; it will yield to nothing else so readily and certainly. Whether given in the form of blue pill or calomel, mercury should be introduced into the system slowly and gradually. It will be more effectual in small and repeated doses, than in large ones at longer intervals. With adults, it is perhaps the best plan to make the gums slightly sore, and keep them so until the redness and opacity of the membrane of the tympanum begin to diminish. Counter-irritation and sometimes local bleeding and a low diet are important adjuncts to mercury in the treatment of this disease. The inflammation sometimes takes on the ulcerative process, and slowly and painlessly perforates the membrane of the ear. In such

cases the best local application is the nitrate of silver, in solution, of the strength of gr. x. to $\frac{3}{4}$ j., applied by means of a camel's-hair pencil directly to the membrane. Such is a brief account of the general course of this important disease. It is subject to many variations, however, both with regard to its progress and its termination. But I have no space to speak of these at present.

III. *Chronic Myringitis.*

This affection appears as the result, or, more properly speaking, the sequela of almost every form of aural inflammation. It is usually a painless disease. Sometimes, however, it is accompanied with attacks of severe pain, which are followed by intervals of entire ease. Tinnitus, which is often a most distressing accompaniment of nearly every disease of the ear, is frequently altogether absent in this. It is always attended with deafness, which is permanent, decided, and little affected by variations of temperature, changes of the seasons, or mental emotions. The constitution rarely sympathizes with the affection, except in its early stages, and then the disease more properly belongs to one of the two previous varieties.

The appearance of the ear is peculiar. There is no tenderness around the external meatus or upon the mastoid process. The sides of the meatus (for its external half) are dry, white and deficient in natural sensibility. Along its inner half, near the membrane of the ear, a few red lines may be seen, and sometimes the lining of the tube presents a dusky hue. The membrana tympani itself is opaque, of a dull white color, thickened, and only slightly sensible to the touch of a probe. In most cases there is some redness along the insertion of the malleus, and occasionally a few minute red lines may be seen radiating from it. This affection may or may not be complicated with chronic inflammation of the cavity of the tympanum, the Eustachian tube and the throat. This disease is of long standing. Mr. Wilde, to whom I have already referred, thinks, and with great justness, that it has often been mistaken for "nervous deafness," and treated accordingly. In this country, I am convinced that it is of frequent occurrence. It probably occurs with us in New England more frequently than on the Continent of Europe, though perhaps not more frequently than in Great Britain. On this point, however, I speak with diffidence, for I have no accurate statistical data upon which to base such an opinion. I often have occasion to see cases like the following :—

CASE IV.—Miss L. S., a German, with dark hair and eyes, 24 years of age, of small stature and excellent health, applied for relief of deafness on the 27th of Feb., 1850. She stated that none of her family had ever been deaf; that she had never suffered from otalgia or otorrhœa; that in childhood her health was delicate, but of late years it had been excellent. She had no tinnitus aurium. She heard the ticking of my watch one inch from the right ear, and on the pavilion of the left. She did not think that variations of temperature or moisture in the atmosphere produced any influence upon her hearing. The commencement of her deafness dated a number of years back, and she knew of no cause for its appearance. Upon examination, I found the tonsils of natural size, and

the throat healthy. The right auricle was free from disease ; and the sides of the meatus, for more than half its length, dry and white. Near the membrane of the tympanum a few red lines could be seen, running down to the junction of that membrane with the meatus. The membrane itself was of a dull color, opaque, bearing the touch of a probe without pain, having a bright red blush over the insertion of the malleus, and a few minute red lines, radiating thence to the circumference. There was almost an entire absence of cerumen. The left auricle, meatus and membrana tympani presented the same appearances as the right.

An unfavorable prognosis was given to this patient ; but as she wished to be treated, I applied tartar-emic ointment behind each ear, and gave her blue pill and extract of conium thrice daily. This treatment was continued for more than a month. She came easily under the influence of mercury, and its action was kept up for a month or five weeks. After two or three weeks treatment all redness disappeared from the meatus and membrane of the ear, but the opacity remained the same, and the hearing though slightly was not materially improved. Glycerine was dropped into the meatus, and the vapor of sulphuric ether introduced into the middle ear through the Eustacian tube. The latter was done more for the purpose of verifying the diagnosis than with the hope of obtaining any benefit. On the 15th of April, there was no redness of either membrane ; each was of a dull white color and opaque. The sides of the meatus were also white, and there was no increase of the ceruminous secretion. Her hearing was not materially benefited. I did not think it advisable to pursue the treatment farther, and she was accordingly discharged as incurable.

Unfortunately there is not much hope of obtaining benefit from any treatment in this variety of inflammation of the ear. Treatment, to be of any service, should be instituted before the chronic stage of inflammation has fairly commenced. When the membrana tympani has become opaque and deposition of lymph taken place between its layers and probably around the chain of bones that connect it with the inner membrane, and possibly, also, according to Martell Frank, in the mastoid cells, the resulting deafness is beyond the reach of medical or surgical aid. Perforation of the membrane of the tympanum has been proposed and attempted in such cases. The success, however, of the operation is not sufficiently encouraging to lead to its general adoption. It will be observed that mercury has been freely exhibited in the cases given above. I should be sorry to have the inference drawn from them that I consider mercury to be generally useful in diseases of the ear. Except in inflammations of the tympanal membrane, there is scarcely a disease of the ear in which it should be used ; in such inflammations, however, there is nothing but mercury that we can rely upon to stop the organic changes, which lead to an almost entire destruction of hearing.

October 1st, 1850.

CANCER—REMOVAL OF THE UNDER LIP.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have been induced to report the following case, by seeing, in some of your late numbers, a few cases reported of the removal of the under lip.

The case was cancer of the whole under lip (not including the left commissure of the mouth), one third of the upper lip, the right commissure, and a large portion of the loose integuments of the right side of the face, extending half way from the angle of the mouth to the ear. The subject was a male, 68 years old. Having put him under the influence of ether, the operation was performed after the manner recommended by M. Meyer, of Bruges, with a slight variation to suit the case. An incision was commenced on the right *malar bone*, and carried downwards to the mouth, dividing the upper lip completely within its sound portion. Then commenced at the same point, and carried it downwards and outwards to the lower jaw; thence downwards and inwards to the front of the neck; then from the left commissure of the mouth downwards and outwards to the last-named line. The part included was then removed, and the jaws covered and mouth formed by bringing the integuments of the chin up to form the under lip, and fastening it by twisted sutures to the inferior integuments of the face. The upper lip was united in the same manner to the superior integuments. After the completion of the dressing, the space made by the removal of the disease was entirely covered, forming a very comely mouth, with the exception of its being drawn very much to one side, which was wholly righted in two weeks. The edges united by the first intention, and in four weeks were completely sound.

An attempt had been made to remove the disease by the *cancer plasters*, but without any benefit; on the contrary, the progress of the disease was rendered more rapid.

I do not report this as exactly parallel with those referred to, as the left angle of the mouth was not diseased, but to show that an under lip may be formed by the integuments of the chin.

Yours truly,

Moultonborough, N. H., Oct., 1850.

WM. H. H. MASON.

HYDROPHOBIA.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT three weeks previous to the fourth of July last, Mr. I. K., residing in Somerville, while passing through a street in Cambridge, was bitten on the leg by a small dog, which he killed on the spot. As the wound was slight, he thought nothing of it—merely mentioning it to his family as a trifling accident.

For a few days before the fourth, a marked change was observed in his conduct; he was restless, and at times irritable, which was the sooner remarked by his friends, as his disposition was entirely the reverse. On

the morning of the fourth, he went into Boston, and after his return, in the afternoon, was employed in his garden. Throughout the day he complained of suffering intolerably from the heat, and especially while in the garden, the perspiration rolling down his face in almost a stream, though the men working with him did not think the heat so excessive. About 4, P. M., a shower passed over, and the gutter of his house not running freely, he went up to clear it out, and got thoroughly drenched. In the evening, without changing his wet clothes, he went out, as he said, to look at the fire-works, and lay down on the damp roof of a shed, where he remained some time, resisting every entreaty to return to the house—declaring his intention to pass the night where he then was. His wife, however, succeeded in inducing him to go in, when he lay down on a sofa and apparently fell asleep. About 11 o'clock he arose, opened a window, and when questioned, said he was going out. His wife becoming alarmed, called up the men in the house, and had hardly done so when he became furious, and being a muscular man it required the united strength of several persons to prevent his injuring himself or others. In a few minutes his strength failed, and he fell to the floor; they then placed him on a bed and sent for me.

2, A. M., found him in a severe spasm, requiring six men to keep him on the bed. Guided by the symptoms, I gave bell. 3d dil., under the influence of which the spasm ceased, and he passed the remainder of the night quietly; taking bell. 3d dil., and acon. 3d dil., drop doses, every hour alternately. About 7, A. M., spasms returned with increased severity; and as hyos. seemed now to be indicated, I gave him drop doses of the 3d dil., at half-hour intervals. After the third dose, no effect being produced, I gave him verat. 2d dil., two doses (at half an hour interval), which in some degree mitigated the spasmodic action; but as neither verat. nor hyos. produced any very decided effect, I returned to bell. 1st dil., which I administered in drop doses, at half-hour intervals, until the spasms abated—about 12, M. From this time he remained quiet until evening, taking the medicine at intervals of an hour.

The spasmodic attacks commenced with darting pains in the temple, increasing in severity till he became insensible—a thrill or shudder then passing over his frame and lasting about a minute; teeth set, muscles of face and neck rigid, breathing labored. After a while these symptoms would gradually disappear, and the patient would lie quiet for a few minutes, when another spasm, commencing like the first, or very suddenly, with no other symptom than a shudder, to warn the watchers to be on their guard, would occur. The spasms occurring in the latter way were of the most violent description; in a moment he would be violently convulsed; and during the attack would strike and bite at those around in the most fearful manner. If anything were placed within his reach, he would snap at it furiously, and having got it between his teeth would cling to it, all the while making a noise not unlike the growling of a dog over a bone. During the spasmodic action, any fluid touching him, or placed near him, produced violent spasms. In his lucid intervals he complained of thirst, and if drink were offered him, would close his eyes, grasp the vessel and swallow its contents in a hurried manner. At other

times, he swallowed with great difficulty and after repeated attempts. This was during the long periods between the spasmodic attacks; during which, also, he was conscious and calm, and would earnestly caution his friends to be on their guard.

About 6, P. M., spasms returned and lasted till 2, A. M., when, after a very severe one, they ceased, and he sank into a quiet sleep. This interval lasted until 4, P. M. (Saturday), when the spasms again returned, but with less violence than the previous attacks. At 6, P. M., met in consultation with Dr. Hurd, of Charlestown; present, Drs. Lyon and Neilson—and it was determined, if the spasms continued, to administer the ether. About 9 o'clock, a bed and other apparatus for confining persons was procured from the Hospital at Somerville, on which he was placed and secured. I remained until 10 o'clock, and then left him for the night in charge of Dr. N.

Sunday, 9, A. M. Dr. N. informed me that after I left, the evening previous, the spasms grew gradually less violent, until about 11, when he had one or two rather severe ones, and that then, wishing to try its effects, he applied a sponge, wet with chloric ether, to the patient's lips. The contact of the moist sponge threw him into the most violent spasm, and a second attempt produced a similar result. About 1, A. M., the spasms again ceased, and the patient enjoyed another interval of repose. About half an hour after my arrival, patient had another slight attack; excited, doubtless, by the injudicious conduct of one of his friends, who, as I entered his room, was describing to him the nature of his case, &c. Dr. H. being present, chloric ether was immediately applied, and despite his struggles, continued until its effects were produced. The effect lasted about twenty minutes. He had no return of the spasms after this, though the pain and dizziness in his head continued for some days. Up to this time he remains well, and attends to his business (brick-making), as usual.

As cases of recovery from this terrible disease are extremely rare, and as anything and everything relating to it must be of the greatest importance, both to physician and patient, I have deemed it my duty to lay before the medical public the above statement. I know there are many who ridicule the idea of any effect being produced by infinitesimal doses in any case—much less in diseases of so grave a character as the one I have described above. To such, I can only say, that however much they may *cavil* at the theory of the action of homœopathic remedies, here are the facts, let them speak for themselves.

Medford, Sept. 10th, 1850.

MILTON FULLER, M.D.

[In the treatment of Dr. Fuller's case of *hydrophobia* it would seem, after all, that the infinitesimal doses did not prove very effectual. It is our opinion that if the ether alone had been administered, the same result would have been obtained.—ED.]

LETTERS FROM SWITZERLAND.

FROM THE EDITORIAL CORRESPONDENCE OF THIS JOURNAL.

BEING seated at a pleasant window, midway between the lakes of Thune and Brientz, Aug. 11th, the sun darting his rays with a force scarcely to be endured, there is precisely in front, apparently very near, the *Jungfrau*—a great mountain mantled in perpetual snow, dripping at its lower margins, and thus feeding the rapid streamlets that come leaping from cataract to cataract to the valleys beneath. The elevated peaks, as far as the range of vision extends, are dressed with shawls and capes of sparkling ice, and are strangely in contrast with the intense heat experienced in the streets, lanes and highways below.

Since the foregoing was written, we have made an excursion to the much-celebrated waterfall of Staubbach, in the valley of Lauterbrunner, about eight miles from the village of Interlaken. The water is small in quantity, but it leaps over the lofty edge of a mountain barrier—a solid wall of rock—930 feet perpendicular descent, to the base near the road-side, where visitors daily go to gratify their curiosity by contemplating one of the most surprising exhibitions of nature's handy-work in the Alps. There are, perhaps, a dozen other cataracts within two miles of each other, but the Staubbach takes precedence of them all, and is constantly waited upon by the representatives of all the civilized nations of the earth, during the summer season. But to a person who has gazed upon Niagara, the Falls of Montmorency, and those, too, of St. Anthony, this streamlet of Lauterbrunner appears to be an insignificant display, although it descends over an awful precipice almost a thousand feet in altitude. Grindinwald, however, another valley, contains two gems of rare value to Switzerland, and without a rival in any country, save the one in which they are found. They are the glaciers—something to be seen, in order to be understood or appreciated. It was an early idea, imbibed from various sources, that a glacier was nothing more nor less than a vast basin of ice, surrounded by elevated mountain ranges that prevented it from escaping, till the accumulation occasionally burst the barrier at the weakest point, carrying destruction in its irresistible course to hamlets and cultivated fields below. A glacier is made up of ice, occupying a chasm between two Switzerland Mountains, commencing in everlasting snow banks, inaccessible to man. This ice follows the windings of the gorge quite down to the lowest level—appearing, when viewed at the distance of a few miles, like a river. On reaching it, however, the immense body of ice is found to be thrown up into needle-like points, exceedingly irregular, being columns sometimes of amazing size and strength. Owing to the action of rains and the scorching sun, combined with other agencies, the points become sharp, while deep ravines, fantastic arches, and transparent streams coursing around and between them, give them all the characters of the terrific icebergs that traverse the Atlantic ocean south from Baffin's Bay. So precipitous is the location of these ice lan-cets, glittering in the sunbeams like the polished bayonets of a marching army, that it is literally impossible to travel up the steep ascent in the most favorable parts to be found, without cutting steps and resorting to

iron hooks. Thus from the lower edge of the sharp sheet of advancing ice in both of the Grindinwald glaciers, to the distance of one mile upwards, the rise is doubtless some thousands of feet. One of these stupendous masses, in 1561, slowly moved onward, carrying an entire forest of pines in its cold embrace. At the close of the seventeenth century, it had crept on insidiously a quarter of a league, and crowded the little turbulent river Lutschinen from its bed. Rocks of monstrous size on the upper edge of the valley that intervenes between the triumphant ice and itself, were raised there by the onward pushing, upheaval force of the advanced column; and the surface of the ground about these boulders, up and down, in a section just equal to the width of the glacier, is torn and furrowed as though it had been ploughed by angry giants. Thus it will be understood, that the ice, sliding down between the mountains on one side, having an origin up somewhere above the temperature of human endurance, is loaded with avalanches of gravel, rocks, &c., that fall to it from overhanging cliffs of unmeasured distance, and the huge monster of destruction is therefore burdened with the wreck of things that have had other forms; and with its strong head in the valley, carries, at the point of its beak, whatever is in the track, across and up the bank beyond. Having accomplished this Herculean feat, it seems to rest an age or two; and in the meanwhile, the sun belaboring it on his part, and the torrents washing it above, below and around, after a time clear the concealed valley—leaving the ice just ready, at any moment, to make another stride over the same pathway. Towards the valley of Grindinwald, the guide asserted the ice to be three hundred feet thick, by six miles in width!

Berne.—All sojourners write a description of Berne, the strange old capital of Switzerland, in which the statues of bears are in the public squares, on the town pumps, and even march in a circular procession in front of a clock dial of a tower. There are three hospitals, viz., *Inselspital*, *Burgesspital*, and a third for diseases of the skin and the venereal. Although assured by physicians at Lucerne, as mentioned in the commencement of this letter, that the profession was generally educated in France, a school of medicine does exist at Berne—the lecture season commencing in October. The principal town hospital is commodious, and well ordered in every respect. Drs. Deme, Bourgeois and Emert, are prominent practitioners, and give promise of much distinction.

Geneva.—At the lower termination of the lake, near one of the bridges uniting the two parts of the city, this note is being written, but circumstances have conspired to shorten the description of the place and its peculiarities. The weather is comfortable, and the facilities for travelling into Italy must necessarily be embraced. New England is very strongly represented here at the present moment, both by numbers and intellect. Prof. Gray, of Cambridge; J. M. Hayward, the engineer; Dr. Abbott, Hon. Rufus Choate, Hon. John Bell and Geo. T. Curtis, Esq., of Boston, and many others, have been at Geneva within a few days.

Martigny.—On leaving the ancient city of Geneva, which has passed many very extraordinary revolutions since its first settlement by a colony of Phœnicians, six hundred years before the christian era, the next object

of geological interest was the valley of Chamouny, at the foot of Mont Blanc. A very good hospital, with all the appurtenances usually found in those of other civilized countries, exists at Geneva, and in former times those of the profession who had charge of it appear to have had a more diffused celebrity here than the present managers. Other institutions, creditable to the age and to any country, are flourishing; and from the indications of thrift in the streets, and among the mechanics in the shops, together with the influx of strangers, scattering both money and intelligence over the land, it is quite evident that the people are becoming more modern in their habits and modes of thinking than those of many other cities of Europe. One of the principal kinds of employment at Geneva, for a large part of the population, is watchmaking. We were informed that ten thousand persons were engaged in this particular branch of industry. Even little girls are employed in polishing the delicate parts of the machinery. The best workmen rarely earn more than two dollars each a day—the poorer, of course, earn less. One simply makes the chains, another the springs, another certain wheels, while others work at the setting up, as it is called—that is, putting the plates together. Very beautiful watches, of superior quality too, compared with the ordinary run of such articles in the United States, appear very cheap indeed. A lady desired to exchange, at a manufacturing establishment, a superior gold watch, of large size, for a smaller one, by paying the difference. Only ten dollars would be allowed for hers—the weight of the case—the inside being condemned as execrable, although a "good time-keeper, and cost a round sum. Watches that might cost one hundred dollars in Boston or New York, according to the representations of the manufacturers, would not exceed forty or fifty in Geneva.

A correction should be made of a statement in a recent letter, in regard to the geological structure of the mountains of Switzerland. Instead of saying they are all conglomerate, or pudding stone, it should be said those about *Lucerne* are so.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 474, vol. xlii.]

MAGNESIA—employed as an antacid, laxative and lithontriptic. As an antacid, prudently employed, it is useful; but if taken in doses at all considerable, or if persisted in, it is apt to derange the stomach, to cause foul tongue and breath, and dangerous deposits in the urine. Potass and soda are preferable. The purgative effects of the carbonate of magnesia depend on its meeting with acids, native or foreign, in the stomach, which displace the carbonic acid, forming neutral salts with the alkali. It is alleged on the Continent that magnesia has been successfully employed in diabetes; but the *rationale* of its beneficial action in this disease it is not easy to discover.

Menses.—Cases are extremely common in which it is impossible to determine whether torpidity of the colon has brought on a corresponding

state of the uterus, accompanied with interruption of the catamenia and chlorosis, or whether the inertness of the womb and bowels arises from one common cause—functional debility of the spinal cord—or of the tract of the organic nerves supplying the two organs. I have frequently observed one of two conditions of the lumbar and sacral spine, in cases of this kind—either an undue sensibility, or else a numbness. In cases of spinal tenderness, complicated with torpor of the uterus and colon, we must take notice of the constitution and diathesis of the patients, chiefly young women. If strumous or debilitated and exsanguine, the utmost degree of spinal tenderness must not deter us from giving tonics, such as quinine, iron and wine—aloes being the purgative selected. In cases of tender spine, in plethoric subjects, tonics are of course contra-indicated; and I have found aloetic pills, given at night, with a very large and dilute solution of sulphate of potass, with a few drops of colchicum wine added, and taken in the morning, frequently successful in re-inducing, after a few days, the normal action both of the colon and uterus.

In languid action of these organs, accompanied with, and apparently dependent on, anæsthesia of the spinal cord, I have found remarkable benefit from the use, external and internal, of armoracia. The infusion may be given internally, combined with the decoction of wine of aloes, the compound spirits of armoracia being applied locally over the lumbar and sacral spine, in a well-soaked pledget of lint or flannel.

Electricity is likewise useful in this last form; strychnine is also eligible.

Mentha.—The menthæ are useful carminatives. They do not prevent the formation of flatulent gases; but becoming vaporized, they induce contractile action of the stomach and bowels, by which the intestinal gases, impregnated with them, are expelled.

Mercury.—There are certain derangements of one or more of the digestive organs, in which mercury acts with effects seemingly magical; restoring a patient after weeks or months of unpleasant symptoms, to the appearance and consciousness of health in twenty-four hours. These are cases in which the liver has been gradually acting inertly; in which the secretion of bile appears to go on, but the fluid is not duly discharged from the organ; but slowly accumulating in the ducts and gall-bladder, produces not only general and remote symptoms, such as foul and furred tongue, foul breath, yellowness of the eyes, &c., but local effects of no small urgency; such as considerable tumefaction and tenderness in the hepatic region, with dry and parched skin, insomnia, febrile excitement, scanty and ash-colored stools, want of appetite, and a nearly total moral prostration. In such circumstances, a few grains of calomel are often followed by almost marvellous effects. A large melanotic discharge usually ensues; at first consisting of faecal accumulations of greater or less spissitude. Then follow more liquid evacuations, consisting apparently of bile recently come from the liver; and from which, though liquid, the greater portion of the aqueous admixture seems to be evaporated. The quantity of this almost tarry fluid thus discharged is sometimes amazing; and shows how capacious the liver is when distended. By-and-by, the stools present a bright orange color,

which gradually becomes paler. The relief, mental and bodily, experienced meantime by the patient, surprises himself. Morally and physically, he feels himself, as if lightened of an incubus; his ideas become clear; his spirits rise; in the space of an hour or two his complexion brightens; his appetite becomes urgent; on the ensuing night, his sleep is profound and refreshing. Succeeding doses of the mercury do not, for that occasion at least, produce corresponding effects; for the good reason that the liver and bowels are evacuated; nor, indeed, should the mercury be persisted in beyond two or three doses. Other means, such as the infusion of taraxacum, with small doses of sulphate of potass, should be substituted, with the view of maintaining in due regularity the emulgent action of the liver.

The theory of the action of mercury on the liver is difficult. It seems to have two actions—first, a merely local one on the duodenum and orifice of the ductus communis choledochus, which is gradually propagated to the interior of the liver and quickens the functions of that organ to an emulgent action. Secondly, a systemic and more chronic operation—namely, that which, after being absorbed, it manifestly exerts on the liver, through the circulation; stimulating both the secreting and emulgent action of this organ. The local and systemic action of mercury, both as we have it in the blue pill, and as calomel, are said by M. Mialhe to depend on its being decomposed into the bi-chloride, by taking chlorine from the chloro-hydrate of ammonia, or the chloride of sodium—salts which, it is needless to say, impregnate largely the animal economy.

While mercury exerts almost specific effects on the salivary secretion, it seems to me to act but moderately on the mucous secretion of the colon. Here potassio-tartrate of antimony, ipecacuanha, and sulphur, greatly surpass it, and are consequently to be preferred to it in dry and scybalous states of the great intestine.

I know of no idiopathic derangements of the digestive organs in which the constitutional effect of mercury is desirable. It is as a cholagogue that it is especially useful, surpassing, as such, every other medicinal agent. I have every reason to believe that it acts with almost equal energy on the pancreas. In like manner as it gives additional energy to diuretic, diaphoretic, and expectorant medicines with which it is combined, so also it greatly enhances the purgative power of aloes, colocynth, scammony, rhubarb, or whatever other aperient with which we ally it—resembling, in this respect, some hardy mercenary, who determines the contest in favor of the party by whom he is retained.

Though, in regard to homœopathsists, I believe

“That two or one are almost what they seem,”

and adhere *bonâ fide* to infinitesimal doses, yet many, I am persuaded, depart from this rule, and, under the name of Mercurius, give doses of the bi-chloride of mercury, which no allopathist would think of exceeding.

London Lancet.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 9, 1850.

Massachusetts Medical Society.—We learn that at the last meeting of the Counsellors of the Massachusetts Medical Society, it was voted to hold the next annual meeting in the city of Worcester. This will be the first time, since the organization of the Society, that its meetings have been held out of the metropolis; and we really cannot see any good reason now for the change. The majority of the members who live in the country, wish to visit our city occasionally, and they can generally come at the meeting of the society as well as at any other time. Besides, we consider that Boston, as located, with the facilities of getting to it, would better accommodate the majority of the members than any other place. If the change has been made for the sake of *novelty*, or from courtesy to the country members, in the one case we conceive it *reprehensible*, and in the other, unnecessary. We dislike to see innovations introduced in this ancient society, without sufficient reasons.

Philadelphia College of Medicine.—The catalogues of the classes and graduates of this institution, for the session of 1849–50, together with Dr. Burden's valedictory address to the graduating class, and the announcement of the faculty for the next session, have been sent us. During the two past sessions, there have been matriculated 220 students, 63 of whom received the degree of doctor in medicine. The institution appears to be in a prosperous condition, receiving its share of students, notwithstanding the existence of other medical colleges in the same city.

The address of Dr. J. R. Burden, the president of the college, to the graduates, is one to be remembered, and the young practitioner will learn to appreciate it. We should be glad to give it in full to our readers, were it not that other matter is accumulating, to which we are obliged to give place. A few of the Doctor's aphorisms are quoted.

“Avoid volunteer practice; view it in the same light that the judge does volunteer evidence.

“Never give your services to get the name of attending the poor gratis—you are no more bound to attend for nothing, than the baker is to give away his bread to the hungry, or the merchant to give away his goods to the ragged. When you do attend for nothing, let it be on the holy principle of charity. Do not disgrace the profession or your heart by charging the poor widow or the female who works from sun to sun for subsistence; but look for no other than the rich reward, the consciousness of doing good. Think not of the return of gratitude, and never expose yourselves by repeating what you have done, or of complaining of the ingratitude of the recipients.

“If you attend a poor person gratis, you will seldom be called into the family of a rich and aspiring relative, and if the poor person become rich you are the last, probably, that he will employ. If you complain of this treatment, it will show that your charity is like sounding brass or a tinkling symbol. He who confers a benefit ought never to remember it, if he be wise and good. * * *

“Keep your money matters and your business to yourselves. If you say nothing you will be considered as succeeding, and the world will help you. If you talk about your practice, you will be suspected of being poor, and fare accordingly.

“Avoid discussion at all times, except in medical societies, on medical subjects.

“In giving testimony, avoid hearsay and book say.

“Keep secrets, given to you as such, with more than masonic fidelity—tell them to none. Matters very trifling in your estimation, may be viewed as highly important by a patient. Take care to repeat nothing about your practice to any one.

“Do not become what is termed a friend of the family with any patient; have the character of a physician, and that only. Hear as little as possible, and forget all you hear. Silence, tho’ imponderable, is an immense power.”

Dunglison's Physiology.—The seventh edition of this well-known work, thoroughly revised, and extensively modified and enlarged, is just from the press of Lea & Blanchard, Philadelphia. Dr. Dunglison's reputation as a medical writer is so well established, that it seems needless to do more than announce a work bearing his name, in order to have it sought for by the profession. The present work, on “Human Physiology,” embraces all that is known upon the science to the present time. Since the last edition, there has been added much that is new and interesting; the microscope, and the light from organic chemistry, have opened new fields of discovery. We have taken great pleasure in looking over the two splendid volumes, and can assure the reader that they will form a really valuable acquisition to every medical library now without them.

Fownes's Chemistry for Students.—A third American edition of “Elementary Chemistry, Theoretical and Practical, by George Fownes, F.R.S., Professor of Practical Chemistry in University College, London—edited, with additions, by Robert Bridges, M.D., Professor of Chemistry in the Philadelphia College of Pharmacy,” has just been published by Lea & Blanchard. Professor Fownes possesses that happy method of discussing his subject, that makes him easily understood. Although chemistry is one of the most brilliant and enchanting of the sciences, yet it may with truth be said, that the student of medicine, at his examination for a degree, is often found deficient in a proper knowledge of it. This is in part owing to the mysterious manner in which it is generally taught in our colleges, and found in the text books for the student. In the work before us, these objections do not exist, but there is an endeavor to impart information in a clear and comprehensible way. As a text book for the student, we consider the work unequalled.

Physician's Account Book.—We had occasion to notice this newly-concocted and labor-saving account book, in our last Journal. Since then, we have been informed that a copy of it was on exhibition at the late fair of the Massachusetts Charitable Mechanic Association, in this city, and that a diploma was awarded its publisher, Mr. Jonathan Allen, of Lowell, who by the way is a medical student. It is only necessary to be seen, in order to be appreciated; and our word for it, any physician who has used the book once, would never be without it for twice its nominal value.

Dr. Reynolds's Address.—The address at the dedication of the new building of the Massachusetts Eye and Ear Infirmary, July 3, 1850, by Edward Reynolds, M.D., was noticed in this Journal soon after it was delivered. Since then it has been published, and a copy of it sent us, and it affords us much pleasure in again referring to it. The history of the institution is given, from the first organization to the present time; and the happy manner in which the lecturer referred to those who founded it by their munificence is very creditable to him, and must have touched the tender spots in the hearts of his audience.

Medical Miscellany.—The oldest man in Concord, Mass., Major James Barrett, who was engaged in secreting the stores, &c. of the Americans, on the 19th of April, 1775, died in that town on Tuesday night, the 17th inst., aged 90.—The "Kentucky Fat Boy," Andrew Brand, died at Albany on Wednesday of last week, after an illness of four weeks. He was a native of Calhoun, Davis County, Ky., was in the 16th year of his age, and weighed 537 pounds.—A Doctor Smith, of Saco tragedy notoriety, was indicted by the Grand Jury at Alfred, Maine, and the Court assigned Tuesday the 21st of January for his trial, for the alleged murder of Mary Bean, who was found in the drain.—Dr. Mott, the distinguished surgeon, has arrived from Europe, where he has been spending several months in order to regain his health. We understand it is much improved, the sea voyage proving very beneficial to him.—The New York Express has a leader on Mr. Littlefield, late janitor of the Medical College where Dr. Parkman was murdered; and Mr. L. receives a severe castigation for travelling with a model of the College and wax figures of Parkman and Webster. Mr. L. has since discontinued his very objectionable course.—Signor Antonio Sarti, the proprietor and manufacturer of the extraordinary anatomical figures in wax, exhibited in this city, died last week at the Massachusetts General Hospital. He was a native of Florence, and leaves a young widow, an English lady of rare excellence, who, by this sudden bereavement, finds herself alone in a strange land.—It is stated that the Ohio Wesleyan University propose organizing a medical department, thus making another medical school in that State.

SUFFOLK DISTRICT MEDICAL SOCIETY.—An adjourned stated meeting of this society will be held at their rooms, in the Masonic Temple, next Wednesday afternoon, Oct. 16th, at 3½ o'clock. A punctual attendance is requested, as business of much importance will come before the meeting.

TO CORRESPONDENTS.—A Report of a Trial for Murder; Account of Epidemic Dysentery in Lynn in 1848; and Observations on Smallpox in Dover in 1850, have been received.

MARRIED.—Dr. J. B. Whitridge, of Charleston, S. C., to Miss Caroline Hammond, daughter of Dan'l Hammond, Esq., of this city.—At Poughkeepsie, N. Y., Dr. F. H. Simpson, of Holyoke, Mass., to Amie E. Adriance, of Poughkeepsie.

DIED.—At Lebanon, Dr. William H. Wattles, son of Denison Wattles, Esq., aged 26.—At Gardiner, Me., Silas M. Holman, M.D., aged 61.

Deaths in Boston—for the week ending Saturday noon, Oct. 5, 56.—Males, 32—females, 24. Accidental, 2—apoplexy, 1—disease of the bowels, 5—congestion of the brain, 1—consumption, 16—convulsions, 1—canker, 3—dysentery, 4—diarrhœa, 3—dropsy, 1—fever, 2—typhus fever, 1—lung fever, 1—infantile diseases, 6—inflammation of the lungs, 1—marasmus, 1—old age, 1—serofula, 1—teething, 2—tumor, 2—worms, 1.

Under 5 years, 25—between 5 and 20 years, 2—between 20 and 40 years, 18—between 40 and 60 years, 8—over 60 years, 3. Americans, 21; foreigners and children of foreigners, 35.

UNIVERSITY OF NEW YORK—MEDICAL DEPARTMENT.—The Faculty of the New York University take great pleasure in announcing that they have filled the two vacant chairs in their Institution by gentlemen of pre-eminent standing in their respective departments. Dr. Elisha Bartlett, Professor of the Institutes and Practice of Medicine in the Louisville University, and Dr. Samuel D. Gross, Professor of Surgery in the Louisville University, having both resigned their Professorships in that Institution, have been elected to and accepted, the one the Chair of Institutes and Practice of Medicine, the other the Chair of Surgery, in the University of New York.

In these elections the Faculty have looked only at the great and permanent interests of their School, and they feel that these appointments, while they must secure the universal acceptance of the profession, will afford an earnest that the Institution will lose nothing of its former prosperity.

Session 1850-51.—The Lectures will commence on Monday, the 21st of October, and be continued to the last day of February.

GRANVILLE SJAARPE PATTISON, M.D., Prof. of General, Descriptive, and Surgical Anatomy.

MARTYN FAINE, M.D., Prof. of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Prof. of Midwifery and Diseases of Women and Children.

JOHN WILLIAM DRAPER, M.D., Prof. of Chemistry and Physiology.

ELISHA BARTLETT, M.D., Prof. of the Institutes and Practice of Medicine.

SAMUEL D. GROSS, M.D., Prof. of Surgery.

DEMONSTRATOR OF ANATOMY, WM. DARLING, M.D.

The faculty, it will be seen, have added the department of Physiology to the chair of Chemistry; and Prof. Draper will in future, in addition to his regular course of Chemistry, give two evening lectures on Physiology. The advantage of this arrangement must be obvious to every one.

The Prof. of Anatomy will also deliver an additional lecture in his department, at an evening hour. In order to afford ample opportunities to their pupils for studying disense practically, the faculty have determined to open three weekly Cliniques.

1st. A Surgical and Medical Clinique, to be held by Prof. Gross on Saturdays.

2d. An Obstetric Clinique to be held every Monday, under the direction of Prof. Bedford. The most interesting diseases of women and children will be brought before the class, and fully lectured upon by the professor. The class will also have an abundant supply of midwifery cases to be attended at the houses of the patients.

3d. A Surgical and Medical Clinique will be held every Wednesday, under the direction of Profs. Bartlett and Pattison.

In addition to these means of studying disease, the New York Hospital, the Bellevue Hospital, the Eye and Ear Infirmary—the various Dispensaries and Infirmarys, are all accessible to the students.

Clinical Instruction is given every day at the New York Hospital.

The *Dissecting Room* will be open on the 1st day of October, and an ample supply of the Materiel will be provided.

Fees for the full Course of Lectures, \$105. Matriculation fee, \$5. Practical Anatomy, \$5. Graduation fee, \$30.

The commencement will take place early in March.

JOHN W. DRAPER, M.D.,
Secretary of the Faculty,

July 3—eptnl No. 380 Fourth St.

P. S.—Good board from \$2.50 to \$3 per week. Students arriving in town will please call at the Medical College, 639 Broadway, and ask for the Janitor, Mr. Tallman, who will conduct them to boarding houses.

PHILBRICK & TRAFTON manufacture and have for sale to the Profession, Iodides of lead, zinc, mercury, arsenic, sulphur, iron, &c. Iron (by Hydrosen); Muriated Tincture of Iron; Syrup Iod. Iron; Hyd. Per. Ox. Ferri (antidote for arsenic); Valerianate of Iron; Citrates, Tartarates, &c.

All Chemical and Pharmaceutical preparations made to order. New preparations, Chemical Tests, &c. 130 Washington st., Boston. March 6—tf

DR. HEATON'S HERNIA INFIRMARY, BOSTON.—Dr. H. having returned from Europe, will receive patients as formerly. He continues to attend particularly to the nature and speedy cure of Hernia or Rupture, Varicocele, Scrotocoele, Hydrocele, &c.; also to diseases of females. Trusses are dispensed with in all cases.

Applications must be made at his office and residence, 2 Exeter Place, Boston. July 24.

MEDICAL COLLEGE OF OHIO, SESSION OF 1850-51.—The Thirty-First Annual Session of this institution, will open on the first Monday in November next, and close on the last of February, under the following arrangements:—

JOHN T. SNOTWELL, M.D., Prof. of Anatomy.
JOHN LOCKE, M.D., Prof. of Chemistry and Pharmacy.

L. M. LAWSON, M.D., Prof. of Physiology and Pathology.

T. O. EDWARDS, M.D., Prof. of Materia Medica and Therapeutics, and Medical Jurisprudence.

R. D. MUSSEY, M.D., Prof. of Surgery.
LANDON C. RIVES, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JOHN BELL, M.D., Prof. of the Theory and Practice of Medicine.

JOHN DAVIS, M.D., Demonstrator of Anatomy.

The following branches will be included in the course—Anatomy, Chemistry, Pharmacy, Physiology, Pathology, Materia Medica, Therapeutics, Medical Jurisprudence, Medical Botany, Surgery, Obstetrics, Diseases of Females, Diseases of Children, Practical Medicine, and Physical Diagnosis.

The Dissecting Rooms will be opened for classes on the 1st of October.

Clinical Lectures, on Medicine and Surgery, will be delivered at the Commercial Hospital three times a week.

OCTOBER LECTURES.

A Course of Lectures will be delivered by the Faculty (free of charge), commencing on the first of October, and embracing the following subjects:—

Anatomy and Physiology of the Senses; Diseases of the Eye; Medical and Elementary Botany; Functional and Organic Diseases of the Uterus; Medical Jurisprudence; Physical Diagnosis.

Also, Clinical Lectures at the Commercial Hospital.

Fees.—For a full course of Lectures, \$54; Matriculation and Library Ticket, \$5; Dissecting Ticket, \$8; Graduation Fee, \$20; Hospital Ticket, \$5.

Board (including the expenses of room, fuel and lights) can be obtained at from \$2 to \$3 per week.

Further information may be obtained by addressing the Dean.

L. M. LAWSON, M.D., Dean of the Faculty,
South side of Sixth st. betw. Walnut and Vine.
Cincinnati, July, 1850. July 24—3m

IMPROVED UTERO-ABDOMINAL SUPPORTERS.—The subscriber would inform medical gentlemen that he continues to manufacture his improved "CHAPIN'S Abdominal Supporters," and they can be furnished with this instrument (which has been found so useful in cases of proclidentia and prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani, &c.), viz. from \$2.50 to 6.00, according to quality. Perineum straps, necessary in some cases 'extra', at 50 cts. to 75 cts. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who have had practical knowledge of its utility.—Drs. John C. Warren, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, jr., J. Jeffries, J. V. C. Smith, W. Lewis, jr., J. Homans, J. Mason Warren, &c.

The Supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, (post-paid) to

A. F. BARTLETT,
No. 221 Washington st., Boston,
(op. Med. Jour. office.)

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton and James C. Ayer, Lowell; William P. S. Caldwell, New Bedford; Bagz & Co., Cabotville. In Maine, Joshua Durgin & Co., Portland; G. W. Ladd and Aaron Young & Co., Bangor; Eben Fuller, Augusta; Wm. Dyer, Waterville. J. Balch, jr., Providence, R. I. Andrew Truax, Schenectady, N. Y.
Jan. 1—1am

FRESH AND GENUINE DRUGS AND MEDICINES of a superior quality, carefully prepared for physicians' use, and for sale on the most favorable terms, at 33 Tremont Row, Boston, by

JOSEPH BURNETT,
Feb. 10—tf (Successor to T. Metcalf.)

DISEASES OF THE EYE AND EAR.—Dr. J. H. DIX will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont street, opposite Tremont House.

February 14, 1843.

ptff

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, OCTOBER 16, 1850.

No. 11.

TRIAL OF WILLIAM HANLY FOR THE MURDER OF HIS WIFE.

[Communicated for the Boston Medical and Surgical Journal.]

STATE OF R. I. vs. WM. HANLY. *Supreme Court, March Term, 1850.*
Before Chief Justice Greene.

THE prisoner was put on trial April 8th, 1850. The indictment charged him with having, on the 2d day of January, caused the death of his wife by strangulation. There were, as usual, several counts, setting forth the various ways in which it was supposed the deed might have been committed—the most probable of which were, seizing and pressing the throat upon the edge of a sink-board or upon some piece of wood.

It appeared upon evidence that the prisoner—an Irishman—and the deceased, having one child about 7 years old, occupied a lower tenement, consisting of three rooms, in a block inhabited by Irish families. They had not lived happily together. The deceased had been two or three times sent to jail on complaint of her husband, for intemperance, and her husband had, in former times, beaten her. She had taken the pledge some time in August, of "Father Mathew," after which they had no difficulty, so far as appeared, until a few days before her death—when she again commenced her intemperate habits. She was seen to drink frequently from Sunday until Wednesday, the day of her death, and a portion of the time she was intoxicated, though not to such a degree as to prevent her walking. At about half past 4 o'clock, of the evening of her death, she was seen to go into her house, and was not seen again until half past 6. At this hour, the prisoner called on one of the witnesses, who lived near him, and asked him to go with him to get a pair of shoes at a shop some half a mile off. On his consenting to accompany him, the prisoner remarked that his door was open and his wife within drunk, and that he would stop and lock the door before starting. They went to the prisoner's house for that purpose, when witness saw the deceased lying on her side upon the floor of a small closet, with the feet projecting into the kitchen. He did not go to her, supposing that, as the husband said, she was merely drunk. He locked the door, and they went for the shoes. They were gone till about half past 9—spending the time in talking and drinking. On returning, witness was asked to "go into the house to see in what way the old woman was in." He went in with the prisoner, who then asked him to "rouse her up." On

attempting to do so, he found her dead. She was lying just as they had left her three hours before—in the closet, upon her side, with her feet in the kitchen. The extremities were cold. Her hood was upon her head, with the strings tied under the chin. One witness stated that they were very tight. The prisoner went, with another person, for a physician, and exhibited appearances of grief. He attended, voluntarily, a coroner's inquest on the following day, and gave evidence in regard to the death of his wife. Besides the sink in the closet, there were a barrel, a tub and a pail.

The following is the medical evidence in the case, as given by Dr. G. L. Collins, who examined the body after death.

I was requested, January 3d, 1850, by the jury of inquest, to make a post-mortem examination of the body of Mary Hanly, wife of Wm. Hanly. On the following morning, the 4th, at 9 o'clock, I proceeded to make the examination. Dr. Wiggin was present and assisted. I made notes, on the spot, of my observations. The body had been dead from thirty-six to thirty-nine hours. She appeared about 30 years of age—moderately fleshy. She was lying upon the back on a bed, with clothes about her for burial. Her face was somewhat swollen, congested and rather livid. Some of the veins about the forehead were filled with blood, so as to appear quite prominent. The capillary vessels were very distinct. Numerous minute red points were visible upon the forehead, where the epidermis was white and thin. There was an abrasion of skin over the right eye, half an inch from the external angle, of the shape of the letter D, about half an inch in diameter—the spot was dry and brownish. There was another spot of nearly the same size and appearance one inch above the inner angle of the right eye. There was also a slight scratch upon the chin. The eyes were closed—not protruded—the lids did not appear swollen. The conjunctivæ of the eyes were strongly injected—blood in some of the vessels appeared slightly extravasated. The pupils were larger than in life, though not dilated fully. The lips were tumid and livid. No retraction of the jaw noticed. The tongue protruded about a quarter of an inch beyond the teeth, and was firmly grasped, but not bitten. The mucous membrane of the lips was strongly injected. The fingers of the right hand semi-flexed—those of the left almost clenched—nails very livid. The point of the elbow of the right arm abraded—spot as large as a fourpence. A mark, nearly an inch wide, extended a little diagonally across the anterior surface of the neck, just at the junction of the trachea with the cricoid cartilage. It was about four and a half inches in length—the left end about an inch higher than the other. The cuticle over the greater part of this impression was excoriated—deeper at points, where it was dry and brownish—appearing a little like parchment. The edges were pretty well defined. The spot of the deepest impression was about half an inch external to the right side of the larynx. There was a slight abrasion of skin on the back part of the neck over the spinous process of the fifth cervical vertebra. There was no decided appearance of any involuntary discharges. [The clothes in which she died were not seen.] The abdomen showed signs of approaching decomposition—and also marks of having borne children.

The blood in all parts of the body was remarkably fluid—no coagulation in any part, not even in the heart. On cutting the jugular vein, it bled so freely as to make it necessary to secure it. The heart was of the usual size, and healthy, as were its valves. The right cavities and the large veins were full of fluid blood—the left nearly empty. The lungs were sound—no adhesions, no tubercles, no inflammation—they were greatly congested. On cutting them, the vessels bled very freely. Some frothy serum in the bronchial tubes. The mucous membranes of the larger tubes were injected, and they contained some viscid fluid—portions of lung floated in water. The liver, gall-bladder, spleen, kidneys and other abdominal organs, healthy—all of them congested, particularly the kidneys. The stomach and bowels were distended with gas. Nothing in the stomach but a little mucus. Very little matter in the intestines. The mucous membrane of the stomach strongly injected in spots. A few slight points of ecchymosis. The bladder was healthy, but contained no urine. The genital organs were considerably congested. No bruises appeared on the head, when the scalp was dissected up. The brain and its membranes healthy, but congested. The sinuses filled with fluid blood. On slicing the brain, numerous points of blood appeared. Not more than the usual quantity of serum in the ventricles. No clots of blood in any part of the brain.

On dissecting off the skin on the front of the neck, the injury was found to be superficial. There was no ecchymosis into the cellular substance—the anterior muscles were not torn nor contused—the large vessels and nerves showed no signs of injury. On removing the trachea and larynx, and coming down to the deeper structures of the neck, the right longus colli muscle, as it lies by the bodies of the 4th and 5th vertebræ, was found contused, and blood extravasated into its substance for about two inches of its length—the left one was sound. The fibrous tissue, over the bodies of the 4th and 5th vertebræ, showed slight marks of contusion, barely sufficient to attract notice. On the posterior part of the neck there was no bruise beneath the skin—there was no dislocation nor rupture of ligaments. On examining the larynx internally, a spot of ecchymosis, about as large as a split pea, was found beneath the mucous membrane, and under the anterior part of the cricoid cartilage. Under the mucous membrane, lining the larynx and covering the epiglottis, were numerous points of ecchymosis, some smaller and some a little larger than a pin's head.

Answers to Questions by the Attorney General.—I examined the body for the purpose of ascertaining the cause of death. The examination induced me to believe that the deceased came to her death by strangulation. The appearances in most respects were such as might be expected from strangulation. There are no marks which would necessarily have followed in a case of strangulation, that were not observed here. There is a great variety of marks in cases of strangulation, and they vary greatly, according as it is produced in different ways, or with more or less rapidity. They do not vary so much, as a general rule, in number, as in intensity. There were as many indications in this case as are usual. The slight red points upon the forehead, I should not

expect to find in cases of natural death. I should not expect to find them were death occasioned solely by intemperance. These spots are owing to the arrest of the circulation, together with the imperfect oxygenization of the blood. The bruises above the eye were superficial. They might have been produced in a great many ways. I cannot say whether they were produced just before or just after death. They must have been made *near* the time of death. If made immediately after death, they would present the same dry, brown appearance. The tumid, livid lips do not always occur in cases of strangulation. I should expect to find them in most cases. They may occur under other circumstances. Injection of the conjunctivæ occurs in most cases of death by strangulation. There was no protrusion of the eyes noticed. It is a common sign of death by strangulation. Protrusion of the tongue is one of the most common signs of strangulation, but does not always follow. It would not be likely to follow in apoplexy, nor in death from intemperance. The clenching of the hands is usual in strangulation. It might occur in other forms of death. The mark on the front of the neck had the appearance of having been made by pressure of some hard substance, as the edge of a board. It might have been made by a *blow*, or by *continued pressure*. The fluid state of the blood is frequently observed in death by cholera, electricity, or noxious gases.

Dr. C. Wiggin was present and assisted Dr. Collins in the post-mortem examination. His testimony agreed with that of Dr. Collins in every essential particular. He also concurred in the inferences drawn by him.

The case was ably argued by Attorney General Blake for the State, and Messrs. Rivers and Clarke for the prisoner. The jury were unable to agree upon a verdict—eight of them being for conviction, and four for acquittal.

A new trial was had at the same term of the Court before another jury. The case was conducted by the same legal gentlemen as on the first trial. The jury brought in a verdict of guilty, and the prisoner was accordingly sentenced to be hung. [The Legislature of the State, at a subsequent meeting, has commuted the sentence to imprisonment for life.]

EPIDEMIC DYSENTERY IN LYNN, 1848.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have long looked in your Journal for a report of a remarkable disease which prevailed as an epidemic in this city in 1848. But it has been in vain. And rather than no record of this disease should be preserved for reference on the pages of our standard periodical, I reluctantly send you the following brief account:—

In June, 1848, a very fatal disease appeared in this place, which was called, from its principal symptoms, typhoid dysentery. This virulent epidemic was confined to a part of the city commonly called Wood End. This village is situated in the north-eastern part, and is somewhat more elevated than the remainder of the populous portion of the

city. It includes about 3500 inhabitants, and has an area of about a mile square. The chief occupation is manufacturing shoes. Lynn has 13,500 people; and there were but very few cases of dysentery in the place except at Wood End, during the prevalence of the epidemic, and these were generally very mild.

The disease spread with great rapidity, and confined its ravages to no class or age. The sick became so numerous as to be supplied with attendants with the greatest difficulty. While the most of its victims were found among children and old people, some were taken from the middle-aged, and in the enjoyment of health and usefulness.

The symptoms were as follows:—General pyrexia; cephalalgia; pain in the umbilical region; early vomiting, which generally continued through the entire course of the disease; dejections frequent, generally more or less hemorrhagic, fecal, bilious and fetid, in the advanced stages muco-purulent. The symptoms indicated extensive affection of the small intestines.

The treatment was chiefly palliative. The usual remedies for dysentery were of little or no service. Among the articles used with most apparent benefit, may be mentioned, opium, sub. mur. hyd., nitrous acid, n. argenti, camphor, spt. terebinth., &c.

The following figures will show the progress of the mortality, and the ages of those who died:—July, 1 death; Aug., 44; Sept., 61; Oct., 9; Nov., 1; Dec., 1—Total, 117. Of whom 48 were males, and 69 females. Under one year, 29; from one to two, 17; from two to five, 20; from five to ten, 9; from ten to twenty, 4; from twenty to thirty, 7; from thirty to forty, 8; from forty to fifty, 7; from fifty to sixty, 5; from seventy to eighty, 3; from ninety to a hundred, 2.—Total, 117.

It will be noticed that the first death occurred in July. The mortality frightfully increased in August, attained its maximum in September, and declined in November and December.

The relative proportion of deaths to cases is a point involving different opinions. Some physicians estimate it as 1 to 4, and others as high as 1 to 2.

We have no speculations to advance touching the cause of this strange epidemic. The season, it will be recollected, was unusually hot and dry. Wood End is as healthy as any other part of the place. And the tables of mortality justify the remark, that the standard of health is as high in Lynn (other things being equal) as in any other sea-board city or town in New England.

Dr. Alden remarks as follows, in relation to the causes of epidemics. "Amongst the external influences capable of affecting the health, are the air and water, with respect to their being in motion or at rest, in places where the subjects reside. These fluid compounds, when prevented from circulation and subjected to a certain degree of heat, are liable to be decomposed, and their products have proved no less prejudicial to health than have those from accumulated putrefying animal and vegetable substances."

The following data is introduced to show the comparative mortality of dysentery, from a few recorded instances of its prevalence in inland towns in this State.

In 1777, in Conway, with a population of 1000, there were 73 deaths, or 1 in 131; Greenfield, population 900, deaths 50, 1 in 11; Shelburne, population 700, deaths 80, 1 in 8.6. In 1822, Warwick, deaths 11. In 1824, Warwick, deaths 16. In 1802, Greenfield, population 1300, deaths 57, 1 in 22.46; Shelburne, population 1100, deaths 34, 1 in 32. In 1803, Conway, population 2000, deaths 63, 1 in 33. In 1848, Lynn (Wood End), population 3500, deaths 117, 1 in 29.

Lynn, October, 1850.

Respectfully yours,

JAMES M. NYE.

OBSERVATIONS UPON SMALLPOX, AS SEEN IN DOVER, N. H.

[Read before the Dover Medical Association, and communicated for the Boston Medical and Surgical Journal.]

My purpose, at this time, is to give a succinct history of smallpox, as noticed in this village, the present year, and to make such observations as naturally grow out of the subject. This loathsome disease has not existed here as an epidemic, but rather sporadically. Of the four patients coming under my notice, all of them, save one, contracted the disease at Lawrence, Mass.

The first case was reported to the Board of Health, March 25th. A Mrs. M. came to this village two days prior with the variola, having the pustules well developed, and the disease capable of being communicated to others at the moment of her arrival. The day before I saw her, many persons visited her and were exposed to the contagion—about fifty in number. Many of these were unprotected by the cowpox, and it is inexplicable that the disease was not communicated to more than one person. Four individuals at least, unvaccinated, went into the room where the patient was, and shook hands with her, yet escaped an attack.

About 8 o'clock, on Monday evening, Mrs. M. was found in a comfortable condition—able to sit up, without nausea or sickness, and complaining of no annoying symptoms. She had but a few pustules, probably not a hundred upon the whole body. These were, however, well formed, regular in their appearance, and destined to run a stated period. There was but little fever, after the time of the eruption, if we except the next day, March 26th, when she complained of dizziness, and pain in head. Desiccation soon followed, and desquamation was effected on the 23d day after the first appearance of the pustules.

The account she gives of her case is, that she was unconscious of her exposure to the contagion; that she was taken with the usual symptoms of smallpox, and an eruption followed, seven days before she came to this town. If this be true (and it cannot be otherwise, considering the character and fulness of the pustules at the time we saw her), her case would be one of a variolous nature, although many observers would name it the varioloid disease. But varioloid simulates variola in the initiatory fever, runs its course in a shorter time, and the duration of the pustules is not so long as in variola. We shall find, in a

majority of cases, this distinction will assist us in arriving at a safe diagnosis between these two affections. The varioloid is distinguished by one other diagnostic symptom—an absence of odor; and in most cases the eruption does not advance beyond the papular state. Any case, therefore, without these signs, must be looked upon as true smallpox. In most cases of the varioloid disease, desiccation is completed on the eighth day of eruption, and desquamation is consummated on the tenth or sooner. This was the fact in the third case, which will presently be spoken of.

Many err in pronouncing all cases varioloid when there is a small number of pustules. The amount of the papulæ will not greatly aid us in distinguishing these two forms of disease. Varioloid may be attended with few pustules, or none at all, or the whole body may be thickly studded over with the eruption. Long before the varioloid disease was acknowledged, true smallpox was wont to exhibit itself occasionally without any pustules whatever, and in other cases with very few. Such cases were then termed modified smallpox. The sparseness of the papulæ, then, is of no consequence in our diagnosis between varioloid and variola. Our attention is to be directed to other points of difference.

The second case originated from the one we have just spoken of. Miss P. E. L., æt. 13 years, of strong constitution, and naturally healthy, breathed the contagion March 24, the day before the first case was announced to us. She paid a friendly visit where the first patient resided, but remained in the room with her not more than fifteen minutes. She had never been vaccinated. Her sister, a few years older, also visited the house the same day, but did not contract the smallpox, although she had never had the vaccine disease. The poison lay dormant in the system of the first named till April 2d, nearly nine days from the time of her exposure, when she was attacked with violent symptoms of fever. She had severe pain in the head, small of the back and between the shoulders; nausea and vomiting distressing till the appearance of the eruption. Delirium in the premonitory fever was very considerable; her tongue in the meanwhile was thickly coated, and the pulse accelerated. The papulæ were first noticed on the morning of the 4th of April. For the whole of that day, the patient lay in an unconscious state, passing involuntary stools, with much nausea and vomiting. When I saw her she was in a comatose condition—increased, perhaps, by the influence of the Dover's powder which she had been taking during the day. On the discontinuance of the powders, perfect consciousness returned in the course of an hour or two.

Friday, April 5th. The eruption had progressed, and there was an erythematous efflorescence upon the face and trunk, so much so that no portion of healthy skin could be seen, indicating the disease to be of the confluent character. She was much better, and was able to sit up for a short time. She was then removed to the pest-house, a distance of two miles and a half. She suffered no inconvenience from her ride, but rather expressed herself refreshed and much better.

For a few days there was little alteration in her appearance. She was very comfortable, considering the virulence of her disease. The

pustules gradually filled, and as they progressed, there was much swelling of the tongue, face and other parts of the body.

April 9th.—Seventh day of the eruption. Tongue thickly coated, dark, and covered with pustules. In fact, the whole inside of the mouth—the uvula, pharynx, &c., were swollen, and deglutition was therefore very difficult. Suppuration had commenced on the face, and on the other parts of the body; the eruption was gradually coming to maturity. There was considerable fever, and the pulse 108. The patient lay in a comatose state, with eyelids closed; the conjunctivæ greatly injected, and the eyes very sensitive to light. Every part of the body was literally covered with sores. On the inside of her hands and the bottom of her feet, and also through her hair, the pustules were as thick as they well could be. They would average more than ten to the square inch. It must, then, require much vitality in the system to maintain the powers of life during the secondary fever, and the long and tedious stage of suppuration. We thus found it. For four or five days, the result of the disease was very doubtful. She remained during this time vacillating between life and death, requiring the nicest care of a very faithful and excellent nurse to administer to her wants, and keep up the flagging energies of life.

The pustules had their usual umbellated aspect, and presented nothing very irregular in their progress. About the eleventh or twelfth day, however, it was noticed that some few of the pocks had assumed a dark purplish appearance, especially upon the feet and legs. This purplish aspect did not prevail to a great extent, and therefore did not create much alarm. Ordinarily it is considered a very dangerous, or fatal, symptom, indicating great feebleness in the patient, and a want of energy in the circulatory powers. But by the aid of stimulants, and the administration of the camphor mixture, the temperature and circulation were equalized. The aqua camphoræ was found an excellent medicine, and served a better purpose than any other in this case. In fact, in connection with cathartics, it was *the* article chiefly relied upon in the treatment of the patient.

The process of desiccation and scabbing was very slow and protracted. The mouth cleansed first, the roof of which was a perfect scab. The extremities, owing to the want of a proper vitality, were exceedingly sluggish in becoming clean. This, of course, with the occurrence also of biles, kept the patient longer confined than she otherwise would have been. She remained at the pest-house thirty days, and even then she was not perfectly free from scabs.

It is well known that many things have been recommended to prevent pitting, in cases of smallpox. Nitrate of silver and tincture of iodine both have their advocates. The gun-cotton solution was used in this case. As soon as suppuration commenced, or a little before, the whole face was covered with a coating of this substance. It was an experiment, but it was one that proved very successful. Had it been equally applied over other parts, and sufficiently thick, we have no doubt that it would have perfectly protected the countenance from the ugly deformity of pitting, an almost constant attendant of smallpox. As it was,

it served a good purpose. Where it was properly used, there is but little pitting, and this is of no depth, barely leaving the marks of the pocks. In the course of one year, doubtless, she will be free from all pits. On the forehead they are somewhat deeper, owing to the thinness of the coats of the collodion. The conclusion arrived at in regard to its use in this case, is that it may be advantageously employed for the purpose specified, and also to subdue the distressing itching attendant on the suppurative stage. It answered well for this last purpose, working like a charm. We found no difficulty in keeping her hands from the face. The pruritus was so slight that it could be hardly said to afflict her at all. This was owing to the collodion keeping the air from coming in contact with the maturing pustules.

The third case was one of varioloid. It was that of Mr. Keith, a *Thomsonian doctor*. While on a visit at Lawrence, he contracted the disease. The initiatory fever, as he states, continued with great severity for five or six days, before the appearance of the eruption. Whether the steaming, or his very peculiar notions in relation to carrying away the effluvia by steam, had anything to do in lengthening out this fever, we know not. The eruption was seen on Saturday, and by the next Thursday scarcely a trace of a pustule could be found. In fact, his disease was cut short in the papular stage, and did not go on to suppuration—a mark of the disease commonly termed varioloid.

The fourth case was that of Mr. D. F., aged 28 years, who had symptoms of smallpox May 2d. He complained of pain in forehead, back, and a general lassitude. This fever continued for two days, when a breaking out was noticed. Mr. F. was of a bilious temperament, had a dark complexion, was of a melancholy disposition, and naturally prone to look upon the dark side of things. He had a presentiment, before his removal to the pest-house, that he should not recover from the attack.

Saturday, May 4th.—Very comfortable; rested pretty well the night before. The amount of the eruption was very large, and it probably would have been a case of confluent smallpox, had it run its course. Pulse 90. Tongue slightly coated. The fever was not so great as one might expect from the large quantity of the papulæ.

The next morning he was nearly the same as the day before. He arose from his bed, dressed himself unaided, and affirmed he felt but little inconvenience, with the exception of a slight cephalalgia. He was then transferred to the sick-house. He arrived about 8 o'clock, A. M., and expressed himself as feeling better. He remained thus till night. Dr. Beckford saw him about 1 o'clock, P. M. His pulse was full, and everything seemed going on well. Complained of some trouble, a sense of weight, in the epigastric region. Drank an infusion of thoroughwort, to vomiting, and after this he was relieved.

He continued on in this manner till about 9 o'clock, Sunday evening, May 5th. He then spoke of a new symptom. There was evidently an increased flow of the saliva. This greatly annoyed him. It was probably caused by taking the hyd. cum creta. Soon after the appearance of the salivation, he complained of a constriction on the fauces, with a disinclination to swallow. During the night he began to

spit blood, which continued till within a few hours of his death. Early May 6, he was reported to have vomited about sixteen ounces of fluid, mostly clotted blood. He continued to spit more or less during the whole day.

I saw him about 3 o'clock, P. M. Pulse strong, and had not the character of the hemorrhagic pulse; not much fever; tongue slightly coated. Complained of nothing internally, with the exception of the constriction in the throat, and the difficulty in deglutition. Breathing natural; had no cough. Examined the back part of the mouth; no eruption noticeable, nor any swelling of larynx as far as we could notice. The eruption on his face had progressed but little. The papulæ were flat, instead of assuming their regular, full and rounded appearance. Upon the feet, legs and arms, the pustules were abundant, and had made a satisfactory progression. Remained with him about two hours; before leaving, his bleeding was greatly lessened. He probably had congestion of the lungs.

April 5th, 12, M. The patient had been spitting blood during the night and morning. Had great difficulty in swallowing, and was unwilling to take his medicine or drinks. During the night before, till 8 o'clock this morning, he had not taken anything at all. The eruption had flattened on the face. Some of the pustules were already very dark. Those on his arms and legs were of a purplish character. In fact, all over his body, there appeared an inability in the system to fill the pocks. Administered medicine for the bleeding, and in a short while it stopped.

In the evening he was nearly the same—his pulse flagging a very little. The larynx had a dark aspect, indicating a congestion of the parts.

He remained in this state till 5 o'clock next morning, in the meanwhile getting up every little while, and walking about the room. The nurse had noticed no perceptible change before. There was at this time a visible alteration in his symptoms. He was gradually failing, and expired about 6 o'clock, May 6th. A few moments before he breathed his last, he made one or two struggles, in which he was said to have sprung three or four feet from his couch, gasping for breath.

The expectoration in this case was of a frothy nature. It appeared sometimes just as the fluid does in hepatization of the lungs, when pressed out after death.

Vaccination.—Medical journals, for a few years past, have been teeming with statements decrying the power of the vaccine disease as a preventive of smallpox. In the testimony adduced, however, there is not a perfect agreement among the several writers. But the greater part of this testimony is intended to prove the inefficiency of vaccination for the purpose mentioned. There are a few who go so far as to affirm that its former glory has departed, and that it now has but little if any protective influence upon the system.

My opinion is (and I hope to fortify it by the enumeration of facts) that the vaccine virus has not lost its power over the system; that it yet exerts that wonderful yet magical influence which it was wont to do in its former days of renown.

Perhaps the error in ascribing so little protective power to vaccination, lies in not distinguishing between the true and spurious vaccine disease. Every pustule resulting from the insertion of matter is not good vaccination. The spurious in some instances may be developed as regularly as the true; but there is this grand difference, neither the pustule nor the scab is so large as in the true vaccine disease. The difference is as great as between the pustules of variola and varioloid. If vaccination be cut short, if it faintly represents what it should be, if the cicatrix or the pits are not well marked, then we may doubt its genuineness. Many err in forming conclusions from this species of vaccination, and then decry the vaccine disease as entirely worthless. The excellent and faithful representation of Dr. Rayer will greatly aid in diagnosing the two affections. It will there be seen that the spurious disease simulates very closely the true, both in regard to the duration of the disease and the several stages it runs through. I know of no better way of expressing the difference between the two, than by saying that one is the substance, the other the shadow. The spurious often appears sooner than is demanded, within one or two days after the insertion of the virus, and from this it may be known.

The fourth person having the smallpox (the case of Mr. F.) said he had had the cowpox. He probably had the spurious vaccine disease. Had this patient had a good pustule, three weeks prior to his contracting the smallpox, we believe he would have been no more liable to the disease than would be a person having had the smallpox once. This is strong language, but it is believed that proofs in its support may be brought forward.

In our intercourse with persons connected with the cases of smallpox just referred to, we had sufficient means to test the protecting power of the vaccine disease. In the case of Mrs. M. several persons were exposed to the contagion, yet did not contract the disease. Probably not less than thirty came in contact with the patient, or were exposed to the effluvia emanating from her body. Three were confined in the same room two weeks, breathing the same atmosphere as the patient, and yet had no symptoms of the varioloid. And why? Because of their former vaccination, and its power upon the system.

In the second case, the mother of the daughter who was then lying sick, had been formerly vaccinated. We could see no pits, but the scar was visible. She attended her child throughout the entire disease, was over and around her, daily breathing the contagion for thirty days; was constantly fatigued by labor, care and watchings; washed the clothes of the sick one, saturated with the pus of smallpox; and yet she did not have one symptom of any disease. We may also refer to the two physicians in attendance upon this case; they were often in the room with the patient for one or two hours at a time, with no other protection than a former vaccination.

The fourth case, that of Mr. F., is one as strong in favor of the genuineness of the vaccine disease. His wife, and a young child of 5 years, were carried to the pest-house with him, and continued there as long as he lived, and then remained ten days longer in an atmosphere

deeply impregnated with variolous effluvia, sleeping under the same bed-clothes which the smallpox patients did in their convalescence, but with no subsequent symptoms of smallpox whatever. Then we might refer to other cases, not so strong, but nevertheless proving the validity of vaccination; but this must suffice. These cases, with innumerable others, tend to show that the immortal discovery of Jenner remains yet as good and invaluable as ever; that it still holds in subjection one of the most loathsome of diseases; and although the discoverer's belief may not be fully realized of its power to extirpate smallpox entirely, still, if it protects from its severity and its deformities, praise belongs to it as an agent of great good.

To guard against any doubt as to the genuineness of vaccination, we know of no better way than to re-vaccinate. There is a possibility that the system may not be sufficiently impregnated with the first attempt; if so, a second insertion of the virus will fully remove all doubts. An instance is related by Dr. Wood, of Philadelphia, of the reasonableness of re-vaccination. "In the winter of 1845-6, a student of medicine," says he, "died of confluent smallpox in a boarding-house containing about thirty inmates. All of them were re-vaccinated, except three young men who had confidence in their security. Those who were re-vaccinated escaped, while the persons alluded to were affected with the varioloid."

Many physicians have some delicacy in recommending re-vaccination, for fear of being accused of selfishness. But no one in the discharge of his professional duties should have any scruples in advising anything for the good of his patients or of the community at large. It is far better to do what we are satisfied is just, than to fear the fault-findings of those who are ignorant or illiberal towards our profession. "RAYER."

Dover, N. H., Sept. 23d, 1850.

MEETINGS OF THE MASSACHUSETTS MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—You seem troubled at the idea that the Massachusetts Medical Society is going to hold its next annual meeting at Worcester, and you dislike to "see innovations," &c., "without sufficient reasons." In the same paragraph, you give what may appear to the general reader as the only reasons for the change. One of them, I presume, did not influence any counsellor who voted, viz., the "novelty" of the thing. The other you consider "unnecessary," viz., "courtesy due to country members." Out of eight or nine hundred members, two thirds, at least, come from the country. Should we not have some regard to their wishes? But you may say, though I know not by what authority, that these gentlemen would prefer to come to Boston. This is certainly not true for the whole. There was no dissenting voice in the council about the matter, and we have reason to believe that the change will be acceptable to the country practitioners generally. But suppose, for argument's sake, only a very small minority had asked as a favor that the society should at times meet

in the interior and Western parts of the State. I should feel that we ought to grant them that slight favor. But, after all, the principal reasons, you have not touched in your editorial, viz., 1st, a desire on the part of all, that the jealousies that have heretofore existed between town and country should be harmonized; 2d, that a vast number of educated and honorable physicians, who now live in our western counties and who are not members, may be induced to join the Society by seeing its meetings near their own residences. 3d, we hope, by stimulating to scientific researches, to avoid the constant discussion upon By-Laws, which, since my connection with the society (16 years), has been the sole subject before us. The first two reasons cannot, in my opinion, be satisfied save by occasionally holding our meetings elsewhere than in Boston. In regard to the third reason, some may doubt. But I think we shall be more likely to stimulate thoroughly the *whole* profession, by meeting at Worcester, Northampton, Pittsfield, Salem, &c. &c., than by an annual gathering held always at Boston. Respectfully yours, H. I. B.

CASE OF DISEASED GENITO-URINARY APPARATUS.

BY H. C. SKIRWIN, M.D., OF WALTON, BOONE CO., KY.

ON March 4th, 1850, I was called to see Essick, a colored man, aged 78 years, of the common size; he was quite stout and healthy until about fourteen years ago, when he had a very severe attack of fever and cystitis. At that time he was working in a hemp factory, and had been for some time—since then has suffered much from asthma, with frequently a difficulty in voiding urine, and has ever since remarked a tumor or protrusion in the hypogastric region, which he mistook for hernia, and actually wore a bandage around the lower portion of the abdomen till his death. The symptoms, at the time I first visited him, were slight fever, with a chill occasionally, tongue covered with a light white coat, pulse quick, small and often intermittent, ranging from 70 to 110, according to the pain, great difficulty in passing urine at times, when the attempt was accompanied with intense suffering; appetite not good, extremities often cool. Thus the case continued from day to day; but growing worse, cathartics, diuretics and anodynes were prescribed and administered, but without any perceivable benefit. Two other doctors were called in; we all examined him, but did not suspect that the protrusion, of which I have spoken, was the bladder, although we recommended diuretics and catheterism, but the patient was so very much opposed to the introduction of the instrument, that it was not attempted. For the last three days before death, the extremities and even the abdomen became much swollen, as in cases of dropsy. Thus the case progressed till the 11th of March, when death put an end to his sufferings at 4 o'clock, P. M. Twelve hours after death autopsy took place. The brain was first examined; the superficial veins presented considerable congestion; the arachnoid membrane over the inferior portion of the cerebrum, exhibited slight opacity; ventricles full of serum, and effusion of serum in the arachnoid cavity, amounting in all to 4 or 5 ounces. Lungs were diseased—more than

half of each was hepatized, with many strong, firm adhesions to the costal pleura; there were also a quantity of tubercles—some of which were softening. The heart was about twice as large as usual, being in a state of hypertrophy, with its valves and a portion of the beginning of the aorta and pulmonary arteries ossified, some of the ossific depositions weighing more than half an ounce. A large collection of straw-colored serum in the cavities of the pericardium and pleura. All of the abdominal organs were in a normal condition, but the kidneys, ureters and urinary bladder. Before cutting into the bladder, a catheter was attempted to be introduced some 4 or 5 times, but the attempt failed; there was a barrier which we could not overcome. On cutting into the organ we found between five and six pints of blood and urine in it, almost fluid, except a coagulation of some 3 or 4 ounces. The parietes of the bladder were very thick, looking much like the impregnated uterus, with many strong adhesions to the surrounding parts. We found a tumor just over the vesical extremity of the urethra, and falling down and closing the opening firmly as a valve, weighing 3 ounces, and which I have preserved. The kidneys were slightly enlarged, containing many cysts; the ureters were somewhat enlarged and inflamed in patches; the penis much inflamed and swollen.—*Ohio Med. and Surg. Journal.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 16, 1850.

EDITORIAL CORRESPONDENCE.

Chamouny.—By “diligence” and “char-a-bonc”—the latter the *ne plus ultra* of carriages for ugliness, and peculiar to the mountainous sections of Savoy and the Sardinian borders of Switzerland—passengers are conveyed in a day from Geneva to the singular settlement of Chamonix, a little strip of arable land lying in a gorge between two of the most awfully-imposing mountain elevations in all Europe. One of them is that hoary-headed, unrivalled one, Mont Blanc, whose sharp peaks are dressed in snow-flakes that have never melted since the first storm after their creation howled about them. Ice, snow, and fretted rocks almost perpendicularly above the spectator’s head, as he looks from the church steps in Chamouny, constitute a scene which poetry cannot depict, while at his feet the richest and some of the rarest vegetable productions for the use and behoof of man are growing luxuriantly in the warm sunshine. Winter everlastingly above, and summer below! In a word, the four seasons are looking each other in the face, while striving for individual ascendancy. There are a succession of magnificent mountain torrents, wherever the traveller moves; but the glaciers—one of which, close by Chamouny, is called the sea of ice—overwhelm the mind, on first coming into view, with the magnitude and majesty of their appearance. What a mighty engine for changing the surface of the earth, which no power but that of the Almighty could arrest! Boulders of enormous dimensions ride on its glittering crust, from unexplored altitudes to the chasms below, where rivers take their origin and roll onward to the ocean.

Milan.—Being at the present moment in the focus of goitre, a disease to which much attention to little purpose has been given by medical writers, it is proper that some notice should be taken of it. Numerous examples of the dreadful malady are almost constantly in view. In the valley of Martigny it is thought by some that the disease is more prevalent than in any other part of the Alps; but the observation of the writer does not warrant this conclusion. Some shocking cases were noticed after crossing the Simplon; and even here in the city of Milan, in Austrian Lombardy, sad examples of thyroidal tumors are met with in the streets quite frequently. Probably they are emigrants from the mountains, and not natives. Without bestowing more time upon this fertile topic for medical discussion, which like many other subjects may be resumed in a detailed form on returning home, the remainder of this sheet will be devoted to miscellaneous travelling comments.

It is impossible to convey to the mind of the reader a distinct idea of the terribleness of the scenery witnessed in crossing the Simplon, into northern Italy. Frightful gorges, thousands of feet deep, on one side of the road; and rocks reared upon rocks on the other, till the last points are lost in the clouds above—together with threatening avalanches from impending glaciers over head, and the numerous incidental circumstances accompanying a transit over this celebrated summit, make it a memorable period in the life of any one who has accomplished it. Very recently a storm of great fury here overtook Thos. W. Phillips, Esq., and family, of Boston, in the middle of the night. On going over the same ground a week after, by fair day-light, their exposure and danger were so apparent, that it seemed as though, if a special Providence had not watched over the frail diligence and its helpless inmates, their destiny would never have been known to their friends in America.

Being now in the Austrian dominions, the rigor of the police investigations into the business and purposes of all who arrive at the frontier is as novel to us as it is inexplicable. Passes are examined at almost every town. You stand by and see a record made of almost every fact connected with yourself, and after sundry signatures and stamps you are permitted to proceed. Stages, or rather diligences, are obliged to wait till the examinations are completed. Steamboats are subjected to the same detention. In Germany, especially in Prussia, this perpetual annoyance to strangers must very much lessen the number of travellers in that country. Hotel-keepers are obliged to report those in their houses; and here in Milan, a blank was handed to me at the breakfast table this morning, Aug. 25th, in which the age, country, profession, and the time proposed to remain in the city, must be inserted. At the expiration of the period, if still on hand, an investigation will follow. The fees for having passports countersigned by the police authorities, in moving through Europe, amount to a formidable row of francs. Yet a great deal of civility and politeness is a marked characteristic of all the higher class of public functionaries. It is among servants and small-fry dependents, as in our own country, that rudeness or incivility is to be found.

Milan is truly a beautiful city. The sidewalks and streets are upon the same level, flagged with broad stones for carriage wheels. Houses appear to be numbered as in Baden-Baden, viz., the last edifice erected expresses the whole number in town. No. 10 and No. 5000, under this arrangement, might be side by side. Of the magnificence of the churches and theatres, especially the cathedral, it is scarcely worth while to speak.

The nearer we approach the see of Rome, the more imposing and rich are the chapels and shrines. Marble, bronze, gold and silver, are displayed in a profusion that calls forth the admiration and astonishment of a plain New England physician. Where it all came from, and how it was concentrated at the altars of this part of the christian world, are matters which cannot now be touched upon. The educated, refined people here are delightful; the ignorant are to be commiserated.

Milan has one large, ancient hospital, equal in its general capacity to some of the spacious ones of Paris or London. Of its particular organization, nothing definite has yet been ascertained. It is noticeable everywhere in military governments, that excellent care is taken of the sick soldier. More distortions of the limbs seem to abound in Milan than in other places. Whether the congregation of so many crooked legs, knocked knees, twisted ankles, and other similar disasters, for which surgery has little or no relief, is accidental or not, cannot be determined. The climate is delightful. Fruits and all the substantial kinds of food are abundant. Street-begging is a great annoyance. It is disgraceful to the government of Switzerland, and demoralizing to the whole population of the cantons, that begging is so universal. It is a painful drawback upon the pleasures of a traveller; and as a remedy exists with the Council of State, it is high time the power was exercised, and the army of mendicants who line the highways were shut up in almshouses or penitentiaries.

Staphylorrhaphy.—We had an opportunity, within the past week, of examining the mouth of a patient upon whom the operation of staphylorrhaphy had been performed a short time previous, by Professor H. J. Bigelow, of this city. The cleft was congenital, and presented more than the usual difficulties in such cases. Four sutures were required, and so skilfully were they applied (the parts having been very nicely brought together) that union by the first intention was the result, not even leaving so much as a notch at the tip of the uvula. It affords as much pleasure to record cases, wherein the combination of surgical skill and mechanical ingenuity are attended with such good results. Although this operation in *theory* appears very easy, it is generally attended with the greatest perplexity, as those who have had occasion to perform it can bear witness.

Galvanism for Medical Purposes.—Several cases have presented themselves to us within a week or two past, wherein "galvanism," as we thought, might be advantageously made use of in the treatment. Our first patient was a man who had been for some time engaged in a marble manufactory, and his hands continually in cold water. By this exposure, or from some other cause, his right hand and wrist became benumbed and paralysed. The fingers were strongly flexed, and when forcibly extended, would immediately return to their abnormal condition. The usual remedies failing to restore the parts, galvanism was made use of. After its first operation, the patient could use his hand and move the fingers tolerably well. Three subsequent operations completely restored the parts to a healthy condition.

Another case was one of contraction of the muscles of the right side of the neck, from rheumatism; five operations with the battery being sufficient to relax them, and restore them to their natural function. There is one other patient under treatment for hemiplegia. What success will at-

tend the operation, time alone must determine. The battery made use of on these occasions, was the patent graduated one, by Mr. Coad, of Philadelphia; the kind made mention of some few weeks since in this Journal. We conceive it to be greatly superior to any other kind, for medical purposes, that we have made use of.

Veterinary College.—It is understood that an effort is now being made, in this city, for the establishment of a Veterinary College and Infirmary, upon a plan similar to those in European cities and large towns. That part of medical science which relates to the treatment of diseased animals, has been too long neglected in this country, and we hope that sufficient interest will now be taken by medical gentlemen, to forward any plan that will advance it, thereby preventing the empiricism that is daily practised by a host of pretenders. The gentlemen who are making this effort, are, we believe, regular graduates of a European Veterinary College, and are eminently qualified to teach and practise the science.

Physicians' Fees.—There is often much complaint of the exorbitant charges by physicians, for medical attendance. It is insinuated that their fees are not really earned, and therefore should not be paid. As a general rule, with this class of patients, it is useless to parley; a better opinion of the true value of your services will be the result, if you keep quiet. Other professions have the same difficulties to contend with; but in one respect they have the advantage over us, in being allowed to refuse their services unless fully remunerated. We believe that the evil complained of by patients might in a measure be obviated, making it better for them and the physician too, were the *cash* system, or a *very short credit*, adopted. Many of the disputes and much of the litigation would in this way be avoided. Besides, the physician could afford to attend his patient cheaper, as there would be no expense for collection or other matters attendant upon the open account business. A physician, who is enthusiastic in his profession and has a large practice to attend to, cannot spare time to arrange his books and make out bills. There is not one of them in fifty who pursues anything like a correct system in such matters; nor would their books, in many instances, be held as evidence of indebtedness in any court of law. Now if by common consent the old plan could be entirely abolished, and the physician receive his fee as soon as the service was rendered, as is done in other countries and among dentists here, or at the termination of the case, his charges could be less, and there would be more likelihood of his receiving compensation. Practice is lost by allowing too long credit. At the end of the year, when the bill is presented, there is a want of recollection on the part of those who are to pay the bill. They think that neither they nor their families have been sick much, or at any rate not enough to employ the doctor to such a large amount. If payment is insisted upon, depend upon it you will be sent for again when they wish you.

Meigs on Diseases of Children.—“Observations on Certain Diseases of Young Children, by Charles D. Meigs, M.D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College, Philadelphia, &c. Lea & Blanchard, publishers.” This is a most excellent work on the obscure diseases of childhood, and will afford the practitioner and student of medicine much aid in their diagnosis and treatment.

Bowman's Medical Chemistry.—"A Practical Hand-Book of Medical Chemistry, by John E. Bowman, Fellow of the Chemical Society, Demonstrator of Chemistry in King's College, London," &c., has just been published in Philadelphia, by Lea & Blanchard. It is just such a work as is needed by the profession. A portion is devoted to *specialities*, so that the analysis of the various morbid and healthy secretions of the body, upon which it treats, can be accomplished with accuracy and without difficulty. There are thirty-seven chapters, treating upon the urine, calculi and concretions, blood, milk, mucus, pus, bone, and the various mineral poisons, with the mode of examining them. It is a work of great value, and should be in the hands of every medical student, as well as practitioner.

Washington University, Baltimore.—"The annual announcement of the Medical Faculty of the Washington University of Baltimore, for the session of 1850-51, has been sent us. From it, we learn that the faculty have a new edifice to hold lectures in, and that they have received from Paris a collection of models illustrative of obstetrical science, which are represented as unequalled by those of any other similar institution in this country. Among the rules to be observed by students, and the candidates for the degree of doctor in medicine, we find the following statement, which will no doubt be read by them with many pleasing anticipations:—*Art. 8.* "The final examination for the degree will be of the most searching character, and conducted in such a manner, as will *convince even those who fail*, of its fairness, and the *propriety of the issue.*"

Medical Cliques.—In a late number of the New York Medical Gazette, is a long article on alleged conspiracies among certain members of the profession in that city, and the monopoly by them of consultations and ordinary practice. If such abuses exist as are alluded to in the article, there is much reason for complaint, and we hope the editor of the Gazette will show up the members of such cliques and give their names, that all the *honest* of the profession may keep clear of them. "It is alleged," he says, "that there are secret societies in the profession, the members of which stipulate to call *each other only* in consultation; and while they may become consulting physicians with others of the fraternity, when they can thus obtain fees, yet, when any gentleman *who is not of their clique*, is proposed in consultation with them, they are to object and evade, without committing themselves by positive refusal, and express so decided a preference for one of the members of their secret society, as to secure the object. It is even said that in such case a list of the names of the select few, is handed to the friends of the patient, as enumerating the most eminent and skilful of the profession, *par excellence*, out of whom a choice may be made. Nor will they consent to allow any '*outsider*' to be called in consultation, even though he be as reputable as themselves, until the firmness of the interested parties presents them the alternative of losing the family by the transfer of the patient to the proscribed physician." There are other charges against this supposed clique, which are of such a degrading character that we forbear to mention them. For the honor and respectability of the profession, we hope all that is here complained of, is not true; if it is, the sooner an expose is made, the better it will be for those who endeavor to pursue an honest course in obtaining a livelihood by benefiting their fellow men.

Effects of Ether in Childbirth.—It has been observed, when ether has been given to parturient women, that its odor is discoverable in the breath of the child after birth; showing conclusively, that the blood of the mother must have been very strongly impregnated with the ether. Having observed the same phenomenon in a case that occurred in our practice a short time since, we were fully convinced that the fetus may be etherized in utero. But what appeared to us as very remarkable, was the short time that elapsed between the mother's inhaling the ether, and its sensible presence in the lungs of the child, which was born in *just twenty minutes* after the first inhalation by the mother. The quantity used, in this case, was two and a half ounces only, and at no time was the consciousness of the patient destroyed, but on the contrary she was bright and cheerful, even when the *pains were most severe*. There was no mistake about it whatever, the child being at the time in another room where there had been no ether. The nurse, while washing it, directed our attention to the fact that the "*child's breath was all ether*"; and upon drawing near to it, we could readily distinguish the smell of the vapor. The little fellow was very good-natured indeed, and did not seem to mind the manipulations of his first toilette, which the kind-hearted nurse performed in a manner that would put the opposers of hydropathy *in shivers*.

Manslaughter by Administering Improper Medicines.—During the present term of the Supreme Court of Maine, at Wiscasset, there is to be tried a case in which the indictment had just been brought in against Dr. Charles Coffran, of Rockland, charging him with the crime of Manslaughter. It is said the Doctor prescribed and intended to administer an article of medicine deemed suitable and proper, and at the request of his patient, but by accident gave a different article, and death ensued in a few hours—the Doctor discovering his mistake too late. The Lincoln Democrat says Dr. Coffran is lately from Massachusetts, from whence he removed to Rockland, where he is well allied to families of respectability and influence.

Medical Miscellany.—A man who died recently at the Commercial Hospital, at Cincinnati, from a gun-shot wound, survived sixty-eight hours after the ball had passed through the right auricle of the heart! This is certainly a remarkable phenomenon in the history of surgery. Upon a *post-mortem* examination, the ball was found lodged in the spine, after having passed through the edge of the lung.—Miss Anna R. Nell, of Philadelphia, a lovely young lady, died last Thursday, from the effects of a large dose of morphine. The apothecary's clerk made a mistake in giving morphine for *quinine*.

SUFFOLK DISTRICT MEDICAL SOCIETY.—This Society meet this afternoon, to transact very important business.

DIED,—At Monterey, Cal., Dr. Wm. L. Booth, Assistant Surgeon of the United States Army.

Deaths in Boston—for the week ending Saturday noon, Oct. 12, 61.—Males, 30—females, 31. Anemia, 1—disease of the bowels, 3—inflammation of the bowels, 1—inflammation of the brain, 1—consumption, 9—cholera infantum, 2—canker, 1—convulsions, 2—dysentery, 4—diarrhoea, 2—dropsy of the brain, 3—erysipelas, 1—fever, 1—typhoid fever, 2—scarlet fever, 1—brain fever, 1—hooping cough, 1—hemorrhage in lungs, 1—infantile diseases, 5—inflammation of the lungs, 4—marasmus, 2—measles, 4—old age, 4—pleurisy, 1—rupture, 1—peritonitis, 1—ulcers, 1.

Under 5 years, 27—between 5 and 20 years, 10—between 20 and 40 years, 15—between 40 and 60 years, 2—over 60 years, 6. Americans, 30; foreigners and children of foreigners, 31.

On the Treatment of Typhus by the internal administration of Ice. By M. WAUNER.—The following is the mode of employment of ice which has been practised by M. Wauner, in typhus, during the last three years:—The patient swallows, every minute or two, a particle of ice about the size of a sugar-plum: these, when dissolved, do not amount to more than a glass or a glass and a half of water each hour.

When the natural temperature of the body is restored, and notwithstanding that the patient acquires extreme distaste for the remedy (a sure sign of his amendment), its employment is continued from twelve to twenty-four hours longer, according to the severity of the case. To relieve headache, the forehead is occasionally sponged with ice-cold water. An enema of ice-cold water is also administered every six hours. Every alternate night the patient is placed in a bath at 27 deg. R., a little over 90 deg. Fah.—*Comptes Rendus.*

Statistics of Poisoning.—A return has been published relative to the number of poisoning cases tried in the United Kingdom from 1839 to 1849 inclusive. The number of persons tried for this crime during the above period, at the Central Criminal Court, has been 33, of whom 18 were men and 15 women; 16 were tried for murder, of whom five were convicted, and 17 for attempt, of whom 10 were convicted. In the Home circuit, 8 women were tried for murder by poison, 3 for attempt to murder, and two men as accessories before the fact. The number of convictions was three. In the Midland circuit, 11 women were tried for administering poison, of whom four were convicted. The number of men tried was six, all of whom were acquitted. In the Norfolk circuit 22 cases of poisoning were tried, in 12 of which the prisoners were female. The number of convictions was nine. In the Northern circuit the number of males tried for poisoning was 15, and of females five, the number of convictions being 14. In the Oxford circuit 17 cases of poisoning were tried, in nine of which the prisoners were women. The number of convictions was three. In the Western circuit, in 12 out of 22 cases of poisoning tried, the prisoners were women, and conviction took place in ten. In the county of Durham there have been no trials for poisoning. In the county palatine of Lancaster, out of eight cases, seven were of women, and conviction was obtained in five. In the North Wales and Chester circuit the number of persons tried for poisoning was 16, of whom 11 were women. The number of convictions was five. In the South Wales circuit five prisoners were tried for poisoning, two of whom were women. Conviction was obtained in one case only, in which a man and woman were implicated.

In Scotland, the total number of trials for poisoning, from 1839 to 1849, was 15, in ten of which the prisoners were women; and in seven, convictions were obtained. In Ireland, 31 women and 25 men were tried for poisoning during the same period, and convictions were obtained in 14 cases. The largest number of cases occurred during the year 1849, the number of cases being 13 (seven men and six women), the average of the other years being 4.3, in the proportion of 1.8 men to 2.5 women.—*London Med. Gazette.*

New Medical Books in London.—A Selection of Papers and Prize Essays on subjects connected with Insanity.—Every-day Wonders; or, Facts in Physiology which all should know.

THE

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POST-MORTEM EXAMINATION OF THE REV. JOHN NEWLAND
MAFFITT, WHO DIED FROM FATTY DEGENERATION, UL-
CERATION AND RUPTURE OF THE HEART.

BY JOSIAH C. NOTT, M.D., MOBILE.

THE subject of this case occupied a large share of public attention for many years, and was a man of no ordinary ability or attainment. The case itself is full of interest and instruction to the medical inquirer, and for this reason alone would well merit a page in a medical journal; but there are other and weighty considerations which induce me to place it on record.

The fact is notorious that this gentleman had been arraigned before his church, at the North, to answer charges deeply implicating his character, and which had caused great mortification and distress to his family and friends. He arrived at Mobile about two months ago, and immediately commenced the exercise of his sacred avocations. Immense crowds were attracted day after day by his extraordinary pulpit eloquence. When at the zenith of his success, evil reports pursued him—articles, derogatory to his character, were re-published in Mobile from the New York Police Journal—considerable excitement in the town followed, and parties were arrayed for and against him. He became very much excited himself—was much occupied in writing for several days and nights—in writing was suddenly taken ill on the evening of the 27th of May, and died in about seven hours, aged 56 years.

Suspicious of suicide by poison, were soon bruited over the town, and some of those friends who had proved true to him through all his heavy trials and afflictions, still confident in his purity and innocence, and fully aware of the confirmation which this charge would add in the eyes of many to the grave accusations already urged, demanded a post-mortem examination, which I made at their request.

Mr. Maffitt, at the time of his death, was staying with a friend about three miles from the town, and when taken ill, a young friend of mine, Dr. E. P. Gaines, a well-educated and intelligent practitioner, then in the neighborhood, was called to his assistance, and has kindly furnished me the following note of the case. The doctor had had no acquaintance with the patient before, nor had I ever seen him previous to the post-mortem.

“Monday, May 27th, 1850, between the hours of 7 and 8 o'clock, in the evening, I was called to see the Rev. John Newland Maffitt. Found him in great pain, which he referred to the inferior sternal region. Suspecting immediately an affection of the heart, I questioned him if he had ever had any pain in his heart before. He answered that he had had on several previous occasions some slight pain in his left side, with a slight palpitation, but not of much moment. Auscultation detected no abnormal sounds, no palpitation, but the heart beat regular and slow.

“He belched up great quantities of wind, but there was no distention of the epigastrium, or tenderness. He vomited, occasionally, undigested food, but said he had no nausea. He was perfectly cold all over, and bathed in a cold sweat. I administered anodynes and carminatives, applied a warm poultice with mustard, to the seat of pain, endeavored to bring about re-action, by warmth, to the extremities, but nothing gave relief; he still complained of the pain, and would beat his breast with his clenched hands. At 10 o'clock, I gave him a large dose of calomel and morphine, also gave several enemas, under which, in the course of two hours, he *seemed* to re-act and get warm, and he remarked, ‘Doctor, I feel better now everywhere else, but that pain still remains—it is a persistent and abiding pain, that seems to press through me against my spine.’ All this time his pulse was *regular, full, strong*, but rather *slow*; his strength was good, for he got out of bed several times without help. At 1 o'clock I repeated the calomel and morphine; at 2 o'clock, he said ‘the pain has left my breast and gone to my heart and left arm—do you think that is a good sign?’ I asked him, if in changing it still retained its severity, and he answered me ‘yes.’ I applied my hand over the heart, but there was no palpitation. He also said, ‘Doctor, I think I am getting weaker, feel my pulse.’ I felt it, and though it beat regularly, it *seemed* slower and weaker. I left the room for about fifteen minutes, when I was suddenly called in to see him die; his heart had already stopped beating, but he breathed two or three times after I got to the bed-side. The diagnosis throughout was difficult and obscure.”

Post-mortem.—Stature short, stout, muscular, inclined to be fat, chest remarkably large and well developed. Neither head nor abdomen was examined. *Lungs* perfectly sound throughout, free from adhesions or any signs of disease, acute or chronic. *Pericardium*, fully distended with fluid, and when opened was found to contain blood and serum. This being carefully removed by a sponge, I introduced my hand into the sac, beneath the heart, and on grasping this organ, the contained blood was seen to spirt from a small perforation in the anterior wall of the left ventricle, disclosing at once the immediate cause of death. The heart was then removed from the body for further inspection.

General Appearance of Heart.—Large, pale, flabby, and coated with fat over the greater part of its surface; the auricles, aorta, pulmonary artery and veins completely imbedded in fat.

Right Ventricle.—Somewhat dilated, whole exterior surface coated with fat, muscular substance flaccid and thinner than usual, diminishing towards the apex, near which muscular fibres were entirely wanting, ex-

cept a few scattered ones on the external surface; the blood here seemed to be retained in the cavity simply by the fat; the coating of fat at different points, was from three to five or six lines in thickness.

Left Ventricle.—This fatty covering extended from the right over to the left ventricle for about an inch in width the whole length of the septum, and the apex also for about an inch or more was fat. On the anterior, middle portion of this ventricle, commencing at the margin of the fat, was an irregular, bruised-looking patch, about the size of a dollar, and on the outer edge of this, was the fatal rupture. When cut into, this bruised-looking part presented a dark bruised, bloody appearance, not unlike recently-hepatized lung, the fibrous, muscular appearance being destroyed. The corresponding internal surface showed evident marks of ulceration, a portion of the substance being excavated and covered in part with a thin cyst; the surface around the patch, on the inside, was red, inflamed, with deposition of coagulable lymph. It is worthy of remark, that this spot of the heart, which seemed to be the most diseased, and in which the rupture took place, was more free from fat than any other; it joined the fat portion *abruptly* in half its circumference. This ventricle, I think, was a little dilated. There was nothing peculiar in the auricles except being buried in fat, and the mitral, tricuspid and semi-lunar valves were all perfectly healthy.

Mr. Maffitt, as stated, had only been in Mobile a few weeks, and I could get no satisfactory information as to the previous history of the case. He had been, for some days previous to his death, laboring under a slight attack of diarrhœa, but his friends believed him to be in vigorous health. When questioned by Dr. Gaines, he stated that he had had some slight palpitation and pain in his left side. It is remarkable that so much disease should have existed, with so few symptoms to indicate it, though similar examples are on record.

There can be no doubt that organic disease had existed for months, leading inevitably to death. What influences his protracted mental excitement exercised in causing the disease, must remain a matter of doubt; and though the malady is one which marches steadily onward, it is highly probably that its termination was hastened by moral causes.

I have never investigated the grounds on which are based the charges which have been brought against Mr. Maffitt, and am unprepared to express an opinion as to his guilt or innocence; but it affords me much gratification to say to his family and friends, that the post-mortem examination has at least wiped from his memory the damning sin of suicide.

New Orleans Med. and Surg. Journal.

ON THE EXCISION OF ENLARGED TONSILS.

BY JAMES SYME, ESQ., PROF. OF CLIN. SURGERY IN THE UNIVERSITY OF EDINBURGH.

IN cold moist climates the tonsils are very subject to a simple enlargement, which gives rise to much inconvenience of different kinds. In the first place it seems to constitute a weak point, always apt to suffer from derangement of the system, productive of inflammatory disturbance,

and thus occasioning frequent sore throat. It also renders the voice husky and disagreeable, impairs hearing by obstructing the orifice of the Eustachian tube, and impedes respiration, especially during sleep—when the stertorous noise caused by breathing through the mouth, and the fits of threatened suffocation which are apt to awaken the patient, occasion no less distress to him than alarm and annoyance to his neighbors.

Childhood is the age most exposed to this morbid condition; which, however, not unfrequently makes its first appearance during adolescence, and is sometimes met with at a considerably more advanced time of life. After maturity has been attained, however, there is not only less disposition to the morbid growth, but a tendency to its spontaneous disappearance—whence active measures for removal of the swelling have been deemed improper, and would be so, if the effects of the enlargement were of trivial importance and short duration, or if the means of remedy were either severe or dangerous. It may be added that the relief through spontaneous change is neither certain nor complete, and that if the enlargement be permitted to continue during the season of youth, it may increase the risk of pulmonary disease by embarrassing the action of the respiratory organs.

The only source of speedy and effectual relief is local treatment, for which the means that have at different times been in use are escharotics, ligature, and excision. Of these, the first has generally been preferred, from dread of encountering the difficulty which attends the second, and the danger apprehended from the third. The actual cautery has been employed to a small extent for the purpose, but the nitrate of silver is the destructive agent that has obtained by far the largest share of confidence, together with the sulphate of copper, burnt alum, and similar applications of less potent energy. But as the effect of all these means is necessarily superficial, no material improvement can be obtained through their use, however long and carefully continued. Indeed, there is no light reason to believe that so far from diminishing the size of the swelling, they really tend to increase it by exciting a degree of activity in the nutrient action of the texture more than sufficient to compensate for the loss of substance on its surface.

With regard to the ligature, in 1750, in his "Clinical Inquiry into the state of Surgery," Mr. Samuel Sharp, of Guy's Hospital, thus wrote:—"The extirpation of scirrhus tonsils, by ligature, seems to be a practice as yet almost entirely confined to England, though for no other reason, as I imagine, but because it generally requires some time for the propagation of an improvement. It is acknowledged on all hands that the application of escharotics is a tedious, painful, and sometimes an ineffectual method of cure. It is likewise granted that the hemorrhage which follows upon the excision of scirrhus tonsils is greatly to be feared; but, still, the tying them is neglected." But notwithstanding so confident an expression of opinion in its favor, the ligature has never been generally adopted for the purpose in question. Indeed, the all but insuperable difficulty attending its application in a situation so inaccessible as the fauces with all the assistance that the patient can afford, instead of his involuntary resistance, or determined efforts of opposition,

as must be the case when children are subjected to the operation, has usually rendered one trial sufficient to prevent any desire for its repetition. In 1812, Mr. Chevalier, of London, published an "Improved Method of tying diseased Tonsils," which does not appear to have rendered this mode of treatment more popular; indeed, his account of the process, after the ligature has been applied, is not very encouraging. "A good deal of inflammation usually arises in the mouth and fauces, and about the sublingual and submaxillary glands soon after the operation, which is best soothed by small doses of laudanum and antimonial wine. The mouth may be frequently washed with warm water, and the poppy fomentation employed externally, if the pain should be considerable. This inflammation begins to subside on the third day. I think the tumor is generally detached on the fourth or fifth day, and the sore readily heals."

The method of excision dates so far back as the time of Celsus, who advises, when other means have failed to remove enlargement of the tonsil, "*hamulo excipere et scalpello excidere.*" It is occasionally mentioned by succeeding writers, either for commendation or rejection; but does not appear to have been systematically or extensively employed until the middle of last century, when various French surgeons devoted much attention to its practice and improvement. Of these, M. Cagué, surgeon of the Hotel Dieu of Reims, and his colleague, M. Muzeux, seem, from the excellent papers of M. Louis, in the Memoirs of the Academy of Surgery, to have been most successful in their exertions. The former of these gentlemen operated in many cases with great success; and the latter, in order to facilitate the process of removal, contrived a peculiar sort of forceps, which still retains his name. This instrument is about seven inches in length, and, from the handle of the blades to their junction, resembles that employed for the evulsion of nasal polypus. The extremities of the blades are slightly curved, and each terminates in a double hook, so fashioned as to take a sure hold of any soft substance such as the tonsil. Though the operation was thus rendered wonderfully easy and safe, it still retained a character of difficulty and danger that opposed its general introduction into practice, and in this country precluded its employment entirely until comparatively a very recent period.

In the year 1821, during my residence in the Royal Infirmary of Edinburgh, as House-surgeon, one of the female patients suffered from an enlargement of a tonsil. After trying sulphate of copper, and similar applications, without success, I attempted the ligature, but without being able to accomplish it, and then, as the tumor was of no great size, resolved to remove it by excision, which was accordingly done very readily by means of a hook and curved scissors. This, so far as I know, was the first instance of a tonsil being cut out in Edinburgh. Next year I went to Paris, and there found M. Lisfranc in his course of operative surgery on the dead body, treating excision of the tonsil as an established operation. He employed for the purpose a straight narrow blunt-pointed bistoury, of which the blade was sheathed, except for rather more than an inch from the point, and explained that if the tu-

mor was pulled inward from the side of the fauces or merely held steady in its natural position, the knife might be carried with perfect safety through its base, as the blade must then be parallel with the carotid artery, and at such a distance from it as to render any injury of the vessel quite impossible.

Much impressed with the advantages of the operation as thus performed, I endeavored, on my return home, to promote its adoption, and having carried with me the forceps of Muzeux, placed them in the hands of Mr. Liston, who also ever afterwards did all in his power, by precept as well as example, to establish the practice. The counties of Perth, Stirling, Peebles and Roxburgh, are very prolific of enlarged tonsils, and the success attending their removal by excision soon brought patients from all parts of the country, on both sides of the Tweed. Abundant opportunity has consequently been afforded for determining the merits of the operation on the sure ground of extensive and long-continued experience.

In no instance has hemorrhage or any other unpleasant accident occurred. The texture concerned possesses so little sensibility that the excision is accomplished with hardly any pain; and children who are sometimes induced with difficulty to submit, in the first instance, seldom offer any objection to removal of the second tonsil. I never employ a speculum of any sort—even in the youngest and most obstreperous patients—the forceps sufficiently keeping down the tongue, and the wide opening of the mouth preparatory to the emission of a cry, affording ample space for the knife to act. In the whole course of my practice I have only on two occasions failed in accomplishing the object in view, through the excessive size of the tongue and contraction of the mouth. The knife should possess a very keen edge, as the glandular substance is sometimes indurated, and a partial division of it would lead to great embarrassment, from the blood trickling into the pharynx, and causing such cough or convulsive efforts as must render a fresh seizure of the tonsil next to impossible. I generally remove the left tumor first, and then the right one, by crossing my hands so as still to retain the knife in the right. The process is instantaneous, and the relief immediate. The bleeding seldom exceeds a teaspoonful or two, and no after treatment is required.—*Edinburgh Monthly Journal of Medical Science.*

NOTES ON DISEASES OF THE EAR.

BY EDW. H. CLARKE, M.D., BOSTON.

[Continued from page 196.]

IV.—*Exploration of the Eustachian Tube.*

ONE reason that diseases of the ear have been usually regarded as obscure and not amenable to treatment, is the slight and faulty method of examination that is generally employed. Even the ear speculum is not in common use—an instrument as indispensable to an accurate diagnosis of diseases of the ear, as the stethoscope (meaning thereby auscul-

tation and percussion) is to diseases of the chest. The catheter for the Eustachian tube is still less employed. By many surgeons, particularly in England, catheterism of that passage is condemned as being not only useless but dangerous. Indeed, of so little importance is it usually regarded, that few practitioners, except professed aurists, ever learn how to introduce the catheter. And yet this instrument *cannot be dispensed with* in the treatment of a considerable number of cases of deafness, and in the diagnosis of very many more. With regard to the opinions of those, who consider the Eustachian catheter to be a useless and dangerous instrument, it is enough to say that experience does not confirm their statements. It may do harm when unskillfully or injudiciously used, but this is no reason for not using it at all. Catheterism of the Eustachian passage is constantly practised in France and Germany, and often in England also, under proper restrictions, without injurious consequences, and with manifest advantage, both to practitioner and patient. I have seen the operation very frequently performed by my former instructor, M. Menière, of Paris, the successor of Itard as Physician in Chief to the Hospital des Sourds-Muets; I have also seen it performed daily for several months, while following the practice of Kramer, the distinguished aurist of Berlin, but never have seen any unpleasant consequences result from it, either immediate or remote. And moreover, I have heard both these gentlemen declare, that in the course of their long and extensive practice, as aurists, they have never had occasion to regret the use of the Eustachian catheter. I am constantly in the habit of employing it myself (especially as a means of diagnosis); and my own limited experience confirms entirely that which has just been cited. This is certainly very strong evidence of the harmlessness of the operation, and those who know when and how it ought to be performed will not attempt to underrate its value or advocate its disuse.

The following article on the exploration of the Eustachian tube contains a brief and clear account of the manner of performing the above operation, and of the difficulties and advantages attending it. The article is translated from Menière's French edition of Kramer's Treatise on Diseases of the Ear, and forms a portion of the additions to that work by the French editor and translator, which are as valuable as the text of the work itself. Kramer's Treatise was translated into English some years ago, but the following article was published with the French edition in 1848, and has never before been translated into our language.*

Eustachian Tube.—It would seem as if the middle ear or cavity of the tympanum, on account of its deep situation, would be uninfluenced by a large proportion of the causes of disease that act upon the auditory apparatus. However, the delicacy of the organs which it contains, the mucous membrane which lines it, and its free communication with the external air, are sufficient grounds for the frequency of the lesions which

* The work from which I have translated this article is Kramer's Treatise on Diseases of the Ear, translated from the German into the French by P. Menière, Physician to the Institution for the Deaf and Dumb at Paris, with notes and numerous additions by the translator. The text and the additions form the most valuable treatise of the kind with which I am acquainted. The article commences at the 505th page of the work.

are seated in it. In fact, clinical observation proves that most of the diseases of the ear depend upon organic alterations, either of the mucous membrane of the tympanum and its products, or of the ossicula, or of the membranous or osseous tissues, which form the mastoid cells. Now, in order to recognize these various lesions, it is evidently necessary to apply such methods of examination as will enable us to appreciate rigorously the physical phenomena that take place within this cavity.

The tympanal cavity communicates with the atmosphere by means of a passage, called the Eustachian tube; but this communication is not direct, immediate. The mouth of the tube lies at the superior part of the respiratory passages, near the top of the pharynx and behind the nasal fossæ. It is so situated that the integrity of these parts is a necessary condition to the free exercise of the auditory functions. If the diseases of the meatus exert a marked influence upon the hearing, we should expect a much greater influence from those diseases which occur so frequently in the nares and pharynx, and which consist, for the most part, of lesions of the mucous membrane, that continues along the tube to the cavity of the tympanum. It is necessary, then, to examine carefully the isthmus of the fauces, the upper part of the pharynx, and the nasal fossæ, in order to ascertain the condition of the mucous membrane, which clothes these parts. I shall give an account elsewhere of the important signs which are furnished by this examination. It is sufficient at the present time to remark that the pharyngeal mucous membrane is to many of the diseases of the ear, what the conjunctiva is to the diseases of the eye.

Air and mucus are always present in the middle ear, and these two substances are continually renewed in its healthy condition, by means of the Eustachian tube and the mucous membrane which lines it. Any impediment to the renewal of the air, or a superabundance of mucus, changes all the physiological conditions of the organ of hearing, and produces disorder in its functions.

How can these changes be appreciated? What means are necessary to recognize a more or less complete obliteration of the tube? By what process can an accumulation of mucus within the cavity be discovered? No disease of the ear, whose immediate cause does not exist in the external meatus, can ever be recognized and diagnosed, if the Eustachian tube, as well as the cavity to the tympanum, has not been explored. It is of great importance, then, to proceed to this investigation with the utmost care. With this end in view, I propose to point out in succession the various means that are employed for this purpose.

Every one has felt air pass along the tube and reach the middle ear. The sensation is scarcely perceptible in the normal condition. In the healthy state, the movements of deglutition, the act of blowing the nose, of expectoration, and other physical phenomena, which set in motion the contractility of the pharynx, act upon the tube and excite a sort of alternate circulation of air; the consequence of which is, that this fluid is continually renewed in the cavity of the tympanum. But it frequently happens that all this does not take place. The air within the cavity becomes rarefied; its physical character is changed, and the hearing loses

somewhat of its delicacy. These circumstances necessitate the employment of certain means for the purpose of re-establishing a free communication of air. It is easy to remedy this evil in those who take cognizance of the phenomena that occur in their own organism; and daily observation indicates the treatment of the affection. A mild coryza frequently occasions a temporary obstruction of the tube. The consequent deafness ceases as soon as, by any expiratory effort made with the mouth and nose firmly closed, air is enabled to pass along the tube and re-place that which filled the cavity of the tympanum. This act is so efficacious that most patients resort to it instinctively and unawares. I deem it important to insist upon this fact, and to show that all its advantages have not been educed.

Two things, it appears to me, exert an especial influence upon the passage of air along the Eustachian tube: they are the movement of depressing the jaw, and the contractions of the pharynx and its appendages. It is always after a yawn or a sneeze, or an attempt to blow the nose, to expectorate or to swallow, that air is felt to traverse the tube and enter the cavity. Now the voluntary repetition of these same acts produces, with much greater certainty, so desirable a result. If an individual is only attentive in studying the minute details, which assure the success of the operation, he will succeed in introducing into the middle ear, with ease, the quantity of air necessary to the exercise of its functions. Many persons, I admit, do not know how to use this force in clearing the Eustachian tube, but it is easy to teach them its employment. This is in my opinion the first and most important of all the methods of exploring the middle ear. Let us now examine its advantages.

The majority of patients who are affected with deafness in consequence of a lesion of the cavity of the tympanum, should be examined with regard to their sensations in the ear, when they blow the nose, yawn, sneeze, eat, &c. It is unusual for these various actions not to exert some influence upon deafness, dependent upon a catarrhal affection of the tube or the cavity; and almost always the patient has noticed the sudden occurrence of some phenomenon in his ears at the time of one of these acts. It is very easy to re-produce similar phenomena. I have frequently succeeded in producing an instantaneous amelioration of the hearing, either by exciting a sneeze, or by engaging the patient to make a strong expiration, with his mouth and nose closed. Indeed, the employment of sternutatories in diseases of the ear is an ancient practice, and it is easy to explain their mode of action.

The art of introducing air into the cavity of the tympanum is rendered perfect by practice. Some individuals succeed in combating successfully in this way the deafness with which they are affected. The occlusion of the mouth and nostrils is not always sufficient to enable one to force expired air into the tube; there must be added to this the movement of deglutition, or an inclination of the head, forward or back. With many patients who have come under my observation, I have also found it necessary to place the extremity of the indicator upon the orifice of the external meatus, and to agitate briskly the air contained in this canal, as well as that in the cavity of the tympanum. Those

whose nostrils are habitually closed by a swelling of the lining mucous membrane, sometimes succeed in producing a sudden diminution of the swelling. In order to destroy such a permanent coryza, they have recourse to aspirations of cold water, slightly acidulated, or to the application upon the forehead or back of the neck of a sponge dipped in cold water. Some expose themselves during the night to the action of cold air; and lastly, others produce the same effect by lying on one side, for a longer or shorter time. In this position the liquids, which engorge the pituitary membrane, yield to their own weight, abandon the superior nares as well as the orifice of the tube, and then by a strong expiration air is forced even to the cavity. The same thing takes place when lying upon the opposite side.

These various processes, which are useful in ameliorating the condition of the patient, are of equal importance in establishing a diagnosis of the disease. But as we cannot always obtain all the light desirable for this purpose, it becomes necessary to apply a means more efficacious and direct, and one whose application is altogether within the command of the surgeon. However, I do not usually decide to pass a catheter into the tube, until I have persuaded the patient to make an expiratory effort, with the mouth and nose closed. If the membrane of the tympanum is examined at the same time, this partition will be frequently seen to be pushed out and slightly wrinkled by the air, which has entered the cavity; in such a case it is evident that catheterism of the tube can teach us nothing further. But when the patient does not succeed in forcing air into the cavity, then the exploration of the Eustachian tube becomes the necessary complement of all researches, touching the diagnosis of such diseases of the ear, as are not evidently seated in the external meatus and upon the surface of the membrana tympani. Without discussing the historical part of this question, which has been so largely treated of in the works of Itard and Kramer, I propose to describe the catheterism of the Eustachian tube—presenting what appears to me the best method of practising it.

[To be continued.]

EFFECTS OF TOBACCO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—By referring to the enclosed circular (which you will do me the favor to publish with my present remarks), it will be perceived that I am still pursuing (statistically) the subject which called forth, through a series of numbers of your Journal, in 1839, so much pleasant, though at times radical discussion—the question being wholly novel to the profession. I apprehend, however, it will be acknowledged by my brethren, that, considering the unusual display of combatants on the occasion, my original proposition, that “the throat affection, strictly so called and understood by the faculty, does not, as a general remark, develop itself in the habitually tobacco-using subject; that is, by chewing and smoking,” was tolerably well sustained. For, considering, *in limine*,

the great flourish of trumpets, but few, very few cases, less than half a dozen, were presented conflicting in the least degree with my original proposition above cited. Since 1839, I have had, as leisure permitted, this question, and that touching longevity, under consideration, and collected numerous statistical facts; and my present object of communication is to solicit more generally the aid and co-operation of my professional brethren in furthering these investigations, by contributing illustrative facts, not only upon the first proposition, the clergyman's throat affection, but that now presented, aiming to developé "the effects (whether deleterious or otherwise) of tobacco upon the general health and longevity of our race."

I beg to say, that I desire simply facts, not theory or speculation, and shall be grateful for every favor, however limited, relying upon the aggregate for final results. With regard, truly yours. &c.

Providence, R. I., Oct. 15, 1850.

J. MAURAN.

[The following is the circular referred to by Dr. Mauran.]

"Dear Sir,—Having been engaged, for several years past, in investigating, statistically, the effects (whether deleterious or otherwise) of tobacco when used habitually, upon the general health and longevity of our race, I take the liberty most respectfully to solicit through you an answer to the following queries touching the habits of M ———, recently deceased at the age of ———.

1. Was the party an habitual user of tobacco? if so,

2. For what term of years?

3. In what form? whether by

Smoking?

Chewing?

Snuffing?

4. Had the party been afflicted with bronchitis (clergymen's sore throat, so called)?

5. Please state any facts peculiar to ———'s mode of life, profession, &c.

6. Habits of party in above respect, of any other cases of marked longevity in your vicinity, whether male or female.

By an early attention to the above queries you will, it is hoped, not only subserve the cause of science, but assuredly, dear Sir,

Your ob't serv't, &c.

J. MAURAN,

38 Main st., Providence, R. I.

P. S.—My investigations extend to every known case of death at 70 years and upwards.

PHYSICIANS' FEES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As a member of the medical profession, I for one thank you for your remarks in the last number of the Journal upon this subject. It seems to me to be time that something should not only be said, but also *done* upon it.

As it now is, custom has sanctioned the plan of *charging* visits. But I hesitate not to say that it is a *bad* custom. It does not prevail in England. If I have been correctly informed, when the physician has *there* made a visit, he *promptly receives his guinea*. This is as it should be. There are but few cases in which it is not perfectly convenient for the patient, or his friends, to pay for a visit; and where this is not the case, as you suggest, a *short credit* might be allowed, but let it be strictly a *short one*. In my opinion, if the medical profession, especially in Boston, would reduce their fee-bill of *charges* one half, and establish the *cash* principle (which they might easily do by a little effort), they would be great gainers. Pointing these *wooden guns*, as was very justly remarked some time since in your valuable Journal, only excites laughter. Of what possible use can it be to *charge* two dollars a visit, and take fifty cents, if we can get even that small sum? Doubtless there are physicians in the city who collect a considerable proportion of their charges, even as the fee-bill now stands; but they are rather exceptions to the generality, than the mass.

Some time since, I gave a handful of bills to a collector, who remarked, when he took them, "if your patients are like Dr. R.'s, for whom I collected last year, it will be difficult to tell whether they are in heaven or earth, or under the earth." This is one grand difficulty. A vast number of the inhabitants of this metropolis are *moving* characters—here to-day, and gone to-morrow. Now if it were customary for the physician to be paid as his services were rendered, this evil would be remedied. It is but a short time since the writer attended the son of a widow lady, or rather *woman* (for, as our foreign population say in such cases, *she be no lady*), through a run of fever. When he had recovered, upon saying to his mother that it would not be necessary to come again, she replied, "Well, doctor, I will pay you in about a month." Some three weeks after, passing along the same street, and observing that the *name* was removed from the door, I stopped and rang the bell, but received no answer. A lady from the next house remarked, "the family have removed from that house." As to the question, if she knew *where* they had gone, she replied she did not. The old adage is true in these cases, "you might as well look for a needle in a hay stack," as for such persons in Boston. I mention this case, not as a strange one, but simply that we may be reminded by it of *omne gente*.

Such persons could and would pay fifty cents a visit *at the time*, rather than run the risk of getting along without a physician.

Then, again, the *cash* principle would relieve us in a great measure of that numerous and most *pestiferous* class of patients, who send for the doctor five times as often as they need, simply because they never expect to pay anything. This class (and it is not a small one) are everlastingly changing doctors, and every new one whom they call must hear a *tirade* of abuse heaped upon his predecessor, who probably had attended the family at all times without a cent's remuneration, and in his turn be succeeded by the next new doctor who happens to come into the neighborhood, to be subject to the same abuse as his predecessor. Now, if it were understood that the doctor was to be paid, even though the

sum were small, at the *time* he rendered his services, it would tend to hold very much in check such persons, who, perhaps, are the worst of all at whose beck we must be. It is true, a physician can soon tell, by the frequency of the calls demanded of him, and the fickleness of the complaints, or rather by the *disposition* of those who send for him, whether they *mean to pay* anything or not. If they send for him for the slightest ailments, at all times of the day and night, and berate all their former doctors, and praise their present one, he may feel *pretty considerably* well assured that "he *has* his reward"; I mean all he *will ever get*, except the *berating*.

Now, if the profession (and they *can* do it) would establish the *cash* principle, in accordance with your suggestion, this, and many other evils, with which they are now assailed, would be removed, and the young practitioner, who thinks he is earning his two thousand dollars a year, would not, at the close of it, find himself fifteen hundred dollars minus that sum. *

A CENTRE SHOT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As

"There's but the twinkling of a star
Between a man of peace and war," &c.,

and as "there is but a step between the sublime and the ridiculous," so there is but a very small difference, sometimes, between instant death and little danger; of which I will give you an example.

On 7th June last, a drunken young fellow had in his hand one of Colt's revolvers, and after pointing it in various directions, turned it upon one of his companions, who was standing within three feet of the muzzle, and fired. The ball, a buck-shot, entered the nose about one third of an inch on the right side of the mesial line and directly opposite to the inner canthus of the eye, going in perpendicularly and parallel to the mesial line, to the distance of three and one third inches. There is no mistake as to the direction or distance, as the course of the ball was readily followed by the probe, and the entrance through the nasal bones clearly recognized. The ball, therefore, must have traversed the whole body of the sphenoid bone, and lodged in the cuneiform process of the occipital. No very serious consequences followed. We had to bleed twice and give some little medicine. He was soon well, and has left this vicinity. I do not know how long a discharge from the nose was kept up, but the external wound healed very speedily. Neither do I know whether the sense of smelling on that side was materially injured.

If you Yankees *can* send a tamping bar through a fellow's brain and not kill him, I *guess* there are not many can shoot a pistol bullet between a man's mouth and his brains, stopping just short of the medulla oblongata, and not touch either.

Yours truly, W. L. SUTTON.

Georgetown, Ky., Oct. 8th, 1850.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 23, 1850.

EDITORIAL CORRESPONDENCE.

Ferrara, Central Italy.—Immediately after mailing the last letter, at Padua, the jaunt was resumed in a veterino—that is, a broken-down old coach, drawn by the skeletons of two horses, harnessed to the wretched vehicle with bits of old rope. They can possibly get over the ground at the rate of thirty miles a day, by extra threshing, screaming, and occasionally resting till the traveller's patience is exhausted, while the poor starved animals are fed on bread—a custom that prevails with teamsters and managers of horses throughout central Europe. Baked bread, they say, is far more nutritious for horses than raw grain; and they are right. Ferrara is a gloomy place—its glory has utterly departed. Long wide streets, immense edifices in ruins, its great cathedral, dedicated in 1135; the prison of Tasso; the tomb of Ariosto; the original manuscripts of both those remarkable men, with all the plumes of defunct royalty, cannot re-animate or quicken it into prosperity. On entering at the gate, the carriage is stopped, and the passport examined with minute consideration, as though the condition of an empire, for weal or for wo, depended on the scrutiny. The facts in the case are all written down in a folio, by a tall fellow with epaulettes and sword, supported by sentinels at his elbow, and the passport graciously handed back, variously scrawled and stamped; and on arriving at the hotel, where we had no intention of staying but an hour or so, the passport was at once called for and sent to the commandant of the city. He made certain official scratches, added another blue stamp, and on we went, thankful to have liberty of exit from the city of dilapidation and military farces. But we were again brought to, as the sailors say, and the national document, certifying to our American citizenship, more rigorously inspected than ever. Another record was made, and we were permitted to proceed on our way over a lonely road towards Bologna. In the public library, a waning institution, is the chair of Ariosto, a good solid walnut contrivance, that will stand the wear and tear of a thousand years more. An inkstand, a kind of creampot, the workmanship of his own hands, is placed by the side of his manuscript; and a medallion, bearing an accurate likeness of himself, taken from the coffin containing his remains, is an interesting object. The original manuscript of Orlando Furioso, with the author's marginal corrections, will be admitted by all to be a great literary curiosity. In the library are *fifty-two* early printed editions of his works! The whole of the manuscript of Jerusalem Delivered, written in a fair hand, on coarse paper, by the light which was admitted to Tasso's cell, through iron grates from a scuttle window, is also shown to visitors. Few marginal corrections were noticed—making it certain that he wrote as though he were simply copying his immortal cantos from a book, so clearly and distinctly were the scheme and language defined in his mind.

Bologna.—An English writer has shown his contempt for this old worn-out city, by saying it is celebrated for puppies and sausages. The latter are still manufactured extensively. The celebrated University is in a better condition than almost anything else. There are two very massive leaning towers, near the market place, of brick, one of which has been

carried up 356 feet, and remains unfinished, although commenced some hundreds of years ago. It is now out of plumb at the top, 3 feet 2 inches. The other, an ugly square tower, also of brick, 130 feet high, with the still open stage-holes for the masons to stand upon, was begun in 1110. It leans 8 feet E. and 3 S. These fearful looking inclinations were unquestionably produced by the settling of the foundation. Connected with the University, is a medical school and a general hospital. Admission could not be obtained to the latter, by any appeal that was made. Nothing short of an order from some very important personage would permit a stranger to enter its portals. No doubt it was in such a beggarly condition, that those who so meanly prevented us from going in feared for the reputation of the establishment. The writer prayerfully hopes that the petty officers, the director, and all others associated in the administration of the institution, may read these remarks before another foreign professional traveller meets with a like disappointment. By means of one of those debased coins of the country, called swanziger, a respectable janitor opened the Cabinet of Natural History, at the University—a fine collection Professor Alessandrini, eminent in that branch of science, happened to be present. He is a small, gray-headed man, something over fifty years of age. Much praise is due to those who have built up the pathological cabinet, now very valuable. One room was exclusively devoted to the safe keeping of a multitude of wax models of the gravid uterus. The numbers run up to fifty-seven, the fœtus being exhibited in its various stages of development in the matrix. A variety of monstrosities, properly belonging to the department of midwifery, besides wet preparations, were systematically arranged on shelves. The models were not in the highest style of art. Judging from the size of the anatomical theatre, a full complement of students in the lecture season, which is November, would be some over a hundred. After undergoing all the annoying examinations at Bologna, that disgrace the weak, jealous governments through whose dominions we are obliged to pass, we were permitted to go out at the gate for Florence. Each hotel in Bologna had sentinels walking before it night and day. Churches, taverns, theatres, stables, town pumps, officers' quarters, and every thing else, from the people down to cats and dogs, are under military surveillance. "It both provokes and sickens one to witness the oppression of so many millions of human beings by the concerted action of a few crowned heads.

Florence.—Unlike any other town or city yet visited in Italy, here are both vitality and activity, although Tuscany is scourged with the presence of Austrian and French soldiers. Both to the cultivators and admirers of the fine arts, the galleries, palaces and churches present an interminable feast of the highest order of works. Men of science will find less intellectual food in Florence, than in Paris or London; and what there is, rather shows what has been, without indicating any progress. At the Pitti Palace, a series of apartments are studded with wax models, illustrative of human anatomy, excelling all that exists in other cabinets yet seen in Europe, by a hundred fold. No imitations can be more exact copies of nature. Even the bones, whole—sawed both longitudinally and crosswise—and also the entire skeleton, are so closely imitated in wax, that it requires a practised eye to detect the difference between the true and the artificial. So vastly numerous and elaborately finished are the whole of them, that nothing short of an hereditary ducal revenue could have procured them. One room contains the anatomy of fishes, entirely in wax, of extraordinary

workmanship. One sizeable room contains illustrations, true to life as possible, of the progress of gestation and parturition—too exact for the vulgar gaze, and yet it was filled with peasant men and women, who were commenting freely on each prominent point and position, without betraying a blush. A better geological cabinet, as far as it goes, is not to be found. The arrangement is beautiful, the specimens admirably displayed and unsurpassed for the purpose of study. Of the paintings and sculpture, the account of their peculiar claims to distinction is left to those whose taste and discrimination are equal to the undertaking. Next, the hospital, under the same roof and in connection with the medical school, was visited under favorable circumstances. Eleven hundred patients were said to be actually under medical and surgical treatment. This must have embraced the crowd of poor people at the door and in the entries, waiting for advice—which that class of persons are so often stark mad to receive, both here and in London and Paris. In the anatomical museum are seen the extraordinary artificial petrifications of various organs and parts of organs of the human body. Reptiles, also, numerous and complicated in structure, are converted into stone—and there they remain, memorials of an art forever lost, by the death of M. Segato, the discoverer of the process. Not receiving encouragement, nor being sufficiently appreciated for his discovery of a mode of converting animal bodies into marble statues, he died, in vexation of spirit, without revealing the process. Dr. Georgio Pellizzari, the professor of anatomy and pathology, a young man, indicates, in his bodily activity and intelligence, uncommon devotion to his department. There is none of that sluggishness in his composition, which, under his predecessors, run the school down, instead of keeping it up to the high standard of other countries. His civility to professional strangers shows that he is a gentleman also. He exhibits some rare specimens of diseased spine, and one of them is actually doubled back upon itself—that is, the cervical vertebræ are laid back upon the upper series of the dorsal. Whether this was a congenital malformation, or the result of disease or accident, cannot be determined.

A very beautiful appendage to the Pitti palace, erected at an expense of thirty-six thousand pounds, contains a magnificent statue of Galileo—partly surrounded by drawings illustrative of important events in that illustrious astronomer's life. Secured in a case is the first telescope ever constructed, by the aid of which his grand discoveries were made, and in another case is the fore finger of his right hand. Instruments belonging to his successors, to show the advances in mechanism as well as science, are placed in view. The church of Santa Croce is the Westminster Abbey of Florence—containing the remains and tombs of four celebrated persons. One is Michael Angelo, surmounted by a correct bust, which shows him to have been a very plain, unpretending kind of a man. Second, Machiavelli; third, Galileo; and fourth, Dante—of a lofty, noble expression, altogether superior to the ordinary engravings and models of his head abounding in libraries and galleries. To specify the paintings which are considered studies, and are accessible to strangers, would be the labor of weeks; so too, of the statuary—rich, complicated and beautiful, beyond what our young country can exhibit. Mr. Powers, the Vermont artist, is admitted by all to be the first sculptor in the world. His studio is visited by more strangers than any other. At present, he is modelling a charming figure, which he has christened America. It represents a female, six feet high, having the right hand resting on the ends of a bundle of sticks, the United

States; the left foot is trampling on a crown, while the left hand is raised to the heavens. The idea is poetical, the design excellent, and the execution will unquestionably be in the first style of art. However unpopular such a production may be in the military dominion where it is being made, its popularity in the United States is certain. We generally suppose that sculptors do their own marble cutting. But this is a mistake, as it is done by mere mechanics, who can imitate the models, though they cannot originate. Mr. Greenough is finishing a splendid work, representing the influence of civilization over savage life. This, too, is particularly an American idea, and will doubtless be appreciated, and probably purchased by the Government for the Capitol at Washington. The design is this:—an Indian has raised his tomahawk to give a fatal blow to an infant in its mother's lap; but the falling instrument is arrested by the stout arm of a white man, who grasps so firmly the wrist of the savage, that the struggle for release and the effort to retain the ascendancy bring into play the whole anatomical machinery of the human body, in a most masterly manner. If critics say anything against this group, they will probably intimate that the face of the Anglo-Saxon lacks expression, corresponding with the violent action of the body, and the cause in which he is engaged.

Education of Apothecaries.—In the last number of the Journal of Pharmacy, published in Philadelphia, we find some very appropriate remarks, by the editor, on the education of apothecaries. They correspond with our ideas upon the subject, and we take great pleasure in laying some of them before our readers:—

“In the United States, pharmacy is virtually unprotected in sight of the laws—is a mere trade or business—which any one may practise who has the money to commence and the assurance to prosecute it with the most meagre smattering of its language and materials. Whilst such is the case, how can it be expected that young men of ability will pass through a tedious course of practice, and study to qualify themselves as competitors to a host of pretenders, whilst a large portion of the public make no distinction between them save that which arises from a false economy? In fact, there are few stores, of the hundreds in this city, the revenues of which are sufficient to pay a qualified assistant as he deserves; hence the custom of depending on apprentices. There is no real objection to this, if a proper system is followed, so that of two apprentices one will always be sufficiently advanced to act as a responsible assistant in the absence of his employer. The latter therefore is bound to exercise his best judgment in admitting youths to his establishment, to keep a conscientious watchfulness over their conduct whilst engaged in their duties, and to afford them every facility of advice, and books whereby they may acquire a rapid and correct knowledge of their profession. We have been pained repeatedly, in our intercourse with the pharmaceutical students of this city, to learn how culpably negligent in some instances their employers have been in furnishing the means for study. It is the pecuniary interest of every pharmacist to render the inducement to study and intellectual culture strong, to his apprentices. The increase of knowledge reacts in his favor; they are better satisfied with the necessary but onerous confinement they are subjected to, and they are less disposed to devote their leisure hours to the pernicious literature of the day or the sensual enjoyments too freely attainable in a large city, and which have led many promising lads and young men from the path

of rectitude, and plunged them into the vortex of dissipation, based on means dishonestly obtained from their employers. In so speaking, we know that it is the truth. We have a strong sympathy with the young and rising members of the pharmaceutical body; we understand their difficulties and trials, imaginary and real; and we would encourage them to aim at a high standard of qualifications, and let no ordinary impediment, or short-lived temptation, prevent them from attaining to it. They will find the character thus gained a more substantial and valuable capital, when they arrive at manhood, than twice the amount necessary to stock a store. With such qualifications, young men find no difficulty in getting situations, in which we frequently see them advanced till they become the principals."

Physo-Medical Reform Practice.—It is very amusing to read the formulæ, for curing disease, of this sect of "reformers in medical practice." In a late number of one of their Journals, may be found the remedies necessary to cure a dysentery, and the reader can judge of the rationale of such treatment, provided the diagnosis in the case alluded to, be correct. It is copied verbatim, the directions, only, for preparing the medicines, being omitted. R. Rhubarb, leptandria, podophyllum. This to move the bowels. Then follows a syrup to be made of the following:—R. Mentha virid., plantago major, polyganum punctatum, geranium maculatum, rhus glabrum, four gallons of water, sugar, brandy, mix and make a syrup. R. Apocynum androsemifolium, populus tremuloides, sanguinaria canadensis, green lobelia. R. Tinct. guaiacum, gum arabic, comfrey root, hot water. R. Oil of camphor, cold wet bandage. R. Extracts of podophyllum, leptandria, macrotis and blood-root. This produces *green, black and yellow* stools. R. Myrica cerifera, cyripedium pubescens, hydrastis canadensis, berberis vulgaris, populus tremuloides, comptonia asplenifolia, geranium maculatum, water, sugar, brandy. R. Lobelia, ipecac, soda, flax seed, slippery elm, marshmallows. All of the foregoing articles are to be given to the patient in course, until convalescence takes place, which it is said will never fail to occur, if the medicines are *faithfully given*, and the directions followed!

Physicians' Prescription Paper.—Drs. Philbrick & Trafton, Chemists and Physicians' Druggists, 160 Washington street, have lately got up a very neat and convenient blank, for the use of physicians in writing their prescriptions. To the physician who is methodical, and has a desire for neatness in his prescriptions, it will prove very acceptable, and no doubt will be properly appreciated. Messrs. Philbrick & Trafton, being regularly educated physicians, know well the wants of the profession, and we can assure our medical friends that any orders for medicines entrusted to them will be faithfully attended to.

American Vegetarian Society.—This august society held a meeting last month in the city of Philadelphia. Dr. Wm. A. Alcott, of Newton, Mass., had the honor of being elected president of the society. After the business of the meeting was attended to, a banquet of vegetable substances was served up in a style that made glad the hearts of all who *hate flesh*. Speeches and sentiments followed, and the assemblage parted, much wiser and purer, it is presumed, than when it assembled.

Boston Dispensary.—At the late annual meeting of the contributors to the Boston Dispensary, the following officers were chosen for the year. *Managers*—Samuel May, N. L. Frothingham, Pliny Cutler, J. H. Foster, U. Crocker, E. Chadwick, N. H. Emmons, S. Bradley, J. H. Wolcott, F. Parkman, G. H. Kuhn, William Dehon. *Treasurer*, G. T. Bigelow. *Secretary*, W. Dehon. *Consulting Physicians*, S. D. Townsend, M.D., Jacob Bigelow, M.D. *Visiting Physicians*—Dr. Robert Geer, Sigourney place, Wards 1 and 3; Dr. Edward B. Moore, 133 Hanover street, Ward 2; Dr. Francis Minot, 120 Charles street (south division) Wards 4, 5, 6; Dr. Franklin F. Patch, 30 Green street (north division) Wards 4, 5, 6; Dr. Henry W. Williams, 10 Essex street, Ward 7; Dr. James W. Sharkey, Federal street, Ward 8; Dr. E. A. W. Harlow, 97 Essex street, Ward 9; Dr. E. T. Eastman, 85 Bedford street, Ward 10; Dr. John C. Dalton, 20 Kingston street, Ward 11; Dr. W. B. Morris, Ward 12; Dr. M. B. Leonard, East Boston.

Medical Miscellany.—There is a man living in Tennessee, who is in his 122d year, enjoying most excellent health. He is a native of Germany, and emigrated to this country 100 years since.—We find in one of the Journals, an article on the *art of coughing*. It is deemed unnecessary to give the tactics in ours.—The physicians have examined the bodies of the eighteen persons who died so suddenly at Kalamazoo, and finding no poison in their stomachs, have come to the conclusion that the disease was the cholera.—Jenny Lind gave \$500, part of the proceeds of one of her concerts in Boston, to the Charitable Orthopedic Institution of this city. Such acts of benevolence, by a stranger, deserve more than a passing notice.—Dr. Valentine Mott, late Professor of Surgery in the Medical Department of the University of New York, has been appointed Emeritus Professor of Operative Surgery and Surgical Anatomy in the College of Physicians and Surgeons of New York.—The treatment of cancer by refrigeration is receiving attention in London.—The New York Academy of Medicine have adopted unanimously two memorials, to the President of the United States and the Secretary of the Treasury respectively, requesting the dismissal of the present Examiner of Spurious Drugs and Adulterated Medicines for the port of New York, on account of inefficiency and unfitness for the office.—Dr. Coffrau, mentioned in last week's Journal as indicted in Maine for manslaughter, has been acquitted, the evidence not being sufficient to make out a case.—Dr. Bureaud Riofey died lately in California.

TO CORRESPONDENTS.—Some account of the late remarkable cases of cholera at Kalamazoo, Mich., from Dr. Mack, came too late for insertion this week.—The following papers have also been received; Medical and Surgical Cases at Balasore, India, by Dr. Bachelier; Muriate of Opium—Dr. Doe; A Peculiar Effect of Ether—Dr. Sisson; Homœopathy—Dr. Colegrove.

MARRIED.—In this city, J. P. Maynard, M.D., of Newton, to Miss Caroline E. Fales, of Wrentham.—At North Andover, Mass., John C. Dalton, M.D., of Lowell, to Miss Lydia Phillips, of Andover.—At New Haven, Ct., George H. Rodgers, M.D., of Colchester, to Miss Eliza A. Terrell, of New Haven.—At Norfolk, Ct., Henry Martin Knight, M.D., of Stafford Springs, to Miss Mary F. Phelps, of Norfolk.

DIED.—Much lamented, at Moira, N. Y., Dana H. Stevens, M.D., aged 38 years.

Deaths in Boston—for the week ending Saturday noon, Oct. 19, 60.—Males, 28—females, 32—Apoplexy, 2—disease of the bowels, 2—inflammation of the bowels, 1—burn, 1—congestion, 1—consumption, 9—convulsions, 3—cancer, 1—croup, 1—dysentery, 6—diarrhoea, 1—dropsy, 1—dropsy of the brain, 4—fever, 1—lung fever, 4—brain fever, 1—fracture of the skull, 1—hooping cough, 1—infantile diseases, 6—inflammation of the lungs 1—marasmus, 1—measles, 1—old age, 2—palsy, 1—puerperal, 1—suicide, 1—teething, 3—disease of the throat, 1—unknown, 1.

Under 5 years, 26—between 5 and 20 years, 9—between 20 and 40 years, 13—between 40 and 60 years, 5—over 60 years, 7. Americans, 28; foreigners and children of foreigners, 32.

Vaccination.—Dr. W. H. Anderson having read, before the Mobile Medical Society, a very interesting paper on vaccination, Dr. Fearn observed that it brought to his mind a very interesting experiment that he was witness to in Mobile some years ago. Twenty persons in one family were exposed to the contagion of smallpox. In thirty hours after the first exposure they were all inoculated from the person ill with the disease. The day after the inoculation, and two days after the first exposure, they were all vaccinated. The vaccine took in every instance. After the vaccine pustule run through its usual course, and declined, the inoculated pustule rose, dried prematurely, and fell off. Not one of the subjects of the experiments had smallpox. Dr. Fearn explained, that these facts were observed under the following circumstances. The head of a family being attacked with the smallpox, the children and other members of the family were necessarily exposed to it. No vaccine matter could that day be procured, and it was thought better to inoculate all who were exposed to the contagion than have them take the disease in the natural way. The day after they were inoculated, some vaccine virus was procured from New Orleans, and the result of its use was as above stated.—*New Orleans Med. and Surg. Journal.*

University of Louisiana (Medical Department).—In our July publication, we copied the act passed by the late Legislature, appropriating \$25,000 for the purchase of an Anatomical Museum, chemical apparatus, specimens of *Materia Medica*, &c., for the medical department of the University of Louisiana. Early this summer, the Medical Faculty appointed Professors Cenas and Wedderburn to visit Europe, for the purpose of carrying out the objects of the act; they sailed sometime during the month of June, and after inspecting the museums of London and Paris, left for Italy, where they expect to purchase some splendid preparations for the museum of our University. With such a collection for the illustration of medical science, as Professors C. and W. will bring with them on their return in the fall, the University of Louisiana will present to the medical student facilities and opportunities for the study of medicine, which have been rarely equalled, and never excelled by any institution of the kind in this country.—*Ib.*

Jarvis's Adjuster.—An instrument, under this name, for adjusting fractures and reducing dislocations, has been before the profession for some years, but it has not received the attention its merits deserve. It enjoys the confidence, and has received the approbation of a number of eminent surgeons, among whom stands Professor Mott. We have had an opportunity of examining the instrument, and take pleasure in commending it as superior to anything of the kind we have seen, and we feel sure that a correct understanding of its merits, and the use of its powers, would do much toward stopping those suits for mal-practice, that are so annoying to surgeons, and so injurious to the interests of the medical profession. It is time that some means were adopted for this object. The statistics of Professor Hamilton, and the quotation we made from Maclise, on the developments of broken bones in Dupuytren's Museum, are not very creditable to modern surgery, and such things could not exist under the regulations of good surgery.—*Western Journal of Medicine and Surg.*

CASES OF CHOLERA AT KALAMAZOO.

[Communicated for the Boston Medical and Surgical Journal.]

ON the first day of the present month (October) a company of Holland emigrants arrived in this place and put up at the Exchange Hotel. On their arrival here, they were all in the enjoyment of good health, with the exception of one little girl, who had the dysentery. From their statements it seems that there had been no sickness amongst them, during their journey, nor amongst the passengers with whom they were associated upon the route. On the 2d, they left the Hotel and moved into a house in the lower part of the village. On the 3d, one of their number, a man about 28, was taken with vomiting and purging of an offensive watery fluid, accompanied with cramping, and coldness of the extremities, blueness of the surface, with cold clammy sweats, a rapidly failing pulse, extreme nervous prostration, anxiety and oppression of the chest, with a painful burning sensation between the scrobiculis cordis and the umbilicus; a coldness of the tongue, and rawness of the expired air, with rapidly-increasing prostration, followed in twelve hours by death. About the same time a girl, *æt.* 13, was taken in a similar manner, and died a few hours later. During the night of the 3d, four of the boarders at the Exchange, all citizens of the place, were taken with vomiting, purging, cramping, and other symptoms similar to those of the two emigrants, and in about twelve hours they all died. On the 4th, two others of the boarders were also taken and died—one in nine, the other in eleven hours. The greatest degree of excitement and alarm now prevailed throughout the community. The supposition of accidental poisoning generally prevailed. A coroner's jury was summoned, and the physicians were ordered to make a post-mortem examination of the bodies of those who had died. This was done on the 5th.

The appearances in *every* case examined were as follows. A paleness and exsanguination of the inner surface of the stomach and bowels; engorgement of the right side of the heart, and of the larger bloodvessels, with thick ropy blood; distension of the gall-bladder with black tarry bile; a perfectly empty and collapsed bladder, and a dried and shrivelled appearance of the kidneys. The stomach and bowels contained a considerable quantity of watery fluid, similar to that which had been ejected before death. The most rigid chemical analysis failed to

detect in the contents of the stomach or in any of its tissues, the slightest trace of poison.

Meanwhile, during the pending of the examination by the coroner's jury, two other cases, of a precisely similar character with the ones previously detailed, occurred in a house immediately back of the one into which the emigrant families had removed. Both of these cases (a man about 50, and his daughter about 16) proved fatal in less than ten hours. Neither of these persons had ever been at the Exchange, nor had they been connected in any other way than by proximity with the Holland emigrants. About 9 o'clock on the morning of the 6th, a young man at the house of Mr. M., next adjoining the one in which the emigrants were living, was also taken in the same manner with the others. He had been boarding at the Exchange up to the time when the first cases occurred, immediately after which he left in great alarm. For twenty-four hours previous to his attack, he complained of a slight diarrhœa, but considering it as trifling he neglected to use any means for its arrest. About 10 o'clock, I was called to see him. I found him vomiting and purging. The evacuations were of a rice-water appearance, and so profuse as to completely deluge the room, presenting the appearance of water having been violently dashed over the floor. There was a complete arrest of the urinary secretion. The tongue was moist and cold, with a whitish color; his breath was raw and chilly; there was constant and extreme thirst, with a burning sensation about the epigastrium; a rapid, feeble pulse; pale, wan features; sunken eyes, with a livid circle surrounding them; coldness and blueness of the surface, with clammy sweats; corrugation of the hands, the palms appearing as though long soaked in cold water; and spasms and crampings of the legs, occasionally extending to the abdominal and pectoral muscles. He was highly sensitive to all external applications, and was in the full possession of his mental faculties. He expressed no fear, called for nothing but water, and seemed wholly careless of or insensible to his extreme danger. He died at 8, P. M., and for more than an hour thereafter his body had to be held upon the couch, so violent were the spasmodic twitchings of the muscles. The surface, which at the time of death was of a dark-blue color, gradually resumed its natural appearance.

On this day, the 6th, two more cases appeared in the emigrant families. One of them died in twenty-hours, the other lived five days, dying ultimately of compression of the brain. On the 7th and 8th, two cases occurred in a resident German family, living in the front part of the house occupied by the Hollanders. One of them died in six hours, the other recovered. From this time up to the 14th, seven more cases occurred, all confined to the emigrants. Two of them died, the others were saved. The symptoms and general appearances in all of these cases were so precisely similar to those already described, that a detail of each would be a work of supererogation. No further attacks from this disease took place after this time, nor were there any evident indications throughout the community of any generally-prevailing influence affecting others with symptoms in any way analogous to those manifested in these cases. I should here, however, mention that a gentleman, who

stopped with his family at the Exchange over night on the 2d, went home (about thirty-five miles from this place) on the 3d, was taken during the night with vomiting, purging, cramping, &c., and died before morning. His wife and child, who sat with him at the Hotel table, were not affected.

The whole history of this matter is most mysterious and unaccountable. Of the eight persons who within the first twelve hours fell victims to this fearful visitation, seven were men between the ages of 25 and 40, industrious, temperate and healthy. Six, who were boarders at the Exchange, were mechanics, and were at the house only at meal time and during the night. Not a member of the family, nor one of the persons constantly about the Hotel, was affected; and amongst all of the comers and goers, but one was taken. Four persons were taken (three of whom died) who had never been at the Hotel, and whose only possible exposure must have been from their proximity to the house into which the Hollanders had removed; and yet many others were living as near, some nearer, and still escaped. The young man, whose case I have described in detail, although a boarder at the Exchange, was not taken until the fourth day after leaving there; which fact, taken in connection with the violent and sudden fatality of his attack, precludes the possibility of *his* having died from the effects of poison taken at that house. These facts, together with the characteristic symptoms of the cases, compelled me to testify, before the coroner's jury, that I knew of nothing else, that this disease could be, but the Asiatic cholera. That my first impression, in common with most others, had been that the persons who died at the Exchange were poisoned; but that the occurrence of subsequent similar cases, affording better opportunities for observation, had satisfied me in reference to the identity of the symptoms with those of the cholera; that the post-mortem appearances were equally identical—while the negative proof derived from not detecting, by chemical analysis, any poisonous agent, completed the evidence from which I had arrived at this conclusion. In this opinion the members of the profession here very generally coincided. Not so, however, with many of the *wise ones* amongst the community, who still, to the great injury of those who are implicated by such a supposition, declare their conviction that all of these persons came to their deaths in consequence of some poisonous article, partaken of by them, in their food or drink, at the Exchange Hotel. The coroner's jury very wisely decided "that these individuals came to their death from the effects of some *virulent disease*, the cause of which is to this jury unknown."

A. W. MACK, M.D.

Kalamazoo, Mich., October, 1850.

DR. NICOL'S "MURIATE OF OPIUM."

[Communicated for the Boston Medical and Surgical Journal.]

It may be rendering a service to many of the profession to call their attention to article 179 of Braithwaite's Retrospect, Part XVII., in which Dr. Nicol has given his method of preparing a solution of opium in wa-

ter and muriatic acid. It is an excellent preparation, being nearly or quite equal to McMunn's Elixir, in every respect, as an anodyne. It is also much cheaper than the elixir, as will be seen by the following statement. If we estimate the costs of the two preparations, we find that twenty ounces of the muriate of opium costs the value of one ounce of opium, and the same quantity of muriatic acid, which cannot exceed thirty cents; while the same quantity of the elixir, or $1\frac{2}{3}$ dozen bottles, of one ounce each, would cost, at two dollars per dozen, three dollars and thirty-three cents; leaving a balance of about three dollars in favor of Dr. Nicol's preparation. The muriate is even less expensive than the tincture of opium, and is far better for all common purposes of an opiate, when astringency is not the particular effect desired. Again, I prefer the preparation of Dr. Nicol to the above-named elixir, from the fact that the latter preparation is a nostrum—the formula for making it, so far as I know, having never been published. I used M'Munn's Elixir for several years, and found it to be an excellent opiate—superior to anything I then knew for an opiate, in all cases where astringency was not needed. I have, for about two years, used Dr. Nicol's preparation also in my practice, and I cheerfully concur with him in saying, that it is preferable “to the tincture, wine or powder of opium, and also to the muriate and acetate of morphia”—and with the exception of the above-named elixir, it is preferable, “in fact, to any other preparation of opium.”

This preparation is made according to the following formula—Take of the best powdered opium, \mathfrak{z} j.; muriatic acid, \mathfrak{z} j.; distilled water, \mathfrak{z} xx. Mix. Shake this mixture very frequently every day during fourteen days, then strain and filter. The dose is from twenty to forty drops, according to circumstances.

J. DOE.

Cabot, Vt., Oct. 10, 1850.

HOMŒOPATHY.

BY C. COLEGROVE, M.D., SARDINIA, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

ONE of the most splendid nonentities commended to the friendship of an intelligent public, is *homœopathy*. It is a system in whose contrivance is embodied the quintessence of a Lilliputian ingenuity, and which from its minuteness, its flexibility and novelty, has extorted the acknowledgment of an admirable fallacy. It involves an element of such a muslin exquisiteness, is so elegantly elaborated, and is susceptible of such a brilliant and interminable attenuation, that it easily bewitches the mind whose favorite sustenance is a thing of delicacy, or in which is inherent an attribute of variableness. In fact, to a man of common sense and solid intelligence, it wears a transient air of plausibility on a superficial view, but from the very versatility of its fascination, is doomed to an unconditional condemnation.

It must therefore be confessed to be a very superior refinement of

philosophy, or rejected as a very contemptible subterfuge of pretension. It is either a very masterly mystery, or a very ludicrous fiction. It must elicit reverence or ridicule. It cannot sustain comparison with the *actual* philosophy of Hippocrates, which is predicated on the homely deductions of experience, for its interpretation is too subtle, or too aerial. You cannot master it with ordinary appliances, for it does not allow the availability of common analogies. It has itself a constitution so original, so unusual and isolated, that its analysis is either an impossibility or an absurdity. It is either an impulverizable mineral, proof against blows, or an impalpable fog.

Now, there is no ecstasy of enthusiasm, disinterestedness of fidelity, or ingenuity of apology, which can redeem this affiliated scheme from oblivion. It is thoroughly transparent and destructible. The more fondly it is bolstered, and the more nicely embellished, the more inevitable and rapid its ruin.

Let us enumerate the reasons of its ephemeral success. First, may be indicated, its *novelty*. An ingredient in American composition, hardly surpassed in the universality of its inheritance, is a relish for something new. This is a trait enlivened to a passion—a passion amplified to greediness. A conservative jealousy of any infringement of recognized and rational truth, however, retains from an extravagance of devotion to fantasies, the mass of the people. And therefore such an unmingled fallacy as homœopathy is embraced only by a small minority. Second, its *facility*. By this is meant, certainly, the abolition of those unpalatable properties in medicinal preparations, between which and the gustatory fastidiousness of some, there is an insuperable incompatibility; and the rejection of allopathic severities, as abominations. In place of these are amiably substituted the most polished and seductive infinitudes, such as microscopic boluses and platitudinous solutions. *These* are gravely, perhaps heroically heralded as magical antagonists of disease, and harmonious with the recuperative energy of life. They are administered as possessing virtues as sublime as the vehicles are infinitesimal. There is a new development of subjection of maladies and physical perversions, to the agency of an incomprehensible nothingness! O, immaculate Hahnemann! O, profound disciples! Third, the great real virtue of homœopathy, which is absolute non-intervention. This is a positive, practical, undisguisable truth. Lilliputian *Æsculapii* may prevaricate and extenuate, but in vain. There is no virtue in the system, not having this directly at the foundation. All the activity of homœopathic treatment, not allopathy in disguise, is absolute idleness. You Hahnemannic magi may caress your patients' credulousness with hyper-attenuated infinities, but your only rational excellence is your abstinence. Divested of the drapery of pretence or ultraism, your system is simply non-interference. But whatever glory is distinctively yours, lies in your recognition of the "*vis medicatrix naturæ*," as competent to abolish disease, without any auxiliary appliances whatever. So far as you have contributed to moderate the administration of sensible remedies, or, in other words, to restrain that reprehensible heroism which has occasionally characterized allopathic practice, you are entitled to commendation. Many errors have oc-

curred in the operation of that system, which you profess to deprecate and to have surpassed. Some of these were errors of misfortune, which can never be separable from the existence of human infirmity—errors of diagnosis, errors of judgment, in medicinal adaptation, errors even of inattention. Others have been errors of presumption, of ignorance, of extravagance, and of pretence. But these are exceptions and incidental items, from which you are no more exempt, while the grand point of distinction between homœopathy and its opposite is really the same as that between abstinence and action—a distinction vital and absolute. This pre-supposes the futility of that rhetoric with which you assume to dignify your insubstantial fabric to the rank of science.

Homœopathy is an unredeemable vagary, which must speedily find extinction. It is an erratic ebullition, which the sweetest sophistry cannot prolong. The sooner it is abandoned the better, unless it is denuded of infinitudes, and openly promulgated as the doctrine of non-interference with the resistance of vitality to dissolution. Let it array itself under this representation, and it approaches far more nearly to respectability. If it be not ridiculous to dignify your atonist in medicine as a Hercules, or feed an intense inflammation with “*similia similibus*” firebrands, even in the transient currency of sparks, then, by some approximation to analogy, it is laudable to abandon the abundance of the year, under the impulse of hunger, for vegetable molecule, and combat a metropolitan conflagration with torches. There is but one hopeful resort for the homœopathic fraternity, who are ambitious as the propagandists of a microscopic modernism, and this is unconditional abjuration, or the sacrifice of even a pardonable hypocrisy to the persuasion of common sense.

Sardinia, N. Y., Oct. 17, 1850.

INFLUENCE OF SULPHURIC ETHER ON THE CATAMENIA.

[Communicated for the Boston Medical and Surgical Journal.]

A FEW days since, two young married ladies called on me while I was in the act of administering ether by inhalation, previously to extracting a tooth, and requested me to administer some of the same to them. I did so, but not to the full extent of narcotism. A few days subsequently one of them informed me that they both had a flow of the catamenia next day, anticipating the usual period more than a week. Another female remarked that the same thing had occurred to her. If this anæsthetic agent has such a powerful influence upon the uterus, which, however, is to be confirmed by observation and repeated experiment, it will prove a valuable remedy in many cases of obstruction of that salutary discharge. I am not aware that this subject has ever engaged the attention of the profession, and I am induced to communicate this for publication in your valuable Journal, if you shall deem it worthy of such notice, more for the purpose of eliciting something from them upon the subject, than from any desire to herald a fancied discovery in therapeutics.

Westport, Oct. 19th, 1850.

B. B. SISSON.

MEDICAL AND SURGICAL CASES IN INDIA.

[DR. O. R. BACHELER, medical missionary at Balasore, Hindostan, in a letter recently received, states that a copy of the printed Annual Report of the medical labors of the mission was forwarded to the Journal some months since, and kindly adds some particulars to accompany any notice of it in the Journal. The Report was never received by us; but the list of cases and remarks in his letter are interesting in themselves, and are given below.—Dr. B. has nearly ready for the press a "Medical Guide," in the Bengallee language, prepared at the earnest request of the "Bengal Association." His practice has been extensive among the natives, although his share of labor in the other departments of the mission has been none the less on this account, and no appropriation for medicines is made by the Society who employ him. We regret to learn that the health of his family will be likely soon to require their return home.—The following is the list of Dr. Bachelers's medical and surgical cases, with his remarks on the same :—]

Medical patients,	- - - - -	1490
Surgical do.	- - - - -	725

Medical.

Dyspepsia	30
Cutaneous diseases	305
Rheumatism	176
Colic	77
Dysentery	102
Cough	95
Fever	125
Cholera	96
Miscellaneous	204—1490

Fistula	98
Sprains	74
Incised wounds	63
Tumors excised	17
Cataracts	39
Opacity of cornea	43
Staphyloma	12
Pterygium	10
Dropsy (paracentesis abdominis)	8
Ligatures on arteries	12
Dislocations	3
Fractures	5
Micellaneous	150—725

Surgical.

Ophthalmia	100
Ulcers	91

Operations under the influence of chloroform - - - 10

Remarks.—1. It will be seen that the diseases of the alimentary canal are the most numerous. I think this arises from the diet of the people being confined to vegetable food. Rice is the great article of consumption. The stomach is crammed with it twice a-day, and it is usually discharged in a half-digested state. This, no doubt, tends to weaken the powers of digestion, and induce the disease in question.

2. Fevers, both intermittent and remittent, are common at the close of the rains and during the first part of the cold season. They yield readily to remedies when employed in season, and the proportion of fatal cases is very small—not more than two per cent. The fevers of Balasore were formerly considered very dangerous, especially among Europeans. Bleeding, leeches, blisters, tartar emetic and calomel, while the fever continued, and quinine to recruit the patient, were the order of the day. It is not

necessary to say that in most severe cases the patients died. Now, a cathartic in the first instance, followed by quinine in large doses, without regard to the fever, seldom fails to effect a speedy cure. We make little difference in the treatment of intermittent and remittent fevers. Quinine is *the medicine* for both.

3. Cholera has become naturalized in India, and is so common at particular seasons that it excites but little attention. It invariably prevails during the hot season, i. e. from April till June, with more or less virulence, according to the state of the weather. I have long been aware of the influence of electricity on cholera, and can generally tell when it is prevailing in the town, without inquiry, by the state of the atmosphere. If it is very hot and dry, without the usual amount of thunder showers, we invariably calculate that it will rage with violence; but whenever a shower occurs, with vivid lightning, it diminishes at once or ceases entirely until the atmosphere again becomes charged with electricity. It also prevails more or less among the pilgrims returning from Jougernath, about the last of June or first of July—the commencement of the rains. For a few days after the great Ruth festival they pass in great numbers on their way home. If the season be favorable, they suffer but little; but when the rains set in early, the roads become heavy, the travelling is laborious, and they suffer from want of proper food, being wet day and night, and often sleeping by the road-side in mud and rain, and consequently perish by thousands. We cannot account for all the phenomena of cholera on the principle of electric influence. It may be induced by exposure, improper diet, and exhaustion, in any locality. We know nothing of the contagious nature of cholera here. In its treatment the great object is to relieve the immediate symptoms. I have generally used laudanum, ether and hartshorn in equal quantities, given in teaspoonful doses, followed by calomel as occasion requires. When applied in season, these remedies seldom fail of effecting a speedy cure.

4. Of the thirty-nine cases of cataract, only twelve required operations. In its incipient state I have found calomel, in doses of one grain every second day, continued for a month or more, to effect a permanent cure in a large number of cases.

5. We have continued the use of chloroform in severe operations with the most perfect success. From the fatal cases that have occurred, I never administer it but with a trembling hand; but thus far I have never noticed the least unpleasant symptoms following its use.

REPORT ON ADULTERATED DRUGS, MEDICINES, CHEMICALS, &c.

[FROM the third volume of the "Transactions of the American Medical Association," which has just been received, we copy in full the following report, as one likely to be generally interesting to our readers, many of whom will perhaps have no other means of perusing it. It is drawn up by Dr. Robert Huston, of Philadelphia.]

The Committee on "Adulterations and Sophistications of Drugs, Medicines, Chemicals, &c.," present the following Report:—

The Resolution of the Association under which the committee is constituted instructs the members to "note all the facts that come to their knowledge, with regard to adulterations and sophistications of drugs, medicines, chemicals, &c.," and to report them at the next annual meeting.

Although the terms "drugs," "chemicals," &c., properly comprehend substances used in the arts, as well as in the treatment of diseases, the object of the Association, it is presumed, was to inquire after such merely as are employed for therapeutic purposes, and the committee have restricted their investigations accordingly.

That many of the articles used as medicines are of very inferior quality, and a source of much vexatious disappointment in practice, is the physician's daily experience; and that the more energetic and costly are frequently sophisticated, no one doubts; but to obtain a sufficient number of "*facts*," properly avouched, and not contained in publications already familiar to the profession, to form a report of much value, or one likely to satisfy the expectations of the Association, has not been found an easy task by those to whom the duty has been assigned.

In appointing so large a committee, composed of delegates from most of the States of the Union, it was doubtless expected that many facts would be collected, and that information on the subjects referred would be obtained, from every part of the country; but although eight months have elapsed since the members of the committee were informed of their appointment, and their active co-operation requested by the chairman, not a fourth of them have responded, nor have one half of the States been heard from. This seeming negligence should not be ascribed to any want of interest in the subject, or disinclination to promote the laudable objects of the Association, but to the inherent difficulties of the investigation. In fact, many of the communications received by the chairman contain little else than expressions of this kind.

The special examiners of drugs appointed by the government, when called upon, have in every instance manifested a zeal and readiness in communicating such information as they were possessed of, highly creditable to them and satisfactory to the members of the committee. Although, in some instances, dealers in drugs have shown an indisposition to answer questions, or in any way promote the objects of the Association, there have been many honorable exceptions among them, and it is to these that we are chiefly indebted for what we know of domestic adulterations. Still, it must be confessed that less assistance has been derived from that source than was anticipated. They who fabricate and vend spurious articles are cautious not to criminate themselves; whilst honest dealers know but little of the trickeries of those who are engaged in the discreditable business, and are naturally averse to embroiling themselves by becoming informers. Nor are physicians, as a general rule, capable of giving the desired information. Although often disappointed in the effect of the remedies they administer, the circumstances which influence these results are too numerous, and the conclusions to be drawn from such failures too uncertain, in most instances, to authorize any positive deductions as to the qualities of the articles employed. And, with-

al, comparatively few have enjoyed the requisite opportunities for becoming critically acquainted with the sensible properties of drugs, and still fewer are sufficiently skilled in analysis to be able to detect fraud in their composition.

These circumstances will account, in part, for the limited character of this report, and also for the fact, which it is proper should be stated, that nearly all of the information contained in it is derived from the larger cities. To Drs. Jackson and Bowditch, of Boston; Reyburn and Johnston, of St. Louis; Frost, of Charleston; and Upshur, of Norfolk, especially, the Association is largely indebted for their zealous efforts in the prosecution of these inquiries. It is a subject of regret, however, to the chairman of the committee, that most of their reports came into his possession at a period too late to enable him to do justice to their authors, or to the subject.

The information obtained by the committee may be appropriately considered under two general heads; viz., *First*, as it regards *foreign*, and *second*, *domestic adulterations*.

1st. *Of Adulterated Drugs imported from abroad.*

For a large number of our most useful medicines we are, and ever must be, indebted to foreign countries. Such as camphor, Peruvian bark, opium, ipecacuanha, columbo, jalap, rhubarb, &c., and, until within a few years back, nearly all our chemicals were likewise imported.

Our druggists either order their supplies through the agents of parties residing in the countries where they are produced, or, which is more generally the case, purchase them from those to whom they are consigned, the greater number of these being denizens of the city of New York. These agents, or consignees, are mere *factors*, whose business it is to forward orders, and dispose of whatever is sent to them to sell. They seldom have much knowledge of the qualities of the articles that pass through their hands, and have no interest beyond the commissions they receive for their negotiations. So long as the market in this country was open for inferior or sophisticated drugs, it was the interest of those abroad to send hither whatever could not be sold at home. Hence, previously to the passage of the law for the inspection of drugs, the importations were of the most heterogeneous character. Good and bad, adulterated and pure, separate and mixed, according to the interests of dealers, deluged our market and filled our shops.

The operation of this law, although in some instances productive of inconvenience, has in many respects been beneficial.

Importers are admonished by it of the impropriety of trafficking in adulterated and spurious drugs and medicines, as well as discouraged by the forfeiture it works. It has stamped the practice with the seal of public condemnation, and, by calling attention to the matter, has awakened a wholesome jealousy in the minds of physicians and apothecaries, and thus improved the general tone of feeling on the subject. The American market is no longer flooded with foreign adulterated medicines, and even those of inferior quality, although unadulterated, are in a great measure excluded. By shutting out all such, a demand has sprung up

for prime articles, which were previously unknown in our drug stores, so that, already, a sensible improvement is perceptible.

The inconveniences to which the law has given rise relate mainly to manufacturing purposes, and proceed from the difference in views and qualifications of the officers appointed to administer it. Thus, articles, good of their kind, often differ in their relative value; and the modes of ascertaining their value, pursued by different investigators, may differ so much as to cause great contrariety in results. Peruvian bark, for instance, which will yield one or two drachms of quinia to the pound, may be deemed sufficiently good to be passed by one inspector, and condemned by another, because it does not contain half an ounce. Opium, the product of the same soil and climate, and prepared with the same care, will vary greatly in the per centage of morphia it will yield, in different seasons, and according to the amount of water contained in it. When recently made from the poppy, it contains a large amount of water, much of which is lost when kept some time, although unchanged in other respects. The article varies, too, as it is produced in different countries, from the influence of soil and climate—East Indian from European; Turkish from Egyptian, &c.—and yet each of these may be advantageously imported for manufacturing the salts of morphia, although not suitable for galenical preparations. Now, according to the views of different inspectors, one variety may be admitted at one port and rejected at another; and the same variety, or even samples of the same parcel, may be differently disposed of, according to the greater or less accuracy of different analysts. In fact, the argument is not altogether hypothetical. An invoice, condemned at one port as below the proper standard, after being sent out of the country, has been re-imported into other districts, and passed as good. Iodine, not sufficiently purified for ordinary pharmaceutical purposes, may be well adapted for manufacturing iodide of potassium and other chemical preparations, in consequence of its lower price. And so likewise of other things.

These remarks are important from their bearing upon the domestic manufacture of some of our most valuable chemical remedies. In no part of the world, at the present time, are the various chemicals employed in medicine prepared of better quality than in the United States; and, when we consider the guarantee we have for their purity in the responsibility of manufacturers residing among us, alive to their reputation and interested in exposing and putting down fraudulent imitations and adulterations, no impediments should be thrown in the way of, but every encouragement given to, our home manufacturers. Some modification of the present law, to obviate the difficulties referred to, is believed to be necessary by several of the special examiners, and it is to be hoped that those more immediately interested will be able to procure such changes, either in the terms of the law or its construction, as will remove all just causes of complaint, without interfering with the humane objects for which the law was enacted.

In proof of the salutary operation of the law of Congress on this subject, it is only necessary to state that the inspectors for the ports of Boston, New York and Philadelphia all say that the amount of impure drugs,

and those of inferior quality, which has come under their notice within the last twelve months, is far less than during the preceding year. In a letter from Dr. Bailey, special examiner for the port of New York, dated on the 29th ult., addressed to the chairman, he says:—"Of medicinal chemical preparations, the quantity condemned (within the last year) has been small. The present law seems to have put an effectual check to the importation of impure and spurious articles of that description. The importation of impure *opium* has greatly fallen off. I have not condemned *one quarter* the quantity during the past twelve months that I did during the nine months previous; and the same may be said of many other important articles. As far as *this port* is concerned, the *standard of drugs has been materially raised by the operation of the present drug law.*" The same observation applies to the other large importing cities.

2d. Of Home Adulteration.

Being protected, in a great measure, from the introduction of adulterated medicines from abroad, it becomes interesting to know whether cupidity, aided by science and the characteristic ingenuity of our countrymen, will not soon supply, if not exceed, the abuses from former sources.

The attention of several members of the committee has been particularly directed to this subject, and it is satisfactory to learn that, thus far, there does not appear to be any *increase*, but, probably, a *diminution*, in the domestic sophistication of drugs. Certainly, if we leave out those whose chief business consists in the scandalous fabrication and sale of *nostrums*, adulterated medicines are not commonly vended in our large cities, except under the particular circumstances presently to be mentioned.

To determine this point, some of the physicians of Boston had "an analysis made by a competent chemist of a few articles purchased from various druggists and apothecaries in that city. Thirteen specimens were procured, from, 1st, the *wholesale druggists*; 2d, the *superior apothecaries*; 3d, *minor apothecaries*. The results of this analysis were more favorable than could have been anticipated. Only four out of the thirteen articles failed of being of the standard purity, viz., Turkey rhubarb and bitartrate of potassa, bought of the first class; yellow cinchona procured from one of the second class; and ipecacuanha from one of the third. The rhubarb was one half, the cinchona one eighth, of its proper strength; the bitartrate of potassa contained ten parts of foreign matter, and the ipecacuanha was half the strength it should have been."

A member of the committee from Missouri undertook similar investigations in the city of St. Louis, but with results less satisfactory. He analyzed various samples of mercurial ointment sold there, and generally purchased in the eastern cities, and "*in every instance*" found "*a large deficiency of mercury*"; and he was told, by reliable authority, that the ointment was sometimes prepared in St. Louis "by mixing a small portion of the genuine ointment with cerate, and giving it the requisite blue shade by the addition of crude antimony." An examination of fifteen samples of blue mass discovered great inequalities in strength, with defi-

ciency of mercury in all. "One third only gave an approximation" to the officinal proportion of the metal. "In some of the samples, it was evident that materials not known to the officinal formulæ had been intermixed." Among the samples tested were some, noticed in the druggist's catalogues as "*English mass in bladders*," bearing a label with the English arms, and simple title, "English blue mass."

The same gentleman ascertained that the powders of the roots and barks sold in the shops were largely adulterated in many instances, and that of these ipecacuanha was especially inert. "The roots, leaves, barks, seeds and flowers," he found to be "generally far inferior in quality to the same articles kept for city sale by eastern druggists." The alkaloids and their salts, as quinia, strychnia, morphia, &c., manifested less of intentional fraud. Nitrate of silver was of various degrees of purity and of corresponding price. The vegetable extracts were exceedingly variable in quality and effects; and a like inferiority was noticed in the essential oils, as well as various other articles.

Although this is certainly an unfavorable account of the quality of the medicines sold in a large section of the country, it affords no evidence of an increase in the practice of adulterations since the foreign were excluded.

Extensive observations in Philadelphia, and some inquiry in the city of New York, by the chairman, have satisfied him that adulterations are looked upon with great disfavor, and actually less practised, than formerly. The same is believed to be true in Boston, and probably also of all parts of the country. In the latter city, a respectable druggist, in conversing on the subject with a member of the committee, said "that he did not believe that home adulterations had augmented since the passage of the law, and the reason he gave was, that the fact that Congress had passed such a law had drawn public attention to the whole subject in such a manner that home adulterations could not be practised with so much impunity as formerly."

A practice seems to have grown up amongst druggists of respectable character, in many parts of the country, without intention of fraud, of making and vending some of the most important officinal articles of different grades. It is sufficient to mention two or three examples to show the gross impropriety and danger of the custom.

One of the least important of these is the spirit of nitric ether, which may be purchased wholesale at prices varying from eight cents the pound up to twenty-five, according to the demands of the purchaser. The chief constituent is water, with just as much alcohol and nitric ether as the price will warrant. Nitrate of silver is made and sold regularly by our best chemists of two grades, No. 1, or pure; and No. 2, containing but sixty per cent. nitrate of silver, the remainder being nitrate of potassa. In some instances, both in this country and in the cities of Europe, the article contains as much as seventy-five per cent. of the latter salt. There is no attempt at concealment in these cases; on the contrary, the adulteration is frankly stated in the advertisements of the chemists and druggists.

A still worse instance is the variable strength of laudanum. Many

apothecaries, in making it, are not careful to follow the directions given in the Pharmacopœia. Instead of using *Turkey opium*, in powder, inferior varieties are employed; and too frequently, in the recent state, and consequently, containing a good deal of water, and therefore a less percentage of the alkaloids. Others are in the practice of making two kinds: one, of the strength directed in the Pharmacopœia, called *Physicians' Laudanum*, which is used in making up physicians' prescriptions; and the other of about half that strength, either made from the dregs of opium remaining after preparing the officinal, alone, or with an additional quantity of the drug, but still causing the tincture to be of greatly reduced strength. The latter preparation is sold at the counter to the non-professional and country store-keepers, under the name of *Customers' Laudanum*. The dangerous consequences of this outrageous practice must, one would think, be apparent to any one of common understanding, and yet men of respectability are guilty of it continually. Numerous instances of death have occurred, mostly in children, from the use of the stronger article, in the doses to which the individuals had been accustomed of laudanum procured from other apothecaries. Such consequences must inevitably result where preparations differing greatly in their properties are sold under a common name.

[To be continued.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 30, 1850

EDITORIAL CORRESPONDENCE.

Florence (Continued).—Sunday is the day of days in Tuscany, especially in Florence. In the first place, edibles of all kinds literally block up the sides of the streets. Markets are open, but not the shops, ordinarily, as in France. Pedlars are crying their goods, and the buono fruits, which are so exceedingly cheap, that on some occasions, after handing out the smallest coin in size and value that could be found in the hem of the pocket, the weight of fruit returned was too great for convenience. Everything is sold by weight here—even onions, potatoes, figs, berries, &c. No matter what is purchased, the steelyards are in requisition—certainly a just mode of selling. The Sabbath, too, is a great day for military display. On Sunday, Sept. 8th, the Grand Duke went to church, under a magnificent escort of French and Austrian soldiers—the bands playing airs that nearly took the hats off the heads of us heretics. First came a state coach and six, with outriders, laced lacquies, liveried servants, and running footmen in Napoleon hats; then another, equally fantastic, in all its equipments; then another; and then—off hats—came the mighty hereditary ruler of Tuscany, in whose hands and at whose disposal are the destinies of a puissant empire—about as large as our County of Worcester! He is unquestionably a good man—certainly a fine-looking one, save the gray moustache; and the duchess, a sister of the King of Naples, is a young, elegant woman, but whose costly pearls did not make her look in any degree superior to the American ladies who were gazing at her during the

service in the Annunziata. When the host was elevated, down went the whole congregation, upon their knees, soldiers and all, although burdened with heavy arms presented. A poor Italian boy got as near in one of the passages as he could to see the sovereign, but a French soldier on guard, not far from the altar, gave the little fellow a kick which made him cry aloud with pain. And here was illustrated the whole force and meaning of foreign military assistance. If that abused, insulted boy lives, he may be a defender of his country—and the incident of the kick may give rise to a flood of patriotism that will wash away the political pollutions that disgrace the age and country in which he lives.

All the way from Florence to Leghorn, the miscalled beautiful vale of the Arno, is a poverty-stricken region. Dilapidated towns, farm-houses and barns, dead vines, withered trees and barren lands, constitute the valley of the Arno. Once it was a glorious landscape. Nature always smiles when human industry is bestowed upon the earth, but frowns at neglect.

Pisa.—Aside from the leaning tower, shamefully exaggerated, by engravers, to appear as a gem of architectural beauty, there is but little of curiosity in the town.

Leghorn.—This is a busy mercantile city, full of street shoemakers, hawkers, traders and beggars. It is a place to depart from—not to remain in longer than to make purchases. Its special claims to consideration will engage this pen on subsequent occasions and under other circumstances.

Civita Vecchia.—On Thursday morning, Sept. 12th, we arrived, about daylight, within the ancient harbor of the only seaport of the papal States, constructed by the Emperor Trajan, and scarcely improved for purposes of commerce since, yet fortified by martelli towers, batteries, &c., so as to appear stronger than it is. Every niche and corner is occupied by French soldiers, whose red pantaloons, seen by the first rays of morning, look like painted posts, symmetrically arranged. The steamboat was kept off over two hours, till every passenger was sufficiently scrutinized, reports carried to and from the police office, passports over and over again examined and officially noted in the great government tomes, when we were hurried in long boats to the custom-house. Each one was furnished with a personal permit to land; and on presenting the little document, stamped with the figure of the triple crown, if no objections were entertained by the police, the passport was regained, properly certified to, for proceeding to Rome—universally pronounced *Romã*. Every trunk and sack was carried from the water through the gate to the custom-house, on the shoulders of porters. There is not the appearance of a cart or wheelbarrow in the place. Poverty and degradation are visibly impressed on every body and thing in this miserably filthy town, which cannot revive or be regenerated while such a perplexing, injurious, jealous policy is maintained. Why any one ever visits the eternal city a second time, knowing what he is to pass through, endure, and then pay for exorbitantly, is truly mysterious. This is evidently no position for writing out one's views of the present form of government and the probable destiny that awaits it. Should we ever again reach our quiet American home, they may be freely expressed.

Although only 36 miles to Rome, the diligences are nearly a day in going, at an expense about equal, for each passenger, to the cost of a railroad ticket for one hundred and fifty miles in New England. The priesthood generally dress alike, and their number is truly astonishing. Soldiers and priests outnumber all others. Surely, they have matters to their own liking—consequently this must be considered by them a most charming

epoch. Some few wear red stockings and red hatbands, and appear to command special reverence, and hence it is conceived they are dignitaries of the apostolic forces, whose functions are elevated above those with merely black gowns. Money is amazingly potent; every body wishes to be paid for being looked at—and almost any decree of law, it is represented by travellers, may be evaded by a few pauls. More of this, however, under the pressure of a different atmosphere. Here in Civita Vecchia is a lazaretto. Of all the inventions for harassing and injuring commerce, the new world has nothing to compare with this, except the quarantine regulations of New York, which come nearer the obsolete sanitary philosophy of Mediterranean ports, than any other in the new continent, and disgrace the State that enacted them.

Before leaving the barrier of Civita Vecchia, notwithstanding the severity, cost and insults to which we, as well as all other strangers, had been subjected, the diligence was detained in a burning sun full an hour to re-examine all that had been previously done. We shook the dust off our feet, with maledictions, and ultimately got under way. The whole distance to Rome is by and through immense fields, with not more than ten dwellings in thirty miles, utterly forsaken, where broken arches, sections of aqueducts, fractured sculpture, and foundations of edifices, indicate a once dense population. At the gate of Rome, we were again minutely examined, counted, &c., for about an hour and a half, and then driven, at eleven o'clock at night, for still further annoyance, to the custom-house, where the principal official tipped the wink that we need not unlock *again*, by gesticulating a language not to be misunderstood. But we said no, probably to his disappointment, being determined to abide by all the requisitions of the law. Several persons purchased exemption from this last siege, which shows the absolute corruption of the executive instruments of the government. If the Italians love such despotism, give it what name they may, they should certainly be indulged in it.

Rome.—Notwithstanding the extent of our explorations over the vast extent of ancient Rome, in and among its colossal and soul-stirring ruins, it is difficult to realize that we are actually on the very ground where have transpired some of the greatest transactions in the history of man. Standing by the side of the magnificent statue of Pompey, entirely alone, in a rich apartment of the Spada palace, at the foot of which Julius Cæsar was assassinated in the Curia, centuries before the American continent was discovered, is no every-day occurrence; but when the Coliseum, the baths of Caracalla, the aqueducts, the arches on which rested the palaces of the ancient emperors, are seen—and lastly, when you contemplate the busts of those warriors, historians and philosophers, whose names and deeds constitute an essential part of the classical literature of the civilized world, executed in a manner that puts at defiance all the genius and artistical skill of modern times, emotions are excited, which language cannot represent. Think of the magnitude of an edifice erected one thousand seven hundred and eighty years ago, out of which the degenerate descendants of a mighty race tore away materials for building some of the largest palaces now to be seen in modern Rome, as well as other buildings, for two hundred years, independent of the assaults of the elements, of time, and the destructive attacks of conquerors, yet still being the architectural wonder of the globe, and calling forth the highest admiration from every order of mind! We have personally inspected every object of moment, illustrative of the power, mechanical ingenuity and far-seeing policy of the ancient inhabitants of

this city, from the vaulted chambers of crumbling temples, to the Cloaca Maxima, the common sewer for carrying the waste water into the river Tiber, constructed by Tarquinius Priscus, one hundred and fifty years after the foundation of the city, and just as perfect at this moment as on the day when the sinks and drains first flowed into it. As a physician, it is proper to speak of the sanitary condition of the city, and its appliances for ameliorating the sufferings of the sick and maimed. Medical writers may say all the profound things imaginable in regard to the malaria of Rome, and the dread in which strangers should hold it; yet the nuisances in every nook and corner, especially at the very walls of every ruin, pillar and forum, which the traveller visits with inexpressible enthusiasm, as the choicest memorials of the early ages of civilization, are much more offensive and deleterious than the bug-bear damp and Pontine fevers that are found in books at all seasons. Why the municipal authorities permit such villainous accumulations at the points of attraction, is perfectly unaccountable. The ancient ruins are the perpetual wealth of Rome—yielding an annual revenue, paid punctually by the intelligent representatives of all countries. Level down the miles of cyclopean and triumphal arches, the splendid columns of Phocas and Trajan, and fill up the Forum, and who would put up with the ignorance, the dishonesty, the corruptions and the despotism which surround them in 1850, for the sake of viewing the trodden-down locality of the eternal city? Rome is abundantly supplied with water. Fountains, both curious and elegant in design, are numerous in various sections of the city; and occasionally the visiter comes upon them in localities where they seem to have been an useless expense, since there are no inhabitants either to use or see them. On Mount Janiculum there is one from which the water gushes out copiously enough to constitute a good mill power, were any one disposed to turn it to account in that manner. The water comes a distance of thirty-six miles, in conduits now near two hundred and fifty years old, still unimpaired. Yet the modern apparatus for supplying Rome, is a mere straw for an aqueduct, compared with ancient aqueducts, severed here and there by the barbarians, so that they are only monuments of the grandeur of Rome in the meridian of her glory. There is no water tax whatever—it comes free to all. It is strange, with such a privilege, that no one conducts it into a dwelling, beyond the yard. Not a hotel or palace, as far as we have examined, has a water pipe in the apartments, when it might be raised to the roof at no further cost than the pipes. Some of the lead pipes recently taken from the ruins of one of the old aqueducts, perhaps buried for two thousand years, are a quarter of an inch thick and three inches and a half in diameter, bearing the maker's name upon them in full round letters. St. Peter's church, the leviathan of churches, is bountifully supplied with water, even having places at the base of the dome where it runs freely.

Massachusetts Medical College.—The annual course of lectures at this institution commences next Wednesday, Nov. 6th, at 12 M. The unusual facilities which are presented by the faculty for a thorough medical education, should be well considered by those who may still be undecided where to pursue their studies the coming season. Boston abounds with medical charitable institutions, all of which are accessible to the students attending lectures. We hope to see a large class of young men at the *commencement* of the term, as the session will, as usual, extend only to four months.

Dr. John Bell and the Trustees of the University of Pennsylvania.—We have received a review of the memorial of Dr. John Bell to the Trustees of the University of Pennsylvania, by "S. J." We made mention of Dr. Bell's memorial at the time of its publication, and cannot now recollect that it contained anything very reprehensible, or that would warrant the publication of such slanderous abuse as is contained in this pamphlet. In justice to Dr. Bell, we think the author of the "review" should have given his name in full. Even if Dr. Bell is *the person* that is represented in this "review," we should look upon the reviewer in no better light than the reviewed. There can be no stronger evidence of malice towards another, than the attempt to injure his reputation; and when we see such an attempt, we are inclined to disbelieve the statements of the party making it. If Dr. Bell was induced to memorialize the trustees, in consequence of his supposing them to be influenced by the faculty in their choice to fill the vacancies, he certainly did no more than he had a right to do. And if in that memorial to them, were exhibited feelings indicative of disappointment in not being himself the successful competitor for one of the vacant chairs, is this sufficient excuse for making such a harsh and vindictive attack upon his reputation? We again repeat, that such a procedure is inexcusable, and it is hoped, for the honor of the profession, that it will not be again adopted in its ranks. The words of the immortal bard are applicable to such cases:—"He that robs me of my good name, takes from me that which enriches not him, but makes me poor indeed."

Transactions of the American Medical Association.—Vol. 3 of this work, comprising minutes of the proceedings at the meeting in Cincinnati last May, together with the Reports of the Standing Committees, &c., has been received—being several months earlier than the issue of the second volume last year. It is smaller by 450 pages, however, than that volume, the reports generally being shorter, and unaccompanied by addenda of such wearisome length as then swelled its dimensions. The work is creditable to the Committee of Publication, both in its arrangement and outward appearance. We have commenced to-day the re-publication from it of one of the Reports, and may perhaps copy others also. All of them are ably drawn up, and some of them must have cost great labor. The names of 800 permanent members of the Association are given in the Appendix to this volume.

Western Medical News.—This is the name of a Journal which has been sent us for exchange. It seems to be principally devoted to the interests of the medical department of the Memphis Institute, in which the editors are professors. It contains 32 pages, and is published quarterly by Messrs. Clark & Co., Cincinnati; Klink & Co., Memphis. Drs. R. S. & O. E. Newton, editors.

The Sickness at Kalamazoo.—Dr. Mack's report of the remarkable cases of sickness at Kalamazoo, in to-day's Journal, will be read with much interest. We see it stated in the papers, within a few days past, that the "mystery has been cleared up" by the discovery that a bottle of corrosive sublimate, instead of one of vinegar, had been used at the Exchange Hotel, in mixing some mustard that was eaten at the table. We do not think any dependence can be placed upon this statement, as the facts recorded by Dr.

Mack do not exhibit a state of things which would be likely to be caused by an accident of that kind. Until something more is learned respecting the "mystery" attached to the matter, we must believe that the conclusions drawn by Dr. Mack are correct.

Miss Blackwell, M.D.—A private letter has been transmitted to us by a mutual friend, which we are not at liberty to insert in full, by which we learn that Miss Blackwell continued her studies in Paris, up to July last. The disease of one of her eyes, contracted from a patient under her observation, has proved a serious calamity, the sight being nearly destroyed. In July she was at *Grafenburg*, at the hydropathic establishment of *Priessnitz*, partly to try the effects of his system upon herself, and, partly, to study the effects of his system upon the numerous patients congregating there, with a view to ascertain what success is really attained, and to determine how much is to be attributed to the therapeutic action of water, and how much to the general hygienic condition under which the patients are placed. She states that she has received a courteous invitation to pass several months in London, every facility for attending the hospitals and schools having been promised; and that it is her intention to avail herself of this opportunity to institute a comparison between French and British practice.—*Buffalo Medical Journal*.

Medical Miscellany.—Dr. Pringle's family, in Coburgh, Canada, were poisoned a few days since, from eating soda biscuit, which contained pearl-ash and the oil of vitriol. The youngest child, five years old, died. The rest of the family recovered.—The widow and daughters of the late Prof. Webster are about to remove to Fayal, in the Azores, where a daughter resides. Her husband is governor of Fayal. Mrs. Webster is a native of the Island.—Medical lectures in New York, it appears, have commenced under promising circumstances—in the old school on the 14th inst., and in the new on the 21st. A poem, instead of a scientific lecture, was delivered as an introductory, by Prof. Paine, of the latter school.—Dr. Judson H. Jaques, of Plainfield, Conn. and Dr. I. S. Sperry, of Hartford, a botanic physician, are in custody, charged with having caused the death of a young girl of Killingly, Conn., last Spring, in an attempt to procure an abortion.—We see noticed in the papers a new work, by Dr. W. Hooker, of Norwich, Ct., author of "Physician and Patient." It is a "History of Medical Delusions of the present and former times," being one of the Fiske Fund (R. I.) Prize Essays of the present year.

TO CORRESPONDENTS.—Case of Anæmia, by Dr. Harris, has been received.

MARRIED.—At West Cambridge, Ms., John L. Alexander, M.D., of Winchester, N. H., to Mrs. Rebecca Whitney, of W. C.—At Middletown, Ct., Dr. John F. Schenck, of Kensington, N. J., to Miss Ann Maria Churchill, of Portland.

DIED.—At Trumbull, Ct., Stephen Middlebrook, M.D., aged 54.

Deaths in Boston—for the week ending Saturday noon, Oct. 26, 56.—Males, 37—females, 19. Accidental, 2—disease of the bowels, 1—inflammation of the brain, 1—consumption, 11—convulsions, 2—canker, 1—croup, 1—dysentery, 1—diarrhœa, 1—typhoid fever, 1—scarlet fever, 2—lung fever, 1—brain fever, 1—fracture, 1—hooping cough, 1—diseases of the heart, 1—infantile, 5—influenza, 1—inflammation of the lungs, 1—marasmus, 2—measles, 1—old age, 3—palsy, 1—inflammation of the stomach, 1—smallpox, 1—teething, 3—ulcers, 1.

Under 5 years, 24—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 4—over 60 years, 6. Americans, 29; foreigners and children of foreigners, 27.

New Method of relieving Retention of Urine without the Use of the Catheter.—By M. J. J. Cazenave.—When called to a patient having retention, complete or incomplete, M. Cazenave in the first place directs the large intestines to be cleared out by an enema. When this has returned, a second is administered, but consisting solely of a quart of cold water. Absolute rest on the bed is enjoined; while cloths dipped in cold water, or, better still, bladders of ice-cold water, or pounded ice, are applied to the anus, perineum, thighs, and hypogastrium. If the patient do not void his urine in the course of half an hour, or void it only very scantily, he is placed at the edge of the bed, which is properly guarded, and a stream of cold water is poured on the region of the bladder during from 20 to 25 minutes. After the lapse of this time another enema of cold water, and small smooth fragments of ice, are introduced into the rectum, the cold applications to the external parts being at the same time continued. The cases in which this mode of treatment is found applicable are those in which the retention proceeds from acute inflammation or spasm.—*L'Union Médicale*.

New Mode of removing Wens—their Composition.—M. A. Legrand having several times witnessed fatal consequences following the removal of wens by incision, had been induced to practise the following operative proceeding:—The skin around the base of the tumor was divided by repeated linear applications of pure potash; by the continued employment of these, the line of eschar becomes deeper, until the tumor is detached. It is necessary in this way, as with the knife, to destroy the whole growth, or it will re-appear. M. Legrand had put this plan into execution thirty-two times, without erysipelas or any other ill result having followed.

M. Legrand added, that having examined two wens, one from the scalp, the other from the forehead, he had found that the one consisted of an hypertrophied sebaceous follicle, and that the pathological basis of the other was a hair follicle. The contents of both were chiefly fatty matter, epithelium cells, and granules. In that removed from the forehead, crystals of cholesterine were found in abundance.—*London Medical Gazette*.

Revaccination in Prussia.—Revaccination is systematically practised in Prussia. No child is admitted into a school without proof of vaccination, and every recruit is vaccinated on admission into the army. In the year 1848, twenty-eight thousand eight hundred and fifty-nine soldiers were vaccinated: of these, the vaccine disease was regular in sixteen thousand eight hundred and eighty-two; in four thousand four hundred and four individuals it was irregularly developed; and in seven thousand five hundred and seventy-three it did not take any effect.—*Ib.*

Temperature of the Earth.—In the deepest mine in Ireland, according to Professor Oldham, the increase of temperature below the level of no variation amounted to only 1 deg. for every 85 feet. The mine has been recently deepened from 800 to 1200 feet; but the results of new observations on the temperature are the same, although in another shaft, at a distance of only 300 yards, the increase is 1 deg. for every 52 feet. In England, and on the Continent, the average increase of temperature is 1 deg. for every 45 feet of depth.—*Ib.*

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No. 14.

REPORT ON ADULTERATED DRUGS, MEDICINES, &c.

[Concluded from page 262.]

GREAT complaint is made, and with justice, of the frequent adulteration of powdered drugs. Retail apothecaries, physicians and country store-keepers generally buy their supplies of these from the wholesale druggists in the large cities; and whatever adulterations are perpetrated occur, therefore, either with the drug merchants or those who follow the business of grinding and powdering. Considerable inquiry has led to the conviction, however, that, in the majority of instances, when the quality is bad, it is in consequence of the crude article, from which the powder is made, being deteriorated or of inferior quality, rather than from the admixture of foreign substances.

Generally, the wholesale druggists purchase their roots, barks, &c., in the crude state, and have them ground under their own direction, and, consequently, have the articles pure. But sometimes dealers even on a large scale are not so scrupulous; at least they manifest no repugnance to providing low-priced articles for those whose only care is to buy them cheap.

An amusing anecdote was told to one of the committee of a druggist in a large city, who sent some ipecacuanha to be ground. Not being returned as expected, an explanation was asked, when he was reminded that *he had not sent the liquorice root!* In another case, a grocer, when bargaining for making cream of tartar out of the crystals, inquired of the grinder *how many barrels of flour* he should send! Although the grinders and powderers probably mix only the substances sent to them for the purpose by those who employ them, they are, at least some of them, but too willing instruments in the detestable business. One of them avowed to a member of the committee that he had no scruples on the subject; that it was his business to grind what was sent to him; and that the responsibility in regard to the objects for which they were to be employed did not belong to him. With the knowledge of these things, frankly admitted, it is incumbent on the members of our profession to look more closely to the quality of their powdered drugs, and either purchase them in the crude state, or procure them of druggists of undoubted respectability, without expecting, however, that the manufactured article will be supplied to them at less than the cost of the crude material.

A brief account of the adulterations still to be found in the market will afford some idea of the present extent of the evil.

1st. *Of Roots.*

Jalap, in the root, is abundant and of good quality, and, when mixed with bryony and other roots, is easily distinguished; in powder, it is largely adulterated, mostly with the spurious or false jalap roots, or, as the committee have ascertained, with *liquorice root*. In several samples purchased from respectable drug houses in New York, by some of the physicians in Virginia, the odor and taste of the liquorice were very perceptible, and treble the usual quantity was required to produce catharsis.

Rhubarb.—Excellent samples, both of Turkey and East India rhubarb, may be found in most of our drug-shops; but, in powder, it is greatly adulterated. Either the mouldy and spoiled pieces in good lots are picked out for the purpose, or the English is ground with small portions of the better quality, or else alone and colored with turmeric, to give it the proper hue.

Ipecacuanha, in the root, is readily known by its peculiar annulated appearance, and is not apt to be adulterated in that state; but, in the condition of powder, it is extensively adulterated. Frequently it consists of only ten or fifteen per cent. of genuine ipecacuanha, mixed with liquorice or sarsaparilla. Sometimes the powder of one of these, mostly the sarsaparilla, with tartrate of antimony and potassa, without a particle of ipecacuanha, is sold under that name. This is a vile fraud, and one liable to produce dangerous consequences.

Peruvian bark.—In the state of powder, the Carthagera and other inferior barks, either alone or in large proportion, are regularly sold for the best Calisaya and crown barks. These, of course, contain little or none of the valuable alkaloids.

The powders of *ginger and mustard* are very rarely sold in the pure state.

Extracts.—In former years, it was difficult to get the various vegetable extracts of good quality, sometimes from their fraudulent adulteration, but more frequently, perhaps, from lack of skill and care in their preparation. Scarcely any could be relied on except some imported from Germany, and Apothecaries' Hall in London. Now, however, we have them prepared of excellent quality at home, particularly by some of the principal druggists of Philadelphia, and by Messrs. Tilden & Co. of New York. The latter have embarked largely in the business, and manufacture them of very fair quality. Still, the committee hear much complaint from various parts of the country of the inefficiency of this class of remedies.

Extract of colocynth is extensively adulterated. In some instances, it is alleged, not a particle of colocynth is employed in making it, but the whole consists of the inferior quality of aloes with some other worthless ingredients.

Gums and Gum-resins.—*Gum Senegal* is sometimes bleached and sold as gum acacia, alone or mixed; sometimes in lumps, but more commonly in powder; and occasionally wheat flour and arrowroot are mixed with the powdered gum in large proportion.

Scammony.—This drug is almost universally adulterated. There is no reason for believing that this is done in the United States, and we may therefore hope, when the stock at present on hand is exhausted, that the inspection law will guard us from further imposition. Of the samples examined, instead of from sixty to ninety per cent. of resin, many contained but fifteen or twenty, the remainder being made up of chalk, starch, &c. &c. Some specimens abounded in fecula, and were actually worm-eaten. The sole reason why we have not scammony of good quality in our market arises from the penurious disposition, too commonly evinced in the purchase of medicines, of buying at low prices. Virgin scammony readily commands six to eight dollars a pound, while the trash usually found in the shops is bought for two and a half or three dollars! In fact, very little of good quality has been in the markets of this country for the last twenty or thirty years, notwithstanding it is to be had at all times in the large cities of Europe by paying a fair price for it.

Senna.—In this country, we are chiefly supplied with the Tripoli and India varieties of senna. The first of these, although much broken and unsightly, operates very well, and therefore should not be rejected. Alexandria or Egyptian senna is exceedingly rare, although the leaflets of several kinds are frequently sold under that name.

Castor oil, which is a product of our own country, and abundant and cheap, is, nevertheless, occasionally adulterated with lard oil. This, although not positively injurious, increases the dose, and is fraudulent.

Croton oil, being an expensive article, and readily adulterated, is often found impure and comparatively inert. The adulteration generally consists in mixing with it a large proportion either of olive oil or oil of almonds. Both the ingredients being fixed vegetable oils, the fraud is only discovered by the want of activity of the medicine in the usual dose, as well as when applied to the skin.

The *essential oils* are, nearly all of them, frequently adulterated. The process is to mix a small portion of pure oil with alcohol, oil of turpentine, &c. Lately, *it is said*, a very ingenious method has been adopted of mixing castor oil with chloric ether in such proportions as to make the fluid of the specific gravity of the particular oil to be sophisticated, and then adding a fourth of the genuine oil to give to the mixture the peculiar odor and taste required.

Cod-liver oil, which has become a favorite of late, is extensively adulterated with other fish oils. In fact, hardly a tenth, it is believed, of what is sold under that name, is genuine, being either refined whale or sea elephant oil.

Copaiba is an article which is likewise much adulterated; generally, by mixing it in various proportions with Venice turpentine, oil of turpentine, or flax-seed oil mixed with a portion of oil of turpentine. It is surprising that an article so cheap, and when the fraud can be so readily detected by merely solidifying the copaiba in the compound, should be adulterated; but there is no doubt of the fact.

Cantharides, in *powder*, are frequently adulterated with some of our native beetles; but, in other instances, with inert substances, with the addition of black pepper and euphorbium, to give activity.

Musk is rarely sold entirely genuine. That which is generally vended under this name is a mixture, in variable proportions, of dried blood with catechu, and even chocolate, scented with a little pure musk. Of course, such a preparation is quite inert.

Bitartrate of potassa, besides the tartrate of lime which it is naturally associated with in variable proportions, is adulterated by the admixture of sulphate of lime, alum, and wheat flour; and in this state it is sold extensively by grocers in the eastern cities to bakers, to mix with bread.

Nitrate of potassa is adulterated with crystallized Turks Island salt. A provision merchant in Baltimore mentioned to a member of the committee that he found it required one third more of what he purchased in that place, to color his pork, than of some which he procured from London. The difference he ascribed to the common salt mixed with it.

Spirit of nitric ether, as already remarked, is adulterated with alcohol and water, and frequently with water alone, and may be purchased at any price above that of water itself. In some places, the officinal, or "*first quality*," as it is called, is never dispensed except when specially called for, not even in prescriptions.

Iodine.—This being in great demand from its use in the arts as well as in medicine, and withal an expensive article, is very commonly adulterated. The substances most employed for the purpose are plumbago, charcoal, and oxide of manganese. An excess of water, too, amounting sometimes to fifteen or twenty per cent., is often met with, and is, doubtless, purposely added to increase its weight, especially when charcoal is present. For manufacturing objects, these impurities are of little moment, as the chemists who buy it are good judges, and know how to regulate both their purchases and their processes to meet the case; but for medicinal purposes, it is of more consequence; and hence, before using it, it should always be resublimed to free it from impurities.

The *salts of iodine* are frequently imperfect from bad manufacture; but it is presumed they are seldom adulterated, except the *iodide of potassium*, in regard to which there is more fraud at the present time than almost any other article. From its general employment for all the objects for which iodine is administered, and its extensive demand in the arts, it has become an article of great request; hence, and from the facility with which it is adulterated, its purity cannot be depended on, unless procured from some of our best manufacturing chemists, or druggists who obtain it directly from them. The best specimens generally contain from five to ten per cent. of carbonate of potassa, particularly if much care is not taken in its manufacture; and in this proportion its chrySTALLINE character is not affected. But frequently the proportion is so great as to render it certain that fraud is intended. Dr. Christison says he has "sometimes found 74.5 per cent. of carbonate and 16 of water along with it, so that there was only 9.5 per cent. of pure salt." It is sometimes adulterated, too, with nitrate of potassa, and the chlorides of potassium and sodium.

Great frauds are perpetrated in the *preparations of mercury*.

Blue pill, which should contain *one third mercury*, is openly sold by wholesale druggists having only *one fourth*; and in some instances it

scarcely contains any mercury at all, its place being supplied by various foreign matters, as plumbago, animal charcoal, &c.; and the same remarks apply to mercurial ointment.

Red oxide of mercury is frequently adulterated with *red oxide of lead*, in large proportion; *ammoniated mercury*, or white precipitate, with carbonate of lead and sulphate of lime.

Calomel is reported by some of the physicians in the western States to be adulterated with corrosive sublimate; when this happens, it is owing to its not having been well washed, which, it is presumed, is seldom the case. The manufacture of it in all its details is so well understood, and the tests of its purity are so simple and certain, that the most inexcusable carelessness must exist where it is sent forth contaminated in this way. It is also said to be sometimes adulterated with the subnitrate of bismuth. Generally, however, the calomel of commerce is admitted to be good.

Hydrargyrum cum cretâ.—This preparation, made in the ordinary way by simple trituration, has always been regarded as a very certain and mild medicine, and especially adapted to irritable conditions of the stomach and bowels, as in the summer complaints of children. The process for making it being a tedious one, especially when performed by the hand, many experiments have been tried to facilitate the extinguishment of the globules of the metal without altering the character of the preparation. By Dr. Stewart, of Baltimore, it was proposed, a few years ago, to accomplish this by triturating the mercury first with resin, and then with the chalk, by which means considerable time and labor are saved. The resin is removed, when the trituration is completed by washing the powder with alcohol. This process, having received the sanction of some of our best pharmaceutic chemists, has been practised to a considerable extent, without any suspicion, until lately, that an important change occurs in the character of the preparation, and one liable to produce the most serious consequences. In the American Journal of Pharmacy for April, 1850, there is an interesting article on this subject by Prof. Procter, of the Philadelphia College of Pharmacy, from which we derive the following information:—

Mr. Procter, having observed a reddish tinge in a portion of the *hyd. cum cretâ*, prepared by this process, about a year and a half previously, was struck with the departure of the medicine from the usually bluish color; and recollecting that several instances had occurred, within a few years back, in Philadelphia and Baltimore, of unlooked-for effects following its exhibition, it occurred to him that “some unknown circumstance had caused the peroxidation of the mercury.” To determine this point, he subjected the preparation to analysis, with the following results:—

	Per cent.	
Deutoxide of mercury,	22.80	equal to 21.25 of metal,
Protoxide of mercury,	4.21	4.05
Metallic mercury,	10.83	10.83

Mr. Procter, with such evidence before his eyes, very properly rejects the process of Dr. Stewart, and suggests the inquiry, whether a similar

change may not, although more gradually, take place in the preparation made in the ordinary way. So large a per centage of deutoxide as 22.80 very well accounts for the severe effects which have been found, in some instances, to follow the exhibition of this article, and it is worthy of attention to discover whether any such change occurs in that made by the common process. If it shall be found that it takes place ever so gradually or slowly, that mode of preparing mercury must be abandoned entirely, or it must be done in small quantities and at short periods.

In the blue mass, which is an analogous preparation, the saccharine matter, it is presumable, exercises a preservative influence over the preparation.

Opium.—Large quantities of inferior and adulterated opium have been excluded from our market, as already mentioned, by the operation of the present law of Congress, which would otherwise have been imposed upon us; but in place of it, adulterations to some extent have been noticed in morphia and its salts. It is not improbable, however, that these are attributable to want of care in their preparation.

The *valerianates*, of late years, have been the subjects of considerable attention, and being highly expensive, they have also become objects of adulteration. It is asserted, by good authority, that the articles of this class generally sold in the shops consist merely of the bases, scented with a little of the oil of valerian.

It has always been remarked that the most costly medicines, and those in great demand, are the most commonly adulterated. *Sulphate of quinia* comes under both these heads, and accordingly complaints are made continually, especially in the South and West, where it is most required, of its inefficiency and uncertainty of effect. There can be no doubt that the fault is generally attributable to its adulteration. Various articles are employed for this purpose. Sometimes the less costly alkaloids, as salicine; but most generally mannite, from its cheapness, and the strong resemblance it bears to the beautiful, needle-like crystals of the sulphate. Very recently, a large drug-house in Boston, of unsullied character, sold five hundred ounces to be sent to California, and, after it had been shipped, it was ascertained that it was adulterated with twenty-five per cent. of mannite. The article bore the label of a distinguished French chemist, and is believed to have been pure when imported, but, in its progress through New York, it is supposed to have imbibed the mannite by a kind of *endosmose*! That there is no *exosmose* in these cases is pretty evident, for the quantity is always increased, as must be inferred from the price growing less! Thus, sulphate of quinia sells at a price varying from four dollars an ounce, at which it is sold by the manufacturers, to two dollars. At the latter rate, it can be purchased of peddlers, small retailers, and a certain class of large drug-dealers; and this never could be afforded, if it were not for this remarkable property of attracting foreign substances. It may be well to mention that the best yellow bark employed for the manufacture of the article sells in large quantities at a dollar and fifty cents, and upwards, the pound, and that, by the best-ascertained process, it requires two pounds, at the least, to obtain an ounce of the salt. With a knowledge

of these facts, can there be any mystery in the accounts we frequently hear of enormous doses being given with impunity?

Extensive inquiries among physicians, manufacturing chemists, and druggists, have led to the following conclusions:—

1st. That the wholesale druggists in the large cities, equally in the South and West as in the Eastern States, who are not specially engaged in selling nostrums, either as proprietors or agents, conduct their business on fair and honorable principles. As a general rule they buy their choice chemicals from those who manufacture them, and either import other articles, or get them directly from those who do, and are always disposed to supply good articles to customers who are willing to pay a remunerating price. At the same time, many of this class keep inferior articles which they dispose of for a corresponding price to physicians and storekeepers who insist on buying at reduced rates.

2d. That the inferior and adulterated drugs are chiefly disposed of in the southern and western portions of the United States—to the physicians and people residing in the small towns and villages, and sparsely-populated districts. That in the large cities, particularly in the Atlantic States, bad drugs are, as a very general rule, dispensed only by inferior apothecaries.

There is ground to hope that we shall hereafter be protected from the introduction of spurious drugs from abroad; and, if effectual means can be devised to prevent their sophistication and sale at home, a great boon will be conferred on the community. It is not probable that this can be fully accomplished; but the evil may certainly be very much limited. How shall this be done? Various plans have been suggested, of which the following may be considered as the most important:—

1st. To apply to the State Legislatures to pass laws authorizing the appointment of inspectors, and making it a penal offence to deal in adulterated drugs and medicines.

It is difficult to understand why fraud in the manufacture and sale of medicines, which have so important an influence on the health and lives of the people, should not be punished with the same severity as debasing and counterfeiting money, which merely affects their pecuniary interests. The past history of State legislation, in relation to the practice of medicine, affords little hope, however, that any salutary laws on this subject can be procured in many or all of the States of the Union; and without a general concurrence of action, no good will be accomplished. It is to the members of our own profession, therefore, in conjunction with the respectable druggists and apothecaries, that we must look for whatever reformation is to be accomplished.

2d. It has been suggested that physicians should feel it to be their duty to inspect the medicines in the drug stores from which they are in the habit of obtaining supplies for themselves or their patients. This would exercise a wholesome influence, if submitted to by the apothecary, and frequently performed by the physician, neither of which, however, is very probable. A more effectual plan, because of its being more likely to be carried out, would be for the various State medical societies annually to appoint a board of examiners, who should procure samples

of different articles from the drug stores within their limits, analyze and otherwise examine them, and publish the results. If this were impartially and skilfully done, it would excite the ambition of the meritorious and control the less scrupulous.

Properly to carry out this plan, as well as for their own security in making purchases, physicians should become better acquainted with the physical characters of drugs, and be able, with the assistance of a good treatise on chemistry, to analyze the various chemical articles recognized in the Pharmacopœia. The requisite apparatus for this purpose, which need not be costly, should be in every physician's office, and good specimens of the various articles of the materia medica, with samples of the inferior or adulterated. This is especially desirable in offices into which students of medicine are received.

3d. The co-operation of the druggists and apothecaries in discountenancing and putting down the traffic in inferior and adulterated medicines should be solicited. For this purpose, they should be encouraged to institute pharmaceutical associations in every considerable town throughout the country, which, more than anything else, would tend to elevate the professional and moral standing of their craft. Men who are in the habit of meeting together for laudable purposes are far less liable to plunge into bad practices than the isolated being whose better feelings are not warmed by association. The establishment of such societies has always been salutary. In Philadelphia, the institution of the College of Pharmacy, with its cabinets, its lectures, and excellent quarterly Journal, which is published regularly, has raised the character of the apothecaries to an enviable height; and in the city of New York, where a like organization has been more recently formed, similar effects are observable.

4th. In making their purchases of medicines, physicians should be willing to pay fair prices, and be careful to procure them only from the most respectable druggists. Men of this character, selling in large quantities, never demand exorbitant profits, and it is not to be expected that they will sell good articles at a loss.

A large amount of the inferior qualities of drugs passes through the hands of country storekeepers, who deal in dry goods, groceries, hardware, &c. With people who are such indifferent judges, articles are selected that afford the largest profits, and the quality is pretty certain not to exceed the price.

A class, worse even than this, of whom to purchase medicines, are druggists, whose advertisements are chiefly filled with nostrums and secret preparations. They who deal with men of this description, besides exposing themselves to the risk, amounting almost to certainty, of being cheated, may be regarded as active supporters of the worst kinds of quackery.

In conclusion, the committee beg leave to offer the following resolutions for the consideration of the Association:—

1st. *Resolved*, That the various State and local medical societies be requested annually to appoint boards of examiners, whose duty it shall be to procure specimens of drugs from the stores within their limits, for

examination, and report upon the same to their respective societies, at least once in every year.

2d. *Resolved*, That the respectable druggists and apothecaries throughout the United States be requested to take active measures for suppressing the fabrication and sale of inferior and adulterated drugs, and that it be respectfully suggested to them, whenever practicable, to form themselves into societies or colleges for the promotion of pharmaceutical knowledge and general improvement in their profession.

3d. *Resolved*, That a committee be appointed, consisting of one member from each State here represented, whose duty it shall be to collect information in regard to adulterated and spurious drugs, and report the same at the next meeting of the Association.

R. M. HUSTON, *Chairman*.

ANÆMIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you the following case, together with its history as obtained from the individual at the time I was first called to take charge of it. Although it may not appear an anomaly to you and the readers of the *Journal*, still it did so to me; and if you think it not of sufficient interest to be published, you may lay it aside. I took no notes of the case at the time; but immediately on its termination, when it was fresh in my mind, committed the progress and symptoms to paper.

H. E., aged 42, of a bilious, sanguine temperament, stout, active, energetic in health, and of temperate habits, frequently mentioned to me during my acquaintance with him (about six years) as family physician, that he was troubled with what he called a bilious difficulty, was costive, and had to resort to cathartics to relieve him, which they invariably did. He informed me that he had been subject to such a state of health for twenty years, which was first caused by an injury to his stomach, which obliged him to abandon labor for two years; and soon after he regained his health, was engaged in the lumbering business, as it is called, and worked much in the water. He followed this for six years, and since then had been engaged in farming. In the month of May, 1849, he had an attack of jaundice, combined with congestion of the right lung, which yielded readily to the usual remedies, viz., a small bleeding, alteratives, &c.

During the month of March last I met him several times. He remarked that his health was failing—that cathartics did not relieve him as much as formerly, and requested me to furnish him with some. Knowing his previous disease, I gave the pul. jal. and sub. mur. Still he grew worse, and about the 20th of May last sent for me, and presented the following symptoms. The whole skin was of a transparent, pearly whiteness, except where it is thin, as the lips, ends of the fingers, &c. The lips, part of the time, appeared as the blood would through a transparent medium, and on rising to the erect posture they would be purple; somewhat emaciated; the veins of the surface had lost their

roundness, were flat, and of a blue or purple color; a slight œdema of the face and feet; pulse about natural, 70 to 85 per minute, and feeble, continuing so till the last without any unnatural paroxysms of fluttering or variations. He said that he could walk only a few rods before he was obliged to sit down, and (as he described it) broke off about the middle of the thighs and at the pit of the stomach. Tongue and gums were not coated, but pale and flabby. Bowels were regular, and food digested well; discharges natural as to color and consistence. Appetite was voracious; said he was not satisfied when he finished his meals, and ate some four or five times a-day. His food occasioned no uneasiness, except when first swallowed he felt a slight pressure and evacuated a little gas from the stomach. The muscles hung loose about the limbs, and to the touch appeared as though they had lost their firmness. Kidneys secreted a large quantity of healthy-looking urine, which obliged him to rise several times in the night; otherwise his rest was undisturbed. His mind was not impaired, but he could read or think intently but a short time. Sitting erect one hour caused him to feel faint and obliged him to lie down; still there was no pain or soreness about him. He had long been in the habit of chewing tobacco, and spit a large amount. This I persuaded him to abandon, and put him on the use of the aqua regia foot bath, blue pill at night, infusion of uva ursi, and ordered him not to eat more than three times a-day, and then of light, nourishing, and easily-digested food.

In a few days the kidneys ceased to secrete an unnatural quantity. I then gave him, in addition, tonics, changing them during his confinement—such as quinine, cascarilla infusion, carb. iron, muriated tinc. of iron. Wine did not agree with his stomach, and spirits of all kinds for several years produced a burning and unpleasant effect. He still continued to fail in strength, and in about four weeks could not sit up or raise his head from his pillow without fainting. No other change except a loss of strength.

About the 25th of June, Dr. Jacob C. Stickney, of Lancaster, was called in consultation. After examining all the symptoms and history carefully, he advised a continuation of the course, with a change of the foot-bath to the application of cold water to the surface generally. This I carefully applied. The first time, although in a recumbent posture, it made him faint, but not afterwards.

Observing in Braithwaite's Retrospect, Part XX., Art. 17, manganese recommended in anæmia, I gave him the carbonate, combined with extract of cinchona. This course of tonic medication appeared to give a little strength—the globules of red blood increased to a slight flush on the palmar surface of the hands, the veins were distended with blood, and he could sit up and walk a little about the room. His appetite continued voracious till almost the last, except it was precarious, and his bowels required laxative medicine.

On the 2d of September frequent serous discharges commenced from the bowels, and in six hours coma and insensibility took place. On their first appearance I was sent for, but did not arrive till they were fully developed. I found him with frequent pulse, and an inability to swallow

only a spoonful at a time, and in a few hours he could not swallow at all. Death took place in sixty-six hours from the first discharges.

Autopsy, 28 Hours after Death.—On laying open the cavities of the thorax and abdomen, a considerable effusion of serum was found in both; otherwise all the organs appeared in a healthy condition. The bronchial tubes were filled with a frothy mucus. On the posterior part of the lungs was a small extravasation of blood. The liver appeared healthy, and on making a section into it a bloody matter exuded; the gall-bladder was filled with healthy-looking bile. The heart, aorta, pulmonary artery, vena cavæ ascendens and descendens, were entirely destitute of blood; in the left ventricle a small body was attached, about the size of a man's thumb, of a pyramidal shape, the attachment at the base, of a fibrinous consistence, readily detached by the fingers from the columnæ carneæ, and to the summit of it adhered a long piece of a membranous shape, about ten inches in length, from half to one inch in width, and about four lines in thickness, the whole covered with an albuminous substance, this part extending into the aorta. The arteries of the stomach were slightly injected with blood; mucous membrane slightly softened in the most depending portion, and entirely destitute of food or drink. Some small patches of the ileum, jejunum and colon were a little injected. Mesenteric glands were enlarged, without any deposit of a tuberculous kind. This last was all the change in the structure of any part, that could be discovered. All the organs were destitute of blood, and where the muscles entered into the structure, pale and flabby.

Could all the change in the blood in this case be accounted for by the mesenteric enlargement and the non-absorption of chyle? What became of the nutritious part of the food, as his appetite called for an unusual quantity, which was well digested? Or was the difficulty in the chemical, vital or physical changes in the assimilating powers, or was it wholly functional? These are questions, which have occupied my attention, and about which I am undecided. He continued to sink gradually, although taking a large quantity of food without irritation of any kind, aside from prostration and confinement. The blood appeared to be almost gone, or to have resolved itself into serum. There were no symptoms indicating derangement of the heart, connected with the diseased growth there. The respiration was easy and free. Percussion and auscultation showed no sign of disease.

AUGUSTUS HARRIS.

Colebrook, N. H., Oct. 21, 1850.

MURIATE OF OPIUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the last number of the Journal I noticed an article from Dr. J. Doe, of Cabot, Vt., in reference to Dr. Nichol's "muriate of opium." If Dr. Doe will turn to the 41st volume of your Journal, No. 23, page 462, Jan. 9th, 1850, he will find the same formula which he has given, with a statement of mine that I had for some time used this preparation, and

improved, as I supposed, upon Dr. Nichol's formula. Both Dr. N.'s and the subscriber's can be there found.

In the Charleston Medical Journal and Review, Vol. V., page 413, the editors have quoted this article from your Journal, with the formula of Dr. N., and mine as improved, and after the quotation they say, "We can testify to the effects of the preparation of opium recommended by Dr. Cornell; having repeatedly employed it ourselves, without any of the unpleasant symptoms of the drug being experienced."

This notice of Dr. Doe's article is not for the sake of claiming *priority* as to the use of Dr. N.'s recipe, but to direct attention to what the writer, as well as many others who have used it, consider an *improvement* upon that formula.

W. M. CORNELL.

Boston, October 30, 1850.

[WE like, in the main, the remarks of our correspondent below. It is doubtful, however, whether he is justified in censuring the New York professors by information from a newspaper report. It is not uncommon, we believe, to allude, in introductory lectures, to the ensuing courses by the different professors, and they are naturally, in such cases, well spoken of. Whether the "detailed eulogy," alluded to by the New York Tribune, is anything more than this, we have no means of knowing.—ED.]

. QUACKERY IN THE REGULAR PROFESSION.

[Communicated for the Boston Med. and Surg. Journal.]

IN an article in a recent issue of the Boston Medical and Surgical Journal, the writer alludes to certain cliques, said to be in New York, who make it a point to sustain their members, above and to the exclusion of all others. Every high-minded physician must coincide with the views there expressed. Nearly allied to this practice is that of some physicians, either directly or indirectly sounding their individual praises. Various are their methods. They have, for every ear, some most wonderful case to relate, which has fallen under their care, and which invariably terminates successfully. Or, they have been called to such and such, well-known individuals, who, the auditor is aware, have previously employed another physician. Or, they vaunt themselves of the number of their cases, and their consultations, and are ever in hot haste, pressing calls preventing a moment's delay. Or, they have been called to such an aggravated case, describing minutely and graphically the intense agonies of the sufferer, and how entirely and quickly *he* relieved him. Others, still, seek popularity by underbidding in price. He is "the poor man's doctor"; "the other physicians charge exorbitantly," &c. &c. These are but a few, of the various ways, to which individuals resort, to talk themselves into notoriety. The reader will readily recall one or more of such persons, who study these various methods, and practise them, quite as much as physic or surgery. This is nothing more nor less than sheer quackery. The most disreputable charlatan does the same. Will a noble, high-minded physician stoop to such practices?

He is conscious of worth, of rectitude, of talent, and he goes forth into the world, confident that true merit will be slowly, but surely, appreciated. He preserves his dignity, his self-respect, and his would be the last voice to utter a word in self-commendation.

This inmodest self-praise has even been heard from the professors in our medical schools, in the character of their circulars, and the publishing rather conspicuously the number of students, of graduates, &c. &c. In a late New York Tribune, is an article giving an account of the opening of the New York Medical College, in which the speech of Dr. Cox, Professor of Surgery in this College, was spoken of, as "the principal feature of the evening." The writer says, "It was a splendid and elegant production. He pronounced a detailed eulogy upon his coadjutors in the professorial chairs," &c. &c. I had hoped to have seen the above extract contradicted, supposing the statement incorrect. I could with difficulty believe, that the professors of that school would appoint one of their own number to appear before an audience, to pronounce a "detailed eulogy" upon themselves.—Many other things of a like nature might be mentioned. "These things ought not so to be." The medical profession should not be degraded by such dishonorable practices. Let every member of the profession, who has its good at heart, speak out in censure of these abuses as they justly deserve. Would every physician be what he desires the world to believe him to be, he would no longer be obliged to resort to such means of self-glorification. HONESTUS.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 6, 1850.

EDITORIAL CORRESPONDENCE.

Rome (Continued).—Hospitals are numerous in Rome, and on a scale of magnitude rarely met with in Italy. Santo Spirito is immensely large; containing two thousand patients when these memoranda were noted, if the superintendent is to be credited. In one ward we counted one hundred and eighty-five beds. There is first a row round the hall, and then a second tier, by placing one at the foot of the outside circuit. Ventilation is considered—the wards all being on the first, or ground floor, the walls probably fifty feet high, with windows near the top. The attendants were slovenly-looking fellows, the bed-linen foul to a reprehensible degree—and, worse still, in the middle of the floor, at distances of perhaps twenty feet, auger holes were bored through the floor, down which all the vessels were emptied—containing fluids that would drain off, down into the Tiber. But few females, compared to the whole number under treatment, are to be found in any of the hospitals. All the medicines are manufactured in the institution, as at Milan, even to the grinding of roots and barks. All the water from the fountains at St. Peters, after being exhibited before the pilgrims between the colonnades, is carried to Santo Spirito, and there becomes a power for running machinery for pulverizing medicines. A branch pipe carries a wheel, of two feet in diameter in one direction, for turning a spit. This is the nearest approach to a contrivance for saving human labor,

met with by us in Rome. So excessively stupid is the common mind, and destitute of constructiveness, that hundreds of persons may be seen picking out the chaff from wheat, with their fingers, day after day, in small wooden trays—which a New England farmer would accomplish with a gust of wind, and winnow more bushels in half a day than these drones would do in two years. Over a hundred medical students were said to be in attendance—some of them being in scarlet dresses, something like a common over-coat in form. Connected with the hospital is a theatre for clinical lectures, and one of the very best anatomical cabinets to be met with, as far as it goes. Some of the preparations of bloodvessels and nerves, the mercurial injection of the skin, groups of fœtal skeletons, and the wax models, surpass, both in beauty and importance, similar cabinets in countries where science is more cultivated than in the papal States. Medical lectures commence in November—the leading faculty being Profs. Bucci and Constantini. Cooking is performed by steam in this establishment, and a hydraulic press gives the apothecary peculiar facility for manufacturing castor oil. A contrivance is quite accessible near the centre of the building—something like a wheel in post-offices for distributing transient letters—in which infants are deposited at night, and no questions asked. Eight hundred children, annually, on an average, are thus abandoned to the care of strangers, in professedly the most christian community on earth—few of whom are reared. Let any careful, conscientious man examine the list of marriages here, together with the number of children born in wedlock, yearly, and he must necessarily arrive at the conclusion that these foundlings rain down, as the frogs do in Connecticut—there being no reasonable way of accounting for the appearance of so many, when a majority of the population are by their vows in a state of celibacy. Belonging to Santo Spirito is an insane hospital, having four hundred and thirty patients. On entering the yard, perhaps two hundred men were seen, roving about, without employment or overseers, and clamorous among themselves. The females were perhaps one hundred, in another direction, on the stairs, in the entries, &c. They were all poorly clad, and rather dirty, as might be expected from the appearance of the turnkeys. A new ward, two hundred feet long, with a marble floor, high ceiling and large windows, belonging to the Hospital of Consolation, is excellent, and much superior to many in that city of hospitals, Paris. St. James takes the surgery; fractures and recent wounds are here received—and badly treated, unless confining a patient to a bed forty days with a simple fracture of the arm is considered good treatment by being on the safe side. The bone was perfectly united, and the man sound and well, but the bandages and splints were decreed to remain to the expiration of the four times ten days. Fractures of the thigh and leg are miserably splintered—with imperfect counter-extension, where required, so that short limbs cannot be uncommon. One broken humerus was secured by gutta percha, which is good practice. Generally, the surgery of Rome is not up to the days of old Benjamin Bell, if these examples are fair specimens of practice. Astonishing numbers were under treatment, in all the hospitals, with syphilis. A priest is at the head of every institution, large or small, even to having charge of the sick wards. The medical officers are mere servants in the hospitals.

A Sabbath in Rome differs but little from one in France. Markets are active through the day. Grocery and bread shops, and restaurants, are open as usual—cries of good figs, buona della uva, &c., are as shrill as ever. The troops march through the streets to the music of a fine

band, and every where lottery offices have their scheme opposite their doors, and sales of tickets are going on; and finally a splendid band performs in the afternoon, on Monte Pincio, where thousands assemble to hear it. Interspersed through the crowd, are priests in all kinds of dresses, quite as social as others. Last Sabbath, Sept. 23, bills upon the streets announced a horse-race at 1 o'clock, P. M. Two Sabbaths, in succession, we drove from church to church, at the hours of service, and rarely saw much of an audience. At high mass in St. Peters, last Sunday, the priests wholly outnumbered the listeners and worshippers. Better vocal music is seldom heard, although there was not a female voice in the choir. There is unproductive wealth enough in one or two of the three hundred and sixty churches of Rome, were it put in circulation, to revive the drooping spirits of a miserably-governed nation. No real estate is either bought or sold. Torlonia, the rich banker, has got possession of lands without the walls, by loaning money to the religious communities by which they were owned, and they fell into his hands by foreclosure of mortgages. Cardinal Antonelli, the wily politician, the mainspring and all-in-all, in matters of state, asserted, in the presence of several distinguished foreign functionaries, on a certain occasion when a French company proposed to light the city with gas, that the real estate had not changed owners for seven hundred years! The Jesuits hold the most, and therefore their revenues are enormously large. The nunnery of St. Cecelia, filled exclusively by noble ladies, no others being admitted, was the Saint's property, which came to her from her father, a Roman Senator, perhaps seven or eight centuries ago. By such means, the lands have been swallowed up by different institutions. The Borghese family are said to own one-tenth of all the soil in the papal dominions, beyond the city. Two families have the hereditary privilege of inflicting death, without accounting to any tribunal—a right which the head of one of them exercised on two of his serfs, within a year or two. It was a wanton, wicked act, said a foreign minister, who related the atrocious deed to us, which the family excused by saying he was not in his true mind. No inquiry was instituted; such would have been useless, because there is no civil law—ecclesiastical law being predominant. A singular illustration of the power of wealth over the tribunals of justice occurred not long since. On a part of the ruins of the palaces of the Cæsars, is a beautiful villa, owned by an Englishman, whose wealth brings him a yearly income of four hundred thousand dollars. He is now sixty-three years old, but is married to a beautiful wife of twenty-three. For causes known best to himself, he forced her into one of the old dark, damp dungeons below, where, on the second day, besmeared with filth and almost dead, she was discovered by a file of soldiers, who were ordered to break in. A priest of high authority undertook to bring the monster to terms; but he, knowing what kind of lever would move heaven as well as earth, told the terror of evil-doers in crimson stockings to go to the devil! By distributing the root of evil with unexampled liberality, no further notice was taken of the transaction. He is now in good odor, and the wife is with her family. "Sir," continued the gentleman to whom we are indebted for many civilities—who, from his official relations, has access to every ear, from his Holiness to the low officials at the custom-house—"the Austrians have a powerful influence at this court; the French have the next; the Spaniards are very influential; but money outwinds them all." From all that can be gathered, the Pope is truly a good man in every respect. Mr. Cass, the American Charge, speaks of him as the very best man he ever

knew. Of the characters of the leading spirits in the present Church Universal, the history of the revolution, when written, may disclose some interesting facts.

We have visited the immense edifice of the Propaganda Fide, where there are treasures upon treasures, in literature, beyond the general knowledge of the learned. The printing presses in the publishing rooms are improved hand-presses—labor-saving machines of any kind not being popular in Italy. Book-binding here excels our workmanship. Coins of all ages and countries are systematically arranged, which are well worthy of inspection. Objects of *virtu*, from the extremes of the earth, manuscripts in Sanscrit, Chinese, and so on, beyond enumeration, which would give employment to competent scholars for hundreds of years to come, are admirably preserved, as are also ancient books, rivalling the fairest type of modern foundries, although executed by a pen six and eight hundred years ago. Whatever was noticed most prominent or most rare, was noted in a memorandum, where your correspondent purposes to look for scores of texts for the elaboration of papers when his travels are finished.

Rome has lots of theatres—but the censorship is so severe, that a noble sentiment or any freedom of wit cannot be indulged, without endangering the reputation of the priesthood; and hence their representations are either childish, or hold up to admiration the chains that bind fast the minds of millions. A Roman paper is the quintessence of stupidity: it would never be suspected, by reading it, that there were other countries, or a spot where the church did not dictate and maintain undisputed sovereignty. Accounts of religious festivals, and such items from Austria, France, Portugal, and other Catholic nations, as indicate a dependence on the Roman see, together with local edicts, make the sum and substance of an Italian paper. If the people could read what is said about them in the London papers, or be made acquainted with the movements of the world generally, they would be quite beyond the control of a French army of occupation in less than three months.

Those of our countrymen who may hereafter come to Rome, must not forget, above all things, to give a thorough examination to the Etruscan Museums. Nothing more clearly establishes the undeniable fact that there is nothing new under the sun. Statuary, metallic vessels, gold work, jewelry, domestic utensils of every devisable pattern, manufactured unknown centuries before the foundation of Rome was laid, prove that few advances have since been made in those branches of art. Etruria was not far from Rome—and these are curious illustrations of the high civilization of that people, whose history, language and habits are as utterly unknown as the names of the mound builders of Ohio and Missouri. Simply tilling the land here with a strong New England plough, would turn up gems of the rarest value to the archæologist, where all is now still as death and the land a wide waste of stunted grass. This applies to the neighborhood of Rome, for a circuit of ten miles. One hundred good farmers would change the whole aspect of this desolate region, and make the fat soil smile with gladness, while every spade thrust into the ground would bring up something to be admired and copied.

Rome is the richest city in the world, in respect to cabinets, museums, &c. Palaces four and five hundred feet long, having galleries upon galleries, are covered with pictures of the rarest schools and from the pencils of the first masters that ever lived; while the statuary, from Praxitiles to Thornwaldsen, embracing a period of more than two thousand years,

is beyond all attempts at description. But Rome appears to be slowly and positively decaying. The buildings, with few exceptions, are defaced in some way; and the population, from more than a million at one time in its history, is now only about one hundred and thirty thousand. There is but one solitary new edifice in the process of erection, either in the city or within twenty miles of it—and that is a church, outside the wall, where there are not fifty inhabitants. It will cost more, when fairly completed, according to the design, than the Capitol at Washington. It is, says tradition, on the spot where St. Paul was put to death. It must be by the assistance of foreigners, if it is ever finished. A series of the portraits of all the Popes, in mosaic, are being made, to fill panels, that must be prodigiously expensive, since every shade of color is expressed by a separate bit of stone, laid in cement. We visited the manufacturing establishment in the Vatican, where these costly pictures are making—and each one, from the slow manner of proceeding, to imitate the oil paintings which are copied, must require the untiring industry of the artist for one or two years. When these palaces and churches in their turn become ruins, they will be feeble ones indeed by the side of the noble piles that now throw great shadows over the desolate places where they stand alone in the grandeur.

It is asserted that the Americans travel in Europe more than any other people, and spend the most money foolishly. The English travel to economize. Admitting this to be true, directions will subsequently be given, to those proposing to come abroad, how to proceed. Lest it should be forgotten, a word or two of advice is here introduced,—viz., never take a *courier*, a travelling interpreter of continental languages, because they are an unnecessary expense, a burden, and blood-suckers. English is spoken at every hotel yet patronized in these travels, with a few solitary exceptions; and besides, no progress will ever be made in the acquisition of German, French or Italian, if you are not put to the trial of making an effort. Therefore, shun couriers, who have their head quarters in Paris. Instead of bringing ready money, obtain a draft on a London banker, who will give a letter of credit. Whenever the bearer of it arrives at a place, and he requires money, he presents the letter to a banker. The letter shows precisely the sum on deposit in England, therefore he readily pays the amount asked—endorses it on the same letter, and thus the bearer travels. This gives him the kind of money necessary, in the currency of the country he travels through, without being loaded down with bags of silver or gold, on which there is a liability of depreciation and losses in various ways. Bring no books, nor maps, unless they are perfectly correct, and published in England—that is, if the traveller proposes to land there. There is always danger of having them taken away by the revenue officers; and besides, they are cheap enough in England or France. Have as small a trunk as possible, as the cost of transporting luggage over continental railroads and by diligence would very soon exhaust the value of it, as every pound weight must be paid for separately.

Ulceration of the Cervix Uteri.—Since the appearance of Dr. Bennett's treatise on the ulceration, induration, &c., of the neck of the uterus, it is somewhat suprising *how many cases are found* that exactly correspond with *his diagnosis*. Speculums are now in great demand; and it is only for the patient to have pain or uneasiness in the parts, or to have an ordinary leucorrhœal discharge, than at once she must be submitted to an examina-

tion. The practitioner is able readily to observe, through one of these vaginal telescopes, fissures from ulceration, *induration*, and in fine, all that he has been told he would see. The diagnosis becomes perfect, and he must cauterize, in accordance with the rule laid down by the great master of the art. It becomes a question with the disciple, whether to use the solid *stick of lunar caustic*, or the *potassa cum calce*; or it may be that some, who are more heroic than their master, advocate and make use of the *red hot iron itself*. What is the consequence of such treatment, in many of the patients who are submitted to it? *Peritonitis*, with its fearful concomitants, as a general thing follows the abuse of the remedy, and the patient suffers from a malady which can only be relieved by death. The *disease of the doctor* is an unmanageable one, and one that every practitioner dislikes to encounter. We wish to be understood to say, that there may be cases where the treatment recommended by Dr. Bennett would be beneficial; but when the indiscriminate use of such powerful agents is brought to bear upon parts delicately susceptible to injury, we must give our opinion as adverse to the practice. We have often mentioned, in the pages of the Journal, the disposition that exists for falling into extremes, in the adoption and practice of theories; and it does seem that this new theory of ulceration, induration, &c., of the cervix uteri, was having its votaries to the fullest extent. There can be no doubt that many a cervix uteri is charged upon with the cautery, when as exempt from disease as it was at the birth. More anon.

Franklin County Medical Society.—A meeting of the regularly educated and licensed physicians of the county of Franklin was held in Greenfield, Wednesday, Oct. 16, to deliberate upon the subject of a District Medical Society in the county of Franklin, or in Franklin, Hampshire and Hampden, or a County Medical Society. The convention was called to order by Dr. S. W. Williams of Deerfield, and Dr. Carpenter of Bernardston was chosen Chairman, and Dr. Dwight of South Deerfield Secretary. An address, setting forth the advantages of medical association, and embracing many interesting statistics of the doings of the Massachusetts Medical Society, was read by Dr. Williams, and the By-Laws of the Society were read by the Secretary. A question arose whether the members of the profession in Franklin county should unite in forming a medical society with their brethren in Hampshire and Hampden. Union with them was deemed inexpedient. A spirited discussion then followed, in which all the members of the convention took part, in relation to uniting with the Massachusetts Medical Society and forming a District Society. Dr. Cooke, of Wendell, moved that the members of the profession present, who were not Fellows of the Massachusetts Medical Society, unite with the Fellows of that Society residing in this county, and form a branch of that body, by subscribing to the Constitution and subjecting themselves to the assessments of the Massachusetts Medical Society. The motion was lost. On motion of Dr. Williams, voted that the medical fraternity of this county form a distinct and independent County Medical Association. Voted, that a committee be appointed by the chairman to draft a Constitution, frame a code of By-Laws and a code of Medical Ethics, to be reported at the next meeting. The following gentlemen were appointed, viz., Drs. Williams, Trow of Sunderland, and Cooke of Wendell. Voted, that Dr. James Deane, of Greenfield, be invited to read an essay before the society at the next meeting, to be held in Greenfield on the first Wednesday in January proximo, at 10 o'clock,

A. M., and that the Secretary despatch letters missive to all regular practitioners of medicine in the county, notifying them of the time and place of said meeting.

Liquid Muriate of Opium.—This new preparation is getting into general use among the profession. Several communications respecting its valuable properties have been sent us, some of which have appeared in our pages. Mr. William Brown, apothecary, 481 Washington street, prepares it from the formula recommended by Drs. Brewster and Cornell, with an increase of its strength, however, he preferring the standard of the official tincture, in order that the dose may be in the same proportion. The formula has been given our readers in a previous number, and no doubt many of them have made use of it, preferring it, as we do, to McMunn's Elixir, that being considered within the category of secret medicines.

A Double-Headed Snake.—Dr. William Pitt, of Cambridge, has in his possession a small green snake having two heads. It was one of many that were taken from their hiding place within the natural pouch, the rest of which had only one head. The Doctor intends presenting it to the Natural History Society.

Massachusetts Medical College.—The Introductory Lecture will be delivered at 12 o'clock to-day, by Prof. John Ware.

Medical Miscellany.—Dr. Charles Robinson, one of the leaders in the Squatter Riot at Sacramento, has been fully committed to answer the charge of murder. A letter from Sacramento says he was seen deliberately to aim and fire at the citizen, Mr. Woodland, who was killed.—Robert R. Briggs, Esq., of South Adams, Mass., about a fortnight since had a cow which calved and bore a fine red calf—in about five days after, the same cow brought forth another calf of a cream color.—The following hit at the water cure was made by Charles Lamb, and no one but himself could have had so quaint a conceit:—"It is," said he, "neither new nor wonderful, for it is as old as the Deluge, which, in my opinion, killed more than it cured."

SUFFOLK DISTRICT MEDICAL SOCIETY.—The monthly meeting of this society, for medical improvement, will be held at their rooms, Masonic Temple, to-morrow evening, at the usual hour. A punctual attendance of the members is respectfully requested.

MARRIED.—In Amherst, N. H., Dr. W. H. Bigelow, of Boston, to Miss Letitia Bell, daughter of James Bell, Esq., of Haverhill.—In Harwich, A. M. Orcutt, M.D., to Miss Mary A. Knight.—At Nelson, N. H., Leonard Freuch, M.D., of Ashby, Mass., to Miss Ann M. Melville, of the former place.—In East Montpelier, Vt., Dr. W. H. H. Richardson, House Physician, Bellevue Hospital, N. Y. City, to Miss C. P. Stewart, of East Montpelier.—In Wolcottville, Ct., J. B. Whiting, M.D., to Miss Frances A. Hungerford.

DIED.—At Fort Gibson, Dr. William Butler, United States Agent for the Cherokees.

Deaths in Boston—for the week ending Saturday noon, Nov. 2d, 67.—Males, 33—females, 34. Disease of the bowels, 1—disease of the brain, 2—inflammation of the brain, 1—consumption, 17—convulsions, 2—canker, 2—croup, 3—dysentery, 4—diarrhoea, 3—dropsy, 2—dropsy of the brain, 1—drowned, 1—typhoid fever, 1—lung fever, 5—brain fever, 1—infantile, 7—inflammation of the lungs, 3—marasmus, 2—measles, 1—old age, 1—palsy, 1—pleurisy, 1—puerperal, 1—smallpox, 1—teething, 3.

Under 5 years, 36—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 8—over 60 years, 7. Americans, 23; foreigners and children of foreigners, 44.

Advantages of Early Training.—The following dialogue is reported to have taken place, at the Queen's County assizes, between a medical witness and a barrister:—Mr. Hayes (the barrister): "If a person, lying on wet straw, were deprived of all the comforts or necessaries of life, would it not hasten death?" Dr. Edge: "That would greatly depend upon whether he had been accustomed to them." Mr. Hayes: "Do you mean to tell us that if a person lived in a horse-pond, it would not be injurious to him?" Dr. Edge: "I think not, if he had lived sixty or seventy years in it."—*Hull (Eng.) Advertiser.*

The Salts of Morphia.—M. Mialhe, of Paris, is of opinion that opium, either in the shape of extract or tincture, ought to be entirely discarded from practice, as the proportion of active principles in this drug is extremely uncertain, both from natural causes, and through adulterations. He has found that in the various kinds of opium of commerce, morphia varies from seven grains and a half to eight scruples per three ounces and a half; or, in other words, from one-half to ten per cent. In adulterated specimens—namely, in a substance that merely imitated opium—he has found only six parts of morphia in 5000. M. Mialhe infers that morphia alone should be used in medicine, and that this principle should drive away opium, as quinine has replaced bark.—*London Lancet.*

Chinoidine.—At a meeting of the Mobile Medical Society, Dr. Jno. P. Barnes stated that he had lately been using chinoidine quite extensively in his practice, as a substitute for quinine, and that he was much pleased with its practical utility. He had found it quite efficient in controlling the ordinary attacks of intermittent diseases. Dr. Fearn remarked that he had first seen this remedy used in 1826, in the alms house in Philadelphia, by Dr. Witherill. The experiments with it were quite satisfactory. He had, however, made but little use of it since, until recently, when he had employed it in several cases where quinine usually produced unpleasant effects. He had been particularly well pleased with it in one or two cases of phthisis, when the patient had an attack of chills and fever differing from the ordinary hectic exacerbations observed in that disease. He advised its use in all such cases.—*N. Orleans Med. and Surg. Journal.*

Congelation of Protoxide of Nitrogen and Alcohol. By M. DESPRETZ.—A portion of protoxide of nitrogen in the fluid state being poured into a platina capsule placed on a brick, under the receiver of an air-pump, became, by the first few strokes of the piston, covered with a white stratum, and was quickly converted into a snow-like mass of white substance. In a similar manner alcohol, mixed with protoxide of nitrogen, solid carbonic acid, and ether, was solidified, although imperfectly.—*L'Union Médicale.*

Low Temperature sustained by Human Beings.—It is stated by Mr. Rae, in his Narrative of the Arctic Expedition, 1846-7, that at Fort Hope, in latitude 66 deg. 32 m., and longitude 86 deg. 55 m., the lowest temperature experienced during the winter was -47 deg. This is equal to 79 degrees below the freezing point of water, and 7 degrees below the freezing point of mercury.—*London Medical Gaz.*

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NOTES ON DISEASES OF THE EAR.

BY EDW. H. CLARKE, M.D., BOSTON.

IV.—*Exploration of the Eustachian Tube.*

[Continued from page 238.]

CATHETERISM.—In the first place I lay it down as a principle, that on account of the great variations in the form of the nose and nasal fossæ, it is not possible to establish any certain rule to guide us in the selection of a proper instrument for catheterism. The age of the patient, the form of his head and development of his face, are causes which modify to such an extent the length of the palatine vault, that it is rare to find two individuals, in whom the orifice of the Eustachian tube is situated at the same distance from the anterior nasal spine. On the other hand, an almost constant deviation of the septum of the nares from a median line, the variable size and position of the inferior turbinated bone, are all circumstances which impede the easy introduction of a catheter into the pavilion of the tube. Hence it is, that there is no instrument and no method of catheterism that is invariably used with success. I have employed successively all the catheters which have been lauded in turn by different authors, and have convinced myself that none of them are well adapted to all cases, but only to certain determinate instances, and that it is of the greatest importance to use an instrument which readily adapts itself to the nasal fossæ, through which it is to pass.

The variations in form, direction and length which the olfactory apparatus exhibits, dependent upon the age of the subject, exert a marked influence on the relative position of the pavilion of the Eustachian tube. It is consequently important to remember these various circumstances, when it becomes necessary to catheterize this passage. The nasal fossæ enlarge in every direction as an individual grows old; but the enlargement is greatest in the direction of the vertical and antero-posterior diameters. Hence it results that the older a patient is, the deeper will the orifice of the tube be situated, and the greater should be the length of the catheter. I do not believe it possible to give any exact measurements for this. Any one may convince himself of its impossibility by examining the prominence of the face in adults and the numerous variations in length which are presented by the mento-bregmatic and occipito-mental diameters. The auditory meatus is brought further forward, and the

floor of the nasal fossæ correspondingly shortened, in proportion to the prominence of the occipital protuberance. This abbreviation of the palatine apophysis and of the horizontal portion of the palatine bone, is found in individuals who have a broad face and flattened nose, while the opposite occurs with those who have the nose prominent, the countenance narrow and salient, and the zygomatic arches very much elongated.

I do not attach any great importance to an exact appreciation of the length of the floor of the nasal fossæ, and for this reason; in order to catheterize the tube with precision, I believe it necessary to carry the catheter back to the posterior wall of the pharynx, and then to withdraw it, with its extremity bearing upon the external wall of the same cavity. No regard need be paid to the position of the veil of the palate, which under these circumstances can afford no light. But the real obstacle to be encountered arises from the position and form of the median partition of the nasal fossæ. The different parts which constitute this septum rarely preserve a vertical direction. In a great majority of cases, the deviation is of such a character that the right cavity is smaller than the left. The inferior turbinated bone of the same side is frequently increased in size, so that these two circumstances render the introduction of a catheter very difficult, whether it be of silver or gum elastic, and whether it has a greater or smaller curve. I shall point out, further on, the way of obviating this inconvenience.

In every case the external shape of the nose should be carefully examined: for nearly always the lateral inclination of the median partition is indicated by a prominence of the cartilage which forms its anterior part. It is also well to raise up the lobe of the nose, and sometimes even to introduce a speculum in order to appreciate exactly the degree of narrowness or obliquity of the nasal fossæ. The patient should be placed opposite a well-lighted window. These precautions are useful, because they guide the operator in the choice of an instrument with which catheterism can be most properly performed. If the nose is long and narrow, if the median partition is pushed aside and the inferior turbinated bone is large, a flexible catheter should be chosen, armed with a light mandrin and slightly curved, which will traverse easily the narrow way through which it must pass. In the opposite case, a solid silver catheter should be selected, with a larger curve, which by its outward movement of rotation will be able to reach the orifice of the tube and be engaged within it.

It may happen that one of the nostrils is so deformed that no catheter whatever can enter it. In cases of this kind I have succeeded, by lifting up the veil of the palate, in catheterizing through the mouth. M. Deleau advises the selection of a catheter with a large curve, which should be carried through the other nostril; he states that he has succeeded in this way. Several attempts upon the dead body have convinced me that this method is difficult in its application, if not impossible; but I have not facts enough upon which to found a definite opinion. I know, however, that Fabrizi regarded the thing as impossible.

The following is the method of performing the operation. Let the patient be placed, as I have said, before a well-lighted window, seated,

with his head slightly raised, and not supported by a cushion. The left hand alone, placed upon the forehead, is sufficient to prevent the movements of the head. The instrument should be held in the right hand, and have the concavity of its curve looking downwards. The beak of the catheter traverses the entire length of the floor of the nasal fossæ, and arrives at the adherent edge of the veil of the palate. I believe it is useless to stop at this point, though such is the advice of most surgeons, in order to search for the orifice of the tube by passing immediately from this inclined plane to the external part of the pharynx. Experience has shown me that it is much better to go further on, to touch the posterior wall of the pharynx and withdraw the catheter from behind forwards, in order to meet the salient edge of the pavilion of the tube. It is very necessary to the success of the operation, that the parts which surround the tube should preserve their normal position. Now the presence of the end of a catheter causes a contraction of the veil of the palate and of the whole pharynx, and changes the relative situation of the tube and the nasal fossæ. It is for the purpose of avoiding this inconvenience, that I carry the catheter as far on as possible, so as not to stimulate the peristaphyline muscles and those of the pharynx.

While withdrawing the catheter along the external wall of the pharynx, the operator soon feels an elevation, over which the instrument glides, and in front of it a cavity, which receives its extremity. A little more decided outward movement of rotation causes the catheter to penetrate further, and if an attempt is made to withdraw it, while the direction above indicated is preserved, an obstacle is perceived, which shows that the instrument is engaged in a passage, out of which it cannot pass, except by following the oblique route which it traversed in entering. The catheter, when thus fixed, can be made to advance only three or four lines into the tube, and produces a sensation, which is disagreeable rather than painful. Sometimes the patient feels a sort of tickling in the external meatus, and instinctively puts his finger there; in the majority of cases, however, this does not take place.

What is the purpose of introducing any catheter into the Eustachian tube? The purpose evidently is to know if this tube is free, how far it is so, and what kind of obstacle is opposed to the passage of air. Can the catheter alone clear up all these questions? I propose to examine this point briefly.

In the first place, it must be admitted that catheters of silver or gum elastic are always too large to traverse the entire length of the tube. Its superior third is not more than a line in diameter, and its walls, on account of a thick cartilage, possess a degree of resistance, which allows of no distension. Still higher up the osseous portion is not less inelastic, so that in order to reach the cavity, it is necessary to employ a thread-like bougie or a cat-gut cord of very small diameter, like that used by Kramer. But the catheters of Saissy and Itard, of M. Deleau and many other aurists, cannot enter more than half, or at the most two thirds of the total length of this passage, so that every obstacle situated beyond these limits can neither be recognized nor removed by these various instruments.

In a great majority of cases, the occlusion of the tube is the result of a swelling of the mucous membrane that lines it, or of an accumulation of thickened and variously altered mucus. Doubtless it is generally possible to overcome the resistance of these two pathological states; but this can only take place within certain limits, and it must be confessed that the cure nearly always occurs spontaneously. But when we meet with a lesion of a graver character, a chronic induration of the upper part of the pharynx, an obliteration of the tube produced by cicatrices, or any analogous disease, the employment of catheters is of no utility; they must be laid aside. Thus, as a direct means of treatment, catheters cannot cure the grave diseases of the Eustachian tube, and diseases which are less severe are cured spontaneously.

But the object of researches, which are conducted in this way, is usually the diagnosis of diseases of the cavity of the tympanum, and daily experience proves their efficacy. The tube is not perfectly healthy during many of the diseases which are seated within this cavity, though it is still easily permeable to air, which may be forced into it from without. The catheter penetrates to a greater or less extent, and enables us to appreciate the degree of resistance, which is produced by the swelling of the mucous membrane. This is recognized by the small quantity of air which reaches the cavity, and by the pharyngeal r le, caused by the return, between the catheter and the passage, of a considerable portion of the insufflated air. If the depth to which the catheter penetrates is carefully noted, and also the quantity of air which reaches the cavity, we shall be able to ascertain the position of the obstacle, as well as its degree of force. More than this, the same means will inform us of the kind of alteration which exists in the cavity of the tympanum; whether this cavity contains a notable quantity of mucus; whether the deafness results from a non-renewal of the air; and finally, whether the injection of this fluid exerts any influence upon the morbid phenomena, which are going on there.

It is evident that catheterism of the tube is a means of diagnosis of the highest interest in the study of diseases of the middle ear, and that it is impossible to form an exact opinion upon these diseases, if this operation is not performed. I will add that the morbid affections more deeply situated, that is, those of the internal ear, can be recognized through the aid of catheterism, by reason of the negative symptoms, whose existence in the cavity can thus be determined. In proceeding by exclusion, we go on to show that the external meatus, the membrane of the tympanum and the middle ear, are exempt from alteration, and that consequently the cause of the difficulty resides in the labyrinth or in the nervous system.

The exploration of the external auditory meatus sometimes occasions pain, as I have said, but this is unusual, whilst the catheterism of the Eustachian tube is always accompanied with peculiarities that should be known. The passage of a catheter through the nasal foss e excites a disagreeable sensation, a sort of sharp tickling, which sets in motion the muscles of the nose and lips as well as those of the countenance. The eye, corresponding to the nostril through which the catheter passes,

is moistened with copious tears, the diaphragm suddenly contracts, and in some more irritable individuals, nausea and even vomiting supervene. In short, the mucous membrane, torn by the catheter, may send forth a few drops of blood.

When the catheter has reached the summit of the pharynx, it gives rise to spasmodic contractions of this organ, which disturb the tube, and it becomes necessary to wait for a moment of quiet in order to introduce the instrument by an outward movement of rotation. A practised hand readily succeeds in doing this, but in many cases recourse must be had to manipulations which irritate the parts that are so peculiarly sensible, and considerably fatigue the patient. When the catheter penetrates the pavilion of the tube, it produces a sensation of a different character from the preceding, but equally disagreeable. I ought to add that silver catheters give rise in general to less pain than those of M. Deleau, and that patients who have had an experience of both give a preference to the former. This arises chiefly from the fact that the flexible catheter is armed with a mandrin, which must be drawn out at the same moment that the instrument is pushed on, so as to make it penetrate the passage while it accommodates itself to the curvatures of the canal. This part of the operation is painful, and many patients start suddenly back so as to escape the pain.

This operation should not ordinarily be performed upon very young patients; however, I have succeeded in performing it upon a little girl of three years old, but this is a rare exception. On the other hand, I think it is important to abstain from it in the case of persons of advanced age. I might easily show, by well-attested facts, that there is danger in catheterizing the tube of old people. The operation frequently gives rise to a submucous emphysema, which extends to the lateral parts of the neck, to the pharynx, and even to the orifice of the respiratory passages. This accident may take place in young subjects, when existing inflammatory symptoms diminish the consistence of the mucous membrane of this region, and considerably facilitate the passage of air into the submucous cellular tissue. The more or less perfect occlusions of the tube, the ulcerations of the summit of the pharynx, and the abnormal development of the muciparous follicles, do not always permit us to give a convenient position to the catheter; its extremity perforates the mucous membrane, and the injected air is infiltrated into the cellular tissue, which is gradually distended. The patient feels almost immediately a singular crackling, and points at the same time to the augmentation in the size of his neck. Sometimes he feels a swelling of the veil of the palate and of one of the sides of his pharynx, his voice is decidedly altered, and these accidents may become serious if the injection of air is continued. The uneasiness, produced by this emphysema of the veil of the palate, of the uvula and pharynx, may be removed, within certain limits, by pricking the parts with a cataract needle or some similar instrument.

The catheterism of the Eustachian tube gives rise to still another phenomenon. I refer to a tolerably sharp pain, resembling a sting, which patients feel at the lower part of the neck, almost at the top of the

clavicle. This pain sometimes continues for several days or weeks, and I have lately noticed it in a lady who has felt it for about three months. It is a rare accident, and scarcely met with once in twenty or thirty cases. Some persons feel it constantly. The examination of the pharynx while the catheter was in situ, has not enabled me to discover the cause of this pain. I have observed it at the right and left, but never on both sides at once in the same individual. It occurs more frequently with women than with men, and should be considered as a sympathetic affection.

RUPTURE OF THE SPLEEN.

BY THEOPH. MACK, M.D., ST. CATHARINES, C. W.

As the works ordinarily found upon the shelves of a medical practitioner's library afford no instance of the above pathological appearance, except resulting from external injury, I send the following case for publication, in the hope that it may prove of sufficient interest to reward the perusal.

Thomas Flynn, ætatis 48, blacksmith, of medium stature, constitution somewhat impaired. In earlier life he had served as a private soldier in an infantry regiment, and had been admitted to the regimental hospital a few times for some disorder of the chylopoietic viscera, for which local depletion and counter-irritation appear to have been prescribed, as marks of leech-bites and vesicants are apparent over the epigastric region. Last summer I was called upon to prescribe for some abdominal affection from which he suffered; its precise nature I cannot now recall to mind—probably cholera morbus. During the last eight or nine months he has resided chiefly in a shanty on the margin of a stagnant pond, near the debouchement of the Welland Canal into Lake Ontario. For some weeks he had been laboring under intermittent fever of a tertian type. In the treatment of this disease he had employed a certain nostrum ycleped “cholagogue,” which, as his friends expressed it, “broke the chill,” i. e. interrupted the paroxysms, so that he had been enabled to work at his trade for the space of three or four days, still complaining of dizziness occasionally, and the secondary effects of mal-assimilation. Upon the day he was attacked with his last illness, viz., 22d of June ult., he was engaged in the construction of some iron bands; after swallowing a moderate draught of cold water, he was suddenly seized with severe pain, and having been carried to bed a messenger was despatched for me. I found him writhing in great agony; he referred the seat of pain to the left side of his chest and abdomen. The skin was covered with a copious sudor, which trickled in streams from his face, and completely saturated the clothing; features sharpened, and face expressive of great anxiety; intellectual system not affected; tongue cool, of a leaden hue, slightly coated; bowels torpid; tenderness on pressure, in left hypochondriac region, extending to the umbilicus; the abdominal pain deep seated, not of the acute character of peritonitis; respiration hurried; no abnormal resonance; no râle; heart's

action extremely rapid, feeble, and accompanied with bruit de soufflet; pulse 160, small and tense; urine suppressed. The group of symptoms rendered the diagnosis difficult. Calomel and tinct. opii were exhibited; fomentations, followed by a large sinapism, were directed, No relief having ensued in six hours, croton oil and enemata, with a long tube, were resorted to without producing any action of the bowels.

23d.—Pulse becoming indistinct; he appears moribund. As I had decided the previous evening that the symptoms were to be ascribed to some extensive extravasation within the cavity of the abdomen, all curative efforts were desisted from. He died about sixteen hours from the time of seizure.

Morbid Appearances.—Our examination was limited to the abdominal viscera, by request of his friends. The integuments of the abdomen were distended and tympanitic. The first incision through the linea alba was accompanied by the escape of a large quantity of flatus, and followed by bloody serum. Peritoneum slightly injected, peritoneal covering of the intestines of a pink color. The liver of the usual size and weight, but softened in structure, and upon being incised the parenchyma appeared much more dark than natural. Pancreas small and hard. Stomach and intestines healthy. These being taken away, and having removed with a sponge about *five pints of sanguinolent fluid*, we found upon the left side, extending from the diaphragmatic extremity of the spleen, and behind that organ, to the commencement of the lumbar region, *a large clot of fibrin*, from blood which issued through a rent in the investing membrane of the spleen; this was easily peeled off from its contents, which were the substance of the spleen, of a light chocolate color, and extending from a defined edge, a dark-brown mass of effused blood, destitute of any traces of organization. The left kidney was enlarged and pale. The pelvis contained a small quantity of a dark grumous liquid. The remaining contents of the abdomen presented no pathological appearances.

In this case, it is probable that a rupture of the splenic vessels, occurring during the congestion accompanying the cold stage of ague, first gave rise to an extravasation of blood within the splenic membrane. (This might have been increased at each subsequent congestion.) The afflux of blood following the reception of the cold water into the stomach at the time of the attack, ruptured the disturbed capsule and peritoneum, and a fatal effusion resulted.—*British American Med. Journal.*

A CROWING CHILD.

BY JOSEPH PARRISH, M.D., BURLINGTON, N. J.

H. A. L.— is an exceedingly nervous, excitable person. Before her marriage she was frequently under my care for hysteria in a variety of forms. I attended her about nine months since, in her first accouchement. Her labor was tedious, and very painful; the child was of full size and well formed. There were no signs of life exhibited by the infant at the moment of its birth, but after spending half an hour

in attempts to resuscitate it, respiration was fairly established. The mother recovered her usual health in a short time, and resumed her household duties; but, to the astonishment of all who were interested in the case, the child did not cry. When I discontinued my visits to the mother, it had not cried once. I called occasionally to watch it, and though for a short time it grew, and seemed to be in perfect health, when about a fortnight old it began to lose flesh, and became very fretful; and though it took the breast well, its nourishment was generally rejected, in part or entirely, soon after it was received into the stomach. It would not lie on the bed, but required constant nursing. At times it appeared to suffer pain, and tried to cry; but the effort to expire produced a singular noise, which resembled very much the crowing of a young chicken. From the loss of rest, and almost incessant jactitation, it became quite emaciated, and the hope of recovery was very slender. I was not able to discover any organic affection of the respiratory organs; the air entered the lungs without difficulty, and when the little patient was free from suffering, and perfectly at rest, they gave, upon percussion, a healthy, resonant sound; the difficulty seemed to be in expiration, and that only when the effort was accelerated by the presence of pain, hunger, or other sensation which created the desire to cry. A variety of treatment was adopted in the case. Assa-fœtida by the mouth and per anum, was administered daily for some weeks. Musk, hyoseyamus, valerian, and other nervous stimulants, in combination with remedies to correct the secretions of the digestive apparatus—as hyd. cum creta, calomel in small doses, sub-nitrate of bismuth, &c. &c., were all resorted to, but with no permanent benefit. Salt-bathing was also adopted for a time, and frictions upon the spine, with the oils of amber, cajeput and olive, but with the same unsatisfactory results. At one time a small abscess formed on the throat externally, near the margin of the thyroid cartilage, which I hoped would be of service, but it discharged and disappeared without any apparent change. I finally put my patient, now reduced to a skeleton, distressing its parents day after day, and night after night, with its pitiful, crowing noise, under the use of alterative doses of calomel and extract of belladonna, which seemed to produce a speedy change for the better: the child began to improve very soon after the commencement of this treatment, and is now robust and healthy. At this time the respiratory function is performed with less interruption than formerly, and the effort to cry produces a sound very much like a hurried, broken laugh; the crowing sound has disappeared.

The history of this curious case is submitted to the reader without any attempt to explain its pathology. During its progress I have had so many conflicting suggestions presented to my mind, as to its true cause, that I forbear to offer any of them, but will be glad to show to any of our friends who may call on us, the singular spectacle of a well-grown, healthy child, of 9 months old, who has never cried.—*New Jersey Medical Reporter.*

THE "MANGE" COMMUNICATED TO THREE PERSONS BY A PIG.

BY H. R. CASEY, M.D., OF COLUMBIA CO., GA.

I WILL give you the particulars of a conversation held a few days since with a gentleman of this county, and if the deduction I have drawn from the facts as reported is correct, we have presented to us, so far at least as my observation extends, a new disease of the cutaneous system—one hitherto undescribed by dermatologists.

Mr. S. asked me "if I had ever known a man to have the mange?" to which I gave a negative reply: having always understood that it was a disease peculiar to the quadruped. He then asked me "if I thought it possible for a man to catch it from a hog?" I replied, that there are a great many things regarded as impossible, which are not found to be so when subjected to the test—and that this might be one of the cases. He then proceeded to give me the following particulars.

He states that about the first of May last, having a pig badly diseased with the mange, and being desirous to cure him, he had some soap and water got and went to work on him with his hands—and that after giving him a good washing, he stripped him almost of his entire *external* with his nails. That he was entirely well at this time; but that in about three hours thereafter, he felt an itching on his hands and wrists, and an eruption which commenced spreading upwards; that about the same time, his ankles began to itch, and the eruption there made its appearance, which also spread upwards and met the eruption from above at the half-way house—the umbilicus; that it reached its height in about two weeks; that the eruption was characterized by great heat and intolerable itching, composed of small vesicles, which, though not confluent, stood close together over his entire tegumentary tissue. Thus was he at the time of his commencement with the ablution—a sound and healthy man—but in a very short time thereafter, he was transformed into a Lazarus. He thought he had contracted his disease from the pig, and went to work to cure himself, using first the soap and water. This not benefiting him, he was bled and took salts. This failing, he tried *pot-liquor*—then the grease from fried bacon—then a solution of blue-stone. He does not think that any of the means used had any control whatever over the disease, but that it seemed to pursue its course, knowing no conqueror, until it finally wore itself out in about five weeks.

Now, from the above narrative, I can but infer that the disease in question was one identical with the mange, and that it was communicated from the quadruped to the man. And I am further strengthened in this view of the case, from the fact—that a female and the negro boy who held the pig while being subjected to treatment, became in like manner affected. The view I have taken of this case, I know to be in direct conflict with the long-established dogmas of the veterinary school, but I think I am sustained in my position from the facts of the case—and "facts are stubborn things." By reference to the "*History of the Horse*," I find the following language. The author, in speaking of the contagiousness of the mange, goes on to say—"if the same brush or curry-comb be used on all the horses, the propagation of

mange is assured ; and horses feeding in the same pasture with mangy ones, rarely escape, from the propensity they have to nibble one another. Mange in cattle has been propagated to the horse—and from the horse to cattle—but there is no authenticated instance of the same disease being communicated from the dog to the horse. There is as much difference in the character and eruption of mange in the horse and dog, as between either of them and the itch in the human subject ; and the itch has never been communicated to the quadruped, *nor the mange of the quadruped to the human being.*”

My only reply to the above quotation, is the presentation of the case related ; and if I am not sustained in my corollary from the facts of the case, this article will go for nothing. I pretend to no familiarity with cutaneous diseases ; but if I were called upon to classify the mange, I should locate it in the group *dermatoses scabienses* of Wilson, not only from the pathology, but also from the therapeia of the disease ; for I find sulphur the anchor of safety to the veterinary surgeon. Nor do I think there is anything very strange in all this ; and the only reason why we have never before had the mange communicated to man arises simply, I think, from the fact, that in all probability more caution has hitherto been exercised than was in the case before us. We have examples of other diseases occurring in the human subject, the result of propagation from the lower order of animals. In the *Révue Médicale* of July, 1845, we have detailed the case of an officer who took the glanders and farcy from a horse, and in which experiments were made by M. Andouard, to test the contagiousness of the human fluid introduced into other animals—the results of which experiments went to prove that the disease was not only communicable to man from the horse, but that the disease was again transmissible from the human subject to the quadruped. In the *Southern Medical and Surgical Journal*, Nov. 1847, we have a case of glanders in the human subject, derived from the horse, reported as occurring in your own city. Other diseases might be mentioned occurring in the great paragon of animals, communicated from the lower order ; but I have already spun out this article to a greater length than was designed at its commencement, and will conclude by merely advising those persons who may have to treat the mange in stock, to touch it lightly, and never make a curry-comb of their hands ; to which injunction I know my friend S. will say amen.—*Southern Medical and Surgical Journal.*

CASE OF OSSEOUS DEPOSIT WITHIN THE NERVOUS PULP OF A
MOLAR TOOTH.

BY S. S. HORNOR, DENTIST, PHILADELPHIA.

ABOUT two months since, I was waited on by a young lady, a member of one of our most respectable families, for the purpose of having the first superior molar tooth (left side) filled. On examination, the tooth presented but a slight decay, yet it was so exceedingly sensitive, as to require a mild application for the purpose of allaying the sensibility

before filling it; after which I succeeded in plugging it with gold, to my satisfaction, and, as I had reason to hope, effectually preserved the tooth.

On Monday last, however, I was called to see her, when she complained of constant pain in the tooth, and was also suffering from a bilious attack, for which my eminent friend, Prof. Mitchell, was attending her.

As she was unwilling to submit to leeching, an opium plaster was prescribed, without the desired effect, and on Wednesday last I extracted the tooth, which I found highly inflamed, the nerve entirely dead, and the periosteum of the fangs in a suppurative state. Upon further inspection, its singular appearance induced me to break it, for the purpose of examining the nervous pulp, which had assumed the character of gristly mass, of a blood-red color, surrounded by a sero-sanguinolent liquid, containing in the very centre, and constituting about two thirds of the whole mass, a semi-transparent bony substance, so hard as to resist the point of a penknife.

After freeing the bone from the surrounding substance, and placing it under the field of a microscope, of moderate power, it presented the appearance of a transparent and irregular pebble, with many projecting points, beautifully rounded off.

Oudet describes bony formations within the tooth from altered secretions of the pulp, in *Dictionnaire de Médecine*, Vol. 1. p. 186; but this is the first case of the kind ever met with in my own practice. I have therefore taken the liberty of sending you a description of it, with the request that you will give it a place in your valuable Journal.—*Philad. Med. Examiner.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 13, 1850

EDITORIAL CORRESPONDENCE.

[The notes from the editor on Milan, Venice and Padua, although written previously to those on Rome, already inserted in the Journal, were not received in Boston till the latter were in type.]

Milan.—The beautiful city of Milan is now fairly in the possession of Austrian soldiers, and priests; the latter in broad three-cornered hats and black gowns, buttoned from the chin to the instep. Churches are so numerous, and people are so constantly running to them, making the sign of the cross and fingering their rosaries, that a stranger cannot perceive that much else is attended to. A sight, however, the other morning, renders it very probable that some great sinners abide there. After completing the rounds of the great hospital, which was represented to have at that moment two thousand five hundred patients, a request was made to view the post-mortem examination room. To our surprise, there lay stretched upon the table the body of a woman, about 35, a widow, spoken of as being respectable, who had been stabbed through the right breast, into the region of the left side of the chest, with another wound through the

lower part of the pendulous chin. She was found dead in the street that morning, murdered;—and yet the atrocious deed had excited no commotion—no police activity, no reward, no jury of inquest, that we could discover. The deed passed, it is highly probable, as worthy of no further trouble, because such occurrences are characteristic of the country. Life is not, apparently, of much value in these overstocked, or rather overburdened communities, where the producers are few and the consumers numerous. Had a political meeting been held, and a public appeal made to the patriotism of the descendants of the conquerors of the world, there is no calculating the intense disturbance that would have ensued.

A more orderly, well-ventilated, methodical hospital than the huge establishment at Milan, scarcely exists. Some of the wards are forty feet high; the bedsteads iron stools, with moveable boards for the beds—cheap, but neat and clean. So many sick women were never before seen together by any of us. This part of Europe must certainly have a majority of females. They predominate over the other sex in the churches, about in the ratio of a hundred to one; they are numerous in the streets, in the fields, by roadsides, in the villages, the hospitals—the convents are full—and there cannot be a doubt, said a lady, that they will be the majority in heaven. Were it not for the large standing armies in all directions, in which hundreds of thousands of able-bodied men are kept in idleness at the public expense, we might suppose these legions of wingless angels annually killed off their lords and masters, as bees do the drones, at specific periods. In passing along between the ranges of beds, it was melancholy to recognize pulmonary consumption very frequently, which shows that diseases of the lungs are universal. Among the rude Indians of the West, it is found in the wigwam; in all parts of the United States, consumption seizes upon the fairest flowers for its victims; in Europe, where is the spot exempt from its destructive, insidious approach? Next, the maladies of old age—expressed, on the tablet, as *tabes*, were quite common. A dark room was expressly occupied by ophthalmic sufferers; and at every turn, goitre was prominent.

Milan abounds in objects of intense interest to the architect, the antiquarian, the theologian, lovers of military science, and the painter and sculptor. The Duomo, or Cathedral, began in 1385, transcends all attempts at description, such is its vastness, complexity, beauty, and treasures of art. It is wholly of white marble, and exceeds in magnitude all previous conceptions drawn from books. But with all its churches, living and dead saints, pictures, statues, triumphal arch, brazen horses, boulevards, gates, and its past eventful history, Milan has a gloomy aspect. Every house is not unlike a prison, the first story windows being grated with iron bars, and a large gate shuts up the indwellers within the limits of a hollow square at night, while rogues and cut-throats are kept at bay by the same contrivances. You look in vain for those Italian beauties of which a thousand lies have been told. None but blanchisseuses—the washerwomen—are decent, remarked an American lady, the other day. She is therefore satisfied that soap suds is a powerful cosmetic. Old market women seem to be the only truly cheerful persons in the city. They have enormous umbrellas, perhaps twelve feet to twenty in diameter, tilted on an edge, which makes a capital shop for them in the middle of the street—rolling it round a circle to keep off the heat of the sun, and elevating it when the rain comes.—Here it is necessary to leave Milan, to relate something respecting the city in the sea.

Venice.—Well, Venice has been visited, and the dreamy imaginings of boyhood, called up by reading what has been said and sung of its majesty and mysteries, of its palaces, streets of water, gondolas, the expanse of the Adriatic, or the towers and minarets of the seventy-two islands on which it stands, have not been realized. Venice is too still; not a single wheel rolls through the town—no, not a wheelbarrow. The boats have a sorry aspect. They are coal-black—decked for about eight feet in the centre, where customers sit, to be swiftly wafted from one canal to another. We were constantly exclaiming, they look like coffins! The gondolier has no other song but the price of his services; and when he has been paid, something extra is solicited for drink money. We have been gratified to our heart's content with an ingress to the deep, gloomy, awful dungeons of the prison, from which few ever returned who passed to it over the Bridge of Sighs. The very spot was visited where the unhappy citizens of Venice who happened to offend that cruel tribunal, the Council of Ten, sat in a chair and were strangled—their fate never being known to their friends or families. We ranged over the palace of the Doges—inspected the furniture, the ornaments, and all there is remaining illustrative of the exceeding dignity, power, wealth, avarice and injustice of Venice in the towering epoch of her grandeur. The Basilica, the ducal palace, is wonder No. 1 on the globe, too mighty for description here. In front of it, stands the grand campanile tower of St. Mark, commenced in 1148 and finished in 1510. The whole pile is of brick, carried to the altitude of 323 feet, being 42 feet square at the base. On passing over the *Rialto* this morning, the only bridge that spans the main arterial canal of the city, older than Shakspeare—instead of merchants being on exchange there, as they once were, controlling the commerce of the world, fruit sellers, potato dealers, onion and garlic venders, had entire possession of the marble arch. At the foot there was on one side a fish-monger and a trader in frogs. He had nearly two pails full, with their entire skins stripped off, giving them the appearance of the early human fœtus. On each side, ascending and descending, are rows of retail shops. Every edifice has a sombre appearance—a death-struck character. There is a death-like stillness, too, everywhere—the inhabitants move through the narrow lanes, as the gondolas do through the water, without being heard. Nothing but the evening gun of the Austrian forces 'on duty, ever interrupts this stillness. A very striking likeness to the Hon. Daniel Webster is found in the statue of a distinguished general in the Venetian republic, Giacopo Marcello, in the church St. Maria Glorioso. There, too, are the tombs of Titian and Canova. Over another general, is Fame, hovering in light drapery—as much as to say, his name is immortal; and now, strangers inquire of the sexton who he was! Words are inadequate to express the feeling of admiration which the thousands upon thousands of statues, found in those receptacles of the fine arts, the churches, call forth. All the gold of California could not reproduce them, or pay for copying them in a life time. Who executed such lofty designs, who paid for them, and what was the object, perpetually runs to the tip of the tongue, even after reading the best authorities. Surely, there will never be any more such works, or if there are, no such amazing edifices to receive them. In our day, it takes the Congress of the United States to raise money to purchase a single statue from the chisel of Mr. Powers, at Florence.

Padua.—This is written opposite the magnificent church of San Antonio, the patron Saint, which was commenced in 1231. It has seven domes, each nearly if not quite equal to that of the State House in Boston, besides

a conical tower of singular appearance—and after all these, two more gigantic towers, probably near two hundred and fifty feet high. St. Anthony, who was a native of Lisbon, is buried within—before whose shrine, are golden and silver lamps continually burning. Of the sculpture, no idea can be formed of its surpassing glory, if that property is ever infused into marble. It is complicated, massive, and unspeakably imposing and heavenly in design. This is only a single drop of the sea of treasures in this old, stupid, run-down city. The grass, like a velvet carpet, is green in the streets. The University, once the ornament and pride of the republic of letters, is as far behind in science and literature, as the peasantry, without the barriers, are in agriculture. On entering the court, thousands of coats of arms of the illustrious dead, who in some way were once identified with the college, are found stuck up on the wall. They are a kind of boasting stones, indicating what has been, and regarded as old breeches and coats are in some dilapidated families, who have a pride in showing the garments of their ancestors, though they may themselves be wholly destitute. Guide-books shamefully impose on medical gentlemen, by urging them to visit the anatomical cabinet. It is both small and inferior—possessing nothing that recalls olden time but the bust of Morgagni, who had a pleasant face and a big wig. Here Galileo was professor upwards of ten years. Every body knows that the church made him renounce the terrible heresy that the earth moved round the sun! because it conflicted with the Mosaic cosmogony. The anatomical theatre is a fine one—capable of seating conveniently perhaps a hundred and fifty students. The table, for demonstrations, rises from the dissecting-room below, with the subject on it, and retires through the floor at the conclusion of the lecture, which is an admirable device. Parts are not deranged or injured; it saves the tugging of assistants, and obviates disturbance by the opening and closing of doors, &c. A statue of that most learned of all womankind, Elena Lucrezia Canaro Piscopia, who died 1684, at the age of 48, and who spoke Hebrew, Arabic, Greek, Latin, Spanish, French and every thing else, and then exceeded in mathematics, stands in one of the stairways. She was made doctor of laws, and died, an old maid of course, for who would marry Babel! Padua is forsaken; the sidewalks, covered by the fronts of the houses, give but faint sounds of footsteps. The main business is making pewter images of the Virgin, wooden candlesticks, and beads—though a few fine carriages are here made. The bells make the heavens resound, morning and evening, calling out to the service a host of tall cadaverous priests and pious women. The worshippers actually, when we were present, were less in number than their reverences in black.

Names are intimately associated with the medical school of Padua, which belong to the history of medicine. Here Vesalius taught, in 1540; Fallopius, in 1551; Fabricius de Aquapendente, 1565; Spigelius, 1618; and Sanctorius, in 1611, twenty years before the settlement of the city of Boston. This obsolete school of medicine boasts of the first anatomical theatre ever organized in Europe, and is not without interest to the medical traveller; nor should the botanic garden, established by the Venetian Senate, at the suggestion of Prosper Alpinus, in 1543, be neglected. It has some old things in the form of trees and shrubs, which are truly the ancestors of very many quite common in our country, the origin of which is unknown except to teachers of botany. A group of sixty figures, wrought from a single piece of marble, in the splendid reception hall of the palazzo Pappafava, should be remembered by all who visit Padua. It represents

Lucifer and his associates thrust out of heaven. They hang upon each other's limbs, beards, and tails—for devils certainly have the latter appendage, on the authority of Prof. Porson. Never were legs and arms more ingeniously twisted together, yet without concealing a single muscle, where the corporeal expression should be manifested to represent the writhings of despair. Agostino Fasolata was twelve years and four months in executing the work, at about one dollar a day! The height is only five feet.

Padua possesses two other objects worthy of inspection, viz., the site of the historian Livy's house; and a large hall, with the largest roof in the world unsupported by pillars. Its length is 240 feet by 80 wide. At one end is a colossal wooden horse, perhaps 25 feet high, never completed; while the walls, covered by frescoes, give a singularly unique appearance to the whole. Belzoni, the Egyptian traveller, who paved the way for unsealing the hidden mysteries of the hieroglyphics of the monuments of the Nile, was a native of Padua. His native city did nothing for him, proud as the inhabitants are of his illustrious name.

"A hundred cities claimed a Homer dead,
Through which a living Homer begged his bread."

At Padua there is a civil hospital, economically arranged, capable of receiving 600 patients, but seldom having more than 400, the number now in the wards. Intermittent fever and phthisis appear to be the predominant diseases. Smallpox and syphilis are pretty strongly represented. All the medicines, as in the great hospital of Milan, are manufactured in the institution, from castor oil to the most difficult chemical preparations. There are supposed to be as many as 100 practitioners, of all sorts, in the city—each one getting what he can. The largest professional income, we are assured, does not exceed \$3,000 per annum. Some, therefore, of small reputation, must have scanty pickings—the whole population being not far from 44,000. A physician of intelligence says that from 10 to 15 per cent. of all the deaths in the city are from pulmonary consumption. One surgeon and two assistants, and two physicians with two assistants, constitute the official corps of the hospital. Clinical instruction is given on certain days. Lectures at the University, the old medical school of Padua, the faintest possible shadow of the influential school of Padua in the days of Morgagni, commence in November, and sometimes there are 150 students. Drs. Pinali and Mugua are eminent, leading public practitioners, and Dr. Margolo leads off in operative surgery.

Independently of great churches, great bells, great patches of miserably cultivated ground, and great statues of great men, this part of Italy has some other great things worthy of note, either on account of their utility, singularity, or connection with the past. At Venice, a railroad bridge has been nearly completed, that surpasses any thing of the kind in Europe. It is carried from the main land across a lagoon, the bottom of which is soft mud, the water varying from three to thirteen feet in depth, for the distance of 2 miles 416 yards. It stands on 222 arches, resting on driven piles of wood, and employed 1,000 men four years and a half in its construction so that rails could be laid. Years will still be required to finish the sides and protect the walls. In one of the churches of Venice, within an altar, is a representation of the crucified Saviour—the head appearing to be wax, surrounded by a nimbus—and in all respects appearing like a living man in agony, having cards fixed in the palms of the hands and in the wound in the side, which raise the first and open the other. It is both ingenious

and horrid—and who will not say, impious? In another vast receptacle of paintings, near by, called the School, is a gigantic umbrella, kept in box, valued at \$25,000! On what occasions it is spread, we could not clearly ascertain from the toothless old Janitor who called our attention to it. When the French had possession of Venice, they were making preparations for carrying it off, as they did the bronze horses on the Basilica, but it was ransomed, or rather permitted to remain, by the payment of several thousand dollars. Near the centre of Padua is a square, having an oval piece of ground, surrounded by a canal, crossed by four classically constructed bridges, and on the margins of the water are eighty magnified statues of the learned men of various epochs, principally natives of Padua—among whom are many medical philosophers, poets, divines and civilians.

There is a singular degree of ignorance predominant abroad, especially in Italy, in regard to our country. A gentleman of fine appearance and general intelligence, inquired of me, as we were approaching Venice, three days ago, if Boston was near Venezuela! While sitting with the driver on the coach-box for the sake of the view, in the hither part of Switzerland, he politely inquired if Monsieur was an Englishman. Being answered in the negative, he drove on a while, musing to himself, when he again begged to ask if “de gentleman was Shon-Bool”! evidently supposing that Englishmen and John Bulls were different races.

Intra-mural Burials.—The subject of burying the dead without the city, is now being discussed by the municipal government and the citizens generally of Boston. It is quite time that a matter of such importance, in a sanitary view, should receive its share of public attention. In the large cities and populous towns of the old countries, this question has for a long time agitated the public mind. By an act of the British Parliament, a commission was some time since appointed to investigate the subject, and to report upon the measures most suitable for the common good. Much valuable information was obtained from the commissioners; and if half of the alleged facts stated by them be true, respecting the condition of the cemeteries, and various modes of burying the dead, it certainly is time that rigorous measures were adopted, to prevent the existence of such an evil. The result of the investigation was, a report to the government for the prohibition of intra-mural burials in London, which was accepted, and by an act of Parliament no more burials, after a certain date, can take place within the precincts of that city.

We have grounds for complaint in this matter, as well as the inhabitants of London; and we believe evils are now existing in this city, regarding burials, that would not have been allowed by the corporation of London. In Copps Hill Cemetery there are many tombs above ground, having from twenty to one hundred bodies in them, which are of course in the various stages of decomposition; yet this cemetery is surrounded by dwellings with a dense population in them. The streets contiguous are much lower than the cemetery, having from time to time been dug away for the convenience of travel, so that now those tombs bordering on the streets have their bottoms on a level with them. The drenching rains must of course filter through into the streets, and even into most of the cellars near by. The practice of entombing under churches is attended with great exposure, and a stop should be put to it. The demand for places of sepulture being great, tombs are filled to their utmost capacity. We have ourselves seen in a tomb, in one of the cemeteries

of this city, coffins piled up to the very threshold (which was also above ground), numbering some hundreds. What has been said respecting the condition of Copps Hill Cemetery, is, we believe, applicable to others in the city. As our city government purpose having a cemetery in the country, it is hoped that it will be so far distant from the city, that centuries hence it may not be found within its borders, or perhaps in its centre. Tombs above the ground should, even there, be prohibited, for the pestilential exhalation could be wafted by the breeze from them into our midst. The grounds should be capacious and elevated. Not less than two hundred acres would suffice for a commencement. In Mount Auburn, the model of a cemetery, we find that many of the tombs are above ground. Not long since, in passing through this city of the dead, our attention was called to the strong exhalations from one of the tombs.

Since writing the above, it is understood that a company have arranged for a site in Dorchester, on what is called Walk Hill, five miles from Boston, containing one hundred and twenty-five acres. Those who have seen it, pronounce it equal to Mount Auburn or Forest Hills, in point of beauty and rural walks, and its approach quite as easy and accessible. Now if the city arrange for another lot in the country, there will be four large cemeteries within five miles of the city, containing several hundred acres, being quite sufficient for the purpose of sepulture for years to come.

Pure Medicines.—There is much reason for complaint regarding the adulterations and impurities in medicines. All the committees that can be raised by medical associations, or the most stringent enactments of Congress, cannot wholly prevent the existence of the evil, without the co-operation of the apothecary. The apothecary, if properly educated and qualified, has it in his power, to a certain extent, to rid the market of base drugs, or at least prevent the importation of them. He should select no drug or chemical for his establishment, unless it comes up fully to the standard of purity. There are many of the medicines which are prepared in our own country, for the physician's use, that require the same watchful care in their selection and preparation. From the Shakers we receive our herbs, roots and extracts, in as pure a state as could be expected; yet the Shakers are not perfect (as is sometimes shown by their medicines) in the business. It is of the greatest consequence, sometimes, to have our herbs possessed of their strength and aroma. Digitalis, belladonna, conium, hyoscyamus, poppy flowers, &c., may have their valuable properties nearly destroyed by not being rightly *cured*. We have lately had an opportunity of examining a lot of pure medicines, among which were some of the choicest specimens that we remember to have seen. Some were the leaves of hyoscyamus, belladonna, digitalis, conium, &c. They were from Herring, Brothers, London. The leaves were grown upon their own native soil, gathered at their *proper season*, and dried with the utmost care, each leaf by itself. It must be obvious that when those leaves are exhibited in powder, tincture, or in form of an extract, the officinal dose will fulfil the indication for which it may be given, which cannot always be said of those we receive from other sources. Drs. Philbrick & Trafton, physicians' druggists, 160 Washington st., tell us they have used the preparations of the Messrs. Herring, in their establishment, for the last five years, and have always found that they could be depended upon. The profession are certainly under obligations to those apothecaries who spare no pains in procuring the best of medicines, and display proper skill in compounding them.

Opening of the Lecture Term at the Massachusetts Medical College.—The lectures commenced at the Mass. Medical College last Wednesday, according to previous announcement, Professor Ware giving the introductory. The lecture room on the occasion was well filled with students and the members of the profession, among the latter of whom we observed many who had grown grey in the service. The professor began his lecture, by saying that it devolved upon him, in turn, to commence the present session by a formal introductory. The apparently short space of time which had elapsed since the same duty was performed by him, forcibly reminded him of the rapidity with which time passes. It was expected on such occasions that something should be said to the class connected with our calling; his theme would therefore be, *The Elements of Success*. To become a good practitioner, or a successful one, several qualifications were necessary; among which might be mentioned, common sense, good judgment in diagnosis and prognosis, cheerfulness of manners, tact, kindness and attention to the patient and his little wants, and, lastly, and above all, a thorough medical education. A practitioner might be a very correct and minute Microscopist, a most observing Pathologist, and yet lack the essential qualities that constitute a good physician. To aim at eminence in one branch of the science, generally creates a distaste for or inability to acquire the other branches. Going abroad was not of so much importance to the student as was generally supposed; and, besides, the difference between the French and Anglo-Saxons in practical teaching, was very great. The French were good theorists, very minute in their observations, and generally correct in diagnostic signs; yet they were deficient in the power of application, both, as regards the mechanical and the medical sciences. They cannot practise what they teach. To the English and their descendants, belong the capacity and the honor of making matters practical and easily comprehended. We could enlarge upon this most excellent lecture, having taken copious notes, but are restrained from so doing, by being informed that it is the intention of the class to procure a copy for publication, when it will be our pleasure again to allude to it.

On Thursday, Prof. Holmes's first lecture for the season was delivered. It was mainly devoted to a sketch, plainly but faithfully drawn, of the life and character of the late Dr. George Parkman, whose laborious and useful life was closed, during the past year, under circumstances of such melancholy and universal interest. Although containing no allusion to these circumstances, the address was listened to with deep attention.

Lead Diseases.—“A treatise from the French of L. Tanquerel des Blancches, with notes and additions, on the use of Lead Pipe and its substitutes. By S. L. Dana, M.D., LL.D., Lowell. Published by J. Allen, 1850.” There is no doubt that this is one of the best treatises on lead diseases, which has been written. Its author is ranked among the most careful and observing, and he should therefore be regarded as authority. The work is carefully translated by Dr. Dana, and is respectfully dedicated to Dr. James Jackson, of our city,

Frick on Renal Diseases.—This is a very valuable work on the diagnosis and pathology of renal affections. Dr. Frick has given us, in his treatise, much that is practical and useful, and it must serve the purpose of aiding the profession in their investigation of the diseases of the renal organs. Lea & Blanchard, Philadelphia, are its publishers.

Liquid Muriate of Opium—To THE EDITOR, &c.—We find that we have two formulas for Muriate of Opium; viz., Nichol's, and one for a preparation much stronger. We have thought that the general good might be promoted by our withdrawing both from the market at present, as there are already several others of various strengths in use. If you would fix upon some standard and recommend it through your Journal, we will adopt it and do what we can to make it general. It is obvious that *one* formula should be used by all the city apothecaries, in order that physicians may understandingly write for it. So of fluid Extract Valerian, &c. If we could have a uniform method of preparation, then McMunn's Elixir of Opium, and several preparations of Valerian, which are empirically put up and sold, might be dispensed with.

Very respectfully, Yours,

Boston, Nov. 11th, 1850.

PHILBRICK & TRAFTON.

[We think it decidedly proper to have *all* medicinal preparations of an uniform strength, and particularly those of such potency as the one alluded to above by our correspondents. Dr. Nichol's formula is a good one, though we should prefer to have it of the strength of laudanum; and as Dr. Cornell has added brandy to that formula, we think there is some improvement by such addition. Therefore we would have the formula as follows:—R. Pulv. gum. opii, acidi hydrochloride, aa ʒi.; aqua distill., ʒxii.; spiritus gallici, ʒiv. M. Digest, or make by *displacement*, which we think far preferable.—ED.]

Medical Miscellany.—The New York Medical Gazette gives the number of students as already matriculated at the Medical Department of the University of New York, 345; at the College of Physicians and Surgeons of that city, 190; at the New York Medical College, upwards of 50. In Philadelphia, at the University of Pennsylvania, 500; Jefferson Medical College, 450; Philadelphia College of Medicine, 107; Pennsylvania College, 100; Homœopathic School, 50; Female Medical College, 70.—Dr. S. G. Howe, the superintendent of the Perkins Institution for the Blind at South Boston, has just returned from Europe, where he has been travelling the last few months for the benefit of his health.—Mr. S. B. Knox has brought to this city two Kaana children, a boy and a girl, of an almost extinct race of Central America. They are the most outre looking objects ever brought to this country. The boy is 32 inches in height, and weighs 16 pounds, and is about 10 years of age. The girl is 28 inches in height, weighs 14 pounds, and is supposed to be about 8 years of age.

MARRIED,—At Nashville, N. H., Charles A. Davis, M.D., of Lowell, Mass., to Miss Mary Parker, only daughter of the late Hon. James B. Thompson, U. S. Charge des Affaires to Lima.—At Tyngsboro', Mass., Augustus F. Peirce, M.D., to Miss Mary Pitts Bridge.—At Milford, Henry A. Carrington, M.D., of New Haven, to Miss Emily L. Merwin, of Milford.

DIED,—In New York, at the house of his son-in-law, Thomas N. Stanford, in the 48th year of his age, Elias J. Marsh, M.D., of Paterson, N. J., recently elected President of the Medical Society of the State of New Jersey.—At Warren, Ct., Norman Lyman, M.D., aged 63. Dr. L. was eminent in his profession, and much esteemed as a man and a Christian. He practised seventeen years in Glastenbury, and for the last twenty-two years in Warren.

Deaths in Boston—for the week ending Saturday noon, Nov. 9th, 59.—Males, 31—females, 28. Disease of the bowels, 1—disease of the brain, 2—consumption, 11—convulsions, 6—cholera infantum, 1—cancer, 3—canker, 1—croup, 3—dropsy, 1—dropsy of the brain, 3—exhaustion, 1—typhus fever, 3—typhoid fever, 1—lung fever, 1—hooping cough, 1—disease of the heart, 3—hemorrhage from lungs, 1—infantile, 4—disease of the liver, 1—marasmus, 3—measles, 1—old age, 1—palsy, 1—pleurisy, 1—quinsy, 1—smallpox, 1—teething, 2.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 11—between 40 and 60 years, 6—over 60 years, 6. Americans, 21; foreigners and children of foreigners, 38.

Report of the Health Officer for the City of Washington, D. C.—We are under obligations to Dr. Thos. Miller, President of the Board of Health for the City of Washington, for his able report, containing statistics of the births, marriages and interments that have taken place within the last year in that city. There is one thing certain, in regard to such statistics; they are very useful in summing up the *probable diseases* or causes of death, but cannot be fully depended upon for accuracy. Dr. Miller, in mentioning this fact, says—“Consumption is a very convenient cause of death to be assigned, not by physicians, but by others who make out certificates of death; for, under our present regulations, any person can make out and sign a *certificate* of death, which is receivable, and entitles the body to be interred. The mistakes in diagnosis, then, we are assured swells the lists materially.” It would be well for all city authorities to look into these matters; and it would seem that, with the co-operation of the clergy and physicians, a tolerably accurate *estimate* of the births, marriages and deaths, in our cities at least, might be obtained. Such statistics serve many good purposes; and if made out at all, they should be as correct as possible.

Abscess in Neck of the Bladder.—By JAMES R. McCONOCHIE, M.D.—A Mr. Corbin, who was at that time an overseer for Col. Jeffrey's, sent for me one day to visit him in great haste; and as I was not at home, his impatience was manifested by three other applications before night. When I arrived at home, which was about nine o'clock, my wife informed me that I had to go out again to the farm of Col. Jeffrey's, to see Corbin, who, she said, was afflicted with the gravel; such was the information left with her. I swallowed only two cups of coffee, took a fresh horse, and hastened to see the patient, whom I found sitting up expressing his agony by repeated groans. He seemed to be in intense pain. I found that he had not passed a drop of urine for three days. I had with me about a dozen catheters. I first tried the silver, then the flexible, then the elastic. It was in vain; not one of them would enter the bladder! What was to be done? The man's life was in imminent danger. Could I look on, a useless spectator, and see him die? I thought of what Dr. Physic had told the class about arming the catheter with a hog's bristle to guide its entrance. 'Twas but a thought leading to no practical result. In my despair, I tried the catheter again; the passage to the bladder seemed to be obstructed by a pretty large body; by pressing the catheter against it and removing my fingers, the instrument, on every trial, receded half an inch. Was this a large collection of matter? There was no time to hesitate. By a sudden effort of my hand I plunged the instrument into the abscess, and immediately there issued from its mouth a quantity of purulent matter which lasted a considerable time, say three or four minutes; then came some drops streaked with blood. I now withdrew the catheter and told Corbin to urinate. “I could not pass a drop,” said he, “if I were to have a thousand worlds for it.” “Yes, you can; make an effort”—and to his great surprise and satisfaction, he discharged a great quantity of urine, which continued for several minutes. He now stretched himself in bed, which he had not done for many days before. In about ten minutes, he had a call to get up again; and it appeared to me he passed as much as he did the first time. I now left with him a phial of sweet spirits of nitre, with directions how to use it; this, as well to correct the excitement of his pulse, as to wash out the kidneys, ureters and bladder. In a few weeks after this, Mr. Corbin left the neighborhood of Culpepper Court House. I have never seen him since.

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AN ACCOUNT OF THE TYPHOID FEVER AND DYSENTERY,

AS THEY HAVE APPEARED IN THE EPIDEMIC FORM, DURING THE LAST FOUR SEASONS, ON CAPE ANN, MASS.

BY JOSEPH REYNOLDS, M.D., GLOUCESTER.

CAPE ANN, which makes the northern arm of Massachusetts Bay, is a rocky promontory, consisting almost entirely of ledges of granite. The soil is a coarse gravel. In the valleys, between the ledges, there are deposits of alluvium. These spots are very fertile. There is little, if any, clay upon the Cape. About five miles from its eastern extremities, it is intersected by a creek, through which the tide water flows from Massachusetts Bay into Ipswich Bay, which makes up on its northern side. On this creek are somewhat extensive marshes, which, at high tides, are covered with salt water, thus making the eastern part of the Cape an island during high water.

The botany of the Cape is very rich, much more so than one would suppose who remembers only its rough and forbidding masses of granite. The intermingling of fresh-water plants with marine plants, in the nooks and coves which thickly indent its shingly border, affords an interesting study to one who has a taste for such pursuits.

The population of the Cape is about 11,000.

Sporadic cases of typhoid fever and of dysentery have occurred among us from time to time, but they have been comparatively rare. In 1822, dysentery prevailed on the north side of the Cape, on the shore of Ipswich Bay, and was very fatal. In the autumn of 1833, typhoid fever prevailed on the eastern and north-eastern margin of the Cape. Fifty cases, many of them severe, occurred in my practice, three of which proved fatal. The preceding summer had been unusually hot and dry. During September, it was with difficulty that water could be obtained for the necessary purposes of life. The disease commenced in the latter part of August, and continued into December. From that year to 1846, cases occurred occasionally on different parts of the Cape. In the latter year, it appeared as an epidemic on the south side of the Cape, at Gloucester Harbor. The first case came under treatment on the 20th of August; cases continued to occur, and by the 20th of September there were thirty cases in one small neighborhood. The whole number that came under treatment in that neighborhood, during the au-

tumn, was forty. In three houses there were three cases in each. In three other houses, there were five in each. The houses were all good; several of them large and airy. The families were all in comfortable circumstances; some of them among the more wealthy portion of our population. These cases, with one or two exceptions, all occurred within forty rods of a common centre. The two streets on which they occurred are wide, constructed on a soil of hard gravel, and well drained. On the west side of this district, and but a few rods distant, a large quantity of earth had been moved during the winter and autumn previous. A small hill had been cut through, and the ground carried forward to fill up a hollow, to make a foundation for a railroad depot; an embankment some forty feet wide, from four to ten feet high, had thus been formed, extending some thirty rods in length. On the north-east side of the district, a swamp of some acres in extent had been broken up and burnt over during the winter and spring. The summer was very dry; the wells in the district, of which there are but few, owing to the ledges of granite, were very low. Of the whole number who were sick, three children under puberty, and one woman, who was the mother of one of the children, died. A large proportion of the cases were strongly marked typhus fever, while others were of much milder type. Many of them were protracted, and convalescence was tedious. I am not aware that there were any peculiar symptoms attending this epidemic, or that there was anything worthy of remark in the treatment, which was generally of a mild and expectant character.

In the latter part of the following February, a well-marked case of typhus occurred in a woman of 56 years of age, which terminated fatally in three weeks. Immediately after her death, her youngest daughter, aged 20, who had attended her, was taken down. In three weeks from that time, an older sister, who had been absent during the sickness of the mother, but returned home at her death, was attacked. Both these young ladies were long and exceedingly sick, but ultimately recovered. Three weeks from the sickness of the second daughter, an aunt, a sister of the deceased, was seized. She had most faithfully attended the young ladies from the commencement of their sickness. Her disease was milder, but lasted six weeks. Before the recovery of this last patient, the only son of the deceased, a lad of about 17, was attacked; his disease was severe, but less protracted than the others. After all the other members of his family were convalescent, the father, who had been unremitting in his attendance upon the sick for more than four months, was taken down, and underwent the disease in a most wasting and protracted form, but ultimately survived. This family resided less than a quarter of mile from the centre of the district in which the fever prevailed in the autumn. I do not know that the disease in this family can be traced to any intercourse with the autumnal cases; but as it occurred at so unusual a season of the year, and was so very severe, I have thought it proper to describe it. Among the persons who were in this family, as visitors, watchers and nurses, only one case of fever occurred, and that of mild character. Several cases of typhus occurred

during the autumn of 1847, one of which, a young man who had just completed his classical education, terminated fatally.

About the 20th of August, 1847, dysentery began to make its appearance; cases rapidly increased, so that by the 10th of September, there were probably fifty cases under treatment in the village. The cases which occurred previously to this date were generally of a severe character; after this date, they began to assume a milder form. Scarcely any terminated fatally that commenced after the date above indicated. Seven adults and several children died who were attacked before it. Several of the most severe cases occurred in the same locality in which typhus fever had so generally prevailed the previous year. In that district, dysentery visited nearly every house, and destroyed seven children and five adults. One of the adults was an old lady 84 years of age. Two others were highly-educated delicate young ladies, twins, about 20 years of age; the first lived eighteen days; the second was attacked two or three days before the death of her sister; at the commencement, she had a strong presentiment that her disease would prove fatal, although the symptoms were very mild; unfortunately, her presentiment was realized, and in about the same time that her twin sister lived after the attack, she went to join her in another world. Another case was a married lady, about 37 years of age; and the fifth a young man. In this connection, one circumstance is worthy of remark; the same families living in the same houses that were visited with typhus in 1846, were visited with dysentery in 1847. Yet so far as I can now recollect, not a single individual who had typhus in 1846 had dysentery in 1847. In the family in which the two young ladies died of dysentery, two of their sisters had typhus in 1846, and the twins escaped. In 1847, the twins died, and their sisters escaped the dysentery. Should further observation show that the having undergone typhus fever affords, for a time, immunity from dysentery, and *vice versa*, that the having undergone dysentery secures from typhus, will it not go far to prove, if not the identity of the nature of the two forms of disease, at least the identity of the cause or causes which give rise to them. If the person who has had typhus becomes, for a time, insusceptible to the action of the cause of dysentery, or incapable of allowing the development of the latter disease, one of two inferences naturally follows: either that the cause of both is one and the same, or, if the causes are distinct, that they make their first impression upon the same organs, or, if you please, upon the same nervous centres. The similarity between typhus and dysentery has been often remarked. This was strongly manifested in this epidemic. In the cases that continued three weeks or more, the expression of countenance, the state of the skin and of the tongue, would lead the observer who was not aware of the true state of the case to suppose the patient to be in an advanced stage of typhus. Another circumstance in which this epidemic resembles typhus is that it was disposed to confine itself within certain fixed bounds. It was limited principally to two neighborhoods; one that which has been already specified, the other commencing about a mile north of this, and extending a little more than half a mile. In the intervening mile, although more than thirty families

reside, only two or three were visited, and only one severely, by the disease. In the northern district, nearly every family was attacked. In one family, living upon a farm, in a large airy house, the father, mother and five children underwent the disease in the most severe form. The eldest daughter, about 22 years old, the last one attacked, died after three weeks of intense suffering. For some days before death, the whole of the mucous membrane lining the mouth and covering the tongue resembled in color and consistence a layer of wet sponge. Three cases in this family were followed by rheumatism. Late in the autumn a few cases occurred in a location a mile to the west of the district first mentioned, but none in the intervening mile. In the main street of the town, which is thickly inhabited, and which extends a mile and a quarter, running in the immediate vicinity of the wharves and landing places, not more than one or two cases occurred in its whole extent.

In March, 1848, four or five cases occurred in two contiguous houses, in each of which one child died. In the autumn of this year, the disease again prevailed to a considerable extent. It was spread over a large surface, and, for the most part, those localities in which the disease had prevailed in 1847 escaped entirely. Other neighborhoods, in which not a case had occurred in 1847, suffered most severely in 1848. Several adults and many children died during this epidemic. The typhus character of the disease was strikingly marked in many of the severe cases. In 1849, dysentery prevailed quite extensively among children. There were a good many cases among adults, several of which proved fatal. This year the disease showed an obvious tendency to attack individuals, and families, and neighborhoods, that had escaped the two previous years. In one house, containing two families, eight cases occurred, four of which, all children, terminated fatally. There were many cases of diarrhœa this season. Many of the cases that were called dysentery, were rather bilious diarrhœa. Well-marked cases of dysentery, however, were of frequent occurrence. Eight cases of cholera occurred during the season, four of which terminated fatally. They were all preceded by diarrhœa. Several cases of dysentery in each of these years were followed by rheumatic affections, which, in some instances, lasted for many weeks.

I have no means of ascertaining the whole number of cases that occurred in either of the above-described epidemics, or the number of deaths in proportion to the whole number of cases. With respect to treatment, I have but few remarks to make. In the mild cases, any reasonable treatment conducted the disease to a favorable termination. Many of the severe cases terminated fatally, whatever mode of treatment was pursued. My preceptors taught me to treat dysentery with cathartics, followed by opiates; and for twenty years I pursued this practice, with entire satisfaction. At the commencement of the epidemic of 1847, I pursued the method to which I had been accustomed. After losing several patients, I omitted the cathartics in great measure, and treated the disease with mucilages and opiates, but with even less success than under the former method. At the close of the epidemic, I found myself using cathartics freely, and with entire success, owing, in

degree, no doubt, to the less virulent form of the disease. It was often remarked that where cathartics were not much used in eighteen or twenty days from the onset of the disease, discharges of scybalæ commenced, and for a long time annoyed the patient. In 1848, cathartics, followed by decided doses of opiates, constituted the main feature of my treatment. In 1849, the same general plan was pursued; many of the cases this year exhibited more of the character of bilious diarrhœa than in previous years. These cases required less cathartic medicine than the more simple form of dysentery.

Towards the close of the epidemic, several cases were treated on the following plan, which, in most cases, limited the disease to a week, and in all was perfectly successful:—

First, a cathartic was given; when free fecal discharges had been obtained, half an ounce of the following mixture was given every two hours—R. Mucilage guin Arab., ℥ ij. ; sugar, ℥ ss. ; creosote, gtt. xvij. ; tr. camphor, chloric ether, āā ℥ ss. ; water, ℥ iij. In some cases it was given every hour; opium was given at night, according to circumstances. This treatment generally arrested the muco-sanguineous discharges and the tormina within twenty-four hours, and convalescence at once commenced. What would have been its effect at the commencement of the epidemic, I cannot of course say; but I think it worthy of a further trial. During the summer and autumn of 1849, scarcely a case of typhus fever occurred, and but few of typhoid, on that part of the Cape where dysentery prevailed.

On its eastern extremity, four or five miles distant, there were some fifty cases of typhoid fever, several of which terminated fatally. In this district there was but little dysentery. I have thus given a brief sketch of these epidemics as they have appeared among us during the past four seasons; I have spoken of the two forms of disease in connection, because they were to some extent blended together, and because they seem to me to have had a common origin, and several characteristics in common. I have spoken of typhus and typhoid as only different degrees, or different forms of the same disease. This seems to me to be the only correct practical view of the subject. I know, indeed, that a different theory has been put forward by high authority. But when I see the two forms of disease intermingled in the same epidemic, and in the same family even, at the same time; and when I observe the exposure of healthy persons to the disease in one form, followed by its appearance in the other form, just as the exposure of the unvaccinated to varioloid gives rise to variola, and the exposure of the vaccinated to variola gives rise to varioloid, I cannot resist the conviction that they are essentially the same disease—that they differ only in form or degree.

As a large portion of the surface of our Cape has now been burned over by one of the forms of disease above described, I trust we shall enjoy a good degree of immunity from their attacks for some years to come. Perhaps, indeed, a different result may follow, and we may find that they have taken their place among our permanent annual diseases. Time will solve the problem.—*Transactions of the American Medical Association, Vol. III.*

HYDRANGEA ARBORESCENS, A NEW REMEDY IN LITHIASIS.

BY S. W. BUTLER, M.D., BURLINGTON, N. J.

ONE of the most severe complaints to which man is liable, causing, perhaps, more exquisite suffering than any other, is that in which solid amorphous and crystalline sediments are deposited in the kidneys or bladder. The complaint, however, is so seldom met with, at least in this part of the country, that it is probable that little is known practically about it by most physicians.

Yet, as we do occasionally meet with it, and as it is desirable that every physician be prepared to combat the disease by every means which the God of nature has placed within his reach, I have thought it best to prepare for publication a short account of a new method of removing calculi from the kidneys and bladder, provided they are not too large to pass the urethra.

As I merely propose a means of *removing* these deposits, after they have been *already formed*, I shall say nothing of the prophylactic measures that may be resorted to in the different diatheses; leaving this to the judgment of the practitioner, guided, if he pleases, by reference to the valuable works of Prout, Bird, Brodie, &c., on the subject. Nor will I at present advert to the means proposed for the removal of the deposits when made, which are recommended by Cooper, Brodie and others. What I particularly wish to call attention to in this paper, is the fact, that a remedy exists which has been successfully employed for removing calculi after they have been formed. The principal observations that have been made on the remedy in question have been by my father, Dr. E. Butler, who has for the last thirty years acted as a missionary of the A. B. C. F. M. among the Cherokee Indians; in a part of the country, therefore, where sabulous and gravelly deposits are more frequently met with than among us.

The plant producing the remedy is well known in the South and West, by the name "seven barks"; and a species of the same plant is familiar to most persons, as an ornamental garden shrub, under the name "hydrangea."

Botanically, the plant yielding the remedy is known as "*Hydrangea Arborescens*." In the southern, middle and western States, it grows abundantly "in the mountains, and hills, and on rocks and near streams." I found it growing abundantly also on the banks of the Schuylkill, above Philadelphia; and Mr. Durand, a botanist of Philadelphia, informs me that he has seen it growing on the Bonaparte property at Bordentown. Whether or no it is to be found in other portions of the State, I cannot say. I know not that I can describe the plant so that it will be recognized by persons not familiar with its appearance. It is a perennial shrub, sending upwards numerous stalks, from a caudex or head, to the height of from three to five feet. The bark is rough, peeling off—each layer being of a different color; probably giving origin to the name "seven barks." The leaves and flowers much resemble those of the garden hydrangea. When green, the stalks and root contain much water, and the latter a great deal of mucilage, with

albumen and starch; but when dry they are very hard, and exceedingly difficult to bruise; if used, therefore, they should be bruised while green. The stalks contain a pith which is easily removed, and they are used in some parts of the country for pipe-stems.

For therapeutical purposes, my father has employed a simple decoction, or a syrup made from a decoction of the root, with sugar or honey. This was made of such a strength, as to be in the dose of a teaspoonful three times a-day. In an over-dose, it produced some unpleasant symptoms, such as dizziness of the head, oppression of the chest, &c. The effect the remedy seems capable of producing, is removing by its own specific action on the bladder such deposits as may be contained in that viscus; provided they are small enough to pass the urethra. It has seemed also to have the power of relieving the excruciating pain attendant on the passage of a calculus through the ureter. Whether this is dependent on any anodyne property which the remedy may possess, or upon its action in removing the cause, by promoting the discharge of the calculus, I know not; but think most likely on the latter.

The limited observations which have been made on this, as a therapeutical agent, will prevent me from claiming for it any more certain action than can be gathered from the following imperfect detail of cases. The object I have in view, is to call the attention of the profession to the remedy, in the hope that those who may have the opportunity, will try it, and if it proves successful in their hands, make it known to the profession, either through the medium of medical publications, or otherwise.

In giving the following cases, it is but justice to the parties concerned, to say that not one of the patients lived within thirty miles of his medical adviser; it was, therefore, impossible to make correct observations or to give perfect details.

CASE I.—Concerning this case my father writes me:—"When some thirty miles from home, I saw an old Indian doctor, named Rattling-gourd, in great distress with the gravel. I recommended to him a free use of the decoction of this plant. Some months afterwards I saw him again, and found he had used it, and not only found relief, but he said, "It has cured me."

CASE II.—Miss Elizabeth J——, being subject to attacks of gravel, applied to my father for relief. He recommended to her the use of the root of the hydrangea. She afterwards said to him—"I have been under the care of several physicians belonging to the army, and taken many kinds of medicine for my complaint, but have found nothing to relieve me as the decoction of this plant has done."

CASE III.—S. Watts, a Cherokee farmer, aged 40, had suffered long and severely from the gravel. He finally sent for my father, who supplied him with some of the syrup of hydrangea root. It gave him immediate relief from his suffering, and, after having used it for a few days, he passed about one hundred and thirty calculi, besides a large quantity of sand. A few of the calculi were lost; the remainder are in the possession of my friend and late preceptor, Dr. John Neill, of

Philadelphia. Being almost round, they have the appearance, in a vial, of so many pills of different sizes. The number and weight of them is as follows:—Whole number of calculi, 120; weight of whole, $3\frac{1}{2}$ drs.; average weight, 1.75 grs.; weight of largest, 9 grs.

The largest lodged in the fossa navicularis, and had to be removed by the aid of instruments. Twenty-seven of the calculi were passed within half an hour. Mr. Watts recovered entirely from the complaint.

CASE IV.—Philip S. Swartley, farmer, aged about 45 years. Had been suffering from calculi four or five years. Last winter he applied to Dr. Neill, of Philadelphia, who furnished him with some of the syrup of hydrangea root which I had in my possession. The medicine relieved him of pain immediately, and he subsequently brought to Dr. N. two of several calculi he had passed under its influence soon after he began its use. The largest of these weighed eleven grains, and was nearly half an inch long. He also passed a great deal of sand. When I last heard of Mr. S. he had not had a return of his complaint, and was in the enjoyment of good health.

If I judge correctly, the above cases, though imperfect, are sufficient to induce a trial of the remedy.—*N. Jersey Med. Reporter.*

PRACTICAL REMARKS UPON IPECACUANHA.

BY EDWARD JENNER COXE, M.D., N. ORLEANS.

BEFORE noticing the main objects of these remarks, it may prove neither uninteresting nor unprofitable to direct attention to some of those diseases in which this medicine, or some of its preparations and combinations, may be employed. The value and efficacy of ipecacuanha, as an emetic or expectorant in many affections of the respiratory organs, more particularly of children, are too generally conceded and acted upon to require an extended notice.

In dysentery, ipecacuanha has been and continues to be much used.

By Mosely, who held it in high repute, ipecacuanha was given in doses of half a drachm to two scruples, and by the late Professor B. S. Barton it was regarded as almost a specific, particularly in cases of a typhoid character. In chronic diarrhœa, small doses of the powder repeated several times a-day, either alone or preferably in conjunction with opium or Dover's powder, will be found of great value, and frequently, with strict attention to a proper regimen, will succeed in curing many most unpromising cases.

In these last cases, when dependent upon, or connected with derangement of the biliary secretion, additional power will be given to the above by uniting with them two or three grains of blue mass to be repeated every night for three or four nights, and subsequently every third or fourth night as long as may be deemed requisite or advisable for the individual case. In hemorrhage from the lungs, or uterus, small doses of ipecacuanha, combined with sugar of lead and opium, are used with decided benefit.

In hæmorrhage from the stomach, large doses of ipecacuanha have

been strongly recommended, more particularly by Dr. Condie, who has published some valuable practical remarks upon the subject.

In the early stages of the bowel affections of children, no less than in adults, an emetic of *ipecacuanha* will often succeed in arresting the progress of the disease, and rarely fail to prove beneficial.

Combining from one fourth to half a grain of *ipecac.* with a minute portion of opium, and two or three grains of blue mass, the alterative properties of this last are materially enhanced, and will be found of great benefit in most of the mild cases of biliary and bowel derangements so prevalent in this region, at different seasons of the year.

With the exception of that sudden and often fatal disease, croup or hives, there are perhaps none of the pectoral diseases of children, in which the syrup of *ipecacuanha* may not be resorted to with advantage; but in croup, no little experience, and an almost uniform success in its treatment, authorize the confident belief, that we possess no one remedy or combination of remedies comparable or equal to the well-known Coxe's hive syrup, provided it be properly prepared. Dr. Good has remarked, that the *ipecacuans* concur in operating very generally upon the skin, at the same time that they excite the stomach, increasing in a slight degree the discharge of mucus from the lungs, and adding a little to the peristaltic motion of the bowels, while the antimonials act more violently upon the stomach, bowels and skin, but less upon the mucous secretions.

To recur to the syrup of *ipecacuanha*, I may remark, that being obliged to prepare it frequently, and finding the process recommended in the United States Dispensatory attended with unnecessary trouble, and, without constant care, great probability of a want of uniformity in the preparation, I adopted, after many trials, the following formula, which can be depended upon at the bed-side, and which has been found to keep well in this climate:—*R.* *Ipecacuan. rad. contus.*, ℥ iv. ; *Aqua, Oij.* ; *ip. vin. rect.*, ℥ x. ; *sacch. alb.*, lbs. iij. Macerate the bruised *ipecac.* in one pint of boiling water for twelve hours, then add the remainder of the water and alcohol, and continue the maceration for five or six days. Place the whole in a small displacement apparatus, returning the fluid that passes until it becomes perfectly clear, and then continue to pour a small quantity of water occasionally upon the surface, until two pints and ten ounces by measure shall have passed. Now add the sugar, and with a gentle heat evaporate until the syrup shall be of a proper consistence, readily ascertained by occasionally taking out a small portion and allowing it to cool. When of a proper consistence, pass it through a small quantity of fine tow placed in the tube of a funnel to render the syrup clear and transparent. Three pints and ten ounces of syrup is the quantity obtained, and is in point of strength nearly double of that prepared by the usual formula, which I consider an additional recommendation.—*New Orleans Med. and Surg. Journal.*

NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.

[Reported for the Boston Medical and Surgical Journal.]

MONDAY, Nov. 11, 1850.—The present hour is allotted to the purposes of clinical instruction; to the consideration of cases of surgical disease in the details of their history, immediate antecedents, symptoms and treatment. This is a mode of study which has been before alluded to, and is opposed to the abstract and general account of disease adopted by the general treatise. It is, indeed, the natural method of study; the order in which experience presents itself to the surgeon, and in which it should be made to present itself to every student of this science. There is no substitute for it. Yet we find that when two similar cases have offered themselves to previous observers, it has happened that something common to both has been drawn from them, and that a generalization has been thus made; and it would be obvious folly not to avail ourselves of the knowledge and teachings of those who have thus previously observed. Clinical study, therefore, proposes to itself not only the examination of a detailed and isolated case, but also contemplates its relations with other similar cases. It investigates the eccentric biography of some particular instance of disease, with constant reference to the usual and common history of the same disease, gauging by this standard the irregularities, and endeavoring to reconcile to this standard the anomalies, of each recurring case. Our clinical study will be confined to the cases we have observed together during the visits at the Mass. Gen. Hospital; an institution which has no superior, and which offers great facilities for the observation of surgical disease. It will be found, at the end of our term, that a very large proportion of the usual surgical affections will have passed under our notice, and in the common relative frequency of their occurrence in the routine of daily practice. And let not the graver and striking cases claim too large a share of your attention; these are not the cases which you will meet with in your daily professional walks. But it is the minor and seemingly slight and trivial; the chronic, unchanging and unattractive lesions, which will fill the sphere of your daily avocations, and upon the management of which will depend your comfort and success. In addition to the surgical cases occurring at the Hospital, it will be my duty to notice the surgical operations there performed before the class; and this naturally leads to the consideration of the anæsthetics so constantly at those times administered.

It is a little striking that those who are in the daily habit of administering anæsthetics for the slight operations of dentistry, or in midwifery, are often startled at the violent or seemingly dangerous symptoms which sometimes result from the administration of the dose required for protracted operations; but I believe that any one who shall have witnessed these effects during a brief period at the Hospital, and who shall have learned their true relation to the anæsthetic state, especially in point of danger, will feel himself at home in administering the ether in any emer-

gency whatever. I use common ether (sulphuric). Chloroform has killed people. There is sufficient evidence that patients in good health, to whom chloroform was administered in the ordinary way and with ordinary care, have become pulseless, dead, suddenly and without warning. Such accident has either never happened with ether, or is excessively rare. Chloric ether, dilute chloroform, blisters the skin, which requires abundant oil to protect it. So that, on the whole, common ether is safest, cleanest, simplest, and is, indeed, apart from its odor, a perfect anæsthetic.

CASE I. *Extrophy of the Bladder, &c.*—This remarkable case, although not from the Hospital, is accustomed to offer himself for examination here, and elsewhere. I have seen but one other similar case. The first feature which strikes us is the red, raw and inflamed mucous surface of the posterior wall of the bladder, which is protruded through an orifice in its anterior wall as large as a moderate-sized apple, and thence through the abdominal parietes. It is thus literally turned inside out; and exhibits the ureters dripping with urine, and below, two orifices, which the patient states to be, and which I dare say are, the termination of the spermatic ducts. To complete this median division of the tissues, there is entire epispadias of the penis and of the gland; and the bones of the symphysis pubis gape to the extent of many inches. You will observe also, besides, an inguinal hernia, produced, very likely, by a laxity of tendinous fibres which have no firm insertion.

This is an instance of failure on the part of nature to unite the lateral masses of the body upon the median line, and bears analogy to certain other deformities, such as hypospadias, hare-lip and spina bifida. It is incurable.

CASE II. *Epithelial Disease of Lip.* Commonly called cancer of the lip, and with good reason; for although the affection is by no means identical with cancer, yet it has practically many of its destructive properties. It affects the skin and subjacent cellular tissue, the mucous membrane, and the muscle. The man operated upon on Saturday, was about 52 years of age, healthy, and of a fleshy make. Two years ago he discovered a pimple of the size of a small pea on one side of the free edge of the under lip. A year ago this had attained a double size, and was covered on the buccal margin with a scab of ordinary appearance and of the size of a half dime. This patient had been treated, as such lesions often are, by some cancer doctor with caustic; but ineffectually. I removed the mass by a V shaped incision in the sound tissue, and the edges were approximated by three or four sutures. The great object here is completely to excise the disease; and if this is done, it has little tendency to return; differing in this respect from true cancer. Now the latter disease may affect the lip as well as other regions, and hence the importance of establishing distinctly the difference between the two diseases, that you may be able with confidence to assure your patient of his probable future. And first let us eliminate the advanced stages of this disease, where the bone is eroded and the glands affected. In such cases extensive plastic operations are sometimes necessary. I have removed the entire lower lip, dissecting the cheeks back to the facial artery of each side, and uniting them when drawn forward upon

the median line. In this case the disease returned in the cicatrix a year after. In such cases the vast ulceration and fungoid growth may alter the general appearance of the texture to a degree which may render its appearance, without the microscope, equivocal. But in its early stage the epithelial disease of the lip generally shows upon section, as in this case, a dense white opaque color, and often upon minute examination, as here, vertical striæ dividing it into apparent columns, which either terminate at the free labial edge, disintegrating into a paste which furnishes a scab, or may rise above it, to a considerable height. But the microscope leaves no doubt, in the majority of cases. I will not say all cases; for though some observers have no question upon this point, I have not satisfied myself about it. In most cases the field, as in the present instance, shows unequivocal epithelial features. The white caseous mass shows the normal epithelial cells and scales; every irregularity of the latter varying in size and shape; while the distorted cells often attain, with and without nuclei, enormous size. A careful observation also detects little groups of the minute cells in the first period of their growth.

Such is the common disease "cancer of the lip," beginning with a small purple crust or scab, and if not removed in season, attaining an ulcerated growth, which compromises the life of the individual; perfectly curable at first, but if neglected or tampered with, getting beyond the reach of surgical art.

CASE III. *Hare Lip*.—This patient of my friend Dr. Hayward was a boy of 8 or 9 years of age, presenting the ordinary appearances of a bad single hare-lip. The fissure reached the left nostril, dividing also the hard and soft palate in the mouth. You observed that the division of the lip was a little to one side of the median line. It is always so, with very rare if any exceptions. The front teeth also often project, as here, where one had been recently removed. The edges were refreshed and brought together by sutures. We rarely use pins, though they were once thought essential. Sutures answer equally well, and are more convenient. The upper one, as in this case, should be carried well up into the nostril to prevent a gaping and ugly orifice there. It may be added, in respect of these sutures, however unscientific the avowal may be considered, that with a healthy patient and good atmosphere, sewing skin is much more like sewing cloth than is generally supposed. It is better to add stitches enough to adjust the parts exactly where nicety is required, than to omit them and trust to nature to do it. In the latter case the gaping interstice gets filled with lymph, leaving a broad cicatrix, or an edge projects; so that altogether we are less sure of the result than when the edges are everywhere nicely adapted and brought together as has been described. I never saw an operation for hare-lip which did not leave a slight notch or fold at the edge of the lip. In fact, the longitudinal contraction of the cicatrix would produce this, but you may avoid it almost entirely by paring the free edge well down to the mouth; let the cut surfaces be concave rather than convex towards each other; and dissect up the flaps from the jaw enough, especially in infants, to abate the lateral traction. Finally, remove the stitches with the first

trace of suppuration in their track, or you will have scars to mark their position. This operation of Dr. Hayward will probably make an excellent lip. In regard to the cleft palate of this boy, where it is so wide, it is unfavorable for operation. I have produced, contrary to my expectation, a good union of the posterior portion, in a similar case, but the palate was afterwards hard and tense from the contraction which ensued upon the large lateral dissection necessary to disengage the scanty flaps. The cicatrix was very different from the pliant and serviceable palate which we often have after operation, where the cleft is not so wide.

CASE IV. Removal of Cicatrix of Neck after Burn.—Some of you have before seen this enormous cicatrix of the neck and breast. The patient was burned by the ignition of matches in his vest pocket. Last year I divided a bridle of the neck, and with real relief to the man. Why it did not again contract, it is difficult to say; but the fact is, that he could raise his chin considerably better, for the operation. The whole matter of the contraction of cicatrices is uncertain. Some diminish almost to obliteration. Others remain loose and pliable without contraction. Lymph has doubtless much to do with it; but we generally cannot assign the direction of contraction. Some parts of this scar were exquisitely and finely plicated; while other parts present large welts, much like cheloides. One of these, about the size of a finger, and the seat of troublesome suppuration, I removed before you on Saturday, from the lateral hyoidal region. Such masses of lymph are usually of feeble vitality, but this was nourished by eight or ten small vessels, requiring ligature. The wound has gaped widely, and the motion of the head is free. Without over-estimating the chances of relief, we may aver that, as the wound cannot contract to smaller dimensions than before, and as the fibrous and contracting lymph is entirely removed at this point, we have every hope for the kind of improvement which before resulted.

CASE V. Tertiary Syphilis. Ulcer behind the Left Leg on the Calf.—This patient, a middle-aged, healthy man, had chancres fifteen years ago, and again Sept. 1849, for which he treated himself, but subsequently took pills for a long time from a physician. Two months after the primary sores, he had rheumatism of the right wrist and knuckles. Soon after, scabs upon the hairy scalp, accompanied with commencing and discrete eruption of pimples elsewhere on the body. Some of these pimples became large, and covered with a scab, while the left leg was subsequently the seat of a considerable ulceration, which had attained the size of the palm of the hand, and was preceded by a subcutaneous tubercle. I will only remark of this case, that its progress is somewhat anomalous. The deeper forms of cutaneous eruption, the tuberculo-crustaceous eruption of transition from secondary to tertiary disease, and especially the tertiary ulcer of the skin, resulting from the "*tumeur gommeux*," belong to a later period of the affection than that at which they have been manifested in this case. It is hardly worth while to go back 15 years for the primary affection, though a period even as long as 20 years has been assigned as a limit of tertiary disease. There is reason to believe that the patient has undergone mercurial treatment, which may account for the absence of some of the usual forms of secondary affection.

The view which has been adopted in relation to this case is confirmed by the rapid cicatrization of the ulcer under the specific treatment of tertiary disease, viz. the iodide of potassium in considerable doses, here increased slowly from five to ten and fifteen grains, three times a day, and for a length of time. The patient will be soon well.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 20, 1850.

EDITORIAL CORRESPONDENCE.

Naples.—It is a formidable undertaking to move from Rome to Naples, either by land or water, although the distance is only about 170 miles. In the first place, no person can leave with a hope of reaching or being permitted to enter the latter city, without the signature of the resident minister, who will not sign a passport till the traveller has been fourteen days in Rome. The whole machinery of the law is brought to bear upon this point. Finally, by paying a little more than four dollars—two dollars of which is filched from every American's pocket, to the disgrace of our country, by the consul of the United States—and exhibiting the passport, a seat may be obtained in the diligence, provided you speak for one some four to six days in advance, paying for it at the same time 13 dollars. Every new driver, at the termination of his route, begs like a Trojan for a fee. Vagrants line the road most of the way—men, women and children—who run by the side of the coach at a racer's speed, begging, for the love of the Virgin, to say nothing of a long list of saints, for a baioco. At every official station, all the luggage is re-inspected, or you are openly informed that by paying a bribe it may pass on. Some, to save the destruction of their clean linen, hand over the pauls, while others submit to the requisition of the law, and suffer accordingly. At this particular period, the journey is very hazardous, on account of highwaymen. If a private carriage is hired, which is very generally preferred, a long document is drawn up, signed much after the form of a deed, in which it is stipulated, that, for a certain number of scudi, you are to be safely delivered, at the end of three days, at Naples—and to bind the bargain, the driver deposits a few pieces of coin in your hand, to be returned when he starts. After passing Albano, the way, on the margin of the Pontine marshes, is quite monotonous—and nothing of interest is observable, save the oddity of wooden ploughs with one handle, wooden harrows, threshing floors in the field, lamps burning before pictures of very excellent, unheard-of guardians of the land, queerly laden donkeys, and bare-legged men and women, till reaching the tower where Cicero was murdered—the very spot, in fact, near the margin of the Mediterranean. Finally, reaching Capua, a miserably filthy hole, a railroad facilitates your progress to the capital. If, on the other hand, you go from Rome to Civita Vecchia, the vexations in regard to the visé of passports, plumbing of luggage, &c., are intolerable; but when fairly over, you go on board a French or Sardinian steamer, at 4 P.M., and the next morning wake up in the beautiful, enchanting bay of Naples. There you will be compelled to remain at anchor full half a day, before permission is given for landing.

Naples is a beautiful, busy city, in a small way. With a magnificent har-

bor, there is nothing floating in it but a few row-boats, an occasional brig from Sicily, or a small coast-wise steamer. So exceeding strictly are the quarantine laws enforced, that commerce is almost annihilated. The inhabitants, about 400,000 in number, are supplied with the daily necessaries of life, by provisions brought to market on the backs of asses. Nothing strikes a New Englander so very comically as the burdens imposed upon those little patient donkeys, in the crowded, narrow streets of a great capital like this. Some are entirely enveloped in bundles of straw, equalling in bulk a common cart-load—concealing the whole animal so completely that the great pile seems to move onward by automatic machinery. Others are laden with brush wood; some with kegs of wine, others with vegetables; and in short the greater part of the public burden seems to rest on their little backs. Even the street sweepings and accumulations of stables are transported in straw sacks, in the same way, out of the city. Fruits are borne in baskets on the heads of the country people, who line the highways for miles, in the morning, carrying immense piles of marketing on their caputs. Much of the portage is conducted in the same manner. Little children seem instinctively to commence very early to transport packages, water-jugs, and baskets, in that way. Mechanics are numerous—working by the sides of the streets, where there should be sidewalks; but there is not one in Naples, although, at Pompeii, there were admirable ones, constructed nearly two thousand years ago. Blacksmiths, carpenters, cabinet makers, tailors, wheelwrights, pastry cooks, &c. &c., without number, occupy the basement stories, which are without a single window—so that in order to obtain light, the door must be kept perpetually open. The apartments being exceedingly small, the occupants trench upon the street with their tools, benches, and apparatus of all sorts. It is said the tax upon windows is too high for their means, generally, and hence there are none. It is a curious fact that the plan of the houses in Naples is very nearly like those of Herculaneum and Pompeii, only larger. Fifty thousand lazaroni, or brigand-looking, bare-legged, hatless, sun-burnt men, are supposed to be lounging round the margin of the town; yet they are not uncivil, nor would they be idle had they anything to do. Immense numbers of large row-boats are drawn up on the beach at night, covered with old sailcloth or rags, where many of them find shelter. Money is scarce, and consequently all the necessaries of life are exceedingly cheap. Half a grain, not equal to half a cent, perhaps, certainly not more, will purchase as many rich, luscious grapes as would cost very nearly a dollar in Boston. The wealth of some of the churches is incalculably great. For example, in that of St. Jannarius, besides innumerable specimens of sculpture, paintings, and riches yielding annual revenues, there are forty-two full-sized busts and two or three full-length statues, of pure silver. Any two of them would go far towards building an almshouse of sufficient dimensions to lodge all the beggars in Naples. An altar-piece of solid silver, with numerous figures in alto-relief, of superb workmanship, quite overwhelms one not accustomed to such displays of the precious metals. Jewels are set in the front of their mitres and crowns, and on certain occasions they are borne under canopies friars, accompanied by torches, wax candles, and other brilliant displays on men's shoulders, through the streets, followed by priests, monks and quite beyond recollection. Overlooking the city, on an eminence, is the gorgeous convent of Certosa di Martino, in the occupancy of 55 monks, that almost throws into shade any other display of marble finishing or precious stone in Europe. Bribery is reduced to a perfect system in all

ranges of society. Money being irresistibly potent, each has a price, totally regardless of the obligations they are under to the dignity and majesty of law, or of moral accountability. Officers in gold lacings at the custom-houses, ask a fee for *not doing* what they are specifically commissioned to do. A merchant will declare his fixed price, from which he will not depart, and yet take half the sum perhaps in two minutes after.

At the theatres, one individual, always in the same costume, in a mask too, let the piece be what it may, figures more conspicuously than all the other actors. He is called Punchinello, and represents the nation or people. His pithy sayings and inuendoes keep up a perpetual roar. It appears that comic writers vie with each other in placing him above all other characters. Thus, let the plot be ever so intricate, laughable or exciting, Punchinello figures prominently, both speaking the language of the national feeling, and developing the richness and raciness of the Italian tongue. The great opera house of San Carlos is the coliseum of play-houses. It would hold two or three of the largest in America. It is more beautiful than La Scala at Milan, besides being apparently one or two sizes beyond it in lateral dimensions. It is lighted entirely with long wax candles, to the very top of the sixth tier of boxes. None of the hissing, hooting, crowing, clapping vulgarities of the theatre in the United States and England, are ever heard in Naples. Order, sobriety and perfect decorum characterize all such exhibitions in this otherwise boisterous country of macaroni-eaters. No one with a decently cared-for stomach could watch the manufacturing process of that tubular article of food (macaroni) at Portici, without loathing the sight of it ever after. Flies appear to contribute immensely to its ponderosity, while drying. Wine-making is equally disgusting—as the dirty, bare-legged fellows are watched for a few minutes, while they crush the grapes with their broad, unwashed feet. A finer climate is not to be found. On this 14th of October, the weather is delightful. Back of the window, by the light of which this is written, is a large garden, belonging to a congregation of lazy, fat capuchin friars, in which figs, oranges, lemons, vegetables and shrubbery of various kinds, are in the meridian of their floral beauty. But few clothes are required by decent persons, and scarcely none at all by the multitude. Fuel, charcoal, fruits, and nearly all kinds of eatables, are sold by weight. Cooking, shoe-blackening, mending (even to a torn shirt) are executed in the streets for the rabble. Priests, of different orders, seem to occupy every niche and corner. Go where you will, from the pit of a theatre to the departments of state, the broad brims are omnipresent. Little boys, belonging to the different schools, are dressed in big hats, equalling in diameter those of the Canterbury Shakers—or in military coats, chapeau-bras, with gold edgings, and swords, accompanied by a priest wherever they move. In fine, throughout the whole of Italy, priests have the control in all the varied ramifications of society. They are feared by the ignorant, courted by the ambitious, and abominated by the intelligent.

Remedy for Quackery.—In the October number of the New Hampshire Journal of Medicine, is an article by Dr. Garland, on a proposed "*Remedy for Quackery.*" It is decidedly our opinion, that if the measure were adopted which is recommended by the writer of the article in question, the profession might be most emphatically placed in the same category with the class of whom they complain. Often times, no doubt, when the minds of our patients are diseased, the exhibition of a *placebo* is attended with better

effect than that of remedies more potent; yet to make a general practice of giving pleasant or inert preparations, in form of medicines, because the patient wishes it and would otherwise obtain that kind of remedies from the vaunting quack, would not speak well for the purity of medical science. If we wish people to free themselves from the abominable habit of continually taking something in the shape of medicine, and particularly from those whose only claim to medical skill is their own boasting, we should endeavor to enlighten our patients, by explaining to them the laws which govern life, and so much of pathology as would intimidate them from using remedies intended to *cure a multiplicity of diseases*. "A little learning" is not always "a dangerous thing." It was said of Frère Jacques, the *natural cutter for stone in the bladder*, that when the anatomy of the parts was taught him, he saw at once the danger to which his patients had been exposed, and was deterred from performing lithotomy ever afterwards. He had not the moral courage to attempt an operation when fully informed of the danger to the life of his patient, though previously he had done so with the utmost *sang-froid*, and with average success, exciting the astonishment and admiration of the crowned heads and many of the surgeons of Europe. In our own day, are some who ranked, until a certain period, as the very best in diagnosis and prognosis; but when the great continental pathologist gave a *key*, whereby functional and organic disturbance could easily and readily be detected by physical explorations, they were in a great measure despoiled of their *old tact* in detecting disease. The latter illustration may be considered irrelevant to the subject under discussion; yet it has a bearing upon it. We contend, that if our patients are taught a certain amount of knowledge respecting themselves, they will be less likely to attempt to cure their own diseases, or place the least confidence in the boastful quack or his medicines. If we know the principles and practices of quackery to be fallacious and mercenary, would it be the part of wisdom in us to place ourselves on a level with quacks, by practising their schemes to get patients and make them take our medicines? There is a way to abate the evil complained of; the profession *themselves* are in a great measure to blame for its existence. When *they* possess the proper qualifications, and take the right means to combat the *hydra monster*, their cause for complaint will be very much lessened.

Professor Bigelow's Cliniques.—Arrangements have been made, which will enable us to give our readers a synopsis of Professor H. J. Bigelow's Surgical Cliniques the coming season. The students of the Medical College visit the General Hospital with the Professor of Surgery, on Saturday, when operations take place, and on Monday the clinique is given, in the College building. We are sure the reports will not only prove interesting, but will be found to possess much practical value. The first of the series is inserted in the Journal of to-day.

Dr. Jarvis on Insanity.—"On the comparative liability of males and females to insanity, and their comparative curability and mortality when insane. By Edward Jarvis, M.D., Dorchester, Mass." A pamphlet with the above title has been received, being a re-print from the Journal of Insanity. It furnished the subject of a paper read by Dr. Jarvis before the Association of Medical Superintendents of American Institutions for the Insane, at the meeting held in this city last June, some account of which

was given in our Journal at the time. The conclusions arrived at by Dr. Jarvis, are, that males are more liable to become insane than females, which liability, however, varies with different nations and different habits of the people. As to the curability of insanity, males seem to resist treatment more than females. There is much valuable information contained in the paper, which gives evidence of great research into the history of that unfortunate class, the insane, for which research Dr. Jarvis is eminently qualified.

Remedy for Ferociousness in the Dog.—In one of the Cincinnati papers, we find an account of an attack by a ferocious dog upon a little child. "The dog seized the child by the throat," we are told, "and the more he was pounded to make him let go, the harder he held on. The people broke the dog's back, and after inserting a lever into his mouth, pried his jaws open and released the sufferer, but not till her throat was mangled." There is a *sure* remedy in such cases, which should be known by every one. We hear of the cases often, and it would seem that persons at these times are very apt to forget the disposition of the animal. Now, if instead of pulling upon the dog, to disengage him when his jaws are set upon anything, a sponge or cloth, wet with *strong spirits of hartshorn*, be applied to his nostrils, he will instantly relax his hold.

American Journal of Insanity.—We notice by the October number of this valuable Journal, published at Utica, N. Y., that Professor T. R. Beck, of Albany, is to take the place of the late Dr. Brigham as editor of the work. Dr. Beck is well known as an author, and we have no doubt that the Journal under his superintendence will maintain its present high character.

Donation to the McLean Asylum.—Hon. William Appleton, of Boston, has given the princely sum of \$20,000 to the McLean Asylum for the Insane, located at Somerville, near this city, of which institution he has for many years been a director, for the purpose of constructing additional buildings for the more perfect classification of the inmates of the asylum.

Lectures on Corpulence.—The Gulstonian Lectures for 1850, on corpulence, delivered in London by Dr. T. K. Chambers, some extracts of which were copied recently into this Journal from the *Lancet*, have been published in London in a separate volume, with additions by the author. The subject is very thoroughly treated by Dr. C. An Appendix, on Emaciation, is also given. The work is well worth re-publishing in this country.

Dysentery in the Ohio Penitentiary.—After precisely a year of remarkable health, not one death having occurred during that time, a severe form of dysentery has prevailed, and up to the last accounts we have, *nineteen* deaths have occurred since the first of September last. During almost the whole of the last month, dysentery has been very fatal in Columbus, though its spread was not very extensive. The Lunatic Asylum has been blessed with a most extraordinary freedom from all disease not commonly associated with insanity. But two cases of dysentery have occurred, both yielding to treatment. This must be looked on as all the more fortunate, when it is considered how prone the insane are to chronic diarrhœa and dysentery.

Ohio Medical and Surgical Journal.

Medical Miscellany.—The Grand Jury report that in the Nursery Department of the Flatbush (Long Island, N. Y.) Alms-House the children have been crowded together to the number of 27 in a room 12 by 24 feet.—Baron Humboldt is to spend the winter in Paris; it is hoped he may visit this country.—Dr. Grange estimates that there are in France four hundred and fifty thousand persons afflicted with *goitre*, and from thirty-five to forty thousand with *cretinism*.—Dr. Drake has been re-appointed to the Chair of Practice in the University of Louisville.—Prof. Wm. B. Herrick has been appointed by the U. S. authorities Surgeon to the Chicago Marine Hospital, to take effect when the Hospital opens.—There were *fourteen hundred* deaths by cholera in Cincinnati, during the months of June, July and August.—Dr. E. A. Theller, of Canadian Revolution notoriety, is now in prison at Panama, for being concerned in the recently-attempted Revolution of New Grenada.—Professor Parker, of New York, stated in one of his late clinical lectures that calculus of the bladder has diminished in that city since the introduction of the Croton water.—A merited reproof is given, in the New York Medical Gazette, to the professors of Medical Colleges who furnish a copy of their introductory lectures to the secular papers for publication, instead of the Medical Journals. The reproof would also apply to the practice, common in other cities as well as New York, of furnishing medical information to the daily newspapers, in preference to Journals which are looked to by the profession for these very matters.—The North Western Medical and Surgical Journal, published at Chicago, at \$2 a year, now in its third volume, has lately sent out bills due for the work, to the amount of \$3,000. Such patronage to medical periodicals is not the kind recommended by the American Medical Association at its last meeting.—The venerable Prof. Chas. Caldwell has published in the Transylvania Medical Journal, at Louisville, Ky., an elaborate article on the Connection of Electricity with Epidemic Diseases. Whatever may be thought of the theory advocated by Dr. C., it is certain the article is characterized by the depth of research and vigor of thought which are generally manifested in his writings.—The new building for the College of Physicians and Surgeons of the Iowa University, in the city of Keokuk, is completed, and will be used for the lectures during the present term.

ERRATUM.—In giving the formula for Liquid Muriate of Opium, in the last number of the Journal, "Acidi Hydrochloride" was printed instead of *Acidi Hydrochloric*. The reader will please correct.

TO CORRESPONDENTS.—Practical Observations on the Inhalation of Vapors and Powders, by Dr. Cornell; and further remarks on the late Cholera Cases at Kalamazoo, by Dr. Mack, have been received.

MARRIED.—In Atkinson, Me., S. W. L. Chase, M.D., of Passadumkeag, to Miss Lurana S. Buswell, of Atkinson.

DIED.—At Evansport, Defiance county, Ohio, John W. Porter, M.D., aged 22.—Drowned, at Warsaw, Mo., while attempting to ford the Osage river on horseback, Dr. Wm. C. Morris, aged 75, formerly surgeon in the British army and navy.

Deaths in Boston—for the week ending Saturday noon, Nov. 16th, 59.—Males, 32—females, 27. Accidental, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—consumption, 12—convulsions, 4—croup, 3—dysentery, 2—diarrhoea, 1—dropsy, 2—erysipelas, 1—exhaustion, 1—typhus fever, 1—typhoid fever, 2—scarlet fever, 2—lung fever, 3—puerperal, 1—hooping cough, 3—hemorrhage, 1—infantile diseases, 6—inflammation of the lungs, 1—marasmus, 2—old age, 2—smallpox, 2—scrofula, 1—teething, 1—unknown, 1.

Under 5 years, 27—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 7—over 60 years, 4. Americans, 19; foreigners and children of foreigners, 40.

Homœopathy at the Hotel Dieu, Paris.—A letter from an American homœopath in London, has been handed us as a synopsis of well-attested and important facts, with the request that parts of it appear in the Journal. In complying with his request, it will of course be understood that we do not recommend the homœopathic theory or practice, but are willing to let our readers pass judgment upon the portion of the letter which we find room for below. The writer states that Dr. Tessier, physician of the Hotel Dieu, has been testing the claims of homœopathy for several years, and has now published his experience of the practice in pneumonia and cholera—"having renounced all other practice in his wards for two years past." He then copies from Dr. Tessier's Preface.

Speaking of his experiments, he says:—"Pneumonia is a disease frequent, acute, serious, whose symptoms are marked and not easily mistaken. I chose it, therefore, as the subject of my first experiment with the method of Hahnemann. After I had carefully studied the writings of Hahnemann and his disciples, I read some books containing descriptions of cases treated by his method. After having thus learned the spirit of the formula, *similia similibus curantur*, it remained to satisfy myself as to the action of remedies in infinitesimal doses. To this question I devoted six months of clinical experiment, choosing such cases, both acute and chronic, as I felt assured I should not injure. At the end of a few days the evidence that the medicines did act was complete; nevertheless I persevered for six months. It then remained for me to test the therapeutic value of the new method. As for pneumonia, it required particular precaution. In fact no light responsibility rests on him who ventures to substitute in the treatment of so grave a disease, a new method for one which experience sanctions. I could consent to run no great risk. I managed in this way. In ordinary treatment of pneumonia the first indication is blood-letting. This, where properly administered, produces a remission of the febrile excitement, with sweat, &c. But there still remains the consolidation of the inflamed lung to be resolved, which is usually effected by tartar emetic and blisters. It would be imprudent to abandon to itself the inflammation which still remains. The fever would, in that case, light up again, and the lung go on to suppuration or carnification. I ventured, however, in the case of a patient who had already been subjected to blood-letting, to substitute phosphorus 3.50 for tartar emetic, which I should otherwise (allopathically) have administered. The patient recovered without any relapse. I repeated this experiment many times with the same result. But I might reasonably attribute this success to the blood-letting energetically employed at the outset. All, therefore, that I could justly conclude from my first essays, was, that if I had done no good, I had, at least, by the new method, done no harm. I resolved then to diminish gradually the number of the bleedings at the beginnings of the treatment, and not to await the remission before having recourse to the Hahnemannian treatment, still keeping in reserve, however, the ordinary treatment in case amelioration should not be speedily manifest. I diminished, then, the bleedings by one, by two, by three, by four, in the next patient, beginning the administration of the new remedies successively nearer and nearer the beginning of the treatment. I began with a dose of aconite followed by a dose of bryonia in 12 or 24 hours. The less I bled, the more markedly were the patients relieved after the administration of the infinitesimal remedies. I decided finally to bleed no more, and to have recourse entirely to the 'homœopathic remedies.'" He adds, "For two years but one has died."

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No. 17.

PRACTICAL OBSERVATIONS ON THE INHALATION OF VARIOUS
VAPORS AND POWDERS IN DISEASES OF THE AIR
TUBES AND LUNGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have for some time contemplated writing a somewhat extended article on this subject, believing, as I do, that more benefit may be derived from inhalation, than has yet been experienced. Inhalation of vapors and gases, through the air tubes, to the pulmonary mucous tissue, has been more or less practised from the early ages; but several reasons may be assigned why it has not been attended with more favorable results, though, as will appear in the sequel, benefit has followed its adoption. In some cases, the articles inhaled, or breathed, have not been of a character to *be* beneficial; in others, the instruments for inhaling, or breathing the substances or vapors, have been of so clumsy a kind, that the thing could not be properly done; and lastly, it has, generally, *not been done at all*, till the diseases had assumed so grave a character that no human means could arrest them. These are good reasons for the results not having usually proved favorable.

I shall refer to several methods of breathing various atmospheres, gases, powders, &c., in consumption, catarrh, croup, asthma, and other diseases of the air-passages. It is well known that Dr. Beddoes recommended breathing an atmosphere of *factitious airs*, and Sir Humphrey Davy seems to have concurred in the same opinion. The former, also, advised patients threatened with, or laboring under, phthisis, to have a communication made from their rooms, to “cow-houses and stables,” for the purpose of breathing the warm air of such places; and, when threatened with this disease myself, twenty-five years since, a physician of no small celebrity advised me “to keep about cows, oxen and horses, as much as possible.” Nor do I even now imagine this advice was given without some reason for it, as there is undoubtedly a mildness and warmth of atmosphere about such places, very grateful and healthful to the shivering, hectic invalid. But I believe it would be much better to breathe such an atmosphere by going into it, than to admit a current of air from these places into a tight room or bed-chamber.

The vapor of *tar* was once highly recommended, as being very beneficial in phthisis. Its balsamic powers were said even to heal ulcers in

the lungs. Drs. Mudge, Crichton, Paris, and others, all advocated its use. But still, it has ceased to be used. It is, however, quite probable, that there are stages in phthisis, in which its inhalation would be serviceable, though when ulcers had formed, it would not heal them; and though I would not claim for it anything like what some of the celebrated gentlemen just named did, yet I think I have seen benefit derived from its use in *threatened* phthisis. It should be further tried, *watching carefully the period of the disease* (if there be any) when it is useful. It might be done in every public hospital, by having a room specially devoted to the purpose. The temperature of the air, and its proper medication, could, under hospital regulations, be critically adjusted, while in private practice it would be attended with much inconvenience. The tar employed should be such as is used for manufacturing ship cordage; and it has been recommended to add half an ounce of the sub-carbonate of potass to every pound of the tar, to neutralize the pyroligneous acid generally found mixed with it. This acid would be likely to produce coughing. When thus prepared, the tar should be placed in a proper vessel over a lamp, and be kept *slowly* boiling in the chamber, both night and day, care being taken that the vessel should be cleaned and replenished every twenty-four hours.

The vapor of *iodine* has also been used in diseases of the air-passages and lungs. Drs. Murray, Scudamore, Corrigan and Barton, all wrote in favor of it. Iodine sublimes, in a moist atmosphere, at a temperature below that of boiling water, and also in a moist atmosphere remains diffused, at its common temperature, in the warm season. Iodine derives its name from the beautiful violet color in which it sublimes, when a vial containing it is placed in a stream of vapor; so that a person need not fear, as Dr. Murray says a young lady, a patient of his, did, "when she saw the vapor approaching her breath, purpled almost like the ominous color of blood." Sir Charles Scudamore, in his "cases illustrative of various medicines administered by inhalation in pulmonary consumption," used the compound solution of iodine with alcohol for procuring the vapor to be inhaled, varying the proportion of the ingredients as the circumstances of the case required.

The directions given by Sir Charles are as follows. The recipe of inhalation is composed of:—R. Iod., potassæ iod., āā grs. vj.; aquæ dist., ℥ v. ℥ iv.; alcohol, ℥ ij. M. Fiat solutio, in inhalationem ad adhibenda. For each inhalation, he used from ℥ j. to ℥ vj. of this solution; and from m.xx. to xxv. of a saturated tincture of conium—the *time* of inhaling being from thirty to forty minutes. The conium should be added to the *iodine solution just before* inhaling.

Sir Charles gives the following directions for inhaling these remedies. "At the temperature of 90° the volatile properties of iodine are given off very sensibly; but the conium requires more heat, and that of 120° is not too much for the iodine. This degree, therefore, I most recommend; or, if the patient have not a thermometer, let the instruction be, to put the water into the inhaler (first warming it a little to prepare it) quite as hot as the finger can bear without pain. The inhaler should be kept immersed in rather hotter water during the process. A good glass

inhaler, also, is a material consideration. If it be small, and the tubes too contracted in the bore, the difficulty of inhaling would be great to the invalid, whose respiration is easily embarrassed; whereas, with a fit apparatus, the process is perfectly easy and not fatiguing. The temperature of the water with which the preparation is to be mixed should be from 115° to 120° Fah., and, when the proportion of iodine is increased to a full measure for each inhalation, I direct that the quantity be divided into two equal portions, the one to be used for the first ten minutes, and the other for the same space of time in continuation; and, at the average frequency, three times a-day. But sometimes it may be expedient to use it for ten or fifteen minutes only at a time, and three or four times a-day. The inspiration should be as strong as can be conveniently made, in order that the vapor may freely enter into the lungs: but the patient should inhale in a manner not to fatigue the chest; and this evil will be avoided if he allow himself sufficient interval, between the periods of inhaling, to recover power. I lay it down as a principle that inhalation should always be so conducted as not to produce distress to the patient in any way, either as regards the composition of the mixture, its strength, or the period of carrying on the process.

“ In first entering on the treatment of inhaling, the irritation of coughing is usually produced, and in some cases this happens on every subsequent occasion; but unless this prove excessive, or permanent, it does not form an objection to the treatment, for the power of expectorating is remarkably facilitated, and, the bronchial tubes being cleared, a material subsequent relief to the cough is afforded. But a curative and not mere palliative effect is the object to be held in view. The proportion of alcohol contained in the different materials is too small to produce any inconvenient stimulation; it is necessary as the menstruum, and it is useful, as causing the volatile parts of the medicine to rise more freely with the watery vapor.

“ In the commencement of the treatment, I advise very small proportions of the iodine mixture; for example, only from half a drachm to a drachm, for an inhaling of eight or ten minutes, to be repeated two or three times a-day. Of the soothing tincture, I direct half a drachm, which I usually find sufficient; but it may be increased if the cough be very troublesome. I soon augment the quantity of the iodine, and, progressively, from ʒj. to ʒiv.; but, also, then prolonging the time of inhaling. I divide the iodine dose, putting two thirds at first, and the rest after the expiration of seven or eight minutes. It is of the utmost importance that the strength of the inhaling mixture should be considered in relation to the particular case; the feelings of the patient will be a great guidance. In acute phthisis, the inhaling doses should be very weak. No remedy with which I am acquainted exerts so much influence over the hectic fever, used in the intervals, as the inhalation in question. The patient should have the sense of relief, and not of inconvenient irritation, produced. The cough, arising, occasionally, during the process, is not an objection; but if it be more irritable afterwards, it shows that it has been used too strong. There is a certain

stage of the tubercular disease, when over-excitement, from employing the iodine in too strong quantity, might hurry on the softening process too quickly. It is here that the treatment demands the greatest judgment.

“In the employment of inhalation, perseverance is necessary, and in some instances, for many months. The object sought to be obtained is not merely palliative benefit—not merely a temporary impression on the morbid function—but the superseding of the diseased action by a healthy one, and the effecting some organic change.”

Sir Charles gives a description of his *inhaling apparatus*. He recommends a double-necked glass bottle; or a common wide-mouthed bottle may be used, the cork having two perforations through which the glass tubes are to be passed. About an inch of water should be placed in the bottom of the bottle, and to this, the inhaling mixture must be added. Through one of the necks of the bottle, or through one of the perforations in the cork (if a wide-mouthed bottle be used), a straight glass tube should be passed, so as to dip under the water. The other neck or opening should have a curved glass tube passing through it, through which the patient should inhale.

Dr. S. says, “The bottle should be large and the tubes capacious. The one issuing from the bottle should be upright, passing off in a gradual slight curve, so that the vapor shall not be much cooled in the course of its progress. The ingress tube should dip very near to the bottom of the bottle, that all the air so introduced may receive impregnation. The patient must be desired to inhale, by using, at the same time, suction and a pretty full inspiration, then to drop the under lip from the mouth-piece, and make a free expiration; so conducting the process by pausing, and, if he like, little suspensions, in order that he may not experience any fatigue, which would certainly happen by breathing quickly, or using an inhaler with small tubes, or with too much water in the bottle.”

I have thus given the process of inhalation by Sir Charles, because I consider the *subject* of great importance, and fully believe that much good may yet be reaped from it.

The *results* of Dr. S.’s experiments were much in favor of the practice. He says, he “could relate the cases of a gentleman, aged 54; of a lady, aged 20; and of a medical practitioner, aged 30, in whom the most unequivocal symptoms of tubercular disease were strongly developed, in whom there was every threatening of danger; and in all of whom, I was happily quite successful.”

In 1840, Dr. S. added to his former results, notices of other cases, in which cures had been effected, or, at least, great alleviations.

Five years after the description of these cases, and several others, in the *Medical Gazette*, he says, “The patients whose symptoms of tubercular phthisis, with the treatment, were fully described in this *Gazette*, have not had any relapse, and are now enjoying excellent health; a period of rather more than five years having elapsed.”

Other cases, equally satisfactory, are related, where there was every

evidence, both from auscultation and other signs, of tubercular disease of the lungs, and sometimes it had advanced to the second stage.

“In every case one of the following events may be expected to happen: either that the tubercular irritation will be arrested and gradually removed, be arrested and suspended, but not cured; or pass on to the softening process, which terminates in the production of an excavation. In all these different states of the disease, I advise the inhaling treatment to be employed.”

Of all the various agents which Dr. S. used for inhalation (and they were many), among which were the tincture of opium, tincture of digitalis, tincture of stramonium, of ipecacuanha, hydrocyanic acid and ether, he considered the tincture of iodine, or that and conium, the most efficient. He considers the iodine to be the only agent which exerts any influence in the cure of *phthisis*. But the iodine inhalation must not be employed when any inflammatory action exists. Its effects might be very injurious, and it should always be a fundamental principle of all medical treatment, that *no injury should be done*.

Dr. Berton, as quoted by Dr. Bell, says “In a flask with two tubular openings, I put diluted sulphuric acid, and on this a quarter or half a grain a day of the hydriodate of potassa; the iodine is promptly disengaged in the form of vapor, and this is inhaled by the patient through one of the tubes of the flask. The process is repeated from four to ten times a-day; the duration of each being from four to five minutes.” This is the most easy and simple form of inhaling iodine, and it seems as though all its good effects can be secured by such an inhalation. I have tried it in this form with some success.

There can be no doubt but that the introduction of iodine into the system in the manner of inhaling, must have a salutary effect upon the disease. Why not as much so as the *dermatic* process of introducing medicines into the system? We know this is often a successful method, when the medicine can be introduced in no other way. Dr. Corrigan, who was an advocate for the inhalation of iodine in *phthisis*, says, “If we suppose the patient to inhale only one twentieth of the iodine evaporated, he will inhale in each hour, and apply to the diseased surfaces, one grain and a half of iodine in a state of the most minute division or solution. This quantity, we know, is quite sufficient to exert a decided action upon scrofulous ulceration; for we find, on reference to Lugol’s valuable work on the employment of iodine in scrofula, that in external scrofulous ulceration, the preparation of iodine, which is found beneficial, is a solution which contains only about three grains of iodine in each pint of fluid.” The beneficial effects of iodine thus inhaled in bronchitis, and other diseases of the air-passages, cannot be doubted, and a further trial of it should be made, not only in these diseases, which often hasten the development of consumption, but also in consumption itself, if it be evident that there is no active inflammation, and the apparatus for inhaling is such that the patient can perform the operation rather with pleasure than fatigue. These are items not to be forgotten nor disregarded. The more simple the apparatus, the better it will be. It should be so constructed as to keep up a supply of vapor

for any length of time, and its evolution should be steady and regular, both in quantity and quality.

Chlorine also has been inhaled in phthisis. In favor of inhaling an atmosphere of chlorine gas, it has been said that paper-makers, who are apparently more exposed to consumption than almost any class of persons, being constantly enveloped in clouds of dust in the rag rooms of paper-mills, never have this disease. The argument is this—"if chlorine and steam spread through the works can prevent phthisis, is it not reasonable to suppose similar means might contribute to the cure of persons who had contracted the complaint? Would not, therefore, the junction of chlorine gas and that of iodine be a rational proposal, regulated, of course, according to the different degrees of the disease?"

Dr. John Bell remarks of the above, "By similar arguments we might be persuaded that the vapor from oak-bark decoction is useful in phthisis, since it is stated in some quarters that tanners were not observed to be liable to this disease." Now, though I have ever been an admirer of Dr. B.'s writings, and wondered, a thousand times, how he could say *so much* (and that all good) in *so small* a space as he does, yet I cannot fully agree with him in this remark. In the first place, the parallel does not seem to be a good and perfect one; for the atmosphere of *chlorine*, all, it seems to me, would judge to be more efficient than one of *oak bark*; and then, again, it is, if I understand the process of tanning in this country, much more common to use *hemlock* bark than oak, and though the oak bark might be *good*, yet the hemlock might be *better*, as it contains more of a balsamic oil.

No doubt the inhalation of so powerful an agent as chlorine, requires to be administered with great care. If the solution to be inhaled is too strong, its tendency is to constrict the air tubes, occasion irritation of the bronchia, and provoke distressing cough. A person, however, may become so familiar with this gas, that he can endure much more of it than when he first commences its use.

Several French writers have spoken in high commendation of the inhalation of chlorine; and, though some of them published most flattering results, yet M. Louis, who he has "studied the action of chlorine in upwards of fifty phthisical patients, at the Hospital of La Pitié, the Hotel Dieu, and the Hospital Beaujon. The chlorine (prepared at the Central Laboratory of the Paris hospitals) was inhaled with a vessel provided with two tubes. In no instance did I obtain any successful result from its employment." This statement, by so able a practitioner as M. Louis, has weighed heavily against the use of chlorine gas, and there can be no doubt that all the good effects of it may be secured by boiling chloride of lime or soda, by heating it in a large dish, by sprinkling it with muriatic acid, or by pouring sulphuric acid upon common salt.

I might describe various kinds of apparatus for inhaling chlorine gas, which have formerly been employed; but as I prefer the gradual evolution of the gas from a chloride, as that of lime, so as to impregnate all the air of the room with it, I forbear to name them. If we wish the vapor to be thrown off more rapidly, it may be accomplished by adding a small quantity of sulphuric acid to the chloride.

Dr. Albers states the following results from inhaling chlorine gas. "In tubercles of the lungs, in chronic catarrh, in chronic inflammation and ulceration of the bronchial mucous membrane, and in dilatation of the bronchi, chlorine vapor is of no service, and in most cases will not be borne, in consequence of the irritation it produces. On the other hand, it has a very salutary operation in pure ulceration of the lungs or vomica. This state, however, is not to be confounded with suppurating pneumonia, to which the use of chlorine vapor is not so applicable. How far patients laboring under disease of the lungs may be adapted for using this remedy, cannot be determined; much will depend on general irritability and individual disposition, and the chlorine vapor should always be tried experimentally at first. From the foregoing observations, it appears that chlorine vapor produces salutary effects in chronic ulcers of the lungs."

M. Toulmanche says, "The greater number of the experiments, the inferences from which are here related, were made under a period of four years and a half in a 'maison de detention,' where pulmonary catarrhs are very common. The majority of the patients have borne very well the first impression of the chlorine, and all have become capable of employing it by gradually accustoming themselves to it. With the fewest exceptions, such as where great irritability and oppression existed, the chlorine was employed in every case which bore the name of pulmonary catarrh, acute or chronic, inflammatory or pituitous. Its sensible effect is to change the quality of the bronchial secretion, to diminish its quantity, and finally to put a stop to it." The result of the use of chlorine, in 228 females, is recorded as follows:—"Of these 228, 144 were affected with acute, and 65 with chronic bronchitis; 17 of which latter were double, 4 complicated with pulmonary emphysema, and 22 with phthisis. Of the 144 acute cases, 51 were cured in from five to six days; 33 in from seven to ten; 29 in two or three days, and 21 in from eleven to fifteen. The greater number were thus cured in from five to eight days; the smaller in from eleven to fifteen—a result much superior to that which is obtained by the ordinary means. Of the 65 cases of chronic bronchitis, 16 were cured in from ten to twenty-one days; 15 in from ten to eleven; 13 in from two to ten; and 1 only in eighty-eight days. The average of cures requires, therefore, from sixteen to thirty days, and two thirds of the patients recovered in from five to twenty or twenty-five days. This is regarded as a treatment two or three times shorter than that which is commonly employed."

This, certainly, is a great improvement upon the ordinary treatment, and deserves a further trial. If, by so simple a means as this inhalation, we can shorten the disease two thirds, we are inexcusable if we do not adopt it.

In a case of gangrene of the lung, I have found inhalation of the chloride of lime and the tincture of opium operate favorably, both in removing the offensive odor and in sustaining the strength of the patient.

The practice of inhaling ether and sal. nitre, and smoking stramonium, in asthma, is upon the same principle. These are all now well known to mitigate, and, generally, remove for the time, this distressing

and very troublesome disease. Great caution, however, should be used in inhaling the smoke of stramonium, as too much of it may produce its deadly narcotic effects. The smoke of *sal. nit.*, in my opinion, is also capable of poisoning the system. The following case came under my care some time since. An old gentleman, long subject to fits of asthma, had been advised by his physician to inhale the smoke of this article. He had done it for years, and with much relief to his asthma. But his daughter, who always administered it, was taken sick with a general debility. She lost her appetite, her feet and limbs generally were œdematous, and she seemed in a very critical state. It was my opinion, and hers also, that the smoke of the nitre was the cause. She has since avoided it, and with the use of tonics has recovered her former health.

In what I have now said on the inhalation of *vapors*, I have given the experience of others, and quoted much of their language, also, with some few of my own experiments. But in what follows, I shall give, not the treatment of others only, but also what has been my *own* experience. I have not attempted to be *original*, my principal design having been to call attention to a mode of treatment (yet in its infancy) which promises much in a class of diseases always distressing to the patient, and perplexing to the medical attendant, and often leading to a fatal result irrespective of the anxiety and efforts of both. W. M. CORNELL.

[To be continued.]

THE CHOLERA AT KALAMAZOO.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING, since the communication of my report of "cases of cholera at Kalamazoo" (see page 249), received letters from several members of the profession, in different parts of the country, soliciting any additional information that might be given in reference to these singular cases, I have thought that I would submit a further statement of facts with a few accompanying remarks, for publication, should they be deemed of sufficient importance.

The report has been generally circulated, that a solution of the corrosive sublimate had been used, in the place of vinegar, in mixing the mustard at the Hotel. A most thorough investigation of this matter was made by the coroner's jury, and the evidence elicited was conclusive against such a supposition. The jug of corrosive sublimate that has been made to play so distinguished a part in this transaction, was kept in the house for the purpose of destroying bugs. It was the strongest possible solution of the bichloride in alcohol. It was kept in a jug *not similar* to the vinegar jug, nor near the same place, nor where there would have been any reasonable probability of its having been mistaken for anything else than for what the servants all testified that they knew it to be, "a jug of bed-bug poison." Absolute ignorance of its immediate effect upon the mouth alone, would be an indispensable prerequisite to a belief that a solution of corrosive sublimate, of the strength of that in this jug, was ever used by any man, in the possession of

his senses, as an article of condiment. Furthermore, the landlady positively testified to having herself filled up the castors the last time they were filled prior to the time when this poisoning must have occurred, if at all. Finally, an accurate chemical analysis of the contents of the suspected vessels, and of the vinegar itself, failed to detect any traces of corrosive sublimate, or of any other poisonous article. From a collation of the testimony of those of the boarders who escaped, with the statements made during their sickness by those who died, it was found that the same articles of food and drink were partaken of indiscriminately by both. The statements which have been made that all of those affected sat at the same end of the table, are not true, for it was in positive testimony that the very converse of this was the case. The same may be said with respect to the many other rumors that have gone abroad in reference to this matter; no fact having been elicited, by the most searching investigations, to warrant the imputation that there had been, on the part of the proprietors of the house, or of any of their servants, anything like reprehensible carelessness or wanton criminality.

If we turn from the examination of this kind of evidence to the consideration of that furnished by the history of the cases themselves, we shall find much more to complete our conviction of the almost absolute impossibility of these persons having died from the effects of the oxy-muriate of mercury or any other known poison. It will be perceived, by a review of my previous report, that the family of emigrants arrived at the Hotel on the 1st, and left on the 2d day of the month; that on the 3d, the first cases occurred amongst them, and during the ensuing night the four succeeding cases occurred at the Exchange. The 2d day, then, must be fixed upon as the day when the poison was taken, if at all. This matter in reference to date being determined, I will now call the attention of the profession to the facts recorded in the following table, in order that they may determine how far they are consistent with the supposition of poisoning on the 2d.

Date of attack.	No. cases.	No. deaths.	Length of time in which death occurred.	Remarks.
Oct. 3d,	2	2	In 10 hours.	
do. at night,	4	4	In 12 "	
Oct. 4th,	2	2	In 9 and 11 hours.	
5th,	2	2	In 11 hours.	Never at the hotel.
6th,	3	3	In 11 hours, 20 hours and 5 ds.	" " "
7th,	1	1	In 6 hours.	" " "
8th,	1			Never at hotel—recov.
10th,	2	1	In 48 hours.	1 recovered.
11th,	3	1	In 36 "	2 "
13th,	2			2 "
Total,	22	16		

This table embraces only such cases as were of the most unmistakable and well-marked character. In every one of them the symptoms were, without material variation, precisely such as will be found detailed in my former report. It will be observed that four of these cases were never at the Hotel. In reference to the eighteen others, it now becomes

necessary to decide, first, as to whether the date of their several attacks is reconcilable with the supposition of poisoning on the 2d ; and, second, whether the symptoms manifested were such as would result from the administration of the corrosive sublimate. Upon the first of these questions, I shall without comment simply call attention to the fact, that in all of the cases that occurred subsequently to the 3d, the only premonitions of the attack were those of a slight diarrhœa, which in no instance preceded the violent onset of the disease, more than twenty-four hours. With regard to the second question, I will only remark, that while the absence of the principal characteristic symptoms, that are known to follow the administration of any given poison, may not constitute in *one* individual case, positive evidence that such a poison had not been taken, yet the want of such symptoms in *eighteen* consecutive cases, would, according to all reasonable rules of evidence, be conclusive against such a supposition.

If the conclusion that these cases were not cases of poisoning, is correct, then the question of what they were, becomes one of great importance. The dark rosy appearance of the blood ; the cold, wet and shrivelled state of the surface, with its dark purplish color ; the feeble pulse, and rapid prostration ; the extreme thirst, and the burning sensation at the epigastrium ; the complete arrest of the glandular secretions ; the cold tongue, and the coldness of the respired air, sufficiently distinguish these cases from those of the most violent bilious cholera, or cholera morbus, and in fact identify them with nothing else, so clearly and distinctly as with Asiatic cholera. That their occurrence constitutes an episode in the history of the cholera of more than usual interest, is evident from a consideration of the circumstances under which they originated, and the manner in which they were propagated. No cases of cholera were reported as existing at any point upon the route travelled by the Hollanders, during the period of their journey to this place ; so that no probability of any exposure by them to its influence during that time can be established ; and yet every fact elicited concerning this mysterious affair, has seemed to point directly to them as the persons with whom this disease originated, and from whom it was communicated to others. No cases occurred, excepting amongst those who were exposed directly to them, and the progress of the disease was promptly arrested when they were removed from the village, and not before. These additional facts, with those that have been previously reported, constitute all of material interest that I have to communicate in relation to these singular cases. How far the deductions which I have drawn, are sustained by the facts recorded, I leave to the determination of those whose experience and qualifications render them competent to decide.

A. W. MACK, M.D.

Kalamazoo, Mich., Nov. 11th, 1850.

NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.

[Reported for the Boston Medical and Surgical Journal.]

NOVEMBER 16th, 1850. CASE I. *Traumatic Ectropion*.—A middle-aged man, in good health, stated that, 9 years before, he first perceived a small pimple upon the lower lid of the eye, which gradually enlarged until it had attained the size of a large pea. A few months ago, it was treated with caustic by a quack, when the entire eye became inflamed to a degree resulting in its disorganization and in its adhesion to the remaining fragment of the lower lid. The lid is everted, and in this position suspended, tense, between the eyeball and cheek; the patient wearing a poultice over the whole, for the relief it affords him. In this case the ocular globe was incised for the purpose of allowing the escape of its useless contents, and in the hope of inducing by its atrophy a contraction and diminution of the exposed conjunctival surface. This was done by Dr. Hayward, whose patient he was.

CASE II. *Inguinal Hernia. Treatment by Injection*.—This subject seems to possess some little general interest. The disease is common, and the surgeon is often applied to, to know how far it may be cured by injection. This method of treatment is not new. In his work on Operative Surgery, published in 1846, Dr. Pancoast states that he had employed it eleven years before that date. The operation consisted of an injection into the sac of a stimulating fluid, by means of a minute trocar and canula, to which a syringe was afterwards adapted. This writer mentions Lugol's solution of iodine, or the tincture of cantharides, in quantity from half a drachm to a drachm, as the injection used. Neither is there anything new in attempts to obliterate the ring by adhesion or destruction of the sac. Such were, in the latter part of the last century, the ligature or excision of the sac and testis, by which "the bishop of St. Papoul found that more than five hundred children had been castrated in his diocese"; and the *royal stitch*, which embracing the sac, preserved the testis to fulfil its legitimate function of making subjects for the king; and later, the operations which plugged the ring with a piece of the scrotum, and that which irritated it with gelatine threads, or acupuncture, and others, which have been for the most part abandoned.

The present patient, a young man of 21, healthy and of good habits, has had a left inguinal hernia for three years. Within the last year he has worn a truss, the hernia being often troublesome and tender notwithstanding. It is now, when allowed to descend, an enterocele of the size of a goose egg, easily reducible, the ring readily admitting the middle finger; and under these circumstances the patient applied for a radical operation. I stated to him that the operation was not dangerous; that it probably would not cure him, though it might alleviate the inconvenience; the last perhaps greatly, perhaps not at all. The instrument

used, and which was made for me several years ago, consists of a minute silver syringe terminating in a fine tube. The latter carries at its point a perforated trocar, which serves at once to make the puncture and to deliver the injection. With this instrument, twenty-five drops of tincture of iodine were deposited at the ring itself, through a puncture in the skin made with a tenotomy knife. I will not undertake to say that I injected the sac. When the sac is thin, I do not believe it possible to say whether the instrument enters the sac, or whether it pushes the sac before it. You may perhaps transfix it literally; but there must be, in general, an uncertainty whether the injection actually penetrates the sac, or only bathes its exterior; and practically the difference, in producing inflammation, whether from contact or from continuity of tissue, must be of no great importance. The result of the operation may be considered as a question of theory and of fact. This process aims to obliterate or plug the ring by an effusion of adhesive lymph. Now the cause of hernia is a want of resistance in the tendon; and as we cannot make new tendon, the question is, how far lymph is capable of supplying its place. Lymph is a plastic material; liable to great absorption, and having a tendency to yield to pressure. It has very little of the resisting property of tendon. Most patients are obliged to wear a truss after the operation for strangulated hernia, which creates a considerable effusion of lymph. The tendency of most irreducible herniæ, where the ring is plugged by its adhering contents, is to increase. But theory should never stand in the way of fact. If it were possible to get at a series of statistics of this operation, the result would be conclusive. But in the absence of these, I will give the grounds for my own conclusions in respect to it.

1. I have operated in a number of cases, sometimes with relief, sometimes with none. In one case of a young child, the pressure of a light truss after the injection of ten drops tr. iodine, produced a small slough of the integuments.

2. I have been not unfrequently applied to, in common with other surgeons, by patients who had undergone the operation once, or even twice, to know what benefit would be likely to result from an additional operation.

3. A maker of trusses informs me that he frequently receives applications for trusses from patients unsuccessfully operated on; or where the relief was only temporary. On the other hand, it is quite probable that lymph diminishes the size of the tendinous aperture in certain cases, and sometimes to a considerable degree. In fact, I know patients thus operated upon several years ago, who believe that the liability to a descent of the hernial contents has been materially diminished in their cases, and who consider their condition improved by the operation, though they still wear a truss.

Now under these circumstances, if there is no great danger attending the operation, it is justifiable; and I never heard of a fatal result from it; though peritoneal inflammation is occasionally quite considerable. So that a patient who desires to encounter this operation, not dangerous in itself, for a chance of obtaining greater or less relief from an inconvenience, may be gratified.

CASE III. *Congenital Hypertrophy of the Middle Finger. Amputation.*—This extraordinary deformity occurred in a fine healthy young girl of 16. The finger is truly enormous, measuring $5\frac{1}{2}$ inches in length and the same in circumference at its base. I removed the finger, and with it about three quarters of an inch of the head and shaft of the metacarpal bone. (The details and result of this case will be published at another time.)

CASE IV. *Pott's Disease of the Spine. Death.*—The boy whom we saw on Saturday, moribund, died in the course of the day. He has been for some weeks getting steadily worse, and within a few days quite helpless, sleeping most of the time except when roused. I have at all times refrained from minutely examining his back, as he was beyond the reach of art, and the great object was to make him comfortable. He entered the House on the 10th day of October last; and his back at that time presented an angular curvature of about 115° , the prominent vertebræ being the 3d and 4th lumbar. This deformity showed itself, as the patient states, six years ago, but he has had no especial pain or disability till within a few weeks. Seven weeks ago a swelling upon the left side of the rectum broke, discharging pus. Another abscess was also detected at the patient's entrance, above the projecting vertebræ and to the right side, which opened spontaneously and with profuse discharge a week before death. There was also marked tenderness over the 6th and 8th dorsal vertebræ. It is a striking feature in this case, that so long a period should have elapsed between the original appearance of the deformity and the subsequent grave symptoms. This is unusual, but sometimes happens. To account for the recent and large secretion of pus, we may suppose either that the inflammatory action of disease, which had been for six years nearly stationary, was suddenly renewed, or that it had invaded the bodies of other vertebræ. The last hypothesis receives some confirmation from the position of the pus in the lumbar region, which was a little above the original lesion, instead of gravitating as usual to a depending point below it; and also from the tenderness of the middle dorsal vertebræ. These, however, as yet presented no deformity; and both foci of the disease, if there were two, doubtless contributed to the supply of pus which was delivered at the fistulous openings; in the one case at the seat of the disease, in the other upon the lower part of the nates, having probably escaped from the cavity of the pelvis by the sciatic notch.

Remarks were also made upon the following cases, which had been discharged from the House.

CASE V. *Varix.*—This patient had been successfully treated by caustic, and had also been subjected to various applications for the eczematous or chronic inflammatory affection of the skin of the leg, which often accompanies varix.

CASE VI. *Extensive Cicatrices of Legs after Burn from Gunpowder.*

CASE VII. *Compound Fracture of Leg. Amputation four Months since. Stump healed.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 27, 1850

EDITORIAL CORRESPONDENCE.

Naples (continued).—We have roamed over and around the excavated cities of Pompeii and Herculaneum, and examined in detail the colossal architectural remains of Baiæ, Puzzuoli—including the temples of Serapis and Venus—the lakes of Aguago and Avernus; Cicero's villa; the pier constructed by Caius Caligula; the subterranean prison, said to have been made by Nero; the Sybil's Cave, near Curnæ, the oracles of which made the nations wail or rejoice; the unmatched reservoir on an eminence, for holding water for the ancient Roman fleets; and in connection with all these, the Elysian fields, and the far-famed Falerian vineyards, that produced the most celebrated wines of antiquity—to say nothing of minor works of art, beyond enumeration, in domestic economy, commerce and war. It is enough to humble the boldest genius of modern times, to be constrained, as one is, to acknowledge the inferiority of the workmanship of the best specimens of artistic skill of modern times, compared with those found among the ruins of the two long-buried cities. Even a pair of common steelyards, a yard of lead pipe, a simple table lamp, a cream pitcher, or a surgeon's forceps, unquestionably manufactured seventeen or eighteen hundred, and perhaps two thousand years ago, now to be seen in all their original excellence, prove, beyond the possibility of doubt, that we have not yet attained to what the mechanics of that distant period had achieved. Our richest patterns and devices are but poor copies of their designs. At the baths of Nero, where luxury upon luxury was concentrated beyond the conception of gourmands and debauchees of the present age, although in the confusion of ruin, the hot salt water rises up in the same tube that it did when that monster emperor indulged in the sudatories of his own creation—and when the guide brought a pailful into another apartment, it cooked an egg in a twinkling. Explorations have been resumed, within a few days, both at Pompeii and Herculaneum—and objects of intense interest are brought to light. A pair of golden bracelets for a lady's arm, weighing one pound, were recently discovered and deposited in the museum. A table, converted into charcoal by the heat of the lava that overwhelmed the unfortunate city, is now in situ. Hereafter, whatever is found is to remain on the premises. Some fine pieces of sculpture, just opened, now stand for admiration on the floors where they were found. Such is the general firmness and apparent indestructibility of all the ancient remains on this part of the Mediterranean coast, that they will bid defiance to the elements many thousand years to come, and, for aught we know to the contrary, last till the globe itself is melted with fervent heat.

Having investigated to some extent the character of the humane, moral and medical institutions of Naples, it may be of interest to speak of some of them. Prison discipline is neither the Philadelphia, nor any other American system. It means here, a heavy chain on the leg, hard fare, and laborious work in the docks, on the road, or in the quarries and galleys, and under the eye of soldiers armed to the teeth. They beg, as others do who have perfect freedom, no one objecting to their reception of money or food from by-standers. Who there is shut up in the almshouse, cannot be

stated, not having yet been inside. There are thousands of cripples, mendicants, and filthy children, the very objects who ought to be there, but who swarm throughout the town. Hospitals are numerous—there being five civil and one military—the medical and surgical officers of which, get small salaries from the government. Appointments are made in two ways. First, by making interest at Court; and those are esteemed lucky fellows who get positions by this means, without qualification or exertion. The other is by concours. Occasionally a man of talent gets an opportunity to rise in this way; but nothing can rise by the side of a friend's pocket. Money is both power and merit. There is a medical school in Naples, annually attended by one or two hundred students. On graduating, they settle over the country, but the army and navy takes up most of them. One or two have all the reputation, and get all the best business, in Naples—which yields to them, however, much less than the common incomes of professional gentlemen of the same standing in England or America. Possibly one or two, having the patronage of the Court, may realize 6000 ducats, or about \$5000, a year. This, however, is an immense income, and one must indeed have a reputation to get half that sum. Dr. Petrocola is considered one of the best anatomists in the kingdom—and Dr. Quadri, the most eminent operator on the eye. The latter is the author of several treatises on ophthalmic surgery, some of which are illustrated by elegant colored plates. Being now nearly eighty years of age, his judgment, or rather opinion, is more sought than his operations. He has a son, an amiable young man, who may probably succeed to the father's practice. As to the true state of medical science in this country, it is very difficult to determine. Certainly its authors produce nothing new. Surgery is not distinguished for its boldness or adroitness, nor is it certain that much reliance can be placed on the judgment of men who are both constitutionally and politically timid. The expectant practice is considered prudent, because no one is thus injured by medication, and nature may come to the relief of the patient. English physicians are more highly esteemed by foreigners than native practitioners. Perfection, unhappily, is too generally assumed to have been attained in government, physic and divinity, in many of the weak and ignorant kingdoms of modern Europe. Dentistry is here in its infancy, for the reason, perhaps, that uniformly fine teeth obviate the necessity of encouraging that otherwise very useful branch of professional business. Very little use is made of the microscope. With respect to periodical medical literature, where is it in Naples?—An American physician is struck with the magnitude and labyrinthian windings of the hospital of incurables, at this moment occupied by 1200 patients. Diseases of the eye, ending in total blindness, are numerous. Dr. Quadri took a position in a small room in the morning, and a black servant in livery regulated the entries. Old men, women and children rushed for the door. A camel's-hair pencil, dipped in some solution, was dashed upon the inflamed eyeballs, in a majority of the cases, before the patient had even an intimation of what was coming. The same brush, going from eye to eye, some of which were disgustingly covered with offensive discharges, could not fail, to our apprehension, of propagating, instead of lessening the amount of disease. Dr. Quadri assigns, as a cause of so much ophthalmia, the evening humidity, preceded by a brilliant sun—the mass of sufferers being those who are the least attentive to cleanliness or exposure. He has operated 1055 times for artificial pupil. His son, Dr. Alexander Quadri, has recently published a series of his father's clinical lectures on

diseases of the eye and its appendages. Pulmonary consumption, as every where else, sweeps off its thousands, even in this charming climate. All the medicines used in the hospitals, are manufactured in them. One of the great military hospitals of Naples has now 800 patients—among whom, ophthalmia and syphilis are the predominant maladies. The city and country are remarkably healthful and free from epidemics of all kinds. Diseases of the skin are always rife among a people on whom vermin luxuriate.

Among the charitable institutions of the city of Naples, the Foundling Hospital is very prominent. Ten thousand infants, on the authority of an eminent medical gentleman here, are received from Naples and its environs, annually, one fourth of which very soon die. They are dropped into a wheel, that turns on a pivot, nightly, and no questions are asked. Such a bevy of crying babies, of all sizes and complexions, cannot be mustered in any other country. One of the multitude presented the strangest *nævus* imaginable. The left eye, for the width of an inch above the brow, half the nose, and the cheek to the ear, were covered with a profusion of coal black hair, nearly as long as on its head. Sisters of charity and wet nurses have their hands full with the little helpless, nameless strangers. Where such establishments exist, society will be corrupt to the core, and neither religion nor the civil law can correct the monstrous evil. America, we trust, will never be cursed with one of them.—Vaccination is poorly conducted, and hence smallpox mars and scars the faces of the children to a shocking degree.—There are so many secretaries, door keepers, chaplains, officers and servants in all the hospitals, that a stranger looks upon them as an incumbrance, costing far more than their services can possibly be worth.—Italians do not trust each other out of sight, without written obligations. A milkman drives his cow to the door and milks in presence of the customer; and to prove the milk to be new, a calf is invariably tied to the cow's horns. Some of the calves, however, we Yankees believe, are more than a year old, and bear no relationship to their reputed mothers. Goats are driven all over the city, and taken up flights of stairs to the different flats occupied by families, where they are milked under the cognizance of the purchasers, who are thus sure of not being cheated.

College of Pharmacy.—That young men may have advantages for qualifying themselves for the responsible duties of an Apothecary, it is proposed to establish a College of Pharmacy in this city. In order to have an institution of the kind useful, and on a permanent basis, it should obtain a charter from the State government, which would give it character, and facilities, that in no other way it could possess. Many of our apothecaries, doubtless, would hail such a scheme as the advent of better days among them, while there would be those who are satisfied with the present mode of educating their apprentices. To the latter we would say, that in the event of such an institution being established, they would not only find it useful to the young men who would attend the prescribed lectures in the college, but perhaps they might themselves be a *little* benefited by the instruction given. By the existing laws, any one has the right to set himself up as a compounder and dispenser of medicines; and his defects may not be made known to the public until some most *alarming mistake* has occurred, such as putting up the wrong medicine. To educate and elevate apothecaries,

is the end sought for; and in no other way do we believe that it can be so well accomplished, as by establishing a college devoted entirely to their interests. If the apothecaries of Boston will give this subject the consideration its importance demands, there can be no doubt that, before another year, we shall have a college of pharmacy in our city, which will not only benefit them, but be an honor to the State which gave it birth. The physicians will heartily co-operate in such a measure, and it now only remains for the apothecaries to move in the matter at once. Those who may wish to forward the measure, are requested to meet at the house of Dr. G. S. Jones, 81 Charles street, on Friday evening, Nov. 29th, at 8 o'clock.

Natural Curiosities.—There are now on exhibition in this city, two Aztec children, a boy and girl, said to be brother and sister, from the idolatrous city of Iximaya, in Central America. They are truly wonderful specimens of *human* beings, and are doubtless remnants of a sacerdotal caste supposed to have become extinct. As it is our intention to visit them again, and make some examination and inquiries into their history, we shall defer any further remarks for the present.

The Stethoscope.—A prospectus for a new medical journal, having for its name, "*The Stethoscope*," has been sent us from Richmond, Va. We have on our exchange list, already, most of the important *instruments*, yet we can find room for one that is considered of so much importance to the profession as the stethoscope. There can be no doubt that, if properly conducted, *new physical signs* can be given the profession within its district, which, it appears from the prospectus, they, as well as physicians in most other places, are much in need of. We shall take great pleasure in complying with the request to exchange, and hope the editor and publishers may be substantially supported in their new enterprise. It is to be published in Richmond, Va., monthly, edited by Dr. P. C. Gooch, at \$3 per year.

Gerhard on Diseases of the Chest.—The third edition of this most excellent treatise was sent us some weeks since, but having got accidentally mislaid, a notice of it has in consequence been delayed until now. The reputation of Dr. Gerhard, as a careful observer and able writer, is so well established, that his works are considered the very best authority. Since the last edition of this work was published, there has been some new light thrown on the pathology and treatment of the thoracic organs. The effects of cod-liver oil in consumption, and the *spirometer*, a new instrument for determining the condition of the lungs, are treated of in detail. We are unacquainted with any work of a similar character that is more *practical*, and can with great confidence recommend it to the profession.

Francis's Chemical Experiments.—"Chemical Experiments; illustrating the theory, practice and application of the science of chemistry, and containing the properties, uses, manufacture, purification and analysis of all inorganic substances, with numerous engravings of apparatus, &c." By G. Francis, F. L. S., author of the Dictionary of Arts, Sciences, &c."

Daniels & Smith, Philadelphia, publishers; Boston, Gould & Lincoln. This work is all that it is intended to be. Not only will it serve the student as an aid in his investigations in chemical science, but it contains much valuable practical matter that would interest and instruct every one.

Hygiene and Hydropathy.—Three lectures on this subject, by R. S. Houghton, A.M., M.D., are intended to convince the unbelievers that water alone possesses the properties necessary to keep them well, and, when diseased, to cure their ills; and further, to show up those who by their writings and teachings oppose those gentlemen of *science*, the water doctors. With all deference to the learned hydropathic doctor and his institution, we must beg leave to disagree with him in many of the opinions advanced, and most emphatically would say, that if all can be done by water *alone*, that is promised in the lectures, we cannot see any good reason for resorting to certain means to obtain proselytes. With the lectures sent us, was a copy of the constitution of the "American Hygienic and Hydropathic Association of Physicians and Surgeons." In the preamble we are glad to see it stated that the members believe in the *vis medicatrix naturee*. The little work is got up in good style, as is usual with the publishing house of Messrs. Fowlers & Wells, New York.

Dr. M'Clintock's Introductory.—We have received a pamphlet containing Dr. J. M'Clintock's introductory lecture before the class of the Philadelphia College of Medicine, at its present session. It is an able production, and one well calculated to impress upon the mind of the student the importance of *general study*. "Suppose," says the doctor, "you have imbibed the notion, that *surgery* is not necessary to the practice of the physician; and in what kind of position will you find yourself, if suddenly called to some bleeding farmer, who has fallen from his barn loft on his hay wagon? How will it relieve him, how will it comfort your own feelings, how will it add to your reputation as *the doctor*, to stand back and tell the gaping and wondering rustics, that you are a *physician*, not a *surgeon*?"

Suppression of Urine, one of the Symptoms of Poisoning from the Chloride of Mercury.—It has been observed that those who have taken large doses of the bi-chloride of mercury (say poisonous doses), generally have entire suppression of the urine. We believe the cause of such disturbance in the kidneys has never been given, if indeed it has ever been attempted. At a late meeting of the Suffolk District Medical Society, quite a discussion arose on the poisonous effects of this preparation of mercury, the probable quantity necessary to produce death, and the time required to bring about such a result. There was much discrepancy of opinion among the most learned of the members on the points in question. It was agreed, however, that entire suppression of the urine always followed when the poison was taken in sufficient quantity. Another curious circumstance was alluded to, though not explained, viz., that in those who die from the effects of bi-chloride, the *primæ viæ* rarely revealed, on the post-mortem, any sign of inflammation or its results. When the preparations of mercury are exhibited to the patient, they produce effects, varying in manner, according to the form, quantity and manner of administering them. It is

known that if ten grains or more of the blue mass, or calomel, are given at one time to a patient, its effects are entirely different from what they would have been, had the medicine been given in divided doses. So with the bi-chloride; if large quantities are taken, it often excites vomiting to such an extent that it proves harmless, when grain-doses would destroy life. In coming to the point in question, why is it that the kidneys cease to perform their functions? We think it plausible to assume the following reasons, viz.—Bi-chloride of mercury is a powerful stimulant as well as sialagogue; it is a specific stimulant to the salivary glands, although many think it acts through the circulation. Now if these glands become aroused to such an extent that they are continually pouring out their secretions, it must be evident that the blood is deprived of so much of its elements, viz., water, with a trifle of other matter. This, of course, is the largest constituent of urine. While the excessive action of the salivary glands is in force, it must necessarily detract from the secretion of the kidneys. It is well known that the amount of urine secreted in the summer is less than it is in the colder or winter seasons, which finds a ready explanation in the fact of one of the great constituents of the urine passing off by the skin in large quantities during the warm season. No matter what it is that takes from the blood its watery part, and causes it to pass out of the body through any other than its natural channel, the effect will be a suppression of urine. Therefore we might safely come to the conclusion, that if the kidneys fail to secrete, in these cases of poisoning, it is because they have not their proper element to stimulate them. As this subject seems to be a mooted one, we have given our views, hoping that sufficient interest may be excited to bring out the opinions of those more learned in such matters.

Prussiate of Potash in Asthma.—It is understood that much relief has been obtained from the use of prussiate of potash in the paroxysms of asthmatic breathing. The dose, during a paroxysm, is one teaspoonful of a saturated solution. The principle upon which its remedial properties are based, is that of its being an arterial sedative. It is a ferro-cyanuret of potash, and probably the hydrocyanic acid is the medicant, after all.

Medical Miscellany.—Dr. E. Williams lately published, in the London Lancet, some account of a Japanese remedy for sterility which he had used with success. In a subsequent number he states that the communication had brought him upwards of 900 letters requesting a supply! He says that he is unable to supply the demand, but hopes to make arrangements soon that will enable him to do so.—Mrs. Elizabeth Cornel, aged 105 years, a native of New Hampshire, is living in Waldo county, Maine; and in Belmont, adjoining Belfast, John Donald lives, at the age of 102 years.—Dr. Alfred Hitchcock, of Fitchburg, formerly Justice of the Peace and Quorum in Middlesex, has been reappointed to that office for the county of Worcester.

MARRIED,—In Hingham, Mass., Edward C. Rogers, M.D., of Upton, to Miss Elizabeth L. Seymour.

Deaths in Boston—for the week ending Saturday noon, Nov. 23d, 58.—Males, 27—females, 31. Disease of the bowels, 1—inflammation of the bowels, 1—consumption, 11—convulsions, 1—canker, 1—cancer, 1—croup, 4—dropsy, 1—dropsy of the brain, 4—erysipelas, 1—typhoid fever, 1—scarlet fever, 2—lung fever, 2—hooping cough, 1—disease of the heart, 3—intemperance, 1—infantile diseases, 7—disease of the liver, 1—inflammation of the lungs, 1—measles, 3—old age, 1—palsy, 2—puerperal, 2—peritonitis, 1—disease of spine, 1—teething, 2—worms, 1.

Under 5 years, 25—between 5 and 20 years, 9—between 20 and 40 years, 11—between 40 and 60 years, 9—over 60 years, 4. Americans, 30; foreigners and children of foreigners, 38.

Albany County Medical Society.—An annual meeting of the Albany County Medical Society was held, pursuant to public notice, at the City Hall, on the 12th inst., at 3 o'clock, P. M.—the President, Dr. James McNaughton, presiding.

The reports of committees were read and disposed of, and new members were proposed and received.

The President delivered his Annual Address, whereupon Dr. Van O'Linda offered the following resolution, which was adopted:—

Resolved, That the thanks of the Society be presented to the President for his able and interesting address, and a copy requested for the use of the Society.

On motion of Dr. Thompson, the Society went into an election for its officers for the ensuing year. The President and Vice President having declined being candidates for re-election, the balloting resulted as follows:—

President—Dr. James H. Armsby. *Vice President*—Dr. William F. Carter. *Secretary*—Dr. B. A. Sheldon. *Treasurer*—Dr. J. B. Rossman. *Librarian*—Dr. John Swinburne. *Censors*—Drs. Peter McNaughton, J. P. Boyd, Howard Townsend, Uriah G. Bigelow and Leonard G. Warren.—*Albany Evening Jour.*

Medical Schools in Iowa and Wisconsin.—The Rock Island Medical College, which is now the medical department of the Iowa University, has been removed to Keokuk, where it commenced its winter term on the 5th inst. We learn from a Wisconsin paper that Prof. C. B. Chapman has withdrawn from the institution, and received an appointment to the chair of Anatomy in the Wisconsin Medical College, located at Milwaukee. This institution, however, has not yet gone into operation.

The Artesian Well of Bavaria.—A correspondent of the National Intelligencer, writing from Paris, says, "The famous Artesian well at Kissengen, in Bavaria, commenced eighteen years ago, and which it was feared would have to be abandoned as a failure, has just given the most satisfactory results. The town is located in a saline valley, 984 feet above the level of the Baltic sea. Last June the boring had reached a depth of 1837 feet, and several layers of salt, separated by a stratum of granite, had been traversed, when carbonic acid gas, followed again by granite, was found. Finally, on the 12th inst., at a depth of 2067 feet, perseverance was rewarded by complete success. A violent explosion burst away the scaffolding built to facilitate the operations, and a column of water four and a half inches in diameter spouted forth to the height of 98 feet above the surface. The water—clear as crystal—is of a temperature of 66 Fahrenheit, and is abundantly charged with salt. It is calculated that the product will be upwards of 6,000,000 lbs. per annum, increasing the royal revenues by 300,000 florins, after deducting all expenses."

The late Mr. Nasmyth.—The unrivalled microscopic preparations made by this gentleman, illustrative of the formation of teeth, have just been added to the Hunterian Museum, by purchase on the part of the Council of the College. Accompanying the preparations are a great number of most accurate and beautifully executed drawings by Mr. Holmes.—*London Lancet.*

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No. 18.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 204.]

MILK.—It is not our intention to enter into any examination of the chemical constitution of milk, but simply to notice one or two peculiar and not easily explicable effects which it produces, when used as an article of diet by adults.

When we reckon up the ingredients of milk (caseine, butter, sugar of milk, common salt, and the phosphates of soda, lime, magnesia and iron, combined with much water), we perceive, from the total, or nearly total, absence of acid in it (perhaps minute traces of lactic acid are occasionally found), that it is adapted to act very tranquillizingly on the mucous surfaces. Experience teaches us that all aliments not neutral, but exerting either an alkaline or acid re-action, disturb more or less the digestive mucous surfaces, and more or less interfere with healthy and complete digestion. Of the two re-agencies, the acidulous seems to act more injuriously than the alkaline, especially on persons past middle life. Excretions, moreover, which are acidulous, are ever more irritating than the alkaline. Milk, then, which, when good and fresh, is a neutral fluid, is eminently grateful to the human stomach in infancy; but as regards adults, the case seems somewhat to alter. It may be that milk is not intended to be used by adult animals, for thereby the supply for the young would be unduly diminished; and this is not the only economical provision of a similar kind in nature which we may observe. When milk does create stomach disturbance in an adult, it is generally to the butyric constituent that we trace the derangement in question, which consists of rancid eructations, &c.; and we wonder that an ingredient, which forms only from two and a half to three and a half per cent. of the integral fluid, should be the source of those often severe symptoms which we witness. Possibly the caseine, coagulated by the stomachic acids into curd, may contribute to the morbid effects just referred to.

While, however, milk disagrees, in the manner described, with many adults, in others it causes very different, but not less formidable derangements. It appears to exert a singularly sedative effect on the duodenum, the condition of which portion of the intestinal canal seems (by sympathy) to regulate the degree of activity of the hepatic secretion. Un-

der the influence of milk, used largely by an adult not accustomed to it, the biliary secretion, or at least the excretion of bile, seems to become nearly or wholly suspended, the liver tumefies, and a mild form of jaundice ensues; the eyes, and even the skin, assume a yellow hue; the tongue is coated with a yellow fur; the stools are pale; and that drowsiness of body and apathy of mind which characterize idiopathic icterus, are experienced in an incipient degree. Popular wisdom explains all this, by saying curtly that milk is bilious. But milk contains less of the materials of bile than many other kinds of food. The true explanation is, that to the infantile stomach, which has never known any other aliment, or the artificial stimulation of our various saline, acidulous, pungent, peppery condiments, milk is an article which sufficiently excites the unsophisticated digestive sensibilities. But when an adult, accustomed to the artificial stimulants above described, suddenly resorts, from a freak of his own, or that of an indiscreet medical adviser, to a large use of milk, with a view to mitigate some dyspeptic irritation, he soon experiences the untoward effects which we have above enumerated, and which arise from too little stimulation of the duodenum and orifice of the ductus communis.

There are various modes of avoiding these effects—1. We may dilute the milk with water. 2. Boiling the milk seems to lessen the chance of its deranging the stomach. 3. Adding a little brandy to it has the same effect, and is perhaps the most eligible amendment.—*London Lancet*.

FÆCAL ABSCESS IN THE RIGHT ILIAC REGION.

BY R. F. GIBBS, M.D., MANSFIELD, LA.

J. A. D., aged about 26 years, of nervo-lymphatic temperament—a native of the State of Vermont, removed to Mansfield, La., in the fall of 1849, to engage in the pursuit of teaching. His object in selecting this latitude for a residence, was on account of a predisposition to pulmonary disease, which had manifested itself several years before, during a residence in the State of Michigan.

At the time of his arrival, his general health was good, with a very slight occasional cough, and a disposition to take cold and an increase of cough on any slight exposure, or imprudence; but a few months' residence during the pleasant weather of the fall of that year, had exercised a very salutary influence upon this pulmonary tendency, and he expressed himself as *much* better in that respect than he had been for several years previous. In the latter part of the month of December, he contracted a very slight attack of intermittent, acquired doubtless by the warm weather of the fall and more than ordinary exposure to the malarious atmosphere of this latitude. This yielded promptly to the ordinary treatment, but, as often happens with persons unaccustomed to a southern climate, the intermittent manifested a tendency to recurrence every fifteen or twenty days. These returns, however, exercised no detrimental influence upon his general good health, except he suffered severely in the early part of January in the present year, with night

sweats. To relieve this very unpleasant and disagreeable symptom, he consulted another physician of this place, who had acquired an unenviable notoriety for *permanently eradicating intermittent fevers*, and their attendant evils.

The medicine given was composed of sulph. ferri (common copperas) and the oil of black pepper, with perhaps quinine in doses of thirty-five or forty grains, as appeared from the size of the pills and the number directed to be taken at one time.

Mr. D. informed me himself that the two first articles were the principal ingredients of the pills, but what else he could not say. They were directed, in the above doses, to be taken every six hours. After swallowing the first or second dose, he complained of a pain and a burning sensation down the œsophagus and in the stomach, and in a few hours this symptom extended over the entire region of the small intestines, and finally located itself in the right iliac fossa, where it remained permanent. Such was the unpleasantness of his feelings and his great suffering that he refused to take the prescription any longer—discharged his physician, and called in Dr. C., of this place, a few days thereafter.

When seen by the doctor, he was still suffering severely from pain, and he had become very uneasy on account of a considerable enlargement which had made its appearance in the right iliac fossa, immediately over the region of the cœcum; to this point, in fact, all his sufferings were assigned. The bowels at this period showed no serious disorder. The discharges were of a healthy appearance, and voided without any pain, and the general condition of his system was good.

Apprehending serious consequences from the above detail of symptoms, the doctor directed the application of poultices of Indian meal, and a gentle purgative given to keep the bowels in a solvent state, and that rest and the horizontal position be enjoined.

This treatment having failed in reducing the tenderness and enlargement of the point, the use of the tinc. iodine was resorted to, extensively applied over its surface, and this having failed likewise, a blister was applied, which for the time appeared to check the disease, and Mr. D. felt so far better as to remove to another boarding-house. The tenderness and tumefaction of the parts had subsided so much that he left his bed, and was able to take his meals at the public table. The day following, however, he was again suffering with an aggravation of all the symptoms, and the pain and tumefaction had again returned. The blister was again resorted to, but with little other effect than a partial alleviation of the suffering, when on the eighth day of his removal the tumor pointed some two inches below the anterior superior spinous process of the ilium, in a line from that point to the symphysis pubis. Dr. C. now discovered considerable fluctuation in the tumor, opened it with a lancet, and gave exit at the time to only a slight discharge of purulent matter mixed with blood, destitute, however, of all fæcal appearance or odor. Warm fomentations were applied to the parts, and during the night there was a discharge of some eight or ten ounces of apparently pure pus. This healthy appearance of the discharge continued for

five or six days, when on his usual morning visit he was informed that the skin of a preserved plum, in which some medicine had been taken the night previous, had escaped at the external orifice. Up to this period of his attack much doubt and uncertainty hung around his case; the suddenness of his illness, and the general condition of his bowels, indicating nothing of the real nature of his disease.

When the opening was first made into the tumor, Dr. C. had observed the escape of bubbles of gas through the incision along with the discharge, but this at the time was attributed to the large collection of pus which had buried itself among the abdominal muscles. The disease of the caput coli was suspected from the commencement; no examination of his case with the general attendant symptoms gave indication of its existence.

Dr. C. was aided in the case by my friend Dr. H. of this Parish, whose skill, attainments, and zeal in his profession, place him at the head of the profession in north-western Louisiana. They both suspected impaction of fæcal matter in the cœcum, but ulcerative abscess was not apprehended, and the surrounding inflammation was thought to be only in the abdominal muscles. The discharge of the skin of the preserved plum, it was thought, might have been mistaken for portions of disorganized cellular membrane.

It was at this time that the case first came under my attention with Dr. C., and the history up to this period was derived from these professional gentlemen, and the patient himself, who was a gentleman of great intelligence and refinement. Upon investigation and examination of the abscess, I had no hesitation in arriving at the conclusion of its being an ulcerative opening in the caput coli, to which conclusion I was forced by the nature and appearance of the discharge, its slightly fæcal odor and the position of the external opening.

From this time the indications of fæcal matter were more obvious every day. At the expiration of four weeks another pointing to the tumor was discerned about the neck lower down, and an incision being made into it, a foreign substance was discovered approaching the surface. The opening having been enlarged, and warm fomenting poultices applied, the substance presented itself and was seized upon very readily and extracted, when it proved to be a very large orange seed, in a state of decay, such as to warrant the conclusion of its having been retained within the folds of the intestine for some time past. After the passage of this substance, the fæcal discharges were more abundant, and the suppuration very extensive, and his system evidently began to give way. He became much reduced in flesh, exceedingly debilitated and feeble, and suffered much from hectic fever. There was nothing, however, to excite any apprehension of disease of the lungs, as all these symptoms might readily result from the enormous drain upon the system by the suppuration. I will not undertake to detail the treatment resorted to, but every means were put in requisition which could invigorate the system; and among the remedies found most useful, was *iod. ferri*, given in solution in doses of two grains, three times a-day, together with a nutritive diet, both animal and vegetable, and the bowels relieved by daily enemas.

Under this general treatment his system rallied—the fæcal discharges through the abscess lessened, the surrounding inflammation and hardness in a great measure disappeared, and the pus became of a more healthy color and consistence. He was finally enabled to leave his bed about the middle of May, and take moderate exercise both on foot and horse-back, and every prospect of a speedy restoration to health presented itself.

It was during the progress of these favorable appearances in the case, that he apparently contracted a slight cold, with some cough, but by no means annoying—attended with a very slight diarrhœa, which he was disposed to attribute to an over-indulgence in eating. No examination was made of the condition of the lungs, as the cough gave him but little annoyance, and was easily arrested by expectorating mixtures.

But little alteration was perceptible in his case for several weeks, taking his usual amount of food and exercise, and finally, in the latter part of June, he was sufficiently restored to undertake a journey of forty miles to a chalybeate spring in the parish of Sabine, at which he concluded to spend the remainder of the summer. The fatigue of the trip, and the very uncomfortable accommodations he was forced to submit to, caused an immediate aggravation of his pulmonary affection, and as the case passed from under my attention, I know but little of its further history, until he returned to Mansfield in the latter part of August, very much emaciated and feeble, with a decided increase of all the unfavorable symptoms. His cough was now very oppressive, the expectoration copious and puruloid, and he suffered with a most uncontrollable diarrhœa, and exhausting hectic and night sweats. Auscultation now gave evidence of a very extensive cavity in the lower lobe of the left lung, but the right appeared in a much better condition, and seemed almost entirely to carry on respiration. There was considerable contraction of the left side of the thorax, and all the indications afforded by this examination exhibited the case in the last stage of phthisis.

He died on the 8th of September.

The liver was small but of healthy color, and the gall-bladder contained about two ounces of bilious matter. The stomach presented no unusual deviation from health, except as to its color, which was of a very pale pink, but the whole intestinal canal was much contracted, doubtless from the flaccid state in which they had remained so long, and the exhausting nature of his disease. The ilium was rather a dark color, and contained fæcal matter of healthy appearance and odor. The cœcum was found firmly attached to the inner crest of the os ilium and the inner surface of the iliacus internus and psoas muscles, and bands of adhesive matter likewise bound down the cæcal portion of the colon. The mesenteric glands were much enlarged, and many of them contained a deposit of tuberculous matter. A ligature was thrown around the ascending colon three inches above the caput coli, and another around the ilium two inches above the ilio-cœcal valve, and the portion of intestine embraced between the two, was separated, when the cœcum was found firmly attached to the walls of the abdomen by extensive deposits of firmly-coagulated lymph. The appendix vermiformis

was remarkably short, and had two ulcerated openings—one near its base, and the other half an inch nearer its extremity. No fæcal matter passed through these openings, as they were completely bound and enclosed by deposits of lymph. About half an inch from the base of the appendix, and directly into the *cul-de-sac* of the cœcum, was a fistulous ulcerated opening, communicating with the cavity of the intestine, about one fourth of an inch in diameter, and so completely enclosed around by attachments on every side, as thoroughly to prevent the escape of the fæcal contents into the cavity of the abdomen.

The fistulous opening penetrated the obliquus internus at a point near the anterior inferior spinous process of the ilium; thence downwards and onwards towards Poupart's ligament, between the layers of the obliquus internus and externus; through the latter muscle, the transversalis and integuments externally, about one inch from its corresponding inner opening. The walls of this very angular canal were firmly attached on every side, completely preventing the pus and other discharges from penetrating between the layers of muscles. No obstruction existed at the ilio-cœcal valve, but at the point where the ascending colon rises upwards from the cœcum, there was a considerable narrowing of the intestine, but not sufficient to offer any serious impediment to the passage of intestinal matters.

There was no impaction of fæcal or other matters found, but the passage was free and uninterrupted.

The lower portion of the ascending colon was remarkably thin, and the mucous surface covered with patches of black infiltrated matter, but there was no softening or ulceration of its surface.

Owing to the lateness of the hour, the autopsy was not extended any further.

Remarks.—Though Mr. D. evidently died of phthisis pulmonalis, doubtless brought into active existence by the exhausting nature of the fæcal abscess; the question which presents itself is, what brought about this condition in the caput coli? If the orange seed, why did it not pass away during the early part of his illness, when the suppuration was so very extensive? My own impression is, that the seed had been lodged in the caput coli without causing any inconvenience, and only acted as a foreign body when the whole intestinal canal was violently excited by the stimulating and irritating nature of the medicine taken. This view appears well supported from the disease in the cœcum manifesting itself so immediately afterwards. The seed evidently passed through the ulcerated opening in the *cul-de-sac* of the cœcum, and the only way to account for the two other openings in the appendix vermiformis, is that one of the highly-irritating pills had lodged in its patulous extremity, when it produced the violent pain and suffering first complained of by the patient, which ultimately terminated in ulceration. Mr. D. had no recollection of having eaten an orange since the previous October, so that the seed must have remained in the intestine without any inconvenience for over five months.—*N. Orleans Med. and Surg. Journal.*

DR. CORNELL'S PRACTICAL OBSERVATIONS ON INHALATION.

[Continued from page 336.]

THE vapor bath, when either the *moist* or *dry* vapor is inhaled, comes in for a share of our attention, while speaking of the therapeutical effect of vapor upon the *air-passages* and *lungs*. It is not designed, at present, to eulogize this kind of bath, or to show its beneficial effects in certain cases and other diseases, only as these modify or are connected with that class of diseases now under consideration; and this, to no inconsiderable degree, it must be admitted, is always the case, as there is a very intimate relation between the lungs and skin. Some years since, in various diseases, I often had an opportunity of perceiving, by their effects upon that class of diseases of which I am now treating, how essentially the lungs were influenced by the cutaneous absorbents, and other organs of the skin. The vapor bath may be used, and it is sometimes advisable that it should be used, without its being inhaled into the lungs; but of its use in this form, however valuable it may be, in the treatment of some diseases, I am not now intending to speak.

The kind and form of the vapor bath and its administration, which I now refer to, are thus spoken of by Dr. Erasmus Wilson in his "Treatise on Healthy Skin." "The vapor bath offers some points of difference to the preceding [those where the exterior of the body only was vaporized] in the circumstance of extending its influence to the *interior* as well as the exterior of the body. The bather is seated upon a chair, in a position agreeable to himself, and the vapor is gradually turned on around him, until the requisite temperature (from 90° to 100°) is attained. The vapor is, consequently, *breathed*, and thus brought into contact with every part of the *interior* of the lungs. The vapor bath has undergone much improvement within the last few years, and its powers, as an agent for the cure of disease, have been increased by the discovery of various vegetable substances, whose volatile elements are susceptible of being diffused through the vapor, and, thus introduced into the blood, are made to act upon the system." This *interior* use of the plain and medicated vapor is the one now before us. Nor is its use, either by the vapor of simple water, or with medications, *new*, though it may be, and doubtless has been, much improved; for Boerhaave long since recommended to the medical profession, "the employment of the vapor of water, distilled over elder flowers, in pulmonary catarrh;" and still further back towards the commencement of old time, "Hippocrates recommended fumigation—sometimes simply watery vapor, sometimes the vapor of vinegar," and sometimes he caused the vapor of water to pass through some of the gum resins and emollient and quieting herbs." Thus did the father of medicine use both plain and medicated vapor baths; and thus, too, has *inhalation*, and the internal use of breathing vapor, or vapor baths, been *legitimate* agents of the profession as long as it has existed.

Celsus, who flourished in the reigns of both Augustus and Flavius Cæsar, employed "sulphur fumigation," and the old Romans had a very convenient way of inhaling, either hot dry air, or moist vapor—it

was simply to heat the kettle with the *cover on*, sufficiently to render the air of the room *hot*, for a *dry* inhalation; and to *remove* the cover, for a *moist* one.

Dr. Combe speaks of the vapor bath, when the *vapor is inhaled*, as follows—"In chronic affections, not only of the skin itself, but of the internal organs with which the skin most closely sympathizes, the judicious application of the vapor bath is productive of great relief. Even in chronic pulmonary complaints, it is, according to the Continental physicians, not only safe, but very serviceable, particularly in those affections of the mucous membrane which resemble consumption in so many of their symptoms."

There is some care necessary in the administration of these baths. They should not be taken when the body is greatly fatigued, nor near the time of taking a meal. In administering them the feet should be kept warm, either by having a full share of the vapor in contact with them, or by immersing them in warm water. Unless this is attended to, flushing and headache, with dangerous congestion of the brain, may be induced in some patients. There are some curious *physiological* effects produced by being encompassed in hot air, or vapor, and inhaling it. Magendie, as related in the *Gazette Medicale de Paris*, for April 27, 1844, gives us the following experiments:—take a rabbit or dog (whose normal temperature is 102° F.), place it in air heated to the temperature of 212° F., and another in air at 140° ; the blood in the first will be heated quicker, and death will ensue sooner, than in the last, but the temperature of both, when first dead, will be 111° , an increase of 9° above the natural heat. The heat of animals, then, it would seem, cannot be increased above a certain temperature. It also appears that a bird (the natural temperature of which is 111°) dies when its temperature is raised to 120° ; showing the same increase of 9° . It is a question, as to *how* this increase of temperature is effected; whether through the medium of the skin, or of the lungs, or both. To solve this question, he placed the *head* of a rabbit in a stove, leaving the body out; in a given period the temperature of the rectum was slightly increased. He placed only the *body* of another in the stove; the temperature of the rectum was much increased. He therefore concluded, that the heat entered the system rather through the medium of the skin, than that of the lungs.

In the *dry* air bath, the weight of the animal is decreased; but in the *moist* air bath, it is rather increased. Thus, a man in the hot air bath is lighter than when he entered it; in the hot moist vapor, heavier. The former is occasioned by the evaporation, the latter by the absorption of vapor both by the skin and lungs.

Another curious phenomenon, in connection with these vapors, is, we can endure a higher temperature of *dry* than of *moist* heat. It has been found that 230° F. can be endured by man in a dry air; when, in the vapor bath, he will be very uncomfortable at 130° . An animal will die in a lower temperature in a vapor than in an air bath. This is easily explained upon the principle of pulmonary *absorption* and cutaneous *evaporation*. But it is a fact worthy of being remembered in adminis-

tering, for inhalation, these hot air and vapor baths. The *lungs* will bear a higher temperature than the *body*. Thus, if we plunge an animal's head only into a heated vapor, he will live longer than he will if we plunge only his body in the vapor. This, also, is worthy of being remembered, when we wish to administer moist vapor into the lungs only, or to the air-passages, as is often done in croup or stricture. Every practitioner knows that the administration of a stream of heated vapor from hot water, through the spout of a tea-pot, often affords relief in such cases, when apparently nothing else will do it. Now, when we wish to do this, it is well to remember that, while the vapor poured upon the body at 122° or 125° is uncomfortable, we can pour a vapor of the temperature of 140° or 145° into the lungs without unpleasantness or injury. The lungs have but little influence in heating the body in the vapor bath. Magendie showed this in the following way: he kept a rabbit twenty minutes in water at 50° , its temperature then being 70 ; it was placed in a temperature of 194 , and in fifteen minutes more it was taken out expiring; the temperature in the rectum being only 77 , instead of 111 , the heat being mostly taken up in evaporating the water from the hair of the rabbit, so that the system could be affected only through the medium of the lungs.

In following out the idea that we can endure a much greater temperature of dry heat than of moist, it may be added that Dr. James found himself nearly suffocated in Nero's vapor bath, at 122° , while he could endure quite comfortably the dry bath of Testaccio at 176 . The moist vapor grows uncomfortable at 112° , and cannot be tolerated above the temperature of 125° ; but we are told by Dr. Carpenter, in his "Principles of Physiology," that the workmen of the English sculptor Sir F. Chantrey, could enter a furnace in which his moulds were dried, when the floor was red-hot and the thermometer in the air stood at 350 . Chabert, called the "Fire King," habitually entered an oven, when its temperature was from 400 to 600° F.

I wish to impress upon the profession the importance of the vapor of simple water in croup and kindred obstructions of the air-passages. As I have said of other modes and articles of inhalation, so I say of this, it is not *new*, but it is a good remedy, frequently affording relief to the distressed patient and agonized friends, when many other remedies have been tried in vain. It seems to me I have seen life saved by this simple remedy. In *acute* inflammation of the throat and air-passages, I have found relief from the use of vapor at as low a temperature as 90° , and gradually increasing the temperature till it comes up to 125 or 130° .

[To be continued.]

NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.

[Reported for the Boston Medical and Surgical Journal.]

MONDAY, November 25th, 1850. *Meliceric Cyst in Forehead. Operation.*—This patient, a healthy young man, about 25 years of age, and

from the wards of Dr. Hayward, presented a tumor about the size of a horse-chestnut over the left eyebrow. He stated that it had existed from birth, but that it had doubled its size within a few months. Upon examination, it proved to be moderately soft and fluctuating; and from its *feel*, might have been a bag of fluid, or a common fatty tumor. And yet you could be tolerably sure of making a correct diagnosis in this case. In the first place, a sac of any other fluid than the caseous mass which this proved to contain, is very rare in this place. For example, a cyst containing pure serum, or glairy fluid, in the cellular tissue, is quite rare. Neither is chronic abscess, another alternative, likely to exist from birth, or without some of the inflammatory symptoms which were wanting here. Fatty tumor, which is sometimes fluctuating, has generally a lobulated feel somewhere, which this had not. I examined this patient carefully at my house, before he entered the hospital. There was a uniform fluctuating mass above the brow, bounded at its inner side by a remarkably long vertical ridge. Now several years ago I removed a similar congenital tumor from a child of three years of age, situated deep beneath the temporal muscle, and found it imbedded in just this way, in a depression which it had formed for itself in the temporal bone. So that these tumors, when congenital, may imbed themselves at a very early period in the thin, soft adjacent bone—remaining, as in the present case, comparatively inactive for a number of years, and suddenly expanding in a few months, so as entirely to outgrow its original accommodations. When a cyst thus rapidly increases, its enlargement, in several I have removed, seemed to be from an increase of its serous rather than of its solid contents. In this case it was not so. The whole material had increased in quantity.

Apart, however, from any peculiar evidence, encysted tumors are very common in this region; upon the lid, in the orbit and about it; so that a tumor here which presents nothing incompatible with the hypothesis, and which suggests no other especial growth, may be fairly set down as of this character.

By “encysted tumors,” I mean a distinct bag or cyst, containing this peculiar caseous, soft, white material. Serous cysts (if we except “hydrocele of the neck”) are excessively rare. Cysts containing glairy fluid (if we except the bursa) still more so. Nor should the term “encysted” be applied to those hard or fatty tumors which happen to get surrounded by a little condensed cellular tissue, from which they “peel out.” The true “encysted tumor” is very common, and being quite distinct from other growths, should have a monopoly of the name. It is said to contain either *atheroma* or *meliceris*—very ancient words, which often convey no distinct idea. Yet these terms are really very descriptive of the two varieties of the contents: the former signifying *pap*, the latter *honey-wax*; by which is meant, I believe, not clear honey, but chilled or frozen honey, which it greatly resembles. They are in pathology nearly identical; but *atheroma* readily mingles with water; *meliceris* is waxy, sebaceous or oily, and sheds water. *Atheroma* is a watery fluid, filled with little plates or fragments of epidermic material, sometimes as large as grains of rice, and of a semi-translucent white. Under the microscope this shows numberless epithelial scales, of which these masses are composed; sometimes

nucleated, sometimes not, and often very irregular. In *meliceris*, on the other hand, though there may be serum present in small quantity, yet the cells adhere to each other by a tenacious sebaceous matter or concrete oil, and at least in four among the tumors of this sort which I have removed, and of which I have retained a careful microscopic record, there were no scales, but in their stead beautiful translucent oval cells, a few of them nucleated; and occasionally, as a few in this case did, presenting irregularities in form, and some being of minute size. Their usual diameter is rather less than that of an epithelial scale, and they are seen imbedded in and inseparable from the granular sebaceous oily mass, when the field is filled with water; but substitute oil for the water, between the glasses, and these granules are at once dissolved, the cells coming out clear and clean into the field, and being the most truly beautiful cells I have ever met with among morbid growths. They are almost hyaline, and may be rolled about like little bladders. In one case they partially collapsed upon the contact of oil, as by an instantaneous exosmose. The gross mass looks like lard at ordinary temperatures, and is sticky and greasy to the touch.

The cyst of *meliceris* and atheroma is sometimes lined with a beautiful epithelium. Sometimes the epithelium is irregular and rough. In two cases, at least, of *meliceris*, the epithelial lining was only partial—the rest of the surface being moist and divested of integument. This last character may perhaps have some influence in determining the quality of the secretion; whether watery, or sebaceous and waxy; whether epithelial scales, or those large and beautiful epithelial cells.

These cysts sometimes attain large size. I have one that I removed from the shoulder, which held a large tumbler full of atheroma. Sometimes they point and burst, subsequent inflammation then obliterating the sac—or it remains open. But usually the whole sac requires extirpation, as in this case, where, after puncture, the sac was dissected out by Dr. Hayward. A small portion when left is sometimes obliterated, but sometimes gives rise to new secretion; so that it is better in operating to wait for the bleeding to cease and to explore the wound for the whole sac; especially in the lid, where the bleeding at first obscures everything. About the orbit these tumors are very liable to be adherent to the bone; and congenital tumors thus situated, have, in several cases which I have recorded, proved meliceric and not atheromatous. Of their cause we know nothing. Astley Cooper thought that they were obstructed sebaceous follicles. Lebert states that they contain all the products of these follicles. This they certainly do, and in addition, often hair, free and attached; but they are often deep, and seem to me to have also other analogies than those offered by the sebaceous follicle.

CASE II. *Hydrocele. Radical Operation.*

CASE III. *Hydrocele. Radical Operation.*

These two cases were average instances of the disease; being each about the size of a small fist, elongated in their vertical diameter. As to establishing a diagnosis upon the external outline, pear-shaped or other, which these accumulations of fluid present, it is very uncertain. Their great test is translucency. A common hydrocele is translucent.

These were perfectly so. When I first examined the elder of these patients, I felt a distinct series of irregularities upon the posterior surface of the sac, like indurated veins of varix or some other unfrequent accompaniment of the affection; but transmission of light showed that there was no varix, and that the convoluted feel was only accidental and in the fibrous parietes. These things are sometimes very deceptive. I once treated a perfectly hard and knobbed string of tumors upon the cord, by leeches, there being some pain, and as I had no doubt of their solid character. There was no approach to fluctuation. As a mere experiment, when I saw the patient again I placed a lamp behind them, and they proved to be perfectly transparent; constituting hydrocele of the cord; the unobliterated tube which the testis drags after it to the scrotum. To examine it properly, you should grasp the scrotum behind, and drawing it tense over the tumor, look through your hand or a roll of paper or a stethoscope placed upon the shaded side, while the other is illuminated by a lamp, or, what is better, by strong sun-light. And it should be borne in mind that pus, or bloody fluid, or walls greatly thickened with lymph, are not unfrequent and are opaque. They must be judged from other evidence. You may have noticed that in the elder of these patients the testis seemed to be a distinct mass appended to the bottom of the tumor, instead of being, as usual, imbedded behind it, and from a quarter to a third way up. This was probably from an accidental adhesion of the tunica vaginalis to the front of the testis, which prevented the sac from being distended downwards and forwards.

The history of these two cases illustrates well the varying progress of the disease. The affection of the middle-aged seaman dates from 12 years, and has never been operated upon. That of the young man of 21, is of only three years duration, and I have drawn the water from it twice before. The contents of the former are a pale thin serum, becoming only cloudy upon the addition of nitric acid. That of the latter a thicker bright yellow fluid, containing abundant albumen, the whole being stiffened as you see by the acid.

It is unnecessary to speak of the numerous methods of exciting inflammation and the exudation of lymph with a view to the obliteration of the cavity. Port wine and water, which sometimes produces sloughs of the cellular tissue, has been pretty generally abandoned for T. Iodine, which does not. I have often seen Velpeau fill the sac with water containing one third T. Iodine. It was rubbed about in the sac until painful, and then allowed to escape. Another way, and that which I adopted in these cases, is to inject a drachm of T. Iodine in two or three drachms of water, and to leave the whole in the sac for absorption. This method seems to be as effectual and safe as any other for the average cases of the affection in adults. You observed that it excited, as often happens, considerable pain in the course of the cord and in the loins, especially in the case of longer standing, where the water had never been drawn off. The testis will probably swell, perhaps largely; flocculent serum will be effused into the sac, as into the thorax in pleurisy, and when absorbed

will leave corresponding adhesions of the organizable parts of the albumen ; which is the object of the operation.

The patient with wound of the eye has been discharged, at his own request. The organ was no longer painful, and there is here less reason to apprehend sympathetic inflammation of the sound eye than if the inflammation had been of an idiopathic or morbid character. When such sympathetic inflammation comes on, and it is one great reason for not advising the operation for cataract upon a single eye when the other is sound, it is usually at a later period than this lesion has yet reached ; usually in the neighborhood of the fifth week.

CASE IV. *Inflammation of the Gums.* "*Inflammatory Absorption.*"—This patient, whom you have several times examined, has been discharged—a middle-aged man ; in whom, without assignable cause, a toothache of the first left incisor, five weeks ago, was followed by pain in the upper jaw, which in a week presented a double ridge of swelled gum almost burying the teeth and suppurating freely. The teeth, from the right canine to the left molars, were quite loose ; abscesses had formed here and there along the gums, while the face was swelled and œdematous. The treatment consisted of cathartics, free local incisions, astringent washes, and the gum was occasionally touched with muriatic acid. The affection has greatly abated, though the teeth are still far from firm.

CASE V.—In the corner of the east male ward you saw on Saturday a patient, an otherwise robust mechanic, aged 24, with a remarkable tumor in the left groin ; a deep-seated mass as large as the two fists, rising considerably above the surface, its base measuring five by six inches, and surmounted with abundant convoluted veins. The leg of that side was also very large ; the calf measuring four inches more in circumference than the right. The whole surface of this leg is purple, with dilated venous capillaries : and upon the external aspect, varicose veins, with several considerable ulcers of the leg, probably resulting from them. This excessive œdema, the varix and ulceration, are doubtless the result of compression of the veins at the groin, as the mass lies directly upon them, involving Poupart's ligament. From his account, the patient first discovered a small tumor in the groin four years ago, and, at the same time, swelling in the leg, both of which have slowly increased ; yet he kept at work till the appearance of the ulcers, four months since.

What is the character of this tumor ? Upon its surface is a large and solid handful of varix, easily compressed, and leaving no doubt of its character. Beneath this is a mass of lumps, some adherent to each other, others moveable, and varying from the size of a kidney bean to that of an English walnut. These are doubtless enlarged glands. Exploring the inguinal ring, we find it free from hernial protrusion. The saphænous opening, as far as we can reach it through the swelled integuments, is equally free from crural hernia. This tumor lacks the thrill and the pulsation of aneurism, of which enlarged glands are no regular feature. There is neither elasticity, nor is there any lesion elsewhere to lead us to suspect chronic abscess. It is not a fatty tumor. The fibro-albuminous or sarcomatous tumor I have never known to in-

fect the neighboring glands. There is no acute inflammation. Probability then settles between two alternatives; either a disease which does tend to affect the glands, or an idiopathic affection of the glands themselves. It has occurred to me whether some diseased enlargement of the leg may have infected these glands: but I know of no such disease; nor is there here any circumscribed affection in the leg or thigh; which besides has grown much smaller for bandaging, while the ulcers have nearly healed. The groin is probably the seat of the original lesion, and the swelled leg an effect of it. Now cancer in its various forms infects the glands as a primary disease, or is secondarily absorbed into them from the neighborhood; and this is not a very uncommon place for it. I have seen three cases in the groin which I supposed cancer, in one of which it arose from the femur near its head. But in those cases there was more of a principal central lesion to which the glands seemed to be satellites. Here we have a confused mass of glands more or less distinct, as deep as we can feel them, and no principal mass till we get very deep. There is also less tendency to mutual adhesion than I should think common in glands which have absorbed cancerous cells.

Idiopathic cancer of an absorbent gland itself, in three cases I have seen in the neck, inside of the elbow and groin, was more confined to the single affected gland, which grew to the size of a goose egg and larger, while the neighboring glands were but slightly enlarged, if at all. So that this tumor wants some of the usual features of malignant disease. On the other hand, what is called "chronic inflammation of the glands," does present a very similar chain of tumors. They often occur in the neck, and on section exhibit the enlarged and red gland beautifully spotted or divided with patches of dense opaque, straw-colored lymph, infiltrated into its tissue. I have never identified these in the groin, as in the neck where they are occasionally extirpated, except as scrofulous abscess, after they have become fused and suppurated, in which state they are brought to the surgeon.

I think we may be satisfied that this tumor comes into one of these two categories; but I believe it to be impossible to decide, at present, which. We shall doubtless know more of it from its future manifestations. In the mean time, the leg has been bandaged and placed at rest in a horizontal position, with great relief and diminution in size. For the present, iodine will be administered internally, and cautiously applied without.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 4, 1850.

Dr. Dowler's Necrology of New Orleans.—"Researches upon the Necropolis of New Orleans, with brief allusions to its Vital Arithmetic. By Bennet Dowler, M.D." This is a very interesting and novel paper (first published in the *New Orleans Medical and Surgical Journal* and subsequently issued in a pamphlet), on the comparative healthiness of that

city. It has generally been supposed that that place had the germs of infection inseparably connected with it; but from the researches of this eminent and indefatigable laborer in the cause of medical science, it would seem otherwise. Dr. D. has personally examined the cemeteries of that city, and copied indiscriminately from the inscriptions therein the ages of a great number of the dead. These he has arranged in series of thirty each, and calculated the mean age of each series, and of all the series in each cemetery, and has thereby made out an average of life for the fixed population, much more favorable than can be claimed by cities in general. Of the character of the New Orleans cemeteries, Dr. D. speaks as follows.

“By the general consent of mankind—one not only in accordance with good taste, but with sanitary requirements—the dead are consigned to the ground—‘earth to earth.’ But in New Orleans a different method of sepulture prevails. In most of the cemeteries, interment in the ground is wholly interdicted, elevated vaults and tombs only being used. The necessity of this method of entombment, for all who can afford the expense, is easily explained by referring to the topography of the city. A grave in any of the cemeteries, is lower than the adjacent swamps, and from ten to fifteen feet lower than the level of the river, so that it fills speedily with water, requiring to be bailed out before it is fit to receive the coffin, while, during heavy rains, it is subject to complete inundation. The great Bayou cemetery is, sometimes, so completely inundated, that inhumation becomes impossible, until after the subsidence of the water, the dead bodies accumulating in the mean while. I have watched the bailing out of the grave, the floating of the coffin, and have heard the friends of the deceased deplore this mode of interment. A young Irish woman, on seeing her husband's coffin lowered into a grave of welling water, exclaimed, repeatedly, ‘Oh Mike, it is a dear burying to you, to be buried at the Bayou! Oh that you should come to this!’ It is this feeling that has built the different cemeteries which constitute the great Necropolis of New Orleans. Interest, to say nothing of the vanity of friends, requires inscriptions, in order to identify a vault, which is private property, purchased under a written title or conveyance. Hence these monumental inscriptions, from their constancy, accuracy, and number, afford data, which in the absence of exact registers, are probably more trustworthy and valuable than can be found in any other existing necropolis. These necrological monuments, which necessity, pride, interest, and affection have reared, and which will augment from generation to generation, must, hereafter, prove more useful to the vital historian than the pyramids of Egypt, or the countless millions so carefully embalmed and deposited in the catacombs of that country, forty centuries ago. The ethnologist might, even now, commence his lesson among the tombs. The caucasian is separated from the negro race. In some cemeteries, the Irish, in some the German, in some the Anglo-American, in some the French type, predominates.”

In the old Catholic cemetery, containing mostly the Creole French, 136 observations by Dr. D. gave the mean age of 48 and a fraction. In the old Protestant cemetery, adjoining the preceding, not now used, 30 inscriptions gave a mean age of nearly $26\frac{1}{2}$ years. The new Catholic cemetery, in the rear of the former, part of which is for the colored race, furnished—in its northern portion, of whites, 80 observations, a mean age of nearly 46 years; in its middle division, whites, 30 inscriptions gave nearly $47\frac{1}{2}$ yrs.; and among the blacks, 150 observations showed a mean of nearly $46\frac{1}{2}$ yrs., including three centenarians, or as many for 100 as France affords in about

half a million. The new and extensive Protestant cemetery of the Second Municipality, and the Hebrew cemetery, containing a greater proportion of strangers than the three first, gave—the first a mean life of $30\frac{3}{4}$ years; the second, 27 years. From the Bayou cemetery, or Potter's Field, with still more strangers, and having few monumental inscriptions, 35 ages only were obtained, giving a mean of $27\frac{3}{4}$ years, which is the general mean of 991 persons buried here during the yellow fever epidemic of 1841. In the Lafayette city cemetery, containing mostly the bodies of German immigrants, 30 ages furnished a mean of only $20\frac{3}{4}$ years. These statistics are given, not as demonstrative, but for what they are worth. We should like to see the results of a similar calculation on the inscriptions from some of the ancient burying-grounds among us.

In speaking of the large bills of mortality in that city, especially at the Charity Hospital, which is so nobly supported by Louisianians for strangers among them when sick, Dr. D. says—"Of 1,800 who died of yellow fever, in New Orleans, in 1841, the State of Louisiana and its cities contributed but 8; or, 1 in 225; the nine most southern States, including Texas, only 25; or, 1 in 72; and the entire black race, only 3; or, 1 in 600. The Hospitals of Paris, are for Frenchmen; the Charity Hospital of New Orleans, the only one in the State of Louisiana, is virtually for foreigners. In Paris, one sixth of the whole population die in the public hospitals; in a population of 700,000, no less than 70,000, or 1 in every ten, pass annually through the public hospitals. While, in the Charity Hospital of New Orleans, the whole State, in 12 years, ending in 1842, supplied, among 59,021 patients, only 556; or, 45 annually, that is, 1 to 7,531—a ratio 783 times less than that of Paris. In 1842, among 4,404 patients in the Charity Hospital, Louisiana furnished only 34, not one in ten thousand of the inhabitants, or one thousand times less than Paris. In Dublin, in 1827, more than 1 in 4 entered the fever hospitals of that city, namely, 60,000—a ratio 25,000 times above that of Louisiana."

The Health of Boston.—The bills of mortality in this city have been unusually small for the last few months, nor will the year at its termination exhibit so great a proportion of deaths as the previous years have done. When the Cochituate water was first introduced into the city, it had a peculiar effect upon most of those who made use of it. A difficulty of the bowels, with pain, and tenderness of the abdominal parietes, to some considerable extent prevailed, inducing many to believe that they were suffering from the impregnation of the water by the lead used for service pipe. How far the *cholera influence* had anything to do with such symptoms, is not easily determined. The iron or lead that was held in solution in the water, must have been exceedingly limited, for the most delicate re-agents did not detect them. Now that the citizens have so long enjoyed an unusual degree of health, it is presumed they are getting *accustomed* to the soft pure water, and that the lead and iron have become inert. It was natural to suppose that by such a great change in our water, some effect would be manifested in the vital economy. The difference in quality between the former city water and that from the lake was apparent to all; but though at first the citizens were slightly affected by it, yet none can doubt that to its abundance and purity they are in some measure indebted for the present excellent state of health. It has been observed by members of the profession in another city, that since the introduction of water

among them, calculous concretions are less numerous than formerly; and we have no doubt that other diseases, both there and here, have diminished also. The comfort and convenience of the citizens have likewise been increased a hundred fold by this abundant supply of the pure element.

Reprehensible Practices by Members of the Profession.—There are many things done by members of the profession that would place them on a level with the arrant quack, yet the society of which they are members have no power to prefer charges against them, they doing nothing that *exactly contravenes its laws*. Recently several members of the Massachusetts Medical Society were arraigned before its proper tribunal, on a charge of violating its statutes. The charges were fully sustained in three of the cases, but as the individuals offered much that was extenuating, they were forgiven, on the condition that they *sin no more*. One had charges preferred against him, which, however, by the laws of the society, could not be sustained, and he was discharged. We should like to have the committee, appointed by the Suffolk District Medical Society to look after and try such cases, see the prescription of this self-same magnus Apollo, that it was our extreme mortification to witness. Only one apothecary in Boston could translate or correctly dispense it, much to the chagrin and disappointment of others equally intelligent and experienced! There are many belonging to our Massachusetts Medical Society, who ought to be—we were going to say kicked out, but will soften it by saying—reprimanded for their nefarious and mean practices. The society claims to protect the people from the impositions of quacks; and if it were impartially to perform its duty, there would be some of its members who would receive their cards of dismissal.

Bemis's Report of the Webster Case—Geo. Bemis, Esq., assistant counsel to the Attorney-general in the celebrated trial of the late Dr. Webster, has compiled the mass of testimony, arguments of counsel, the Judge's charge, &c., in that memorable trial, and they are now published in a volume of 628 pages. It also contains every thing of interest connected with that melancholy affair, from the finding of a bill of indictment to the closing scene on the scaffold. Although most of the proceedings of that eventful tragedy—the trial, conviction and execution of the criminal—have been given the public through the newspapers and pamphlets, yet we think it important to possess a correct and complete record of the whole, which the copy before us claims to be; and, as far as we are capable of judging, its claims are just. Messrs. Little & Brown, Washington street, are the publishers.

Motorpathy.—A circular has been received by us from Dr. Halsted, of Rochester, N. Y., respecting a new system of curing disease by what is styled by him, "*Statuminating, Vitalizing Motion.*" For the treatment of prolapsus uteri, or any uterine debility, this system is claimed by Dr. H. to be very successful; but as the doctor purposes visiting this and other cities sometime in January or February next, and as he will then be able to explain his new theory, we think it unnecessary to give at the present time more than a statement of these facts.

Proposed College of Pharmacy in Boston.—It affords us much pleasure to present below the official proceedings of the first meeting of the apothecaries of this city, for the purpose of forming themselves into an association, and making arrangements for the establishment of a College of Pharmacy. There can be no doubt that the plan will be adopted by the apothecaries throughout New England. It is a laudable undertaking, and should receive proper encouragement from the profession.—ED.

In accordance with a previous notice, a large number of the apothecaries of Boston and vicinity met at the house of Dr. George Stevens Jones, on Friday evening, Nov. 29th, 1850. The meeting was organized by the choice of W. B. Little, Chairman, and S. R. Philbrick, Secretary.

Dr. Jones being called upon, stated the object of the meeting, viz., to consider the establishment of a Pharmaceutical College in Boston. He mentioned in detail the importance of such an institution, and the advantages to be derived from it; he considered it entirely practicable—that it would not be dependent upon Boston or Massachusetts for its support, but upon New England. Remarks were then made by Mr. William Brown, Mr. Thayer of Cambridge, Mr. Spaulding, Mr. White, followed by many others, all of whom gave their full concurrence in the utility of such an institution. Mr. H. D. Fowle addressed the meeting upon the necessity of united action in the matter—he believed that protection to the community, to the physician, and the legitimate apothecary, all demanded that pharmaceutical education should be raised to some fixed and higher standard.

It was then voted that a committee of five be appointed to confer with the apothecaries generally in Boston and vicinity, upon the subject before the meeting.

Voted. that Messrs. H. D. Fowle, A. Boyden, H. Thayer, A. Brown, and S. R. Philbrick, constitute that committee.

Voted. that this committee be authorized to procure, at the expense of the meeting, a Hall or other place for the next meeting.

Much enthusiasm prevailed during the meeting; and but one opinion seemed to exist. All concurred in the belief that such an institution is necessary, and that it will be established—that while New England leads in almost every thing besides, she shall not always be second in furnishing means for properly educating so responsible a class of men as her apothecaries.

It was then unanimously resolved that the thanks of this meeting be presented to Dr. Jones for his able and well-directed efforts in this matter, and also for so generously throwing open his house for this meeting.

At a late hour the meeting was adjourned to Friday, Dec. 13, 1850, at 3 o'clock, P. M.

S. R. PHILBRICK, *Secretary.*

Treatment of Stammering.—Mention was made in this Journal, some time since, of a new method of treating persons who have a defect in their speech. We are happy to learn that Dr. A. B. Malcolm continues to be successful in the treatment of such cases, and can with confidence recommend him to the profession, and all those who may need his services.

“*The Races of Men*”—A Fragment, by Robert Knox, M.D., Lecturer on Anatomy, &c., Philadelphia, has just been published by Lea & Blanchard. The doctor, in his preface, says that this “fragment” cost him much

thought and anxiety, and we are not disposed in the least to doubt the assertion. There is much in it that will startle the disciples of Cuvier and other eminent physiologists; yet they cannot but admit that most of the doctrines are tenable. We have derived much information in the perusal of the work, and think, with the author, that "Race is everything; literature, science, art—in a word, civilization, depend on it."

Medical Miscellany.—At the examination for the degree of doctor in medicine at Dartmouth College, on the 5th and 6th inst., nine gentlemen had the honors of *Medicina Doctoris* conferred upon them.—The New York Society for the Relief of Widows and Orphans of Medical Men lately partook of an anniversary dinner. Many distinguished men out of the profession honored the festival with their presence, and the meeting is represented as a most interesting and spirited one.—Dr. Mott, of New York, as we learn from the Medical Gazette, has lately performed the operation of tying the carotid artery for the thirty-first time.—Mr. Faraday, it is said, has discovered that oxygen is magnetic, that this property of the gas is affected by heat, and that he believes the diurnal variations of the magnetic needle to be due to the action of solar heat on this newly-discovered characteristic of oxygen—the important constituent of the atmosphere.—The cholera is raging at the island of Cephalonia. Out of a thousand cases, five hundred are reported to have terminated fatally. It has not, and never has, penetrated into Greece; but a severe fever is doing great damage there.—Dr. John Hastings, of San Francisco, charged Mayor Bigelow, of Sacramento city, \$4000 for attending to the wounds he received in the riot. Dr. Bowie charged \$500 for consulting!—Dr. Hopkins, of Georgia, reports, in the American Journal, cases of asthma cured by nitric acid. Doses, three drops, to be increased to five, three times daily, in a wine-glass of sugared water.—Dr. John C. Warren, of this city, recently presided at a large and enthusiastic meeting in Faneuil Hall, called, without distinction of party, for the purpose of expressing an unabated regard for the union of the States and the supremacy of the laws.—The tenth edition of the Elements of Medical Jurisprudence, by Profs. T. R. and J. B. Beck, is announced as just from the press in Philadelphia.—The prize essay by Dr. Carpenter, of England, on the use of alcoholic liquors, is rather roughly handled in the London Lancet and other English Medical Journals.

Suffolk District Medical Society.—The next meeting of the Suffolk District Medical Society, for Medical Improvement, will be held in their new Rooms, Masonic Temple, to-morrow evening, December 3th. A punctual attendance of its members is requested.

TO CORRESPONDENTS.—Dr. Mitchell's Case of Abscess in the Neck of the Bladder, and No. XVIII. of Cato's Sketches, have been received.

MARRIED.—At St. Johnsbury, Vt., Fayette Jewett, M.D., to Miss Susan A. Clark, both of St. J. —In this city, Dr. George Hubbard to Mrs. Mary E. McLellan.

Deaths in Boston—for the week ending Saturday noon, Nov. 30, 77.—Males, 35—females, 42. —Abscess, 1—anaemia, 1—disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 1—burn, 1—consumption, 15—convulsions, 2—cancer, 1—croup, 6—dysentery, 2—dropsy, 1—delirium tremens, 1—erysipelas, 4—fever, 1—scarlet fever, 3—lung fever, 6—hooping cough, 1—disease of the heart, 2—infantile diseases, 6—inflammation of the lungs, 2—congestion of the lungs, 2—measles, 7—old age, 3—palsy, 1—pleurisy, 2—rickets, 1—suicide, 1—teething, 1. Under 5 years, 34—between 5 and 20 years, 12—between 20 and 40 years, 16—between 40 and 60 years, 6—over 60 years, 9. Americans, 35; foreigners and children of foreigners, 42.

Extra-Uterine Pregnancy—Fœtus carried forty years.—There is going the rounds of the newspaper press, an account of an “astounding freak of nature,” that was lately observed by some physicians in Pennsylvania. Although similar cases have been reported, yet the length of time from the conception, in this case, was certainly remarkable. It is hoped that a correct report may be furnished the *medical press*, by those physicians who attended the patient while living, and made the examination after death.

“On Friday last, an old lady, aged 81, died at Lawrenceville, of a disease of the bowels. A few days prior to her death, it was discovered that a tumor existed in her abdomen, and on being asked whether she was willing to have her body opened after her death, for the purpose of ascertaining the nature of the tumor, she assented. Accordingly, immediately after her death a post-mortem examination was held, and a bony substance of an oval shape was removed. Upon sawing through this, it was discovered that the ossified covering was but thin, and that within it was contained a fully developed female child. So perfectly formed was the child in all its parts, that no difficulty whatever was found in deciding upon its sex at once, and from facts afterwards learned, she must have carried that infant for forty years. The circumstances which sustained this supposition are these:—Her niece, with whom she lived up to the time of her death, distinctly recollects that at one time her aunt supposed herself to be *en-ciente*, and went so far as to make all the preliminary preparation for the expected little stranger, but to the astonishment of all, the infant was never born. About this time her husband died, and from that period until her death, her general health was good, and she experienced no inconvenience from the presence of the supposed tumor. The above statement is one of simple facts. The most astonishing part of the whole story is that a highly respectable physician assures us that the child bore signs of at least a probable recent living existence!”

Inspector of Drugs at the Port of New Orleans.—We are pleased to learn that Dr. E. H. Barton, long a resident and practitioner in this city, has been recently appointed “Inspector of Drugs” for the Port of New Orleans. To check the importation of spurious and adulterated drugs into our large cities, is a salutary measure, and will have a tendency to limit, but not to correct a great evil, since any of our apothecaries, were they so disposed, might readily adulterate many of the articles which they are daily called upon to prepare for the public in their own laboratories. The Inspector of Drugs has, we believe, no right to go behind the counters of our druggists, and examine the various preparations made by themselves; his duties are restricted, if we are correctly informed, to an inspection and examination of those alone which reach our port either from abroad or from our Northern cities. We congratulate Dr. Barton on this additional evidence of Executive confidence, and hope he may be successful in detecting all attempts to practise fraud on the unsuspecting public.—*New Orleans Med. and Surg. Journal.*

Medicine in Turkey.—The government of the Sublime Porte have just decreed the formation of a body of salaried medical men, who shall attend both the rich and the poor, with the obligation of not receiving any remuneration from the latter, and to pay especial attention to all questions relating to the public hygiene of the country.—*London Lancet.*

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No. 19.

THE ANCIENT MOUNDS OF THE WESTERN STATES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Since my sojourn in this State, and more particularly since your polite request, I have sought, on all convenient occasions, to collect facts in relation to the ancient mounds that abound in several localities in the State. And after all, I can only present a few isolated facts and impressions. Some persons are confirmed in the belief that they are of comparatively modern origin. The principal evidence of this, they find in the large quantity of human bones almost uniformly discovered within them. These are found mingled with cooking utensils, implements of war, &c. The value of this testimony is greatly impaired by the fact that these mounds are now sought as repositories of the dead, and yet the present existing tribes have no knowledge of their origin. There can be but little doubt that they were made by a race entirely extinct, or of which, in connection with these, we have no record.

I have sought, from all available sources, information with regard to them. Among the first settlers within the limits of this State was Ex-Governor, now U. S. Senator, Dodge. He came to the west part of the State long before the protection of government was extended to it, and when his almost only neighbors were sons of the forest. He says, "Our principal intercourse with the Indians was in relation to minerals and to secure friendly relations with them." How well he succeeded in his designs with his savage neighbors, by kindness, so long as forbearance was a virtue, and afterwards by just chastisement in the war of 1832, usually called the Black Hawk war, is not the object of this article to delineate. Although the origin or history of these mounds did not escape his notice, he was unable to procure any satisfactory historical record of them.

Some persons have supposed them to be burial places of their chiefs or braves, and that the animal shape (so confidently observed by many) was the form of the animal from which the chief derived his name. It has also been said that a custom prevailed among the aborigines of celebrating, at certain intervals of years, a feast, that was called a feast of the dead. At those periods each family brought the remains of their dead kindred, consisting of skeletons and bodies in various stages of decomposition, according to the period that had elapsed since their

decease, together with the recent dead, and placed them on scaffolds erected for the purpose, where they remained during the celebration of the feast and other ceremonies, after which they were placed in one common repository.

These isolated facts and suggestions are all that I am able at present to furnish you on the subject. It is hoped that some incidents may lead to a successful train of investigations in this department of ancient history.

I can see no reason why the study of these relics of antiquity should not occupy a small place by the side of those so successfully pursued in the eastern hemisphere. It is a source of melancholy regret, as we tread these fields on which so much labor has been bestowed, that the race who performed such gigantic labor, should be entirely obscured, by not occupying a place in written history. C*****

Madison, Wisconsin, Nov. 14, 1850.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. XVIII.

[Communicated for the Boston Medical and Surgical Journal.]

VALENTINE MOTT, M.D., OF NEW YORK.

“ Nor yet in common glory, blazing stood,
The true philosopher, decided friend
Of truth and man; determined foe of all
Deception—calm, collected, patient, wise,
And humble; undecieved by outward shape
Or things.”

“ From prejudice redeemed, with all
His passions still, above the common world,
Sublime in reason, and in aim sublime,
He sat, and on the marvellous works of God
Sedately thought.”—POLLOK, *book ix.*

IF there be any one thing which, more than another, distinguishes civilized man from the barbarian, it is his triumph over the ills of nature, and his progress in art, science and literature. The showy triumphs of the conqueror are shared by the most ignorant and benighted savage, and the feelings engendered by his glories are akin rather to what we may suppose are the delights of a fiend, when he has accomplished some diabolical piece of destruction, than those of a spirit of goodness, charity or elevated humanity. The glory of the Egyptian sages will long outlive the monuments of their kings and conquerors. The fame of the Greek philosophers becomes brighter and brighter as time rolls on in his silent but dreadful march of destruction, devastation and death. The liberal spirit of Leo X., around whose tiara and age must forever move the great spirits brought forth by the revival of literature (Dante, Ariosto, Boccaccio, Tasso, Galileo and others), will live as long as science shall acknowledge a friend, or literature a most munificent patron. Homer, Virgil, Galen, Voltaire, Paré, Harvey and Newton, are names enshrined in the great heart of mankind. Not for an age, not for a cen-

tury, not for one country, not alone for christendom ; but for all time, all ages, all lands, and all people. The military achievements of an Alexander or Cæsar, a Napoleon, or even of a Washington, may and will pass away. They are temporal ; but truth and science are eternal. Science is a unit ; truth is the same under every garb—and he who advances the one, or defends and demonstrates the other, identifies himself with the only principle that never dies. A stronger argument in favor of the immortality of man cannot be obtained, than the existence of the fact that he appreciates *truth*.

A noble destiny is it for a man to link himself with the bright ranks of those whose minds have been mirrors of truth and science since the world began. But we must pass on to the object of our sketch. True, we do not pretend, in speaking of the object of the following remarks, that either he or his friends consider him among the *dii majores* of human intellect ; and yet were Cato a lawyer, which he is not, he thinks he could with ease make out a pretty "good case." This is always difficult, it must be remembered, as long as the subject "breathes the vital air." For men are irreverent dogs ; they will not believe, "though one rise from the dead." They have refused homage, as well as a simple acknowledgment of divinity or even superiority, not only to "Moses and the Prophets," but to Christ and many others while they lived ; and, fools that they are, have made themselves remarkably active in piling up monuments, *after death*, to those whom they persecuted and reviled while alive. And this will doubtless be the case with VALENTINE MOTT, M.D., a short sketch of whose professional life we now propose to give.

Dr. Mott is a descendant of Adam Mott, who became an inhabitant of Hampstead, L. I., in 1655. His grandfather William, son of William, and grandson of the said Adam, was born August 6, 1709, and died March 25, 1786. His wife's name was Elizabeth Valentine. He had *ten* sons, and two daughters. William, Henry, Samuel, Benjamin and Joseph left issue ; the others have not. The father of Dr. Mott was Henry, who was born May 31, 1757, and married Jane, only daughter of Samuel Way, of North Hampstead. He was educated for the medical profession under the elder Bard, of New York, and became a physician of respectable reputation. He resided, during the earlier part of his life, at Glen Cove, L. I., whence he removed to Newtown, where he remained several years. He died in New York city in 1840. His only surviving son, Valentine, was born at Glen Cove, Oyster Bay, L. I., August 20, 1785. He received a course of classical instruction in a private seminary at Newtown, where he resided until 1804, when he commenced attending the medical lectures of Columbia College, and entered, as a student of medicine, the office of his relative, Dr. Valentine Seaman. In the spring of 1807 he visited London, and became the private pupil of Mr., afterwards Sir Astley, Cooper ; and after attending the celebrated hospitals of St. Thomas, Guy, Bartholomew and London, for nearly two years, he proceeded to Edinburgh. In London he attended the lectures of the elder Cline, Abernethy, Charles Bell and Astley Cooper on anatomy and surgery ; Haughton on obstetrics,

and Currie on the practice of physic. In Edinburgh he attended Hooper on chemistry, Playfair on philosophy, and other distinguished teachers.

He returned from Edinburgh to London, and having re-visited the lectures and hospitals, embarked for New York. Arriving in the autumn of 1809, he commenced at once the practice of his profession. During the ensuing winter he delivered a course of lectures in the Columbia College; and was elected the following season to the chair of surgery in this institution, and demonstrator of anatomy to the late Dr. Post, then professor of anatomy. Subsequently, the medical faculty of Columbia College and that of the Physicians and Surgeons were united under the latter denomination, with Dr. Samuel Bard as President. Dr. Mott retained the surgical chair, and was associated with Drs. Mitchell, Post, Hosack, Osborne, and other distinguished gentlemen of that day. With this organization the school attained great reputation, and was distinguished among the schools of our country for the learning and practical talent of its accomplished teachers. Through some political disturbance, the whole of the faculty resigned their chairs, and Dr. Mott was thrown upon the income of his practice alone for support. This, however, was beneficial; and the great operation of taking up the innominata having already (in 1818) been performed by him, with many other important surgical operations, his reputation and practice were extensive. The daring and skill which projected and performed this operation, stamp Dr. Mott as the most accomplished surgeon of this or perhaps any other age. This, however, was but one of the many daily performed by him in the New York Hospital and in private practice for more than thirty years. "He has," says Sir A. Cooper, "performed more of the great operations, than any man living, or that ever did live."

Notwithstanding the difficulties he had experienced, Dr. Mott was, some years after the withdrawal of himself and colleagues from the College of Physicians and Surgeons, induced again to accept the appointment of professor of surgery in the same institution, offered him by the Regents of the University. Here he delivered several courses of lectures, till, in 1835, his health failing, he repaired to Europe to recruit and restore it. During his absence he travelled not only through England and France, but went as far as the Nile in Egypt. The result of these extensive travels has been a very interesting work, termed "Travels in Europe and the East."

The University of the city of New York having, in his absence, organized a medical faculty, he was appointed to the surgical chair, and made president of the faculty; which offices he assumed in 1840. This organization, with some exceptions, has continued ten years, and resulted in the formation of larger medical classes than had before been catalogued in New York city. During this period, and for many years before, he has enjoyed, perhaps, a larger surgical practice than any other American physician. The daily operations of Dr. Mott will compare with those of Sir A. Cooper in his "palmy days." With the confidence of his own countrymen, who resort to him from one end of the Union to the other, he also enjoys that of the inhabitants of the British, Bra-

zilian and Spanish possessions on this Continent, and for several years practised largely in the capital of France itself. Cato has repeatedly heard Dr. Mott's name quoted with respect in Vienna, Turin and Rome, as well as in London and Paris.

Dr. Mott's domestic relations are of the happiest character. A young, beautiful and accomplished lady of Philadelphia early engaged his affections, and a large family of fine children, two of whom are now distinguished physicians, has been the fruit of his marriage. One son is connected with the new school lately chartered in the city of New York; another bears the father's name, and bids fair to inherit his reputation; while the husband of one of the daughters ranks already among the most promising of the many young medical men of talent in the metropolis of the empire State. The accomplished wife and mother spares no pains or expense in forwarding the education and interests of her large and interesting family.

In person, Dr. Mott is rather above the middle height—broad chested, and firmly and compactly made—a constitution well calculated to endure the labor of his beloved profession. His hair is black or dark brown, beginning to become a little grey—brushed up, from a broad forehead, which surmounts a well-formed face; a pair of bright and keen eyes; a mouth whose expression is that of kindness, displaying, when he smiles, a set of fine teeth. His dress is neat, and he is remarkably particular in the adjustment of its various parts. His address is emphatically that of a gentleman; kind and conciliating to the young, affable and cheerful to the middle aged, polite and attentive to the old. He bears the stamp of a man of the world, accustomed to its ways, easily adapting himself to the different grades of society, and apparently at his ease and at home in the highest as well as the most humble—a true democrat, with the elevated taste of the most refined.

Dr. Mott has ever exercised the most liberal hospitality, and numbers among his personal friends and acquaintances some of the most distinguished personages, both in this country and in Europe. Cato remembers seeing Dr. Mott at the soirées of our late minister, in Paris, and remembers well the respect and attention which followed the person of Dr. M. himself, as well as those of the different members of his family. The most noted among the savans, corps diplomatiques, and nobility, were on pleasant terms with the distinguished American surgeon. His friend Velpeau, although not a man given to the sweet courtesies of life, unbends before and pays respect to the name, person and reputation of the great republican surgeon. The family of the ex-king of France, it is well known, were on friendly terms with Dr. Mott and family.

We have no decorations, no titles, no external marks of rank, in our country of freemen; nevertheless there is a decoration and a title enjoyed by Dr. Mott among his own countrymen, which is akin to that of Washington himself—*he lives in the hearts of thousands who have been benefited by his skill.* And this benefit will extend to millions who shall be treated by the same skill as practised by those who have learned of Dr. Mott. His mode of lecturing is extemporaneous, ready, free, anecdotal and witty. His great experience furnishes him with cases in

illustration of any surgical affection which he may desire to describe. Were Cato a great General, he would be disposed to exclaim, with Alexander to Diogenes, "Were I not Alexander I would be Diogenes." Nay, he thinks that the scientific fame of such men as Plato, Aristotle, Hippocrates, Paré, Larrey, Sir A. Cooper, Physick and Mott, is far preferable to that of the son of Philip of Macedon, Cæsar, Napoleon, Wellington, Scott or Taylor. These derive their greatness from the destruction of their species; but science draws its greatest triumphs from its preservation of life, its additions to human happiness, and the invention of those polished arts, "which humanize mankind." In the long line of future ages, when the historian shall look back for individual instances of greatness, to illumine the present period of our national existence, the name of Valentine Mott, the plain Quaker of Long Island and New York city, will present itself in bold relief to his ready pen, and will mark a distinguished epoch in American history. Medicine will ever enbalm his memory among the saints of her scientific calendar, and point to him as one of her most worthy sons and brightest luminaries.

CATO.

P. S.—Cato has learned, with regret, that (what has not occurred in other cases) two errors of fact were penned in his sketch No. XII. One was in reference to the subject of that sketch having artificial teeth, whereas his teeth are remarkably fine, *natural ones*. The other referred to his marriage. It is stated that he was married "out of meeting," and was consequently turned out or thrown over the wall on account of it. Cato's remarks in this particular referred to the arrangements made among "Friends" in reference to marriage contracts; and he does not yet suppose that the gentleman alluded to was an exception to the rule, although his marriage may not have resulted in expulsion from meeting. It is well known that his "people" still claim him on any important occasion, most emphatically; and like many other men of talent, in our city, he enjoys the advantage both of his birth connection with the Quakers, and of his connection with "the rest of mankind" from having been disowned.

C.

ABSCESS IN THE NECK OF THE BLADDER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—I noticed in a late number of the Journal the history of a case of abscess in the neck of the bladder. A similar case has recently fallen under my care, which I hereby transmit to you, and if you think it worthy you can give it a place in your pages.

I was called upon, in June last, by Mr. N. Y., a young man of a robust constitution, and 22 years of age, who had been recently married. He complained of a heavy, deep-seated pain in the perineum, with much difficulty in passing water; the stream being much diminished in size, and attended with great pain. Judging from circumstances that he had got up an irritation in the urethra by excesses, I ordered

gentle laxatives, mucilages, with spts. nitre, and, above all, temperance. I saw no more of the case for several days, when I was called in great haste to see him at his house. I found him suffering increased pain in the perineum, and extending to the loins, or rather to the upper part of the sacrum, and a total retention of urine, which had accumulated in the bladder so as to be felt high above the pubes. The patient was straining to relieve himself, and crying out with pain, not being able to void but a few drops, and that only by the most violent efforts. I passed the catheter without difficulty until I reached the prostate gland, when I found its further progress obstructed; but by manipulating, and using some degree of force, I succeeded in entering the bladder, and drew off a large quantity of water, with much relief to the patient. The deep-seated pain in the perineum and about the sacrum continuing, and there being a considerable degree of febrile excitement, I applied cups to the sacrum and fomentations to the perineum, with the antiphlogistic regimen. It all appeared to be of no avail, the pain continuing, and the catheter had to be used daily. About the third day, in passing it, on reaching the obstruction, it appeared suddenly to give way, and the instrument passed on for about an inch and a half, entering an apparent *cul-de-sac*, and two or three spoonfuls of pus, slightly streaked with blood, escaped through the instrument. The patient now strained powerfully while the instrument was yet in, and urinated freely the water, passing by the side of the tube instead of through it. The escape of the matter appeared to relieve him of pain, and still he was unable to urinate without the use of the catheter, which I introduced daily, it invariably passing into the abscess and permitting the escape of one or two teaspoonfuls of pus, when he would urinate as before, the water passing by the side of the tube. After three or four days he was unable to pass it even then, so that I found it absolutely necessary to adopt some means to carry the point of the instrument past the opening into the abscess, which lay between the prostate gland and the rectum. I therefore gave the instrument a short curve upward near the point, in addition to the usual curve, and introduced the index finger of my left hand into the rectum, and supported the point until it passed the opening to the abscess and entered the bladder. Fortunately he was able to urinate after this without the aid of the catheter. The abscess continued to discharge less and less for about a week, when it ceased entirely, and he complained of a deep-seated pain in the rectum, which continued to increase for three or four days, and then broke into the rectum, discharging a large quantity of pus per anum, which gradually diminished in quantity until, like the one in the urethra, it ceased discharging; since which time the patient has enjoyed good health.

SAMUEL MITCHELL.

Cameron Mills, N. Y., Nov. 25, 1850.

DR. CORNELL'S PRACTICAL OBSERVATIONS ON INHALATION.

[Continued from page 357.]

DR. BELL, speaking of the vapor bath, says, "If the head be exposed to the vapor, so that it is inhaled, the stimulating effects of the bath are

increased, and the amount of the fluid absorbed very greatly augmented. The imbibition by the pulmonary veins is considerable, and so far serves to moderate the hurried respiration which the caloric of the vapor naturally tends to produce. When the dose of the caloric is not great, its stimulating action will be mitigated by the moisture, which may even predominate and give rise to soothing and sedative effects." The elastic power of vapor is a so much less conductor of heat than water, that a moist vapor bath at 100° F. only equals, in its stimulating effects, a water bath at 90°.

When there is any disease of the internal mucous membrane, as in bronchitis, or any of the air tubes, it is always preferable to *inhale* the vapor of the bath, whether it be simply that of water, or impregnated with various aromatic herbs or gums; though such is the relation of the skin to the lungs, that much relief might be found to such diseases, even when the vapor is brought in contact with the skin: for, what the skin does not do, the lungs must, and *vice versa*, or the patient must sink.

"*Dicam pauca me,*" as Cicero often said. I cannot well forbear doing this, in this connection, however much it may savor of egotism. For several years, I was subject to turns of *hoarseness* upon taking the slightest cold; indeed, there was such a chronic weakness of the laryngeal and bronchial tubes, that the simple effort of speaking for a few minutes produced it, even when no cold was induced; and when any was contracted, the difficulty of speaking was greatly augmented. A feeling, as though something were lodged in the larynx, and a constant disposition or effort to *swallow* it, was ever present. When otherwise in tolerable health, the voice was hoarse or grum, like the low bass of a viol, or the croaking of a frog, such was the relaxation of the vocal cords and their adjacent tubes. The difficulty was so serious, and continued so long, that I was compelled to desist from speaking in public. After consulting many physicians and experimenting with many remedies—after having the *wula* truncated, which was done by Dr. Lane, senior, of this city—and the application of solutions of the nitrate of silver, and Lugol's solution of iodine, all of which afforded some relief, I derived the most permanent benefit from the use of the vapor bath, applied to the skin and *interior* organs of the throat and lungs, in the manner above-named by Mr. Wilson. Generally, nothing but the vapor of simple water was employed, though sometimes it has been medicated with elder flowers, bone-set, and other aromatic herbs, and a few times with some of the resinous substances. Though I have been much more free from this difficulty for several years, than formerly, yet there is still a tendency to bronchial and laryngeal disturbance; and whenever this is the case, whether immediately induced by over-action in speaking, or by sudden changes in the weather, I have resorted to the vapor bath. This has had the desired effect. Its influence, generally, upon the skin is to make one feel as though he were newly "swept and garnished," or as the Syrian General did when he "had dipped himself seven times in Jordan;" and inhaling the vapor at the same time has soothed the irritated membranes, freed them of mucus, and thus restored them to their proper state. Instead of taking medicine, or applying astringents or caustics, this has been

my talisman in every such emergency ; and, having found it thus beneficial, it is not surprising that I should be partial to its use, in accordance with the old adage, " We should speak well of a bridge which carries us well over." I never take the bath without inhaling the vapor. In any case, unless where there is a strong determination of blood to the head (and even this may generally be obviated by applying to the cranium a towel wet with cold water), this would be to deprive the bath of half its beneficial effects. There is no danger of taking cold, provided the bath be raised to a temperature sufficiently high to cause some excitement upon the skin and some acceleration of the pulse, and the ordinary precaution be taken of not getting chilled after leaving it.

The bath, thus administered, is an excellent substitute for the whole catalogue of diaphoretics and counter-irritants. It procures free perspiration from the cutaneous vessels and expectoration from the air tubes, which, if we attempt to accomplish by drugs, we are always in danger of irritating the stomach and bowels and augmenting the functional derangement of all the visceral organs. It is no new thing to cure a cold, or chronic catarrh, by the use of the vapor bath, applied both to the skin and air passages, as is illustrated by the account of Dr. Kentish, quoted in a note by Dr. Bell, which also shows that there is but little danger of taking cold after its use. The case referred to is but another illustration of the intimate relation and sympathy between the skin and the lungs, and shows that though, by inhaling the vapor, we may accomplish much, yet, often, in order to effect a cure, we must apply the vapor also to the skin ; and though it is not designed at present to speak of the usual advantages of the vapor bath in the treatment of chronic diseases generally, yet this subject may well form the basis of another paper, at some future time.

Dr. Bell, after enumerating the various diseases in which the vapor bath was highly beneficial, when administered without inhaling the vapor, adds, " Immersion in the vapor bath is, however, sometimes complete, so that it is inhaled into the lungs, and thus applied to their mucous surfaces in a long list of diseases. This mode of administration would even have marked advantages " (and this is all the mode of which the writer of this article designs to speak, or which is applicable to the class of diseases now under consideration), " when the pulmonary mucous lining is in a state of irritation, and the skin at the same time dry, and the perspiration deficient, as we find in catarrh, bronchitis, croup, asthma, and a certain stage of measles and smallpox. When, likewise, the lungs are perfectly sound and clear of irritation, while there is febrile disturbance of the system, with small or active hard pulse, there would be great advantage in introducing moisture freely into the pulmonary cavities, as it would be rapidly and greedily absorbed and carried into the circulation, and act as an effectual diluent. The main point on all these occasions, from which our attention is never to be diverted, is, that the degree of heat of the vapor shall bear a due proportion to the heat and febrile excitement of the system, so that there shall be an inverse ratio between the two : the greater the excitement, the lower the temperature of the vapor bath, and the reverse."

M. Rapon gives examples of the entire relief afforded in cases apparently of incipient phthisis, by the use of the vapor bath, *when the vapor is inhaled*, or in his Oriental bath, which was by inhaling it.

The inhalation of vapor, or the vapor bath of which I have thus spoken, has no resemblance to the "steam bath" of modern times; nor is it new. It has been employed and recommended by many eminent members of the medical profession, for many years past; and in calling attention to its use, I have only imitated many who have gone before me. I am confident more of these baths, and less drugs, would be an improvement in general practice. Nor, by this remark, do I mean to censure the present routine of medical practitioners, as it is believed there has been an improvement in the use of drugs within the last twenty years, both creditable to the profession and beneficial to patients. The physician who prescribes a proper course of living, in all its minutiae, for his patient, does more for the benefit of his employer than he who simply prescribes a cathartic or emetic, or a tonic course of quinine and iron. As a general remark, it will be found true, that inflammation and irritation of the air passages will be greatly soothed and relieved by moist vapor, especially when it is made to convey the anodyne, narcotic and expectorant properties of certain medicines; and, that a relaxed state of the mucous membrane of all these passages, with much secretion, will be greatly benefited by dry air, heated by flues passing through the apartment of the patient (or in some other manner); and this good effect will frequently be augmented if the properties of various aromatics and resinous substances are held in suspension by such a rarefied atmosphere.

[To be continued.]

NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.

[Reported for the Boston Medical and Surgical Journal.]

MONDAY, DEC. 2d, 1850. CASE I. *Fistula in Ano. Operation.*—This patient experienced, in the history of his affection, a longer interval than is common, between the first appearance and the discharge of the abscess. It appeared spontaneously by the side of the rectum two years ago, and at the expiration of two months projected an inch or more, before breaking. It is often asked whether an abscess in this region is necessarily what is called fistula in ano; or, in other words, whether an abscess may exist here without the usual tendencies of this troublesome affection. You will find in the books that a spontaneous cure in this place, as of a boil elsewhere, is excessively rare. I have seen one such case; but I incline to believe that there are surgeons of larger experience who may not happen to have seen even one. It was in a young man in whom a tender induration at the outer margin of the sphincter broke, about the third day. The probe entered three quarters of an inch, but the excessive tenderness of the part caused the

operation to be deferred, and the opening healed by the fifth day after. This occurred at least two years before the use of ether, and the patient has had no trouble since. Such a case is rare, and an abscess by the side of the rectum generally requires the operation for, and practically is, "fistula." If we adopt Brodie's view that this abscess is always caused and perpetuated by the escape of fæces through a little ulcer of the mucous membrane lining the sphincter, we have a constant and peculiar condition connected with it; and which prevents its spontaneous cure. Brodie thinks this is the cause of their duration, rather than the friction and motion of the sphincter and levator; and, as a natural result, urges the necessity of finding this internal perforation and of making the incision through it in order to obliterate it. Against these views of this most distinguished surgeon, it may be alleged that a surgeon is generally called upon to operate without the "three or four examinations" which he finds to be sometimes necessary for the discovery of the internal orifice; and that in the event of not finding it, it is common to perforate the mucous membrane with an artificial opening, and that such cases usually get perfectly well. In this case the internal orifice was readily found at its usual place about half an inch above the external sphincter. A few days ago, in another case, I found the ulcerated orifice in a less common position, at the extreme head of the sinus and of the sphincter, and opening into the dilated gut above. The usual position of the internal fistula directing exploration, the hole being found and the incision made, it remains to be settled what is to be done with the upper part of the sinus, which, as in this case, often runs an inch higher up. Brodie advises that it be left. This one I slit with scissors to the extent of half an inch, as it was deep, and there was no especial reason for not placing it in the category of other sinuses. In fact, it is common to divide such a sinus with caution. There is a chance of hemorrhage from vessels you cannot reach. But when the wall is thin, you may feel, with the finger in the anus, the hemorrhoidal arteries in its substance, beating, and avoid them. There were none here; but in a case a year ago, where such a vessel was high up, directly below the upper orifice, I passed through the latter a wire of pure silver, which will twist without breaking, and let it cut its way out. Then there are not unfrequently sinuses outside, extending laterally upon the nates, sometimes to the tuberosity, or in front to the scrotum. A recent or tender one may be left to itself, the sphincter being divided; but a chronic or indurated one had better be laid open, as in the present case; where such a sinus having been opened by the patient himself with a penknife, had been frequently touched with caustic and had become greatly indurated. The patient, who seems to have studied the subject, desired that it should be dissected out; but it will now doubtless granulate on exposure to the air. The operation, apart from the chance of hemorrhage, is, as you saw, inconsiderable. A finger in the anus meets, at the inner fistula, a probe passed into the sinus. Now you may follow the probe with a narrow blunt-pointed knife, and make it cut its way out, resting on the tip of your finger; or, which is easier, and which I did in this case, drag down the tip of the probe or direc-

tor through the anus, and slide it over upon the opposite side of the nates. The mass is then exposed, lying upon your instrument, and you divide it as you please. A little dry lint separates the cut surfaces for a day or two while they have a tendency to unite, and the wound afterwards requires only to be kept clean. This patient will doubtless get about in the course of a fortnight.

CASE II. Injury of Finger. Amputation.—A middle-aged woman, otherwise healthy, two years ago washed her finger, which was slightly pricked, in soapsuds containing bed-bug poison. The finger swelled largely; of which the rational explanation probably lies, not in any specific action of a mineral or vegetable poison, but in an aggravation of some pre-existing tendency to morbid inflammation. The patient applied to a doctress, "good in such cases," who opened an abscess with scissors and poured into it alcohol. After a considerable interval, the part came under proper treatment in the hands of a surgeon, and was healed; its two extreme joints, stiff. This unfortunate member was again laid open, and the bone fractured by a blow a fortnight since; and the tissue of the old cicatrix ulcerating as it easily does, the thing assumed the appearance of a whitlow. Dr. Townsend amputated it at the middle joint, making a very neat flap from the palmar surface. This operation occupies pages in books upon operative surgery, and it is a sort of test of skill in the dissecting rooms. It is quite convenient to know that the distal curved wrinkle on the back of the joint will exactly open the cavity without too much uncovering the bone; and that it is the lateral ligaments which resist most till divided; but it is not often that the regular described operations will apply to the diseased finger. Fingers are often mashed or largely swelled; and unless very near to a joint, the best rule I know, is to get a good covering for the bone, wherever there is a bit of sound and attached skin, and then to divide the bone with forceps, just below it, if you are not at a joint. The arteries play a little, but if the flap is stitched or otherwise fixed in place, and the finger compressed with a narrow bandage, they generally stop without tying.

CASE III. Tumor in the Nose. Operation.—This may be called a tumor of the nose, for it certainly is not anything else. It is, as far as I know, anomalous, and is a most extraordinary affair. It came like a polypus, and looked like one; but it certainly is no polypus. The woman is about 40 years of age, and has been otherwise healthy, till within a few months, since when she has lost flesh. Her attention was called to the pain in the nasal and ethmoid bones, about nine years ago, when, after a good deal of pain and some constitutional disturbance, a "gathering broke," and there was a discharge of fetid pus from the left nostril. This occurred at intervals afterwards; but about five years ago she expelled, by blowing from this nostril, a bit of white thick soft matter. This has occurred several times since, and twice a mass of it as large as the last joint of the little finger. This sort of account is very common. There is a class of patients who are made very unhappy by what they blow from their noses, and there is sometimes disease and sometimes not. "White matter" often means only abundant opaque mucus. So that this account alone was quite unsatisfactory,

except that inspection of the nose showed what appeared to be an ordinary polypus high in the left nostril. Its history went to confirm its character. It "came down," that is, came forward and in sight, a few weeks ago. Since last April it has been gradually obstructing the air on this side, and at present the stoppage is complete; the patient volunteering the statement that it was larger in damp weather. Common polypi are so, and with present evidence, this was likely to prove such. The operation, as you saw, was performed in the ordinary manner. I introduced a pair of oiled polypus forceps so as carefully to include the tumor, shut the handles tightly, and after one or two twists brought out the closed instrument, containing in its grasp what appeared to be—nothing. I mentioned, at the time, that this was a common experience; that a polypus of some size, when its contained serum has escaped, often leaves only a collapsed bit of mucous membrane, concealed between the blades of the instrument, to account for a considerable obstruction removed. The forceps here showed only a little pasty material at their extremity. They were again introduced, and with the same result; but at this time the patient blew from the nose a fragment of this paste. Repeated introduction of the forceps, alternating with the expulsive effort, at last cleared the nasal passage by the evacuation of two good teaspoonfuls of the same material. This was a dirty white paste, perfectly destitute of obvious organization, about the consistence of white lead, smooth, homogeneous, and with a faint smell of macerating bone. Under the microscope it showed only very minute granular material, a very few small cells here and there, and occasionally fragments of fine fibres; the whole field presenting the aspect of common tartar taken from the teeth, more nearly than anything I know, but without calcareous deposit, and exhibiting only fragments of the long and fine fibres discovered in tartar.

The question is then upon the nature of the affection. Is this, polypus alone, mucous, fibrous, or malignant; or is this material superadded to polypus, or connected with it? It is obviously something foreign to the usual history of the affection. We have sometimes calcareous concretion in the nares, but apart from its resemblance to non-calcareous tartar, this material has no evident affinity of that sort. The early progressive character of its history now becomes of interest, and we may infer that what was once a slight is now an aggravated lesion; and that it was once attended with exacerbations accompanied with headache and terminating in a discharge of pus. This would suggest some chronic affection of the bone, perhaps tubercular. But I know of no regular affection of the antrum or ethmoid resulting in this, and it seems improbable that a soft secretion should accumulate in such quantity in the nares without becoming disintegrated and semifluid to a degree which would facilitate its escape. With these speculations, and preferring to give a curious case in its actual, though it may be temporary aspect, I leave it for the present.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 11, 1850.

EDITORIAL CORRESPONDENCE.

Malta.—Contrary to the expectation excited by geographical writers, Malta, instead of being a drop of earth in the Mediterranean sea—a mere rock, covered artificially by soil brought from a distance—is a massive strip of terra firma, stretching full ten miles to the west of the main port. There are several large villages; and with regard to Valetta, the focus of business and the fortress, it is better built than many cities of Europe which make pretensions to excellence in the style of architecture. There is nothing like it on the globe in respect to the means of defence. Guns meet the eye at every point—and there it stands alone, a stopping-place for voyagers. The presumed spot where St. Paul shook the viper from his wrist, is full nine miles from the entrance harbor. Opportunity was not offered for an examination of the extraordinary antiquities of the island, which refer to a period so exceedingly remote that even conjecture does not fix upon the people or the epoch by whom and when the tombs and cyclopean structures had an origin. Our consul, Mr. Winthrop, a Bostonian, son of the late Joseph Andrews, of Boston, has recently made explorations that have created a sensation among antiquarians. Everything shows that Malta was settled at an exceedingly remote age; but how the people found the place, or left it for the continents of Europe or Africa, without the compass, is an unsolved problem. Owing to the dreadful activity of the cholera, Malta has been forsaken for months; and consequently when the French steamer Eurotus, from Marseilles, on which we took passage from Naples, was courageous enough to go directly into port, the inhabitants appeared delighted. Never did such a rabble beset a ship as encircled us—speaking all the known languages of this section of the world. It was an effort to get on shore through the army of couriers, hotel commissioners and boatmen, who offered their services. Malta is now free from disease, but voyagers are afraid to land, and consequently it will be some time before its accustomed activity and commercial thrift will be re-established. There are two hospitals—the naval and military—in their internal administration and arrangements similar to those of other countries devoted to the same special service. Of course they are under the charge of English service surgeons, and consequently require no comment. A medical school is in full operation, having annually about 40 students. Italians appear to have the principal control of everything within the city walls. They are extremely bigoted; and from what could be gathered in relation to the hostility of the Catholic population to the English rule, they would no doubt rejoice at the establishment of the inquisition. When the host passed through the streets, the entire population, apparently, were awestruck. Nothing would be more difficult, at the present moment, than a description of the churches, the palaces of the knights, and the reminiscences of this out-of-the-way, yet in-the-way drop of earth, surrounded by the waters of the Mediterranean. Fruits abound—rich and cheap beyond all past experience in other countries. Sunday is observed very much as in all other papal regions—the shops, markets, &c., being open, and pedlars and hawkers of all sorts and orders filling the streets. About noon,

a little more reserve is manifested than at Rome, or in Italy generally—the English respect for the Sabbath being triumphant from that hour till dark.

Alexandria.—By accident, the machinery of the French steamer *Lousquor*, bound to Egypt, got out of order, and going into Malta for repairs, was necessarily obliged to communicate with the town—which she otherwise would not have done, fearing, as a consequence, a quarantine at Alexandria and Beyroot. We had made up our minds to be detained at Malta some weeks, unless a sailing vessel was taken—since neither the English, French nor Austrian line would touch, with the contingency of a quarantine hanging over them. Immediately on the arrival of the *Lousquor*, we had the good fortune to get on board of her—the opinion being entertained that at Alexandria no detention would be enforced, since the cholera had subsided at Malta, and was known to linger in the place to which we were bound. With a large number of passengers, of all nations, tongues and ages, we sailed on Sunday evening, Oct. 27, and on Thursday evening, Oct. 31, first saw the African light—but such is the intricacy of the channel, the *Lousquor* kept off until Friday, Nov. 1, when we majestically entered the harbor of Alexandria. No pilot came on board, which presaged some very disagreeable act of the sanitary council. Pretty soon a boat came alongside, filled with Arab oarsmen in turbans, bare legs, stockingless feet, and wrought jackets, or no jackets, at the stern of which was an old Italian physician, whose upper lip was eked out with a dirty grey moustache, like the eves of a Swiss cottage. With a pair of tongs he received the clean bill of health brought from Malta, certifying to the entire disappearance of epidemic cholera, together with the good health of the island and of the crew and passengers of the *Lousquor*. It was carefully placed in a tin canister, and away he went to report to his superiors, who, in the sequel, proved themselves to be greater asses than their medical messenger. In the meanwhile a multitude of boats surrounded us from the town—so strange in their appearance, appurtenances, and the people in them were such deviations from all the specimens of humanity we have seen in other countries, that the novelty was a kind of compensation for not being permitted to go immediately on shore. The distance from Malta to Alexandria is 960 miles, by the best charts in our possession. A more beautiful sight cannot be contemplated, in coming in suddenly from the turbulence of the sea, than this harbor. At the moment of writing this line, which is done in the office of the commissary of the ship, the palace of the late Pacha of Egypt, of terrible memory, is not more than sixty rods from the vessel—a very large, three-story house, with many windows, green blinds and out-houses. It is on a level with the water, so that boats can enter the garden through its huge gates. On the elevated ground, overlooking the palace, the harbor, town and sea, is another large edifice, minus chimneys or windows—the harem, where several hundreds of ladies, doomed to see no other man than his highness, passed away their days in frivolous amusements and in quarrelling with each other. On the death of their husband—for there was only one for them all—they were mostly removed to Cairo, and now one building is empty, though gorgeously fitted up with chandeliers, gilded cornices and fat cushions—the only beds, which are seats by day and couches at night. There are also in sight, Pompey's pillar; wind-mills without number; thousands of mud cottages, having a door-way, occupied by the soldiers, their wives never exceeding, it is said, the lawful number of four; and three magnificent ships of war, equal in

all their appointments to any we have seen in England or America. A long line of forts defends Alexandria—on which is floating a red banner, with the crescent in the centre. Vast numbers of these flags are every where flying on the shipping, which has a fine effect, and moreover shows that this power is far more respectable in naval defences than is generally represented. We have been watching the Arab sailors strike the topmasts this morning, in their big bag-breeches, red caps and white shirts—and a picturesque scene it was. Two ragged, bare-footed Arabs were put on board, bearing long sticks with the bark on, to guard us. Boats were constantly going and coming (for we were anchored right in the midst of all the shipping), bringing and carrying letters, food and messages. A greater farce than this quarantine can scarcely be imagined. We were from a healthy place and all in health, while the city at which the vessel arrived is suffering from the cholera! Yet these Italian physicians have managed to introduce here the same wretched system of health police which disgraces their own country, almost to the destruction of commerce and social intercourse with other nations.

In previous letters, the facility with which languages are spoken has been adverted to—but it is a subject of such peculiar interest, that it is again introduced. On board the *Lousquor*, the English, Italian, French, German, Arabic, Greek, and perhaps several others, are spoken by the same persons, and with such perfect facility as to excite surprise in us, although it creates no wonder in those who are accustomed to this accomplishment. A young lady is on board, aged 16, who has such familiarity with languages, that in some countries she would be created doctor of laws, and made professor in a college. As a matter of course, Latin is spoken very generally by professional men, and with apparent ease. If an anxious father in the United States, instead of sending his son six or seven long years to learn Latin and Greek, which are never thoroughly acquired at best, would send him at ten years of age to the care of the American Consul at Malta, Alexandria, Beyroot, Constantinople, or some less distinguished cities in their neighborhood, in three years he would speak fluently six or seven languages, including Latin, and at half the expense which would be incurred at home.

Alongside the vessel is the dragoman of Mr. Stephens—the well-known traveller, author of the “Incidents of Travel”—expressing a strong desire to accompany us up the Nile, as he did *Dr. Stephens*. Hassen, a native of Philæ, far up the river, who was Sir Gardner Wilkison’s dragoman through the whole of that learned gentleman’s explorations in Egypt, while collecting materials for his admirable work, has also sent up his claim. This is the Mahometan Sabbath—and the word is, the Italian Board of Health will do no official business (Friday), although Catholics. They are a subtle, supple set of adventurers, who would serve the devil just as readily as Abbas Pacha, with the same salary. We addressed a note of remonstrance to the American Consul, stating the absurdity of this quarantine.

Saturday, Nov. 2d.—This is the Jewish Sabbath, and consequently all the Jews refrain from business. At noon, unexpectedly, free pratique was granted, and the rush to the gangway was tremendous. All the christian consuls had met the Senate of Health, as it is termed, and protested so strongly against their doings (as many of the passengers bound to India would lose their passage), that they relaxed. In extenuation of their order for quarantine, Abbas Pacha’s command, sent down from Cairo, was appealed to, ordering it on all vessels coming from places where the cholera

existed. On the other hand, the American Consul contended, that a clean bill of health from Malta, saying the disease had disappeared, was not to be disregarded—and the flexible officials, fearing that they might individually get into trouble, gave up, and we came on shore in the midst of a fleet of small boats, manned by Arabs, in one uninterrupted series of quarrels among themselves. Next, we encountered an army of donkey-drivers, offering their services. Never was such a scene witnessed by any of us before. With all our bones whole, we finally arrived at a hotel, in a large handsome square, called the consular, from the number of consuls residing in it. Flag-staffs are raised on the roofs of their houses, whereon the flags of the nations represented are flying. They were all at half-mast as we entered, on account of the death of the Queen of Belgium, the intelligence of which was brought by our vessel. All the flags in Egypt were kept at half-mast three successive days when the death of President Taylor was announced. This was a very marked exhibition of respect for the government of the United States, which has been most gratefully acknowledged by a humble citizen of that glorious Republic—the first traveller from thence since the circumstance occurred, according to our best information. Cholera has been so terrifically fatal here of late, that few voyagers have ventured into this region the present year.

Suffolk District Medical Society.—This society held its first meeting in their new rooms, Masonic Temple, on Thursday evening last. The room for meeting is most comfortably fitted up, and there is one adjoining which is to serve for the Physicians' Exchange, where the various medical periodicals will be found, and which will be open daily. Much praise is due the committee for the zeal displayed in procuring these rooms, and the very excellent manner in which they have been prepared for the accommodation of the society. There was a full attendance of the members. A very interesting paper on *eczema mercurialis* was presented and read by Dr. Durkee. Pathological specimens were presented by Drs. H. J. Bigelow and J. Mason Warren; one of a white swelling of the knee joint, the other a vertebra with a musket ball imbedded in its substance—both gentlemen giving the history of their respective cases. Oral communications were made by several of the members; and last, but not least, were the substantial comforts of the inner man, furnished by Dr. M. S. Perry. At a late hour the meeting was adjourned, all the members seeming much pleased with the new arrangement. We would mention that the use of the rooms were granted to Dr. G. S. Jones for preliminary meetings of the apothecaries to organize themselves, preparatory to their application to the Legislature for a charter as a college of pharmacy. Most of the members gave their hearty consent to such a measure, and were not disposed to throw obstacles in the way of so important an organization. Dr. Bowditch's gentlemanly and enthusiastic efforts on the occasion will especially long be remembered by the applicant for the rooms as above specified.

Poisonous Effects from using new Earthen Ware.—A somewhat singular, though not unaccountable occurrence took place in the family of a gentleman in one of our neighboring towns, a short time since. It appears there was a large number of the gentleman's family and connections present to partake of a Thanksgiving dinner, numbering in all 23

persons. The usual variety served on such occasions covered the banquet board, and the party partook of it with the proper relish. Twenty of this party remained over night, and took breakfast with their host the ensuing morning. A large chicken pie, which had not been touched the day before, was served out to them at this time. In a few hours after, seventeen of them were violently attacked with severe griping pains in the bowels, accompanied with profuse diarrhœa. It appeared, from investigation, that *only those who ate of the pie* were the ones who suffered. The lady of the house having made it herself, and partaken freely of it, suffering alike with the rest, of course removed all suspicion of intentional poisoning. The query now is, what was there in this *pie*, or about it, that should produce these effects? The pie was baked in a yellow earthen glazed dish, that never had been used before; and the conclusion necessarily is, that its contents became impregnated with portions of the enamel with which it was lined, and hence the consequences. Now the enamel used by potters varies in composition, according to the purposes for which the ware is intended. They all, we believe, contain more or less lead, cobalt, &c. Often the biscuit, as it is called, is made of clay which contains poisonous matter in various proportions, and if, after the baking, the vessels are imperfectly glazed or protected, bad consequences may arise from using them. All such ware, to be used in cooking, when *new* should first be proved, and this is best done by having it greased over with lard or tallow, and then subjected to the heat of an oven. This will generally be found a sure protection. This one instance should serve as a warning to families, and is not without interest to the physician. Had the occurrence taken place during the prevalence of cholera, the sickness might have been taken for it, and with very good reasons, its symptoms and character simulating that disease. We are pleased to state that the parties entirely recovered, the majority of them only suffering five or six hours.

Better late than never.—We learn from the Boston Medical Journal, that the profession of that city have at last awoke to the importance of having a college of Pharmacy in Boston, and the preliminary movements to this end are in progress. Recent fatal mistakes by apothecaries would seem to have given the impulse to some action in this direction. But unless the college can be invested by law with a control over the question, who shall and who shall not vend medicines in that city and state, ignorant apothecaries will still blunder on—for the people love to have it so, it is so democratic and anti-monopoly like, in this free country!—*N. Y. Med. Gazette.*

BIBLIOGRAPHICAL NOTICES.

Dr. Pallen's Introductory Address.—The introductory address delivered before the class, in the medical department of the St. Louis University, by Prof. M. M. Pallen, M.D., has been received. It is a very spirited address, and evinces a mind that has been highly cultivated, and especially devoted to scientific research. We like the style of reasoning adopted by Dr. Pallen, and no doubt it must have convinced the audience that "*theories*" are sometimes as good as observation and experience.

Disease of the Kidney.—A pamphlet has been received containing the "report of a case read before the Medical Society of East Tennessee," in which the diagnosis was "disease of the kidney," by Frank A. Ramsey, M.D., Corresponding

Secretary, &c. of the Society. It is a well-written paper, and furnishes evidence of careful study and observation. The case in question would evidently have been diagnosed disease of the urinary apparatus, by any medical man; but if it should have proved to have been an anomalous disease, an autopsy would have revealed it, the absence of which is certainly to be regretted.

Dr. Annan's Introductory.—The introductory address of Dr. Sam'l Annan, Prof. of Pathology, &c. in the medical department of the University of Transylvania, has come to hand. The address is characterized by its liberal sentiment towards those medical students who have not had the advantages of a classical or preliminary collegiate education. The professor says, with much truth, that "*Latin will not cure a fever,*" or "*Greek assist the surgeon.*" John Hunter was a good physiologist, and Sir Astley Cooper's skill in surgery unquestioned; yet they were ignorant of the Latin and Greek languages. Dr. Annan would not have us believe that the languages are unnecessary to the learned, but, on the contrary, thinks a knowledge of them would facilitate our progress in the science; yet there can be good physicians and surgeons who are totally ignorant of them. There are many excellent points in the address, referring to other matters; but we are compelled to pass them by, for the want of room.

Vermont Asylum for the Insane.—The fourteenth Annual Report of the directors and superintendent of the Vermont Insane Asylum has been received. The institution is in a prosperous condition, proving itself the almoner of good to those bereft of reason. Since its opening, fourteen years ago, 1609 patients have been received, 745 of whom have fully recovered. The low price for a bed in this institution must necessarily attract the attention of those having insane friends who wish to avail themselves of a hospital, and are obliged to economize in their expense. Such institutions are of the greatest benefit to our country, and should receive the especial attention of those wealthy individuals who are disposed to promote the cause of true philanthropy. The munificent sum lately given to the M'Lean Asylum, in Somerville, by the Hon. Wm. Appleton, of this city, will add renown to his name, and the recipients of his benefaction will doubtless have reason to perpetuate it.

Sydenham Society, London.—The report of the eighth general meeting of this society has been sent us. The objects of the society, it appears, are for "meeting certain acknowledged deficiencies in existing means for diffusing medical literature, which are not likely to be supplied by the efforts of individuals." This is certainly praiseworthy; but for the life of us, we cannot see any good reason for *diffusing* some of the literature which the learned society has published since its organization. For instance, we will mention *some* of the works of the great man for whom the society is named. Works upon theories, which the present generation *know to be false*, need not reappear, except to show by contrast the rapid strides that are made in medicine and the collateral sciences. It may be true we are quite as far off in our pathology of fever as they were in the days of Sydenham; but the rationale of its treatment we believe to be decidedly better understood, more at least in accordance with the *vis medicatrix natura*. We have much respect for the writings of Hippocrates, and cannot very well object to their republication, believing many of his aphorisms consonant with good sense and understanding. One guinea a year will make any one a member, and if he does not like the publications, he has a perfect right to say so.

MARRIED.—At Groton, Ms., Dr. George Brown, of Barre, to Miss Katie Wood, of G.—In Dover, N. H., T. J. W. Pray, M.D., to Miss Sarah E. Wheeler, of D.

DIED.—In New Haven, Dr. Joseph Darling, aged 91, the oldest graduate of Yale College.

Deaths in Boston—for the week ending Saturday noon, Dec. 7th, 65.—Males, 36—females, 29. Disease of the bowels, 1—inflammation of the bowels, 1—disease of the brain, 1—inflammation of the brain, 1—consumption, 18—canker, 1—croup, 3—dropsy of the brain, 4—debility, 1—erysipelas, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 3—lung fever, 3—gastritis, 1—hooping cough, 2—disease of the heart, 1—infantile diseases, 2—influenza, 1—inflammation of the lungs, 2—disease of the liver, 2—measles, 1—old age, 1—palsy, 2—puerperal, 1—smallpox, 1—suicide, 1—teething, 4—tumor, 1—unknown, 2.

Under 5 years, 30—between 5 and 20 years, 5—between 20 and 40 years, 18—between 40 and 60 years, 8—over 60 years, 4. Americans, 40; foreigners and children of foreigners, 25.

Physicians' Fees in California—The San Francisco Herald publishes the "fee bill" of the medical society of that city, from which we gather the following items:—For a single visit or advice in a case in which no further visits are required, \$32. This is not intended to apply to those cases in which the physician is considered the regular medical attendant of the individual or family. For each visit in a case in which the physician is in regular attendance, or for advice at his office, \$16. Every necessary visit in the same day to be charged, whatever their number, at the same rate. When detained, for each hour \$32. For a visit at the time appointed by the patient or his friends, during the day-time, \$32. For a written opinion or advice to a patient, \$50 to \$100. For a visit at night, \$30 to \$50. For a visit as consulting physician, during the day-time, \$32. The same fee shall be paid to the attending physician. For a visit as consulting physician during the night, \$100. For visiting distant patients, \$10 to be charged for every mile from the city. For an opinion involving a question of law, \$150. For a post-mortem examination in case of legal investigation, \$200. For a certificate of the state of health of an individual, \$50. For vaccination, \$32. For reducing recent luxations, \$32 to \$100. For reducing old luxations, \$160 to \$200. For removal of stone from the bladder, \$500 to \$1000.

Burning of the Insane Hospital in Augusta, Me., and several of its Inmates.—The Insane Hospital at Augusta was destroyed by fire, Dec. 4th, and it is supposed that 12 of the unfortunate inmates have perished in the flames. The fire, it is thought, took from a defective chimney. Some of the inmates gave the alarm as soon as the fire was discovered; but the keepers supposing their cries of fire were nothing but their accustomed ravings, gave no heed to them until they discovered the building was filling with smoke. The female galleries were cleared without loss of life. The Hospital contained 125 inmates, half of whom, males, were in the galleries where the fire originated.

The hospital is situated a mile from the village of Augusta, with no dwelling in its vicinity; and it was long before the fire became generally known.

Another Careless Mistake of an Apothecary's Clerk.—An inmate of Mr. Means's family, in Groton, came very near losing his life from the effects of an over dose of tartrate of antimony, which was given, *by mistake*, for cream of tartar. Such instances are getting too common, and it is quite time that measures were adopted to prevent their frequency. The proposed apothecary's association and college in this city, will have a tendency to rid us of these reckless and ignorant persons, who make pretensions to be apothecaries without the proper qualifications.

Filling Teeth after the Lining Membrane has become Exposed.—Dr. W. W. Codman, of Boston, informed us, while on a visit to that city last summer, that he had been in the habit, for several years, of filling teeth, under certain circumstances, after the lining membrane had become exposed, and with very great success. He also stated that he was of the opinion, from a number of experiments which he had made, that the pulp of the tooth, when the operation is successful, sooner or later ossified. He presented us with several teeth in which this had actually occurred.—*Am. Jour. of Dental Science.*

PHARMACEUTICAL PREPARATIONS OF MANGANESE.

BY M. HANNON.

OXIDE OF MANGANESE.—This is a very good preparation, especially when obtained by the humid method; it should, therefore, be made only when it is wanted for use. The best mode of prescribing it is to add an ounce of simple syrup to half a drachm or a drachm of the hydrated oxide, with some oily emulsion, to prevent the contact of the air.

Carbonate of Manganese is best prepared by dissolving seventeen ounces of pure crystallized sulphate of manganese, and nineteen ounces of carbonate of soda, in a sufficient quantity of water. Double decomposition takes place; one ounce of syrup is added to every seventeen ounces of the liquid, and the precipitate is allowed to settle in a well-stopped bottle. The supernatant fluid is then decanted off; the precipitate is washed with sugared water, and allowed to drain on a cloth saturated with simple syrup; it is then expressed, mixed with ten ounces of honey, and rapidly evaporated (the access of air being prevented) to a proper consistence for making pills. The sugar and honey oppose the transformation of carbonate of the protoxide of manganese (*carbonate manganese*) into carbonate of the peroxide (*carbonate manganique*), which is but little soluble in the acids of the stomach. The dose is from four to ten pills, each four grains, every day in chlorotic cases, where iron has not succeeded. The hyperoxidation of the carbonate of manganese may be prevented by adding freshly-prepared vegetable charcoal to the pills; it absorbs the carbonic acid which is disengaged by a partial decomposition, and enables the pharmacist to dispense with the use of mucilage, which only increases the hardness of the mass.

Neutral Malate of Manganese.—This is procured by treating carbonate of manganese with malic acid. It is an eligible preparation, as the base of the salt is in the form of protoxide, and the acid is easily digested. The dose is from two to four grains, in pills.

The preparations of manganese have this immense advantage over those of iron, that they can be combined with vegetable tonics and astringents, namely, tannin, and the substances which contain it, as gall-nuts, rhatany, catechu, dragon's blood, kino, monesia, canella and cinchona. These can all be combined with malate of manganese. *Syrup of malate of manganese* consists of—simple syrup, ℥ xvj.; malate of

manganese, ℥j. ; essence of lemon, ℥ij. : an ounce of syrup contains 29 grains of malate of manganese. *Pills of malate of manganese.*—Malate of manganese, gr. xv. ; powder of cinchona, gr. xv. ; honey, a sufficient quantity to make twenty pills. *Lozenges of malate of manganese.*—Malate of manganese, ℥j. ; sugar, ℥xj. ; mucilage of tragacanth, a sufficient quantity. To be formed into lozenges, each 12 grains in weight ; each of which contains a grain of the salt.

Tartrate of Manganese is prepared in the same way as the malate, tartaric acid being used. It may be substituted for the malate in all the above-mentioned formulæ ; and is used to prepare the following highly tonic syrup. Syrup of tolu, ℥xviij. ; extract of rhatany, ℥iiss. ; tartrate of manganese, ℥iiss. Dose, from four to five spoonfuls daily.

Phosphate of Manganese is best prepared by dropping a solution of phosphate of soda into a solution of sulphate of manganese. The precipitate is collected after filtration, dried, and preserved in well-stopped bottles.

This preparation may be employed, like the phosphate of iron, in cancerous affections. *Pills of phosphate of manganese.*—Phosphate of manganese, ℥jss. ; powder of cinchona, ℥ss. ; syrup of catechu, a sufficient quantity. To be divided into four-grain pills. *Syrup of phosphate of manganese.*—Phosphate of manganese, ℥ss. ; syrup of tolu, ℥ij. ℥ij. ; syrup of cinchona, ℥v. ; essence of lemon, ℥iss. ; powder of tragacanth, gr. x. This preparation must be made quickly, and preserved in a well-stopped bottle. *Lozenges of phosphate of manganese.*—Phosphate of manganese, ℥j. ; sugar, ℥xij. Mix and divide in twelve-grain lozenges, each containing one grain of the phosphate.

Iodide of Manganese is prepared by digesting recently-precipitated carbonate of manganese with fresh hydriodic acid ; then filtering and evaporating, the access of air being prevented. It may more conveniently be prepared extemporaneously, by mixing together an ounce of iodide of potassium, and the same quantity of sulphate of manganese, perfectly dried, and in the state of powder. It is then made into a pill-mass with honey, and divided into pills, each containing four grains of the iodide ; which should be kept in a well-stopped bottle. The dose is at first one pill daily, gradually increased every three days to six pills ; the medicine is then omitted for eight days, after which is resumed again. *Syrup of iodide of manganese* is prepared by adding concentrated hydriodic acid to a drachm of perfectly pure hydrated carbonate of manganese, until it be entirely dissolved ; then mixing with the solution 17 ounces of a syrup of guaiacum and sarsaparilla. Dose, from two to six spoonfuls daily.

In cases where iron has not succeeded, it is desirable not to make a sudden transition to manganese, but to combine the two remedies as in the following formula. Pure crystallized sulphate of iron, ℥xij. ; pure sulphate of manganese, ℥iiss. ; pure carbonate of soda, ℥xviiss. ; honey, ℥x. ; syrup, as much as may be sufficient to make a mass to be divided into four-grain pills. Dose, from two to ten pills daily. The insoluble preparations of manganese should be first used, as the carbonate, phosphate and oxide ; then the more soluble preparations, the tartrate,

malate, &c., may be employed. The use of this medicine should not be persevered in so long as that of iron, as its preparations are more rapidly assimilated. Manganese is not, like iron, found in the excrements of persons who take it—at least it is in very small quantity.

In the depraved state of the blood which succeeds intermittent fevers, manganese is useful; it is the most certain remedy for preventing a return of the attacks. Leucophlegmasia and engorged spleen, of long duration, are rapidly reduced by the use of iodide of manganese with syrup of cinchona. The preparations of manganese should also be used in urethro-vaginal catarrh in chlorotic patients, and in chronic leucorrhœa, especially in individuals weakened and rendered anæmic by excess. The salts of manganese with which we are acquainted, are powerfully astringent, and may be used as external applications in all cases where other astringents are not indicated. In this respect they possess no other peculiarity.—*London Journal of Medicine.*

CASE OF FIBROUS POLYPUS.

BY JAMES SYME, ESQ., PROF. OF CLIN. SURGERY IN THE UNIVERSITY OF EDINBURGH

LORD — — — applied to me on the 29th of June last, under the following circumstances:—About three years ago, while employed in the public service abroad, he had fallen from horseback, and sustained an injury of the nose, followed at different times by profuse bleeding—on one occasion to the amount, it was said, of several pints—and complete obstruction of the nasal passages, with the loss of smell and taste. Some ineffectual attempts to afford relief had been made by a military surgeon, who detected a polypous growth in the right nostril and extracted small portions of it. The patient, in quest of more efficient assistance, had come home and placed himself under the care of an eminent surgeon in London, who made repeated attempts at extraction, without success, and then proposed a consultation, which led merely to the prescription of alterative medicines. Two other very distinguished surgeons of the metropolis were then taken into the case, with the result of discovering a tumor in the throat. It was proposed to remove this growth by cutting through the soft palate; and deliberations were held as to the practicability and expediency of such a procedure. But, finally, at the end of two months, the original resolution against any operative interference was unanimously adopted. The patient then came to Edinburgh, bringing with him a letter to me from the gentleman first consulted, who stated in it, that he and the three other surgeons had, after careful examination, and repeated deliberations, resolved that the case did not admit of any beneficial interference.

The patient was about 34 years of age, tall, thin and well made, without any expansion of the nasal feature, which, on the contrary, was rather narrower than usual. Upon putting my finger into the pharynx, behind the soft palate, I was surprised to recognize in the tumor, which had excited so much alarm, merely the extension of a polypous growth from the nose backwards, and offered at once to remove it without delay

or ceremony. But to this proposal it was objected by the patient, and two of his brothers who accompanied him, that it would be requisite to obtain the consent of their friends in London before anything should be done in a matter engaging the sympathies of a large family connection, and in opposition to the judgment of so many distinguished surgeons. Letters, therefore, were despatched to the principal parties concerned, and in the meantime I repeated my examination of the case.

Both nostrils were completely obstructed, in regard to inspiration as well as expiration. There was nothing to be seen or felt in the left one ; but in the right a small portion of polypus, similar to the ordinary mucous growth, could be perceived. Pressure upon the pharyngeal tumor excited profuse bleeding, not so much from the throat as from the nose. At all times there was a copious distillation from the nostril of slightly-colored fluid, which, as it could not be expelled by blowing, admitted of removal only by a wringing sort of action, hardly less disagreeable to witness than to endure. At night, notwithstanding every precaution, the bed-clothes were soiled by this never-ceasing flow of watery discharge. When the certain, and not remotely, fatal termination of his complaint, which had been predicted to the patient by his London attendants, is added to these constant sources of distress, it may be imagined that his state was nowise comfortable, and that he gladly availed himself of the sanction which in due season arrived for the execution of my proposal.

On the 7th of July, having requested my friend Dr. Duncan to give me his counsel and assistance, I introduced the small polypus forceps, always employed by me, into the right nostril, and co-operating with the fore and middle fingers of my left hand, inserted behind the soft palate, speedily extracted the morbid growth in one mass through the nose. The bleeding, which had been very profuse, immediately ceased, and the patient breathed with perfect freedom by both nostrils. He remained quite well ever afterwards ; and three months having passed without any threatening of a relapse, has gone to resume his duties in the colony to which he was attached.

The polypus, when examined, was found to consist principally of a fibrous substance, possessing a reddish color, and a texture so very firm as to resist almost any degree of extensive force. At the part farthest from its centre, where it descended into the pharynx, the growth had a bulbous form, and more friable consistence. It thus, in all respects, completely agreed with the characters of what M. Dupuytren designated the "fibrous polypus"—namely, an extremely firm consistence at the central or original part, a tendency to soft degeneration at the circumference, a great disposition to bleed, a strong adhesion to the surface of bone upon which it grows, and the absence of any malignant action after its complete evulsion. Such cases are very rare, and I consider myself fortunate in having witnessed one of the two which Dupuytren has particularly related. In my own practice I have met with some remarkable examples of the disease, especially one in which I found it necessary to remove the superior maxillary bone in order to obtain the access requisite for applying forceps with effect ; and another, where,

having divided the upper lip to obtain sufficient space, I found that the polypus grew from the inferior spongy bone, and readily detached it by means of the cutting pliers. In the latter case, the patient, though nearly exhausted by hemorrhage previously to the operation, enjoyed good health for many years afterwards, and, so far as I know, still continues to do so.

In conclusion, I may remark, that the source of Lord ———'s complaint probably existed long before the accident to which it was attributed, since he breathes with more freedom, and, on the whole, has a feeling of greater comfort, than he recollects to have enjoyed at any time previous to the operation.—*Edin. Monthly Jour. of Med. Science.*

SULPHATE OF MANGANESE IN JAUNDICE.

[Communicated for the Boston Med. and Surg. Journal.]

SOME two years since, I was requested to prescribe for the case of an eminent physician in New Hampshire, who had been severely suffering from the worst form of jaundice. The illness was ushered in by nausea and indigestion, followed by attacks of pain of the most agonizing character in the region of the duodenum and liver, occurring at intervals of a month and followed by temporary yellowness of the skin, clay-colored stools, &c. &c. External pressure, with applications of mustard and large doses of opiates, were required for relief in the paroxysms of pain. Emetics and cathartics were given afterwards for the subsequent jaundice. The attacks became more and more frequent, occurring at length every fortnight, week, and even oftener, while the remedies were becoming less and less efficacious, until the case at last terminated in what appeared to be hopeless and irremediable jaundice. Soda, rhubarb and ipecac. were administered. Also emetics and cathartics, a course of alkalies, the nitro-muriatic acid, conium, the extract of butternut, and blue pill which was given until the system, at two different periods, was fully under the influence of mercury. No benefit was derived from any of these measures. The yellow tint of the skin deepened to a brown or mahogany color, perspiration ceased, a dry husky state of the surface supervened, and the patient was troubled with an excessive itching and irritation of the skin, requiring the most penetrating brushes, or the application of great heat, to obtain relief from this annoyance. The urine became very dark and scanty. The bowels were irregular in their action, more often loose than otherwise, and the discharges clay-colored. The power of the stomach to digest ordinary nourishment nearly failed. All articles, except the most simple and easy of digestion, were rejected, and frequently even these. The patient became *excessively emaciated*, having formerly been in good flesh and inclined to corpulence. The strength failed, nature was nearly exhausted, and the termination of the sufferings of the patient with his life appeared to be near at hand.

Six months had now elapsed from the commencement of the attacks, and four since the jaundice became constant and confirmed. Feeling

anxious that relief should be afforded in the case, I continued my attention to it, until I noticed in Braithwaite's Retrospect, No. 10, article 49, and No. 11, article 46, some remarks upon the action of the sulphate of manganese as an evacuant of the bile, with cases. It was immediately tried, and our efforts were crowned with success. Two drachms were dissolved in half a pint of water, and swallowed upon an empty stomach. A most intolerable nausea immediately followed, with general relaxation of the system; the medicine operated as a powerful emetico-cathartic, discharging large quantities of bile from the stomach and bowels. Immediate relief in the region of the stomach and liver followed, but the patient seemed for some hours a good deal prostrated. In a short time, however, the system rallied, and, to use the expression of the patient, "he was *well*." The dose was repeated three times on alternate days. The appetite returned, with a good action of the bowels and refreshing sleep. The symptoms daily improved, nature was relieved, and in a few weeks the sufferer was restored to good health and *embonpoint*. So deep, however, was the stain of the skin, that two months were required for its removal.

During convalescence, the pain, with subsequent jaundice, returned in a slight degree, after a cold and great fatigue, but was at once relieved by drachm doses of the remedy as before. A year and a half has now elapsed since the improvement in the case of Dr. ———, and ample time has been allowed for satisfaction as to the remedial action of the sulphate of manganese. When every other known medicine which had enjoyed reputation in the treatment of bad cases of jaundice had entirely failed, this salt proved most signally successful. Dr. ——— is *now* in good health, and as actively engaged in an extensive practice as most men of his years. His age is 61.

I understand, since the sulphate of manganese was used so successfully in this case, it has been prescribed by a practitioner (a friend of Dr. ———) with the same good effects. We trust a report of the case may soon be given.

Beyond any question, the sulphate of manganese stands at the head of all cholagogues, doing its work with the promptness and efficacy of no other medicine. Farther experience may show the sulphate useful in dyspepsia and the chronic derangements of the liver therewith connected, together with dropsy and the various maladies resulting from a plethora and embarrassment of the portal circulation. How the sulphate of manganese acts as a cholagogue, is a question open for discussion.

In the case here recorded, no inflammation was present, no tenderness. Pressure afforded relief during the paroxysms of pain preceding the jaundice. There was no evidence of gall-stones. As to an obstruction of the duct from inspissated bile, there may be *some* grounds for belief. As to a *lesion of innervation*, connected with a congestion or tumefaction of the lining membrane of the duct, the reasons are *stronger*. In this case the liver had shown disorder during two seasons of sickness, in the two years preceding the jaundice. In both attacks the doctor suffered with rheumatism, or rheumatic gout, accompanied by a good deal of bilious disorder, followed by swollen joints. Subsequent to these

confinements, he was severely tried by some circumstances which affected his digestion, his feelings, and his health. However this medicine may have acted in this case, one thing is certain, that the brain and nervous system, which were most heavily taxed by certain trying circumstances about the period when the jaundice made its appearance, were most *powerfully impressed* after taking the manganese, and that *during this impression*, such a change was produced in the innervation which superintends the economy of the liver, that this organ was restored to its normal functions and the patient to sound health.

But few writers have made mention of the sulphate of manganese. Among them, there seems to be a disagreement as to the safety of its administration. While by some it is spoken of as a medicine which may be used as a common cathartic, for example as Epsom salts, in the dose of an ounce, by others it is considered a dangerous article, only to be used in the dose of a drachm or half a drachm—powerfully affecting the cerebro-spinal system, and inducing apoplexy and palsy. Farther use of this remedy will of course settle all these difficulties, and give us an exact acquaintance with its qualities, nature and mode of operation. In the meanwhile, we invite from the profession such a trial of the sulphate of manganese, in their practice, as the merits of the article deserve and the wants of their patients may demand.

South Berwick, Me., Dec., 1850.

T. H. JEWETT, M.D.

DR. CORNELL'S PRACTICAL OBSERVATIONS ON INHALATION.

[Concluded from page 378.]

In consumption and diseases of the air-passages, in addition to the articles already named, which were used in the form of *vapor* or *factitious atmosphere*, may be named, various *salts*, and other substances, combined with some light, innocuous menstruum, used simply as the vehicle of the medicine. Cinchona, sulphate of iron, myrrh, sub-nitrate of bismuth, sulphate of zinc, sulphate of copper, alum, acetate of lead and nitrate of silver, have all been used by inhalation. The method in which they were formerly employed, was by being mixed with sugar. Thus, the zinc might be gr. j. to sugar grs. xxx. ; sulphate of copper, gr. j. to xxv. grs. of sugar ; alum, grs. v. to grs. x. of sugar ; acetate of plumbi, grs. ij. to grs. xiv. of sugar ; nitrate of silver, gr. j. to grs. lxxij. of sugar. The sub-nitrate of bismuth might be used alone or combined with sugar.

These powders were all made of the *substances* of the medicines, and thus the substances must be inhaled. It was not so easy to do this, and the sugar was quite too heavy for a vehicle. Still, no doubt, they were useful in laryngitis, bronchitis, and other affections of the air-passages ; but it is doubtful, whether the medicines actually reached the air-cells of the lungs, as, when compounded with so heavy a vehicle, they would be likely to stop in the pharynx and the larynx, especially as they were directed to be inhaled with a simple tube or quill, one end of which was dipped into the powder and the other put into the mouth.

Since the noticeable appearance of the *pharyngo-laryngeal* disease of the mucous membrane of the throat, or clergyman's sore throat, as it has been called, the nitrate of silver, and other kindred salts, have been employed with great success, in almost all inflammatory diseases of the throat, or air-passages. The introduction of *solutions* of these articles, of various strengths, from ten grains up to eighty or ninety, with the *probang*, camel's hair pencil, or syringe, has been very common treatment; and, often, though not always, it has been followed by recovery.

Having previously given some attention to this class of diseases, soon after Dr. Green, of New York, commenced his practice of introducing this remedy into the larynx, and published his book on the pathology and treatment of "The Diseases of the Air-passages," I began to treat them after his manner, using various other salts besides the *nitrate*.

I think it was in March, 1848, that Dr. T. K. Chambers, of London, published in the London Lancet, and also in the Medical Gazette, an account of his use of an *inhaling powder*; and giving its *composition*, I immediately had some of it prepared according to his formula, which is as follows:—

"The plan is, the inhalation of a light innocuous powder, which may carry with it the required substance, either diffused in the air or absorbed in its pores. That which I have found well suited to the purpose is the pollen of the lycopodium, or club-moss, which has been made to imbibe as much as it would take up of a saturated solution of nitrate of silver, or of sulphate of copper, or of the two combined, and then carefully dried, and reduced again to an impalpable powder. Mr. Squire has made me some, which, in two grains and a half, contains one grain of nitrate of silver, and another, which in five grains contains one of nitrate of silver and two of sulphate of copper. The patient should introduce into his mouth, as far as he can without choking, a well-dried glass funnel, and draw in his breath strongly, whilst he himself, or a second party, dusts the powder in a dense cloud into the large end with a nursery puff-ball. If the dust be raised by an attendant, the patient can indicate the moment he inspires by raising his hand. To obviate the necessity for withdrawing the funnel during expiration, to prevent the dust being blown about the room, an apparatus may be used with a double valve and a closed powder-box, which allows the dust to pass inwards only; but the employment of metal makes the machine less agreeable than the more awkward but cleaner-looking and less formidable glass."

I have found this powder serviceable in several cases of bronchitis, laryngitis, ulcerated sore throat, inflammation of the mucous follicles, and in incipient phthisis. It is much preferable, prepared as here directed, to that mixed with sugar, as the *real pulverized nitrate* was then used; but, as here prepared, the *nitrate* is first *dissolved* in pure water, then the "pollen of the moss" is dipped in a saturated solution (or that of any other strength desired), then dried, and *finely pulverized*. It can be made of any desirable strength, and should contain less of the *nitrate* than that made from a *saturated* solution, when employed with very irritable patients.

The caustic and astringent property of the nitrate is often useful in

chronic catarrh, or in a recent cold, by combining a little of this powder with any kind of snuff, or snuffing the simple powder. It can also be conveniently applied to *indolent* ulcers, and answers every purpose of the stick of *lunar caustic*, or *solutions* of it. It is useful, also, in various cutaneous diseases, such as ringworm, nettle rash, &c. I had one case of *tetter*, which was cured by it, after resisting numerous other remedies. But I need not speak here of the power of this salt over this class of diseases, and have referred to it only to say, that used in *this form* it is quite as convenient as in any other, and as efficacious.

To return to inhalation—I have sometimes combined with the “nitrate,” *instead* of the “pollen of the moss,” or *with it*, the flowers of the *papaver somniferum*, but am not aware that it has afforded any more satisfactory results, than when made according to the formula given above. In fact, it does not form so light a vehicle, and it is doubtful whether there is any of the narcotic property of the poppy in the leaves or flowers.

For inhaling this powder I used various kinds of instruments; at first such an one as Dr. Chambers has above recommended. Then various others were tried, all calculated to make a dust of the powder, and thus prepare it to be drawn into the lungs with the air. A small quantity, say three or four grains, of the powder, is put into the receiver of the inhaler, the inhaler is then placed in the mouth of the patient, as far back upon the tongue as can be conveniently borne; then held by the lips, or left hand of the patient, while with the right hand the receiver is twirled round to scatter the powder, and, by a full inspiration at the same time, it is conveyed into the throat. This process may be repeated once a day, or more frequently if desirable. If the *solution* is used, the shower syringe is altogether more convenient and easy of application, and agreeable both to practitioner and patient, and does the work much more thoroughly, than the probang.

If the mucous membrane of the pharynx or larynx is inflamed, or very tender, and the powder contains the full strength of a saturated solution of the nitrate, it will produce slight smarting or tingling in these parts. I have used it in *canker* in the throat, in what has been called clergyman's sore throat, and in chronic mucous inflammation of any portion of the air-tubes, with much satisfaction—its specific effects being soon perceived. In *ulcerated sore throat*, I think it the best remedy that can be used. In *bronchitis*, it does what I think no other remedy will do so well, causing a speedy clearing of the tubes, and disposing them to take on a healing action. In *phthisis*, I cannot speak so confidently of its success, though, in its first stage, I have often, and once or twice in the second stage, seen it prove very serviceable. I have sent it, with an inhaler, to more than thirty physicians in the country, from many of whom favorable accounts have been returned. Some have found it so successful that they have sent, at many different times, for more of it. Some have said that they have raised patients with it whom they felt confident could not have been raised by former modes of treatment.

As I claim no *originality*, as to the invention of the powder, so I

have had no *secrecy* as to its use, having given the *recipe* as I found it, and my manner of employing it, to the public, in this Journal, as soon as I had fully tested it.

I have also made trial of the zinc, copper, alum, and some other astringents, prepared in the same way, but I think the nitrate, for general use, is preferable to any other. The sulphate of copper, in some cases, has been as serviceable, and I have thought, even more so, in *syphilitic* sore throat.

It yet remains to be seen what will be the full and final result of this remedy, as applied in the manner here spoken of, in diseases of the air-passages and lungs. In a class of diseases which have so very generally resulted in death, it seems to claim the *attention* of medical men, and to deserve a fair and thorough trial.

There is one other way in which I have recently employed the *nit. argent.* in this class of diseases, and which, so far as I know, has been original with me—at least, I have never seen any account of its being so used—and that is, *inhaling the vapor of water impregnated with the salt*. This I have done very recently, in a few cases, and with apparently good effects; though sufficient time has not yet elapsed, since I commenced this mode of using the *nitrate*, to speak very confidently about its success. I have, as yet, used it mostly in those cases in which inhaling the *powder* produced severe coughing, or so disturbed the patient, at the time of using it, that it seemed advisable to discontinue its use in that form. The following has been the proportion of the *nit. argent.* to the quantity of the water employed:—R. Aqua fontis ferventis, Oss.; nit. argent., grs. xlviij. M. The vapor of this mixture has been imbibed from the spout of a tea-pot, like the vapor of simple water in cases of croup. The vessel which contains the vapor had better be made of glass.

CASE I.—A gentleman, aged 22, a bookseller, naturally of a good constitution, called on me for medical advice in October, 1848. He was laboring under a hard, severe cough, which had lasted several days. It commenced with coriza, sore throat, hoarseness; a feeling of chilliness, lassitude and weakness in the limbs, more or less febrile action, and, in short, all the ordinary symptoms of *acute bronchitis*. There were present, also, a sense of tightness or stricture, weight and soreness, in the chest. I prescribed the ordinary remedies used in acute bronchitis. The amendment was but little, during the first four days. At this period I directed him to inhale two or three grains of the powdered nitrate, compounded according to the above formula. There was a marked improvement within the first twenty-four hours, and in one week more the patient was discharged, cured.

CASE II.—Nov., 1849, Mr. S., aged 35, called on me with all the ordinary symptoms of *chronic bronchitis*. There were cough, expectoration of a greenish, tenacious mucus, sometimes streaked with blood, with, occasionally, small, whitish, opaque solid particles mingled with the sputa; such as by some have been supposed to be tubercles, but which were really concrete secretions of mucous follicles in the fauces. The pulse was somewhat more than ordinarily frequent, and there was pre-

sent, every day, a slight febrile paroxysm. Indeed, he had all the symptoms of what was formerly called *catarrhal consumption*. While inhaling a small quantity of this powder, two or three times a-day for four weeks, he recovered his usual health, and has as yet (now more than a year) had no relapse. Other treatment was also employed, and so it was in all these cases, but this *powder* seemed the most efficient.

CASE III.—A lady, aged 35, had been afflicted for three months with the following symptoms:—hard cough, severe dyspnoea, copious expectoration of a ropy, glairy, transparent and frothy mucus. The expectoration was very profuse, often amounting to two or three pints in a day. *Auscultation* developed, at first, dry morbid sounds, then the mucous *rale*, showing that there was occasionally congestion and tumefaction of the bronchial mucous membrane. The physical signs clearly showed the existence of what was once called *humoral asthma*, and by Laennec *pituitous catarrh*. She began immediately to improve upon inhaling the powder; and though still subject to occasional attacks of irritation in the bronchia from sudden vicissitudes of the weather, has for a year and a half enjoyed tolerably comfortable health. She felt relieved within a week after commencing the inhalation.

CASE IV.—Mr. S., aged 20, a well-marked case of *phthisis*, with but slow development in the softening of the tubercles. Chronic inflammation of the pharynx and larynx—could not inhale the powder on account of the irritation. Applied solution of the strength of 40 grains to ℥j. water, with the syringe. Soreness of the pharynx and larynx relieved, but tuberculization continued to go on, and death followed.

CASE V.—Mr. D., a mechanic, aged 38, had been afflicted with acute bronchitis, but had recovered from the attack. Some months after, began to be hoarse; had irritation about the throat; made frequent efforts to *hawk up* something for relieving the larynx; had a sense of soreness in the laryngeal cavity. The fauces and laryngeal membrane were covered with granulations of various sizes, very much like the pustular inflammation of varioloid. The uvula was elongated, and the lower third of it covered with similar follicular papulæ. In fact, this was a marked case of Dr. Green's *follicular disease of the pharyngo-laryngeal membrane*. An alterative course of medicine was prescribed, and the powder of the nitras argenti inhaled. The diseased follicles very soon (where they were visible) put on a more healthy appearance, the general health improved, the hoarseness gradually disappeared, and in six weeks he was apparently free from disease.

CASE VI.—A sea captain, aged 48, had visited many portions of the globe, been a *free liver*, and not always *prudent*. The whole throat was much diseased, much atrophied and cavernous; the mucous follicles were much enlarged, very vascular and tuberculous. The uvula was elongated, and the epiglottis œdematous. There were cough, expectoration of a semi-purulent mucus, and some dyspnoea. The *physical signs* indicated bronchial disease, with pectoriloquy. There were, also, present in the system, unmistakable symptoms of *the disease* in which all his troubles originated. He had had a solution of the *nitrate* applied to the pharynx in the form of a gargle, as he stated and proved by the follow-

ing *recipe* from an eminent physician. R. Arg. nitrat., ℥j. ; aqua rosæ, ℥v. M. He was directed to inhale the pulvis nit. argent. et licopod. bis diem ; and to go into the *vapor bath* three times a week. The following prescription was given :—R. Potassii iodid., ℥ij. ; aqua dist., ℥v. Dose, a teaspoonful ter diem. The fauces, pharynx, and, so far as could be seen, the larynx and the whole of the *throat*, had improved much in three weeks. At the expiration of this time, the following was substituted for the iodide :—R. Ol. jecoris aseli, ℥iv. ; sol. carb. potas., ℥ss. ; syr. limo. cort. ℥ij. ; aqua carui, ℥ss. M. Dose, two table-spoonfuls bis diem. The epiglottis visible, erect and œdematous. There was pain in the larynx, and soreness over the thyroid cartilage. The voice was husky, at times quite hoarse, cough, emaciation ; in a word, all the symptoms of *constitutional syphilis*, with several of the rational signs of phthisis, were present. He had tried many remedies, had had a physician in every port, and exhibited a handful of *recipés* which he had “dearly paid for,” and tried the medicines. Still he “was no better, but rather worse.”

As he had taken the bichloride of mercury and iodide of potassium pretty freely, I directed him to take three of the following pills, three times a-day :—R. Extract conii, grs. xv. ; ext. podophylli, ℥ij. M. Fiat masse, in pilulas no. 80. To use the vapor bath three times a week, and to inhale the pulv. nit. arg. ter diem every other day. I also applied the lunar caustic in stick form to all the diseased follicles that could be reached in the fauces and pharynx. Under this treatment, he began, very gradually, to improve, and at the end of three months was discharged cured.

CASE VII.—A gentleman from the country, aged 28. All the external appearances indicate phthisis : countenance pale, anxious, haggard and emaciated, night sweats, distressing cough, short breathing ; expectoration of mucus, mixed with pus ; voice husky, deglutition difficult, and breathing stertorous. Both tonsils are much enlarged and ulcerated ; uvula elongated, and nearly one half the length ulcerated ; pain in the larynx and soreness in the region over it. The physical signs manifested tubercles in process of softening. The prognosis was very *doubtful*. He was ordered tinct. sanguinaria, ℥j. gtts. 30 bis die. R. Morphia, grs. ij. ; actæ racemosa, ℥j. M. gtts. 25 ad noctem. Also a very weak solution of nit. arg., grs. ij., to ℥j. aqua distil., applied with a camel-hair pencil to the enlarged tonsils and elongated uvula. The strength of the sol. nit. arg. was increased on each application by grs. ij. to grs. lxxx. to ℥j. aqua. Twice the tonsils were touched with Lugol's iodine caustic, and twice the stick of lunar caustic was passed into and around the surfaces of the hollows which did here, and usually do exist, in indurated tonsils. The cauterization was employed once a week—the design being rather to *preserve* than to destroy the tonsils. After thus applying the caustic for four weeks, the tonsils were so far reduced that I thought it expedient to commence inhaling the pulvis nit. arg., which would affect the tonsils, pharynx, larynx, bronchia and lungs. This was continued as often as every two days for six weeks longer, when the tonsils had come to their normal size, the inflammation about

the air-passages had disappeared, and the patient was every way much improved. At the end of three months he was discharged, cured.

CASE VIII.—A child 5½ years old. Tonsils very much enlarged; considerable cough; stertorous breathing; apparently much bronchial dilatation; voice husky, sometimes quite hoarse. Some signs of tuberculization present. Evidently of a strumous habit. Parents say “she has always had a cough.” Face œdematous. Prescribed:—R. Potassii iodid., ℥ i.; aqua dist., ℥ v. S. A teaspoonful ter diem, in mucilage acacia, or sugar and water. And the following ointment applied externally, under the ears and chin, night and morning. R. Potassii iodid., ℥ iss.; adipis, ℥ i. M. The chronic amygdalitis was treated upon the plan already spoken of in these observations, viz. commencing with a very weak solution of the nitrate, two grains to the ounce of water, and gradually increasing until a saturated solution was employed. Thus, instead of aiming gradually to destroy the tonsils, their preservation rather was sought. The stick caustic was applied to the surfaces of the hollows in the tonsils. The tonsils in five weeks had lessened considerably, and the inhaling of the pulvis. nit. argent. was commenced. Under this treatment the child’s health continued to improve. The tonsils became of the normal size, and the cough and bronchial irritation disappeared. The local difficulty was very much removed by the pulvis. nit. arg. et licopod., while the disease seemed to be eradicated by the alterative medicine.

CASE IX.—A girl, aged 13. Enlarged indurated tonsils; cough, stertorous breathing when sleeping; general debility; bronchial irritation; hoarseness, sometimes entire loss of voice. Treatment commenced with inhaling the pulvis nit. argent. once a-day. Ordered a tablespoonful of the following alterative, morning and evening. R. Decoct. sarsaparilla, Oi.; iod. potassii, ℥ iii. M. In six weeks she was discharged from treatment, cured; but directed to take the medicine still longer.

The unguent. iod. pot. was applied externally as in the above case.

OSSIFICATION OF THE PULP OF THE TEETH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Seeing my name in an article copied by you from the Dental Journal, I beg leave to make some explanations in regard to it. Dr. Harris, editor of that Journal, seems to have forgotten the most important part of my statement, which was that I waited until the ossification had taken place before I filled the tooth. My principle is, to excite ossification, as surgeons sometimes do to fractured bones when indolent. And I have succeeded in doing it, in many cases, where the dental pulp is healthy, even though wounded. By cleansing the cavity, as if for filling, then protecting it with cotton from the air, and occasionally removing the cotton and lightly re-scraping the bone, a deposit in time will take place nearly as hard as enamel, when the tooth can be filled and retain its vitality. Twelve years’ experience in this operation has

proved this fact to me, that, under favorable circumstances, it can be done.

W. W. CODMAN.

Boston, Dec. 11, 1850.

POTT'S DISEASE OF THE SPINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Will you do me the favor to insert in the Journal the enclosed answer to the many questions asked of me in relation to *Pott's disease of the spine*, as connected with the medical testimony in the case of "*Schopman vs. Boston and Worcester Railroad*," lately tried in the Supreme Judicial Court in this city, the action being for injuries done to the spine of the plaintiff's wife, causing her death. The defence was that she, Mrs. Schopman, died of "*Pott's disease*."

In reply to medical gentlemen, interested in the matter, I will state that it is my intention, from records, to publish the entire case, with some reflections upon the new diagnostic marks of "*caries of the spine*," discovered by modern surgeons, as elicited by witnesses and depositions on the trial referred to, with some notice of the wide range of causes, symptoms and effects, embraced in the new theories of "*Pott's disease*."

As a matter of reference, will be added a list of "*Fractures of the spine, without paralysis*," "*Fractures of the spine, with curvature, without paralysis*," "*Fracture of the spine with abscess*," from actual observation, and selected from such "*tolerable*" authority as Sir A. Cooper, Brodie, and other surgeons of equal talent and experience—some of these cases coming within the new limits (extensive) of *Pott's disease*, as "*some understand it*."

I would also inform medical gentlemen interested in the "*surgery of bones*" and the results of morbid action in this department of pathology, that *the spine* examined by surgeons for legal purposes in the Schopman case, is in my possession. It is a "*curious*" specimen of a "*curious case*" of "*Pott's disease*," according to the *new nosology*, "*showing no marks of violence, and having nothing in its appearance that would attract the attention of an intelligent surgeon not to be accounted for by Pott's disease*." Your ob't, J. S. JONES.

No. 1 Bowdoin st., Dec. 13, 1850.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 18, 1850.

EDITORIAL CORRESPONDENCE.

Alexandria (continued).—Well, we are fairly in Egypt—and it is like dreaming, or rather awaking from a dream, to find ourselves in this anomalous, exciting, extraordinary country, where the men are almost naked, or covered up in such fantastic articles of dress as to keep one's eyes con-

stantly under contribution; women are walking about with their faces covered as far as their eyes, while their feet and legs are bare; shopkeepers are sitting on their hams at the threshold of their little boxes, smoking long pipes, book-keeping, or chatting with customers; groups of children, of all ages and sexes, in whose veins is a strange mixture of blood, are coursing through the streets, in merry mood—some in turbans, great white bag breeches, white stockings, red garters, and red shoes, and others are nearly as naked as bronze statues. Camels, laden with merchandize, proceed in long trains, one tied to the other, and some carrying water in skins which are filled so full as to restore the original shape of the animal, most commonly the hog, from which they were stripped off whole. In the midst of such new and exciting scenes, it is impossible to give a minute description of a thousandth part of what is passing. We have been to Pompey's Pillar, which, by the by, has no connection with the memory of the Roman, Pompey. A dozen Arab girls were importunate to sell us bits of it, which they had broken from the moulding at the base—thus mutilating shamefully a magnificent remnant of antiquity. Cleopatra's Needles, half a mile from the Consular Square, exactly in front of the ancient harbor, in the time of Alexander, are objects of intense interest. One is flat down, partially buried—the other, a magnificent piece of red granite, covered with characters, bold, and apparently as perfect as when first cut, long before a single nation of modern Europe had a being. The base has been cleared away to show on what it stands—thus exposing the lower end of the monolith, which has not a square end to stand on, but an uneven, ragged end, as it came out of the quarry. To keep it perpendicular, there is a short, strong bar of copper, perhaps nine inches long by six in diameter, driven in under one corner, to sustain the inclination of the weight above. When raised, no doubt the architect drove this bar or block in, little by little, to give the stone its exact perpendicularity.

Sunday, Nov. 3d.—This is the Christian Sabbath, the third holy day in succession, which of course is not observed by Mahometans or Jews. All night we have felt the plagues of Egypt, without seeing many of them. Dogs barked all night, incessantly; lanterns were mysteriously moving about, close to the ground, giving a distinct view of a pair of black or copper-colored legs and bare feet; sometimes a musket, the bray of a donkey, or the harsh yell of an Arab, was heard, till daylight, when the cocks commenced their uproar. On the whole, this is an outrageously noisy place. By six in the morning, the Square resembles the stage of a theatre, and while gazing from the window, imagination has constructed a comedy in many acts, in which all sorts of men, women and children, together with camels, mules, dromedaries, asses, dogs, figs, dates, bananas, mummies, sailors, conscript troops of the Pacha, and Europeans, successively act their parts. Never was a rarer play witnessed. Alexandria is thrown up into irregular mounds of dirt—that is, sand, brick, stone, and the odds and ends of ruins—without a spire of grass to cover them. Dig any where, and marble, stone all hewn, brick and old mortar, are the product. If stone is wanted in any quantity, dig into one of these hillocks, and there it is. Every house, barrack, fortress, in a word, whatever is made here, is constructed from the ruins of something else. A large building is now in progress, made of brick dug out of a mound—older, perhaps, than Moses. The landlady of our hotel is English, married to a Frenchman. She speaks various languages fluently, and is therefore an invaluable key to

unlock the minds of many resident here. She often visits, with her children, the harem of the late Mahomet Ali, referred to in this letter [see last week's Journal]. She says there are now residing in it twenty-five ladies, all widows of his late highness—each having had children by him, a few of whom are living. Some of these women are Circassians, two or three Greeks, and some pure Arabians. Several of them she represents to be fine-looking ladies. They pass away their time in sewing a little, chatting with each other, playing music, &c. Should a Turk of distinction ask for one of them in marriage, he probably would obtain her; but no others would dare ask such a favor. In the course of this expedition up the Nile, some facts may be collected in regard to the annual manufacture of eunuchs in Upper Egypt, and Nubia, which is declared here to be the work of Coptic Christian priests. Certain it is that eunuchs are always in demand, as a necessary appendage to the household of every gentleman of the Mahometan faith. Even the common sailors of the Egyptian fleet, lying in Alexandria, avail themselves of the permission of the Prophet's law, and some of the wretched mud hovels bordering the shore, as already mentioned, have in them the three and four wives of their occupants. Some wisely distribute them at convenient distances up and down the river, to keep them from domestic broils. A very minute examination was made to-day of the interior of the palace, and we are constrained to say that it equals some of the first in Europe in grandeur and style of finish. All the apartments are elegant, and some are extremely imposing. Richer floors were never seen. The devices are extraordinary displays of genius. One of the floors is wholly of ebony, laid in small pieces, so highly polished that you feel as though a mirror were under foot. All the walls are covered with rich silk, of various patterns, and the drapery of the windows and doors quite out-does that at Versailles, or any of the national palaces of England. Superb baths, too, of white marble, complete the catalogue of regal circumstances in this favorite residence of the late Pacha. Next, we visited the ancient catacombs—innumerable excavations into the rock, under ground, on a level with the sea, about three miles from the city wall. A trip was then made to the slave market, where there were perhaps thirty girls, from ten to sixteen, of various shades of color, covered by a mere blanket, although their ears and heads were ornamented with brass and silver trinkets. Some had rows of symmetrical scars on their cheeks or foreheads, indicating the tribes to which they belonged in Nubia, Senaar, &c., from whence they had all been stolen. The slave merchants, in long white shirts, white turbans, and with long pipes, were lounging in the yard, waiting for customers. The girls were valued, upon the average, at about \$150—and we were assured by the dragoman that they wished to be sold. Having attended service in the Episcopal chapel, nine persons present, we afterwards perambulated the various bazars and streets in the possession of mechanics. Saddlers, pipemakers, tinner, blacksmiths, shoemakers, capmakers, watch tinkers, merchants, accountants and brokers, were all sitting on the floor. Jew money-changers sit in the door-way, with a large iron safe at their backs—locking and unlocking, according to the demands of business. Lots of Alexandrian ladies, veiled, wrapped in large silk hood cloaks, in yellow slippers, may be seen riding through the streets, astride, like men, preceded by servants to clear the way. A school was pounced upon accidentally—taught, as most of them are, by blind Arabs. The children repeat after the master, in a sing-song tone—his acute ear at once detecting negligence or inattention.

In Alexandria there are two hospitals—one for soldiers, and the other for the poor of other countries, happening to be sick here, who are provided for in this way by foreign merchants, consuls, &c. An English physician is at the head of the latter, under a monthly salary of thirty pounds from Abbas Pacha, says an informant, besides attending to general town practice among his countrymen. For a professional visit to a vessel, the fee is \$5,00—the Italian physicians taking a little less. The fee in town is from one to two dollars, to those able to pay it. A hydropathic practitioner, the first and only one who has appeared in this part of Egypt, died a few days ago—one report says of fever, and another of cholera. They all concur in saying that this is no place for that system. No mention has been made of homœopathy; hence the conclusion is that that school of practitioners have not commenced operations in a field so unpromising—the native inhabitants being exceedingly poor, and the rich never allowing medical gentlemen, except under the most urgent and trying circumstances possible, to enter the sacred precincts of the females.

Tuesday, Nov. 5, 1850.—Having hired a Nile boat, manned by a captain, eleven men, cook, assistant and dragoman, we sail through the canal, bordering the ancient lake Mareotis, this evening, for Cairo. Bedding, cooking apparatus, all kinds of raw material to subsist upon, together with gimlets, ammunition, knives, forks, fowls, sugar, salt, &c. &c. even to charcoal, are to be put on board forthwith. The boat has three rooms, and the conveniences such a voyage renders necessary. An American flag is to fly at the stern—and thus we are to maintain the honor and dignity of our blessed country, up a river whose source has never yet been ascertained, to a point not yet determined—certainly far enough, however, to explore all that is worth beholding on this extraordinary route. On returning to Cairo, we intend striking into the desert for Suez, Akaba, Petræ, and thence to Jerusalem.—Just as this long communication is drawing to a close, there is room to say that we have been to the Pacha's granary, and seen the multitude of poor country people bringing in their tribute of wheat, barley, beans, &c., which is received in hoppers, such as feed the stones in gristmills—and if up to the gage, the contents are then carried to the roof of a one-story building, covering, apparently, an acre and a half of ground, and poured down through scuttles. A prison punishment or the quantity demanded, without parleying, is given or received. The East India overland mail has just passed on camels, from the harbor to the canal—immensely bulky, requiring perhaps sixty animals, and showing the value of this route to the British possessions in that part of the globe.

Woman—her Diseases and their Remedies.—A new edition of letters to the class in Jefferson Medical College, by Charles D. Meigs, M.D., Prof. of Midwifery, &c. in that institution, has just been published in Philadelphia, by Lea & Blanchard. These letters occupy 690 pages of a large octavo volume, embracing much that is practical and useful in the management of female diseases. They are written in a style that will interest the reader, and at the same time instruct him. Dr. Meigs certainly possesses a wonderful genius; no one can read these letters without ascribing to him the merit of being an *original*. Although they were written for *his* class, professional readers generally will lose much that is truly valuable, if they do not provide themselves with a copy of them.

Trouble among the Medical Students of Harvard University.—The following facts have been collected respecting some unhappy proceedings last week at the Massachusetts Medical College in this city. Among the students attending the medical lectures, are *three colored young men*. One of them is from Pittsburgh, Pa.; one belongs in this city, and we believe is a native, a son of the late Rev. Mr. Snowden, a colored preacher of much eminence for many years; the locale of the other is unknown to us. They are all, as we have understood, under the immediate auspices of the American Colonization Society, and by them are to be educated as physicians for the colony at Liberia. It was understood by the students last week that a *lady* was also to be added to the class. These departures from established rule gave offence to a portion of the members. On Tuesday morning the class held a meeting, and appointed a committee to draft a set of resolutions. The meeting was adjourned to the afternoon, when the students again assembled. The resolutions, respectfully remonstrating against the admission of *colored* men and *white* women, were then taken up *seriatim*, and passed by a majority of the students *present*. We should here state, that the class attending the meeting in the morning showed a majority for sustaining the faculty in the course of admitting whom they pleased to their lectures; but not supposing any such resolutions would be presented, many of them did not attend the afternoon meeting. Those present who disapproved of the resolutions, immediately appointed a committee to present a minority report, sustaining the faculty, to be presented to the class at a future meeting. We regret exceedingly this little disturbance, and the course adopted by the class. We cannot but think that if they had any real grievances, it would have been better to have approached the faculty in some other way. It may be considered an innovation to admit colored men into our colleges; but when it is remembered for what purpose these were admitted, there really cannot be so much objection after all. But as to the propriety of admitting females to medical colleges in common with males, it is a matter in which there is a great diversity of opinion. We should most decidedly object to the adoption of the practice, preferring to have all females who wish to become disciples of the healing art, or otherwise assume the masculine professions, attend separate institutions for their education.

Since writing the above, we learn that the faculty have announced to the class, that the lady in question, on hearing that there was a feeling against her being admitted to the college, has withdrawn her application. Respecting the colored men, they declined to reject them from the college, under the circumstances—as they have purchased tickets and thereby acquired a right of attendance during the present year.

Meeting of the Apothecaries of Boston.—An adjourned meeting of the Apothecaries of Boston and vicinity was held at the medical rooms at the Masonic Temple, on Friday, December 13, 1850, at 3 o'clock, P.M.—a large number present. The meeting having been called to order, and the proceedings of the last meeting read, Mr. A. Boyden, of the committee appointed at the last meeting to confer with the apothecaries, reported. Dr. Jones and Mr. W. A. Brewer then addressed the meeting. Mr. Brewer submitted the resolution, “that the old College of Pharmacy be revived.” The question was then discussed by Mr. Brown, Dr. Jones, Mr. Farrington, Mr. Burnett, Mr. Geyer and others, whether there should be a new college established, or the old one revived, revised and amended.

Mr. Brewer withdrew his motion, and the following resolution, as amended by Mr. Brewer, was offered by Mr. Parmenter, and passed. "Resolved, That it is the unanimous sense of this meeting that there should be an institution for the cultivation of pharmaceutical knowledge." It was then voted that a committee of five be appointed, two from the old college and three from the new association, to retire and nominate a committee of five to consider the subject before the meeting, and to submit some draft for the formation of a pharmaceutical society to the next meeting. Messrs. Brewer, Farrington, Burnett, Parmenter and Mizner, were constituted the first committee, who retired to make the nomination. Mr. Brewer, in behalf of the committee, reported the following names for the second committee, viz., D. Henchman, T. Restieaux, H. W. Lincoln, J. Kidder, Jr. and S. R. Philbrick. Voted, to accept of the report. Mr. Henchman declined to serve on the committee. Voted, that the committee have power to fill the vacancy. Voted, that the chairman of the committee call a meeting of the apothecaries as soon as convenient, and submit the report of the committee. Voted, to adjourn. S. R. PHILBRICK, *Sec'y.*

Medical Miscellany.—The success attending Mr. White Cooper's operation upon the eyes of one of the young bears from California, in the Zoological Garden, Regents Park, London, induced the Council to request him to make another attempt on the brother animal, who has also become blind from soft cataract affecting both eyes. Accordingly, on Friday, Nov. 15th, chloroform having been administered to the animal by Dr. Snow, the operation was at once performed with complete success by Mr. Cooper, in the presence of Prof. Owen and several professional and scientific gentlemen.—Law, the colored lad that was bitten by a mad dog, died last week in Norfolk, whither he had gone to consult a mad-dog doctor.—There is on exhibition at the Boston Museum, a young lady only 16 years of age, weighing 456 pounds.—The number of patients of the lunatic hospital at Augusta, dead or missing since the fire, is 26. Thomas D. White, the only patient from Boston, is safe.—The ship South Carolina, Capt. Day, from Liverpool, arrived at Quarantine in Boston last week, having 30 cases of smallpox on board. Two passengers who had died with the disease were buried off the Race, Cape Cod.

TO CORRESPONDENTS.—A continuation of Dr. Clarke's Notes on Diseases of the Ear, has been received.

Our thanks are due to the Editor of the New York Medical Gazette for forwarding to us the copy of an article sent to him from Boston for publication in the Gazette, but promptly rejected by him. We are gratified, but not at all surprised, to find that the unworthy motive, which it was doubtless supposed would allow this spiteful effusion thus to appear in a Journal, "away from home," has not shown itself in this instance, but that a course has been adopted by the Editor of the Gazette which every man of honorable feeling will know how to appreciate.

MARRIED.—At Billerica, Ms., Augustus Mason, M.D., to Sarah B., daughter of Josiah Rogers, Esq.—At Crown Point, N. Y., B. S. Nichols, M.D., to Miss Lucy Penfield.—At Sterling, Dr. Lemuel Dickerman, of Medfield, to Miss Lucretia A. Pope, of S.

DIED.—At Williamson's Corner, Wayne county, on the 26th Nov., after a lingering illness, P. T. Mounsey, M.D., late of the city of Glasgow, Scotland, in the 32d year of his age.

Deaths in Boston—for the week ending Saturday noon, Dec. 14th, 60.—Males, 27—females, 33. Accidental, 1—disease of the brain, 3—inflammation of the brain, 1—consumption, 11—convulsions, 2—croup, 1—dysentery, 1—dropsy, 3—dropsy of the brain, 1—debility, 2—epilepsy, 1—typhoid fever, 2—scarlet fever, 2—lung fever, 5—brain fever, 1—hooping cough, 3—disease of the heart, 2—infantile diseases, 5—inflammation of the lungs, 2—disease of the liver, 2—marasmus, 1—measles, 4—pleurisy, 2—teething, 2.

Under 5 years, 23—between 5 and 20 years, 10—between 20 and 40 years, 8—between 40 and 60 years, 7—over 60 years, 6. Americans, 29; foreigners and children of foreigners, 31.

Medical School of Maine.—The annual announcement of the Medical School of Maine, connected with Bowdoin College, for the session of 1851, has been received. It appears that the faculty are striving to make their school attractive to the student in pursuit of medical knowledge. They are eminently qualified to fill their respective chairs, and we are pleased that their institution is receiving so much encouragement.

Medical Intelligence.—We learn from the Medical News and Library, published in the *far-off* city of Philadelphia, that “*Dr. E. N. Horsford*” has been appointed professor of “*DENTISTRY*” in the Massachusetts Medical College. As it has not been known, in *this part* of the world, that such a professorship was ever established in Harvard University, the news will, we presume, create quite a sensation. We will inform our readers, however (though the advertisement of the College, with all the professors’ names and titles, has been pretty extensively circulated the past season) that Prof. Horsford was really appointed to fill the chair of *Chemistry*, made vacant by the resignation and death of Dr. Webster.

Another item of Boston news comes to us from New York. “*Noggs*,” who is pretty generally understood to be Dr. E. A. Kittredge, of this city, says, in the last number of the Water Cure Journal, that the Massachusetts Medical Society hold a meeting “*next week*,” and intimates that the members are to partake of a dinner. The officers of that Society, it is true, have not always taken the best means to make known the time and place of their annual meeting and dinner, but it is doubted whether “*Noggs*” has been authorized by them to give the notice referred to.

The Troy Lyceum of Natural History.—We are under obligations to Dr. A. J. Skilton, of Troy, N. Y., for a beautiful copy of the charter, constitution and by-laws of the Troy Lyceum of Natural History, and catalogue of officers and members. Much pleasure was afforded by reading it, and we think that under the fostering care of so many gentlemen of ability and distinction, the Lyceum may rank among the first societies of its kind in the country.

The Cholera at Jamaica.—The city of Kingston is said to have lost not fewer than 5000 inhabitants by the cholera. Several physicians were of the number. The scourge was beginning to slacken at the last accounts. The Kingston Journal says:—It has appeared at Radner, a property 3000 feet above the level of the sea, and the finest climate known on the face of creation; and it has touched similar altitudes in the parishes of Port Royal and St. Andrew. It has been frightfully malignant at Middleton coffee plantation, and has manifested itself at Charlottenburgh, Chester Vale, Newton, and other properties, all situated at an altitude that has hitherto defied febrile diseases.

Death of a Venerable Physician.—Dr. Joseph Torrey, of Beverly, one of the oldest and most popular physicians of Essex Co., Ms., died at Beverly, on Tuesday. He leaves three sons: Augustus, a popular physician at Beverly; Joseph, the distinguished Professor of Moral and Intellectual Philosophy in the University of Vermont; and Geo. W., of Kalamazoo, Michigan, formerly editor of the Whig “*Telegraph*,” published there.

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ON THE TREATMENT OF ASCITES BY DIURETICS APPLIED
EXTERNALLY.

BY ROBERT CHRISTISON, M.D., V.P.R.S.E., PROFESSOR OF MATERIA MEDICA IN THE
UNIVERSITY OF EDINBURGH.

SOME years ago, a short paper appeared in a French periodical, on the treatment of ascites by means of digitalis and squill applied outwardly in the form of liniment; and three cases were given, illustrating the diuretic and curative effects of this treatment, after failure by means of diuretics administered in the usual way, as well as by powerful purgatives. At the time, I had under my charge a boy, 10 years of age, who had labored under simple ascites—that is, without any œdema, even in the limbs—for a period of five or six months, during which the effusion had slowly and steadily increased, notwithstanding the employment of brisk purgatives, various powerful diuretics, and mercurial action. There was great difficulty in referring this affection to any particular organic disease; but, on the whole, a previous chronic peritonitis was suspected to be the cause. When he came under my care, purgatives and diuretics internally were again tried, and especially digitalis and squill, but with no better success than before. On the contrary, the enlargement and tension of the belly became gradually very great, so that the boy was confined in a great measure to bed. The French suggestion came, therefore, most opportunely. A mixture of equal parts tincture of digitalis, tincture of squill, and tincture of soap, was rubbed freely and diligently into the skin of the belly morning and evening. At an early period—so early, if I do not mistake, as the beginning of the third day—the urine began for the first time to increase; by-and-by a copious flow was established; the ascites quickly subsided, and in about fourteen days entirely disappeared; the boy at the same time gained flesh and strength under the use of simple bitters and chalybeates, and ere long his health was completely restored. When I last heard of him, four or five years afterwards, he continued well and strong.

The same treatment was tried afterwards in several cases, more or less similar to this, but for a time with invariable disappointment. In all, however, the more ordinary measures had previously been exhausted to no purpose; and in most of them decided organic disease of some abdominal organ was ascertained to be the cause of the effusion. At length

the following remarkable case revived the hopes excited by the first experiment. A boy, about 9 years of age, had been affected with enlargement of the liver and ascites for nearly a twelve month. Dr. James Duncan, his medical attendant, had employed all the most serviceable remedies, but to very little purpose. Mercury, iodine, purgatives, diuretics, both vegetable and mineral, had been faithfully given, occasionally with partial effect, but not with any satisfactory amendment. At length the ascitic distension became enormous, the integuments acquired a glistening, translucent appearance, the respiration was impeded, and the tightness of the skin prevented the nature and extent of the disease of the liver from being ascertained. But there was no œdema, even in the limbs. In this state I saw him for the first time. Before resorting to the temporary expedient of tapping, it was proposed to make trial of the diuretic liniment; but the integuments were so irritable, that the method by friction could not be persevered with. Dr. Duncan, however, proposed to substitute a strong infusion of digitalis, four times the pharmaceutical strength, and to apply it continuously by linen cloths covered with oil-silk to impede evaporation. In a few days diuresis set in, and a profuse flow of urine quickly removed the whole dropsical effusion. The liver was soon felt to be greatly enlarged, lobulated, and rugose; which disease, it need scarcely be added, proved fatal a few months afterwards. But it is remarkable that the ascites never returned.

I have often used the same method since, both in simple ascites, and likewise where that affection formed a prominent part of a more general dropsy. The issue has, of course, been variable, and more frequently unfavorable than successful. But on the whole the results of my observation, and the experience of others in Edinburgh, who have also tried the practice, lead to the conclusion, that digitalis not unfrequently succeeds in this way, when not only it, but likewise all other diuretics, taken internally, as well as the purgative method of cure, prove of no avail. It has likewise been tried with success in a few cases of obstinate excessive œdema of the limbs, in connection with general anasarca and Bright's disease of the kidneys, after diaphoretics, purgatives, and diuretics internally, had failed to give relief.

The late invention of the texture called Spongio-piline, has facilitated the application of this treatment. A large sheet of spongio-piline soaked moderately with a strong infusion of digitalis, made with one ounce of powdered leaves to twenty fluid ounces of boiling water, may be applied to the whole abdomen, or to each limb, and worn constantly without any material inconvenience to the patient. I lately met with a case of Bright's disease, in the University wards of the Royal Infirmary, in which considerable general anasarca, developed to a great extent in the limbs, and concurring, as sometimes happens, with a natural diuresis, was for a time reduced almost entirely by the soaked spongio-piline applied to both legs, although every other customary remedy had been administered unsuccessfully. In another case, that of a dissipated middle-aged woman, who presented all the characters of the variety of Bright's disease which is supposed to depend on chronic inflammation of the kidneys, diuretics given internally removed almost entirely the general anasarca, after dia-

phoretics had completely failed; the patient thereupon was speedily relieved also of an obstinate chronic bronchitis, liability to vomiting and tendency to diarrhœa. But the ascitical effusion, which had been predominant from the first, was not reduced at the same time. On the contrary, it went on increasing till the integuments became tense. The foxglove infusion was then applied by means of the spongio-piline, with the effect of augmenting the flow of urine in a few days; and then the ascites decreased, at first quickly, afterwards more slowly, till at length all dropsical effusion had disappeared, so that the woman, after seven months of treatment, left the hospital in a fair state of health to outward appearance, and with the urine much less albuminous, and much less loaded with the debris of tube-casts and epithelial cells.

I have tried to ascertain the description of cases in which this treatment is most likely to prove successful, but without any satisfactory result. The pathology of ascites, indeed, is still not sufficiently understood, to allow of an accurate inquiry as to the influence of remedies. Simple ascites, or that along with œdema of the legs and lower half only of the trunk, is known to be a symptom, or rather a sequela, of various organic diseases, such as existing or previous chronic peritonitis, cirrhosis and other organic derangements of the liver, enlargement of the spleen, diseased pancreas, enlarged mesenteric glands, malignant disease of the abdominal lymphatic glands near the great abdominal vessels, or of any other organ or texture so situated that the tumor thus arising exerts pressure on the great veins. But the physician cannot always distinguish during life, among all these causes, what is the real source of the dropsical effusion; and, on the other hand, several at least of these organic diseases are known to occur not unfrequently without being attended with ascites at all. In these circumstances it is not surprising that a difficulty is encountered in ascertaining the description of cases in which the ascites is most likely to yield to a particular mode of treatment.

An analogous method, by means of a poultice made with the *mar-chantia hemispherica*, or common liverwort, was recommended in 1833 by the late Dr. Thomas Shortt, of this city, for the treatment of dropsies in general. I have not found this remedy so generally serviceable as Dr. Shortt seems to have expected, and his method of applying it is irksome to the patient.—*Edinburgh Monthly Jour. of Med. Science.*

CHOLERA, IN HEALTHY AND UNHEALTHY LOCALITIES.

[As cholera is likely to be, at uncertain times and in various places, one of the prevailing diseases of our day, any facts respecting the influence of precautionary means in warding off its attacks upon families or communities, are important, and should be made known. The following are the most discouraging ones of this character which we recollect to have read, and it is believed that observations in other places will not confirm them. They are copied from an elaborate article on cholera, in the Dublin Quarterly Journal, by Dr. R. J. Graves, and are entitled to consideration on account of their highly respectable source.]

It is worthy of remark, that some of the districts in Dublin which suffered most during the visitation of 1832, escaped almost unscathed in 1849. Church street affords an example of this, and is quite a puzzle to those who account for the disease by lowness of situation, bad sewerage, &c. &c. ; for in all these respects Church street and its vicinity deserves now, as well as then, an unenviable notoriety. The village of Castleknock is situated three miles from Dublin, in an elevated position, well drained, and built upon a dry limestone soil—this village was unvisited by cholera in 1832 and 1834, but lost half its inhabitants in 1849. Such an occurrence, though explicable on the supposition of contagion having been introduced during one epidemic, but not during the others, cannot be accounted for on the want of drainage and sewerage hypothesis. It has been asserted by the Board of Health in England, that cholera affects certain unhealthy localities only, and that such places suffered most severely from its ravages, as were either badly drained, had narrow streets, or contained a pauper and consequently an ill-fed population. The course which the epidemic took on the occasion of its visit in 1849, presents so many contradictions to this, that we are compelled to doubt both the accuracy of the assertion, and the correctness of the numerous conclusions deduced from it.

Thus we find that some of the healthiest localities in Ireland were sadly affected during the existence of the epidemic at this period ; for instance, Parsonstown—than which no town in Ireland is better drained, more cleanly, or more carefully sewerage—suffered severely, and yet its population, generally speaking, are much more comfortable than is usually found in this country, and the streets have an air of neatness and cheerfulness which reflects the highest credit upon the noble and justly-celebrated lord of the soil, the Earl of Rosse. In truth, if the theory of the English and Irish Boards of Health was correct, a visiter to Parsonstown relying upon such an hypothesis, might, without hesitation, calculate upon its complete freedom from the scourge of cholera. But, as I have already showed, such an anticipation would have been anything but verified in the result ; for the inhabitants of this very town fell victims to the disease in a far greater proportion than other places in Ireland, which, according to the Boards I have mentioned, might have been expected to suffer to a greater extent, from the fact of their containing all the causes and elements supposed to be calculated to generate and nourish this epidemic.

The village of Bray, in the county of Wicklow, affords an example equally strong, being interestingly situated on the side of a granite mountain, and its single street extending far up the hill. Its position is celebrated as being particularly healthy, and is much resorted to by invalids from Dublin. Here, at all events, no want of proper drainage could possibly exist, and here there is no numerous pauper and filthy population : and yet this village was awfully scourged by the cholera in 1849, while adjacent villages, such as Enniskerry, Loughlinstown and Cabinteely, situated in lower, more confined, and much moister positions, escaped nearly altogether.

Carlow is an extremely well-situated town, and built upon a very dry

soil ; the same may be said of Bagnalstown ; and yet the respective populations of these places were decimated in 1849 by cholera, while many towns and villages notoriously impoverished and unhealthy escaped during the existence of the same epidemic.

My friends, Drs. Farr and Sim, have argued most ingeniously upon the facts they have observed in England ; but I think that the foregoing instances prove that they very incautiously argued upon these facts, and too hastily ventured upon generalization, which a more extended observation completely refutes.

In a former paper I have shown, that if we take a world-wide view of the progress of cholera, we shall find that its prevalence is entirely unconnected with any physical peculiarities either of soil, temperature or climate, water, air or food ; and certainly the history of the late epidemic verifies the conclusions I there drew. The history of the disease in Dublin is alone sufficient to dispose of the favorite conclusions of those who connect the usual sanitary conditions of towns and countries with the appearance of the cholera. Of these I have already spoken. I may now add that there was very little cholera in Patrick street and the adjoining parts, although these districts are the most densely inhabited, the worst drained, and the most filthy to be found in the whole city.

In a letter received from Dr. Kelly, of Drogheda, he gives the following particulars relative to the village of Duleek, which I think are well calculated to elucidate the subject under discussion :—

“ Duleek is distant about four miles from Drogheda, situated in low, swampy ground, and contains 1600 inhabitants of the very lowest class, who are without employment nearly all the year, except during the harvest season, and are consequently without food, fire or clothing, and live in a most shocking state of filth and wretchedness ; nevertheless, but two cases of cholera occurred during the entire period of the disease. The foregoing statement has impressed me with the opinion that cholera is a disease *sui generis*, and totally uninfluenced by such agents.”

The villages of Sallynoggin, near Kingstown, six miles from Dublin, and Goatstown, near Dundrum, four miles from Dublin, have both suffered much from cholera. In the former more than fifty individuals died, being, I believe, about one fourth of the entire population. These villages are situated in most healthy localities, at a considerable elevation, and built upon a very dry soil. In neither does there appear to be the slightest want of drainage, nor the existence of any of those nuisances to which public opinion, misdirected by boards of health, is accustomed to attribute the origin of cholera. Sallynoggin in particular, occupying the declivity of a hill, the subjacent rock of which is granite, suffers rather from a want than a superabundance of water ; and at the time of the invasion of cholera, the soil was parched by a long-continued drought.

[Dr. Graves's observations also tend to disprove the alleged effect of much thunder and lightning on the prevalence of cholera—a terrific thunder storm in Dublin, in September, evidently exerting no influence in checking it.]

NOTES ON DISEASES OF THE EAR.

BY EDW. H. CLARKE, M.D., BOSTON.

[Concluded from page 294.]

V.—*Catarrh of the Middle Ear.*

A SUPERFICIAL inspection of the position and construction of the middle ear sometimes leads to the impression that it is less exposed to the influence of cold, and consequently less liable to catarrhal affections, than other mucous cavities of the body. But this impression is corrected by a more careful study of its anatomy, functions and situation. I do not propose to give any detailed account of these at present. The cavity of the tympanum, however, may be briefly described as a small and irregular cavity, situated at the extremity of a passage way, or *cul-de-sac*; into the latter, the external air is freely admitted, and from it the cavity is separated only by a thin and delicate membrane. This membrane forms one of the sides of the tympanal cavity. A tube leads from another side to the upper part of the pharynx, and thence communicates directly with the atmosphere by means of the nares and mouth. The middle ear is thus exposed to the influence of cold in two directions—through the external meatus on one side, and through the Eustachian tube and nostrils on the other. When, as frequently occurs, the orifice of the external meatus is sparingly coated with wax, or when the passage is nearly straight, and its diameter large, it allows of a free and constant ingress and egress of air. In this way, the influence of cold, and particularly of currents of cold air, is sensibly felt in the cavity of the tympanum; and the *membrana tympani* is far from being an effectual protection either against the cold or the wind. The severe otalgia, to which many individuals are liable during or after exposure, with their ears uncovered, to the atmosphere of a winter's day, is owing to the influence of cold upon the *membrana tympani* and the delicate structures of the middle ear. On the other hand, the catarrhal affections of the throat and nostrils are frequently propagated to the cavity of the tympanum, by simple continuity of tissue. Hence the intimate connection between colds and deafness—between inflammations, acute or chronic, of the mucous membrane of the fauces and of the middle ear.

Catarrh of the middle ear may be divided into the following classes:

1. Simple catarrh, which may be acute or chronic.
2. Complicated catarrh, which may also be acute or chronic.
3. Strunous catarrh, which is usually complicated and chronic.

I do not propose to describe all these varieties at length, but, as in a previous article on myringitis, to give a few cases in illustration of some of them.

1. *Simple Catarrh.*—By this I mean an affection of the cavity of the tympanum alone. It is of occasional but not of frequent occurrence. In a majority of cases, either the *membrana tympani*, or the Eustachian tube and fauces, are likewise implicated. Case III., in the article on sub-acute myringitis, page 193, is an illustration of inflammation of the membrane of the tympanum complicating catarrh of the cavity. Simple catarrh, whether acute or chronic, may appear without any appreciable

cause, or it may come on after or during a cold, or apparently be a sequela of some one of the exanthemata. In mild cases it produces no symptom of which the patient is conscious, except a slight degree of deafness; and this is temporary. Upon auscultation, however, either by means of the air douche, or the otoscope, a crepitant râle is distinctly heard in the cavity of the tympanum. In cases of a severe type, there is sometimes moderate otalgia, with a constant sensation of uneasiness about the ear. Firm pressure upon the tragus or beneath the orifice of the meatus, just above the angle of the lower jaw, causes deep-seated pain. The movements of the jaw itself, in eating, yawning, sneezing, &c., give rise to pain or uneasiness. A crackling is frequently felt, which is usually described as something which "goes off" in the ear, and after this the hearing is slightly and temporarily improved. Patients in this condition are not always able by an expiratory effort to force air through the Eustachian tube into the cavity of the tympanum; when they can do so, a loud crepitant râle, which is almost gurgling, may be distinctly heard with the otoscope. If they are unable to force air through in this way, the operator should blow a current of air into the cavity through the Eustachian catheter, when the above-mentioned râle will be distinctly heard. After such an air douche, particularly after one through the catheter, the hearing distance of the patient (as measured by a watch) will be considerably increased, sometimes as much as several feet. The ceruminous secretion is unaltered. The sides of the meatus, examined by the speculum in the sunlight, are generally natural. Sometimes a few red spots may be seen near the membrana tympani. The latter is translucent and pearly, and either unusually moist (hypersecretion), or dry (diminished secretion). The minute bloodvessels along the insertion of the malleus are often injected and red. In this variety of catarrh, the throat gives no evidence of disease.

The constitutional disturbance is variable. Occasionally there is little or none. In other cases there is slight headache, moderate fever, a furred tongue, and lassitude, or a sensation of general uneasiness. Simple catarrh of the ear is not always, however, of so mild a type as this. When severe, the pain, says Hubert Valleroux,* "is not superficial nor temporary; it is deep and persistent. It is not limited to a single point; it spreads over the whole side of the head, of the face and neck. We have seen it in one instance extend even to the shoulder, arm and entire side of the chest. The local and general movements of deglutition, sneezing and coughing, constantly exasperate the sufferings of the patient. The passage of fluids into the pharynx gives rise to a painful, corroding sensation at the origin of the Eustachian tubes. The cophosis is generally complete, and disagreeable and uninterrupted tinnitus contributes to deprive the patient of all repose." Cases of a character so severe as this do not usually occur without a complication either of myringitis on one side, or of pharyngitis, or a similar affection, on the other.

Many cases of simple catarrh of the ear are relieved spontaneously;

* *Essai sur les maladies de l'oreille*, par M. E. Hubert Valleroux. P. 97. Paris, 1846.

others are relieved by attention to the ordinary rules of hygiene, which should be followed in all catarrhal affections; and others have a tendency to assume a chronic form. The latter result should be prevented, if possible, for chronic catarrh often leads to organic changes of the mucous membrane of the cavity, and consequent deafness, that are removed with great difficulty, if at all. The most important diagnostic mark of catarrh of the middle ear is the crepitanr r le attending the air douche, or heard through the otoscope, and after the douche a very considerable improvement of hearing.

The treatment of this affection, when the constitutional disturbance is slight, consists of an abstemious diet, cool bathing about the neck and shoulders, gentle cathartics; and locally of cool and astringent gargles, counter-irritation behind the ear, and the application every second or third day of the air douche, by means of the Eustachian catheter, to the cavity of the tympanum. In severe cases, where there is considerable constitutional disturbance, local and even general bleeding may be necessary (rarely the latter), and decided general antiphlogistic measures should be pursued. In the following case of chronic catarrh, attended with copious secretion, the balsam of copaiba was given with apparent advantage.

CASE V. *Chronic Catarrh*.—M. P., a female,  t. 10½, born in Nova Scotia of Irish parents; having light hair, eyes and complexion; of rather small stature, and comfortably clad, applied for relief from deafness, Jan. 17, 1849. None of her relatives had ever been deaf, to her knowledge. At the age of 3 and 4, she had measles and scarlatina, which were not followed by any affection of the ear. Two years ago she was attacked with a cough and pain in the side, which continued nearly a year, and then passed away. One or two years earlier, that is, at the age of 6 or 7, she became partially deaf, without any known cause. The deafness had continued to the time I first saw her, in a greater or less degree. She heard at some periods better than at others; occasionally in one ear better than in the other. The hearing was always worse when suffering from a cold, and she took cold easily. Two years since, she had a slight otorrh ea from the right ear (none from the left), which soon ceased. She had occasionally suffered from severe otalgia. She complained of some noise in the right ear, like running water, but none in the left. The only treatment which she had ever had was occasional syringing.

The hearing distance, as measured by my watch, was *ten inches* from the right ear, and *two and a half inches* from the left. Her tonsils were moderately enlarged, and there were a few red streaks in the mucous membrane of the fauces. The ceruminous secretion was natural in each meatus. After gentle syringing, a few pieces of dried scurf or wax were found adhering to the sides of the meatus. Otherwise there were no foreign bodies, and no unnatural appearance. The membrane of the tympanum on each side was translucent, and the insertion of the malleus distinctly seen. Along the course of the latter, a few red lines were visible. Both Eustachian tubes were catheterized, and a current of air blown into each tympanal cavity. A coarse, gurgling r le attended the air douche on each side, which entered the cavity with an

apparent jerk, as if some obstacle had been overcome. After the douche, her hearing distance from the right ear was *two feet*; from the left, *over a foot*. Her general health was good, and there was no constitutional disturbance.

She was put upon an abstemious diet—directed to gargle her throat freely with a solution of alum, and the air douche was applied on the next, and the following day. On the third day, Jan. 20, she heard my watch between five and six feet from each ear. A gurgling râle still attended the air douche. The former treatment was continued, and ten drops of copaiba was prescribed, to be taken thrice daily.

Jan. 23.—Her hearing was still further improved; and the air douche attended with a less gurgling râle.

31st.—The râle was but slightly gurgling; and her hearing so much improved, that she thought she could hear as well as any one. From the 20th of Jan. to the conclusion of the treatment, I catheterized the Eustachian tube and applied the air douche, every other day. On the 1st of Feb. she took a slight cold, and the treatment was interrupted for a few days. On the 9th, it was re-commenced. On the 18th it became necessary to omit the copaiba on account of the nausea which it produced. At this date, the sound of the air douche was nearly normal; only a slight crepitant râle attended it. The throat was natural in appearance, and general health good. The hearing was nearly normal. All treatment except attention to diet, air and exercise, was omitted. On the 26th, the sound of the air douche was clear and free on both sides; but she could not hear the sound of my watch quite so far from the left as from the right ear. However, no farther local treatment was instituted. On the 5th of March, forty-eight days from the commencement of the treatment, and fifteen days from the cessation of all local treatment, her throat, middle and external ear, appeared healthy, and her hearing was fully restored.

In this case the disease was almost entirely limited to the middle ear. A few red streaks in the fauces and some minute red lines near the insertion of the malleus showed that the fauces on one side, and the membrana tympani on the other, partook in a slight degree, and only in a slight degree, of the affection of the mucous lining of the middle ear. It is not usual to find the disease so limited. In a majority of cases, it is complicated with some affection of the neighboring parts; more frequently with some form of pharyngitis than with anything else.

Case III., just referred to, is an example of complicated catarrh. In that case the affection of the middle ear was complicated with an inflammation of the membrana tympani. The myringitis yielded to a gentle alterative treatment, and the catarrh subsided at the same time. The treatment was of course directed to the more grave disease. The following case is an illustration of catarrh complicated with an obstruction of the Eustachian tube and an affection of the neighboring parts.

CASE VI.—*Chronic Inflammation of the Fauces and Nasal Passages, accompanying Catarrh of the Middle Ear.*—Miss B., an American, residing in Boston, aged 7, of medium stature for her age, with light hair and blue eyes, and in good general health, applied on July 5th,

1850. She had been occasionally deaf, with intervals of apparently perfect hearing, for a period of about two years. The deafness was ascribed to "colds," and the former usually disappeared after the latter ceased. She had had scarlatina and measles, neither of which were followed by otorrhœa or any other affection of the ear; and she had not suffered from otalgia. Hopes had been entertained by her parents that she would outgrow the trouble, and therefore no treatment had been instituted. She could hear the ticking of my watch between two and three inches, but could not readily follow conversation. The deafness was variable, being at some times much greater than at others; apparently continuing and disappearing, without any well-ascertained cause. Latterly, however, it had not disappeared as usual. Commencing in the latter part of the winter, previous to my seeing her, it had continued to the above date. She was reported to be subject to catarrh, and when suffering from one was more deaf than at other seasons. The voice was thick and nasal, and she could not breathe easily through the nostrils.

The cervical glands were not swollen. The tonsils were slightly enlarged. The mucous membrane of the posterior fauces was red and congested; a few tubercles or large granulations of the size of half a pea could be seen at the upper part; and on each side the mucous membrane was red and elevated into a ridge. There was an evident secretion of matter superiorly which passed downwards, and was then expectorated. There was no tenderness on pressure upon either mastoid process or tragus. The right auricle was healthy. The meatus contained a small quantity of hard, dry wax, and pieces of scurf. These were removed by the syringe and forceps. The sides of the meatus then presented a dry appearance, with moderate redness near the membrana tympani. The membrane itself was clear and translucent, with a few lines of redness along the insertion of the malleus. The left ear—meatus and membrane—presented the same appearance and received the same treatment as the right. After syringing, the hearing distance was increased to eight or ten inches. The Eustachian tubes were next catheterized. The nasal passages were so much obstructed and narrowed that a catheter passed through them with difficulty. I applied the air douche on each side, which produced a mucous râle. The hearing distance was increased thereby, from each ear, to nearly two feet.

The patient was now put upon a restricted diet, without meat. Daily cold bathing, followed by friction, ordered for the neck, around the ear and shoulders; an alum gargle twice daily; a bougie to be passed though the nasal passages thoroughly every day; and the application of the air douche by means of the Eustachian catheter two or three times a week. On July 27th—three weeks from the commencement of the treatment—the secretion of wax in each ear was normal. The fauces presented a healthy appearance. The Eustachian tubes were catheterized with sufficient ease, and the sound of the air douche was natural. The voice was still slightly nasal. The hearing distance had improved on each side to twelve or fourteen feet. All treatment, except that of a hygienic character, was discontinued, and the patient was discharged, recovered.

The next case, which I shall adduce, is an example of catarrh of the ear, dependent upon a strumous diathesis, and associated with slight gastro-intestinal disturbance. The strumous variety is of frequent occurrence, and in its treatment the individual constitution should never be forgotten.

CASE VII.—*Chronic Strumous Catarrh.*—Miss R. W., of Cambridge, Mass., æt. 6, with light hair, blue eyes, fair complexion, and of a delicate appearance, was brought to me on the 10th of April, 1850. Her general health was reported to be pretty good, but delicate. She had had measles, without any unpleasant sequela, but no other sickness of any length. She took cold easily, and when suffering from any catarrhal affection her hearing was worse than at other times. At such seasons she was liable to “gatherings in her ear,” which would break, discharge for a brief period, and disappear. She had never suffered from any other otorrhœa. Her cervical glands were swollen, lips rather large, and general appearance that of a scrofulous child. The enlargement of the cervical glands had existed for some years, and was variable. On the back of each hand she had a limited eczematous eruption, There was no hereditary deafness. Two months previous to my seeing her, she had small abscesses in her ears, which broke and discharged as usual. The otorrhœa had ceased for about a week, but the attendant deafness had not disappeared. She complained of headache and soreness about the ears. Her appetite was sufficient. She slept tolerably well. Her tongue presented a thin, white coat, and her breath was offensive. Her bowels were irregular in their action. She had four or five clay-colored dejections daily, with some pain. No treatment had been commenced, except occasional syringing. She had a slight hacking cough. The tonsils were enlarged, and the mucous membrane of the fauces reddened. There was no tenderness on pressure upon either mastoid process or tragus. She heard the ticking of my watch about eight or ten inches from each ear.

The right auricle was healthy; cerumen deficient; meatus dry, but of a natural color. A few minute red vessels were visible near the insertion of the membrana tympani. The membrane itself was nearly colorless and translucent, except near the handle of the malleus, where there was a congeries of red vessels. One or two minute bloodvessels crossed the surface of the membrane. The left auricle, ceruminous secretion and meatus, resembled the right. The membrane of the tympanum was slightly opaque; it presented a somewhat scaly appearance, and at its periphery one or two minute bloodvessels were visible. On account of the age and fears of the patient, the Eustachian tubes were not catheterized. Considering the disturbance of the stomach and bowels, I thought it advisable in this case to commence the treatment by a gentle alterative. She was directed to take, night and morning, a powder composed of one grain of hydrarg. cum cretâ with Dover's powder and bicarbonate of soda, and put upon an appropriate diet. The local treatment consisted of counter-irritation by means of croton oil behind each ear, and daily instillations of rose water into each meatus. On the 13th, her tongue was cleaner, her bowels were regular, and she had no

headache. The hearing distance from the right ear was between one and two feet; from the left, as before. The rose water was omitted in the right ear. She was directed to continue the powders.

On the 17th, her bowels were reported regular, and general health as good as usual. The right membrane of the tympanum, with the exception of a few hair-like red vessels near its circumference, was everywhere colorless and translucent. The left membrane was less opaque, but not entirely clear. A few bloodvessels, like those in the right ear, were visible in the same situation. Her hearing was improved. Counter-irritation was continued, and a solution of acet. plumbi, grs. iij. to ℥j. prescribed, to be poured into the ear once a-day. The above powders were discontinued, and she was put upon a nourishing but simple diet, and syr. iod. ferri with sarsaparilla given twice daily.

On the 24th, the membrana tympani on each side was free from any red vessels; it was colorless, and except a slightly rough appearance, natural. Her audition was normal. She was directed to continue the iron and sarsaparilla for several weeks, and to omit all other treatment except a strict attention to hygiene. I have not since heard of any return of deafness.

In this case the opacity of the membrane and the red vessels upon its surface resembled myringitis; but both the redness and the opacity were evidently seated in the mucous lining of the membrane of the tympanum, and not in the fibrous tissue of that structure, as would have been the case in a true myringitis. I should have mentioned, in the account of the case, that the congestion of the fauces and the cough disappeared, *pari passu*, with the other symptoms.

The connection between catarrhal affections of the ear and diseases of the pharynx is so intimate, that it is impossible to treat the former successfully without paying strict attention to the latter. The local application of nitrate of silver, as recommended by Dr. Horace Green, of New York, in chronic affections of the pharynx, I have found to be the most efficacious means of treating these affections, and the deafness attendant or consequent upon them. It will be observed that I employed the air douche, by means of the Eustachian catheter, quite freely in the above cases. I do not regard it, however, as indispensable in such diseases, as M. Deleau does. It is an important adjunct to the treatment, but in them the cure could probably have been effected without it. The dilatation of the pharyngeal portion of the Eustachian effected by the catheter, is much more important than the forced introduction of air into the tympanal cavity. The prognosis with regard to catarrh of the ear, except in cases where organic changes have taken place, is usually favorable.

NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.

[Reported for the Boston Medical and Surgical Journal.]

MONDAY, DEC. 16, 1850. *The Case of Hernia** treated by the injection, into the ring, of thirty drops of the tincture of iodine, left the house, "well," in three weeks after the operation. Before the operation, the intestine came down during exertion, even with a truss; and if the truss was removed, it slipped out at once, without effort. When the patient left, he could cough in the erect posture without a truss, as you saw, without the appearance of the hernia. During the first three days there was tenderness exactly at the ring; but no peritoneal or constitutional symptoms. He constantly wore a bandage or a truss, and is now "cured," if he will but remain so. Time only can show what effect the absorption of the lymph will have. On the other hand, his condition has been undoubtedly improved, with slight risk and pain, and less than three weeks' confinement.

The patient with anomalous affection of the nose† has been discharged, considering herself greatly relieved. When the coagulum had been, in the course of a day or two, cleared from the nostril, the original "polypus" showed itself as a fold of thickened mucous membrane, dependant from the upper turbinated bone. This was easily removed, but this had not obstructed the nostril, which had been already cleared.

CASE I. *Nasal Obstruction. Operation.*—Another patient has left the house relieved of a difficulty which seems to have excited some interest. This young girl had been supposed to have a tumor in the front part of her left nostril; says she had some pain there, and that respiration was not free. I found something reaching from the vomer over towards the left lower turbinated bone, which it met. Both mucous coverings were swelled, and at their point of contact, white, as if suppurating, and exquisitely tender if touched by a probe. In the other nostril, a little way back, there was a sudden hollow in the vomer, which could be felt by a probe better than seen; and this depression corresponded to the other prominence. So that all I was able to make of this "tumor" was a deviation of the vomer, which, projecting across, against the turbinated bone, was ulcerated and tender. Nitrate of silver was applied several times, relieving the tenderness; but finding that it was not effectual, I removed the turbinated bone in part with polypus forceps, then with an oiled finger forced the vomer back to its place, and left a sponge in the nostril to keep it there. The face became swelled and painful, and the patient quite feverish, till the fourth day, when the sponge was removed. She then soon recovered, and left the house as she said "cured;" the nostril being well opened.

CASE II. *Club Foot. Operation.*—The tendo-achillis was divided by Dr. Hayward. There were one or two points of interest in this case. It was in a child of six, paralyzed in the lower limbs during four years,

* See Lecture, Nov. 16th.

† See Lecture, Dec. 2d.

but recovering the use of the limbs the last year. Paralysis is a common cause of slight club foot, but not of the hopeful forms of it. In other words, the paralysis itself makes the operation useless. It acts unequally on the flexors and extensors, and the gastrocnemius, aided by the natural position of the foot, gets the advantage, so that the foot cannot be flexed. If the paralysis continues, it is useless to divide the tendon; but here the patient could walk. This limb measured one inch less, from the knee down, than the other. This difference puts some bad cases of club foot beyond the reach of art. It is an arrest of development, due in part to the traction of the tendons, but more to a continuance of the original action which produced the deformity. Of course, a muscle may be greatly reduced in size from disease, and even undergo the fatty or fibrous transformation, and still recover its texture and tone after the foot is brought straight. But in the hopeless cases, the long bones are actually shorter and smaller, and no orthopedic treatment will restore their dimensions. In this case the heel will readily come down.

CASE III. *Epithelial Disease of Face. Operation.*—This was a large pimple upon the skin over the malar bone of an old lady. This pimple is very common on the face in old people, and it is important to know it by sight. It is the “cancer of the lip” occurring elsewhere. You saw here two pimples, side by side. One, the old lady said, she did not care for; it had been there always. It was flabby and pediculated. It was, in fact, a “pediculated tumor,” so called, and harmless. But the other, though smaller, gave her great pain; it was only of a few years standing, red, elevated, and hard. At its summit was a little scab. I removed the whole with the knife, and by a long ellipse, to avoid a pucker at the extremities of the united incision. Bisected, this tumor was dense and opaque white; continuous laterally with the skin, and continuous below with the white fibre of the cellular tissue upon which it was seated. In the microscope it was distinctly epithelial, like the lip described in a previous lecture, and just as capable of ulceration. An old man applied to me, a short time ago, with a large everted, ragged, and ulcerated elevation on the cheek, under the eye, adherent to the bone. It was past much hope of benefit from operation, but doubtless was once an epithelial pimple, which could have been easily and radically removed like this.

CASE IV. *Inverted Toe-nails. Operation.*—Many of you know this affection. The great toe-nails are buried, as in this case, at their edges, deep in fungous granulations, so tender that they cannot be touched. This begins gradually, with a tight shoe, or an irritable skin, and a nail uncut at the corner. The flesh gets tender, the corner cannot be got at, and the affection progresses or remains stationary. It rarely improves even with palliative treatment. I once raised a nail slowly, with lint beneath it, so that in a week the corner was cut off, and the patient never again suffered. But you are generally obliged to remove the nail or a part of it. The patient is etherized, and if the nail is thin, you thrust one leg of a pair of forceps under it to the root, shut the forceps upon the nail, twist it first to one side and then to the other, and extract it, as was done here. If it is thick, first split it to the root with scissors thrust under it,

and peel off one or both halves from tip to root, with forceps. These nails came out whole, but the nail should in general be examined after extraction to see if the corners of the soft root are square, as a bit is often left in at the edge which reproduces the deformity. A new nail generally appears, sometimes deformed. In this case, Dr. Hayward removed three nails.

CASE V. *Fatty Tumor inside of Cheek. Operation.*—This middle-aged woman perceived this tumor 4 years ago. Its position, just inside of the labial commissure under the mucous membrane, is a common one for little sacs containing glairy fluid. This looked like one, and fluctuated; but proved to be common adipose tissue, as large as a chesnut. I removed it with a simple incision. The ether was continued to this patient sometime after narcotism, and until she snored; her pulse being only reduced a little in frequency. This thorough dose lasted her through the operation. With a common dose, she would soon have partially waked, shut her mouth, groaned and twisted about; and after vain efforts to get along, we should probably have stopped the operation to give her more ether. As it was, she slept tranquilly through it.

CASE VI. *Disease of Antrum. Operation.*—This patient of Dr. Hayward, 32 years old, a year ago perceived a swelling just under the edge of the left orbit. When opened, it discharged pus. Soon an opening formed spontaneously over the second molar, thought to be a gum-boil, but a copious and daily discharge of pus here discredited this idea. The patient applying to a surgeon, a probe was passed into one opening and out of the other, traversing the antrum; since which, this antrum is said to have been punctured twice, and a seton to have been once passed. Lastly, fœtid pus has been and is now blown from the nostril.

Here is a well-marked affection of the antrum; and attention may be directed on the one hand to the mucous membrane and bone of the cavity itself, and on the other to the fang of a tooth and abscess of the gum, as the usual causes of such purulent accumulation in this sinus. Here the first pus escaped near the orbit, where there is now a scar; and the discharge is now fœtid; considerations which direct us to the antrum and to the bone. It is a case difficult of treatment. The patient was desirous of an opening into the cavity, which Dr. Hayward made by boring through the thin shell just above the second molar tooth. Some of you may remember a similar case in my wards last year. Great pain and tension on the left side was then relieved by tapping the antrum in this same place. Pus escaped; and the patient, encouraged by the success, was very desirous to have the other side opened; there being an uneasy feeling there. I advised him against it, for want of indications; but subsequently, as the operation is in reality a small affair, yielded to his solicitation. There was no pus, and the jaw swelled largely. In the first instance the opening evacuated pus and was a relief. In the second, it was an injury to a comparatively sound part, and was at once felt. As to the operation, if you do not perforate the socket of a tooth, you find the base of the zygomatic arch above the molars; incise the mucous membrane freely, and expose the bone; otherwise the blood is apt to distend the tissues, and make the landmarks obscure. You then bore through the thin bone

with any convenient instrument. I have used a three or four square pyramidal point.

CASE VII. *Hydrocele.*

CASE VIII. *Hydrocele.*—Two more cases, illustrating the varieties of this affection. One in a young man, and of 3 or 4 years standing; the other in an old man, and of 8 or 10 years duration. The former and smaller had a constricted middle, giving it an hour-glass shape. The latter was the longest and narrowest I have seen; extending from the ring to the bottom of the scrotum, nearly 7 inches, and only 2 and 3 inches in diameter. These forms are accidental; both were translucent. The small one was injected with a drachm of tincture of iodine and a drachm of water, of which half was withdrawn. The other operation was only palliative. It is generally not worth while to expose a very old person to the risk of inflammation; though I have operated upon a man above 80, by incision, and successfully; yet it is generally better not to do so. As an example of the effect of the palliative operation, I may mention the case of a man of nearly 90, whom I tapped six years ago, and only twice since; the fluid collecting slowly; and the risk or pain of the puncture is small. You can diminish the pain by thrusting the instrument suddenly in and not slowly. Of course you make the sac tense and thin, avoid the testicle, and guard the canula with your forefinger at a short distance from the point to prevent it from plunging too deeply. A patient who had before been operated upon slowly, remarked to me, after this sudden puncture, that he must have been before tapped with a screw auger. Another point in the radical operation, is to carry the canula well home into the sac, and to hold it there by pinching the sac, otherwise you may inject the cellular tissue instead of the cavity of the tunica vaginalis.

The two other patients have gone out well, each in two and a half weeks from the operation. In one, there was at the end of the first week a distinct crepitus on pressure of the sac; no doubt from the breaking of little cells of lymph containing water. It is interesting, in connection with a rare and exceptional subcrepitus due to the same cause in the pleura; and which is to be distinguished from the moist râles of the pulmonary cells and tubes.

CASE IX. *Stricture of the Œsophagus. Dilatation.*—The pathology of this affection we reserve for another day. The difficulty, to those unaccustomed to its use, of passing the probang, consists mainly in its being brought up hard against the vertebræ behind the pharynx, if the instrument is stiff. To avoid this, the head is thrown well back, and if need, a finger of the left hand carried past the epiglottis to bend and guide the instrument in the œsophagus. By doing this, you will avoid the danger of pumping a pint of broth into the lungs with a stomach pump, as was once done.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, DECEMBER 25, 1850.

EDITORIAL CORRESPONDENCE.

[The following additional observations by the editor, on the city of Naples, have been received since those of a later date, from Alexandria, were published.]

Two or three streets are given up to cooking, on both sides, under awnings, where every conceivable dish may be had for a few cents. Indeed, the cost of a meal thus prepared, is so exceedingly cheap, that a stranger is impressed with the idea that the more custom they have, the poorer the cooks would be. Men sit in ranges in some of the squares, selling second-hand food—the odds and ends of tables, which are classified in separate parcels, to meet the circumstances of different buyers. At the fish stands, and hawked over the town, are all kinds of snails, barnacles, squid, star-fish, and even the entrails of large fish. This arises out of the circumstance that all meats are excessively dear, while fruits and ordinary vegetables are surprisingly cheap. All these disgusting articles—especially the long air-pump fingers of the cuttle fish—are made into broth, and kept boiling in the pots, out of which certain passers-by, the lower order of artisans, &c., purchase a few spoonfuls, which is poured hot over a bit of bread. Snails and lizards literally cover the land. A few days since, we made an excursion to the ancient city of Pæstum, nearly sixty miles S. E. of Naples, and there we saw the fallen-down walls of a city that was old at the time of the advent of our Saviour—the foundations of the houses, the line of the streets, but, far beyond all other objects, the magnificent temples of Ceres, Neptune, and the Basilica, or temple of justice, altogether the most perfect architectural remains of antiquity. On the massive fluted columns, lizards were running up and down, undisturbed, while snails, from the base to the architraves, were in such numbers as to be considered the permanent occupants of these marvellous edifices. The walls were 50 feet high by 20 in thickness, embracing an enclosure two miles square. The magnitude of the place, however, is indicated by sites of dwellings, four miles S. in one direction, and two miles N. to the river. A single farm house now stands nearly in the centre, but the malaria has driven the family away, and one solitary mendicant boy walked over the hewn blocks thrown about in the wildest confusion, to show where the lions were to be found. Poor fellow, he was dropsical, and begged stoutly for some money to fee a doctor who had promised a cure, provided he raised a sufficient sum. Being asked his age, he said he was 20, which no one credited, on account of his diminutive size.—Chesnuts and acorns enter largely into the every-day dietary of the moving rabble of houseless peregrinators of the capital, as well as of the provincial towns—sold hot, roasted and boiled, by the way-side. Another novel dish is boiled hog skin, a kind of gelatinous material, quite well relished, besides an anomalous variety of unremembered dishes, unknown in other countries. Trade, as before observed, is absolutely smothered by the determinations of the government to invent embarrassments to keep foreign merchants away if possible, and quarantines nearly accomplish it.

Tickets for Admission to Medical Colleges.—It is presumed that the faculties of our respective medical institutions intend that *all* those attending their lectures should be provided with tickets, or cards of admission. In most of the Colleges, for the first week of the lectures tickets are demanded by the janitor or doorkeeper, of those who wish admittance; after which time no further notice seems to be taken, and any one who has the *curiosity* may avail himself of such negligence by entering the lecture room in common with the students. There may be no real harm in this, if the individuals who go to such lectures have no other purpose than a love of science; but when the sanctuary of medical learning is entered by those who have no other object than to misrepresent or ridicule the sayings and doings there, we should say certainly that the liberality which thus admits them is misapplied. We deem it the better part of wisdom and prudence in those having control of such matters, to instruct the janitor to admit *no one* without a card. We have been prompted to make the above remarks, in consequence of hearing certain things from persons, not matriculated, about what was going on in the Medical College in this city.

Missouri Medical Association.—A convention of the physicians of the State of Missouri was held at St. Louis on the 4th of November last, to take into consideration the propriety of forming themselves into a State Association. One hundred and fifty-one delegates were present; and from the spirit manifested, there can be no doubt that the greatest good will follow their organization. Among the resolutions offered, and passed, were the following.—“*Resolved*, That a committee of three be appointed to memorialize the Legislature of the State of Missouri, to alter the laws of the State so that physicians may be required, in suit, to prove only the fact of general attendance on patients, and not the items.”—“*Resolved*, to have said committee use their influence in the legislature, for the repeal of a law, which declares that *every* person, or copartnership of persons; who shall follow the practice of medicine within the State as a livelihood, in whole or part, is a physician within the meaning of law.” It is time that such a law was purged from the Statute Book. It was also *Resolved*, to have an *Inspector of Drugs*—also a *Vaccine Agency* for the State. The constitution which was adopted is a most *healthy* one, and well calculated to unite the members in harmonious action, or govern them by its excellent code of ethics. This convention did more work in their two days session, than is usual for such *bodies* to do in a longer time, and we sincerely congratulate them on their new organization, hoping that all the laws of their State, militating against the interests of the profession, will be, as is wished by them, *repealed*.

A Monster Boy.—There is now in this city, a *lad*, Angus Mackaskill, a native of Scotland, but latterly from St. Ann's, Nova Scotia, whose height is 7 feet 4½ inches in his stockings, and weighing 355 lbs. What is very remarkable in the history of this young man, is, that until the age of twelve years, he was considered a *dwarf*. From that time till the present, a period of seven years, he has grown rapidly, and attained the prodigious size before mentioned. He is, we believe, the *tallest* specimen of humanity that has ever visited Boston; and if he continues his *growth* (as there is a good chance, he being only 19 years old) he can most decidedly be called the modern “HERCULES.”

Dr. Green's Introductory Address.—We are under obligations to Dr. Horace Green, of the New York Medical College, for a copy of his excellent introductory address before the class in attendance. It is a bold and independent effort. Dr. G. says—"Men who are wedded to the dogmas of the profession—who are too lazy to read, too obstinate to learn—are rapidly decreasing"; and we trust the day is not distant, when truer and better informed men will rise, like Banquo's ghost before the Usurper, and push them from their stools."

Middlesex East District Medical Society.—This society held its annual meeting at Woburn, Oct. 22d, and the following gentlemen were chosen officers for the year ensuing.

Benjamin Cutter, *President*; Horace P. Wakefield, *Vice President*; S. Watson Drew, *Secretary*; Truman Rickard, *Treasurer and Librarian*; William F. Stevens, Kendall Davis, Augustus Plympton, *Counsellors*; William F. Stevens, Richard U. Piper, David Youngman, *Censors*.

Medical Discovery.—Our moustached friends will be glad to learn that the London National and Military *Gazette* has made the discovery that the wearing of *moustaches* is conducive to health. It affirms that the moustaches, acting as a part of the breathing apparatus, absorb the cold of the air before it enters the nostrils, and are, consequently, a preservative against consumption. Hence, it follows, according to the *Gazette*, that the regiments which wear moustaches are much less subject than the others to diseases of the chest.

Medical Miscellany.—At a meeting of the Boston Dispensary on the 16th, Dr. W. B. Morris was appointed Physician to Ward 7, and Dr. John S. H. Fogg to Ward 12 (South Boston).—The City Hospital belonging to Dr. Smith, in Sacramento City, has been destroyed by fire.—Dr. Samuel Parkman is to deliver the next annual address before the Suffolk District Medical Society in April.—Dr. D. H. Storer, of this city, is to deliver the annual address before the Massachusetts Medical Society at Worcester in May next.—A District Medical Society, we understand, has been formed in the county of Norfolk, Mass., but as no one has furnished us a list of its officers for publication, their names cannot of course be given in the Journal.

TO CORRESPONDENTS.—A "Letter from the South," by Dr. Page, and a case reported by Dr. French, have been received, and will have an early insertion.

MARRIED,—At Roxbury, Mass., Jeffries Wyman, M.D., to Miss Adeline Wheelwright, of New York.—At New York, Augustus Greele Minot, M.D., of Poughkeepsie, to Miss Lizzie A. Proctor.

DIED,—In Sacramento City, California, Dr. J. D. A. Yale, of Humphreysville, Conn., 35.

Deaths in Boston—for the week ending Saturday noon, Dec 21st, 74.—Males, 37—females, 37. Apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—burn, 1—consumption, 7—convulsions, 2—croup, 3—debility, 1—dropsy, 1—dropsy of the brain, 6—erysipelas, 1—exhaustion, 2—typhus fever, 3—lung fever, 10—fever, 1—hooping cough, 2—disease of the heart, 2—infantile, 3—inflammation of the lungs, 4—marasmus, 1—measles, 9—old age, 1—palsy, 1—puerperal, 3—teething, 3—tumor, 1—unknown, 2—worms, 1.

Under 5 years, 38—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 7—over 60 years, 5. Americans, 32; foreigners and children of foreigners, 42.

The Water-Cure Journal.—The Water-Cure Journal and “Herald of Reforms,” published by Messrs. Fowlers and Wells, New York, comes to us in an enlarged form, presenting altogether a very handsome appearance. It is really one of the best specimens of typographical excellence, that comes to us in exchange. Were the subjects that are discussed in its columns, any where near as correct and truly scientific as its mechanical execution is beautiful, it might rank with the first journals devoted to medical science. If its enterprising publishers really wish to have their Journal a “herald of reforms,” let them commence *de novo*, first telling their readers *what* constitutes disease, the *modus operandi* of *water alone* in treating it, and further, what is distinctly to be understood by the “Reforms” spoken of. Our homœopathic friends say theirs is the *true and only method* of curing disease. The Thomsonian, the Neuropathic, and other would-be *doctors*, say the same. Now which is to be believed, or are they *all* correct? It is not our purpose at this time to enter into a discussion of their relative merits. Suffice it to say, were we sick, and without any previous knowledge of the first principles of the healing art, we might possibly choose those doctors who *give no medicine*.

Discovery of a New Metal. Aridium.—M. ULGREN has announced to the Academy of Sciences, of Stockholm, that he has discovered a new metal which he designates *Aridium*. It is found in the mineral chromate of iron of Reoras. Its oxides are analogous to those of iron, but they exhibit distinct reactions. The metal has not yet been obtained separately from its combinations with oxygen.—*L'Union Médicale*.

Case of Birth after the Death of the Mother.—Dr. SCHNEIDER relates, that being summoned in haste to a woman in labor, he found her dead on his arrival. On placing the hand on the yet warm abdomen, he felt the uterus contracted and sunk in the pelvis. By an examination per vaginam, a foot was detected, and by rapidly completing the delivery, he had the satisfaction of bringing into the world an apparently still-born child, which, however, soon revived.—*Casper's Woehenschrift*.

Phenomena of Phosphene.—M. MARTINET transmitted a note to the Academy of Sciences, Paris, Sept. 23, 1850, in which he stated his concurrence in the view of M. Serres with reference to the diagnostic value of pressure on the globe of the eye in cases of amaurosis, and at the same time claimed priority of the introduction of this means of diagnosis, having pointed it out so far back as 1846.—*London Med. Gaz.*

Vaccination—its protective power depending on the manner of its performance.—M. DELAFRAYSSÉ stated in a note, that he had arrived at certain conclusions as the result of his investigations into the causes of the failure in the protective power of vaccination against smallpox. His experience had convinced him that vaccination is an infallible preventive where the vesicles are sufficiently numerous to produce a degree of febrile reaction, and that its failure is to be attributed to the insufficient development of this febrile reaction, or to its non-occurrence. He proposes that, instead of the four or five punctures usually made on the arm, from twenty to thirty should be practised on different parts of the body. In confirmation of his views, M. Delafrayssé states that he has with impunity exposed all the children that he has so vaccinated to the greatest risk of contracting smallpox.—*Ib.*

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THE CURABILITY OF CONSUMPTION,

CONSIDERED IN REFERENCE TO A NEW METHOD OF ASCERTAINING THE HEALTHY OR
DISEASED CONDITION OF THE LUNGS.

BY M. MATTSON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN we reflect that every fourth or fifth person whom we may meet in our daily walks is destined to die of consumption—for the statistics of the disease warrant the conclusion that this will be the fact—we must acknowledge that the mortality is not only frightful, but that it calls for renewed as well as earnest efforts on the part of the medical profession to investigate the true nature of the malady, and to devise some more efficient means to stay its devastating progress. To suppose that nothing further can be accomplished in this respect, is to suppose that the *practice of medicine* is comparatively destitute of value or utility, and is doomed to remain stationary without any hope of progress or advancement, while in every other department of art and science, we are constantly hearing of the most brilliant and wonderful achievements. The people entrust their health and their lives to the care of their medical attendants, and while they are swept away prematurely in such numbers, it is natural that they should inquire what further can be done for their safety; and physicians, in turn, should feel prompted by every consideration of duty to become something more than mere passive spectators of the havoc which is daily taking place among those who look to them for aid. The empty boast of the charlatan that *consumption is curable*, while he does nothing but pocket ill-gotten fees, or take money for some vile compound of mischievous drugs, is as censurable as that stern and uncompromising dogma of the profession, that the malady is emphatically and hopelessly *incurable*. But thanks to the advent of cod-liver oil, we are now beginning to have some glimmering of light in the dark horizon of medicine, and the fishy doses which have been swallowed so unsparingly for the last few years, have at least had the good effect to render it something less of a heresy to suggest that pulmonary tubercles may be absorbed, and that, consequently, consumption may be regarded as a curable disease. This partial confidence with which the people have been inspired, will have a beneficial effect, for it need scarcely be said that the human mind is all powerful in its influence upon the

body, and is a mighty engine for good or for evil in the hands of the observant physician. Sophocles died from excessive joy in consequence of a triumph awarded to him in the theatre. Pope Leo X. expired suddenly from the joy occasioned by being told that the French had been driven out of Milan and Pavia. How truly is it said in the inspired volume that "worldly sorrow worketh death," and "heaviness in the heart of man maketh it stop." The poor consumptive does not form any exception to the general rule, as it regards mental influence, and if the dogma is thundered in his ear from morning till night and from night till morning that his disease is incurable, it may be expected that he will fall an easy prey to the terrible destroyer.

One of the prominent reasons of the great fatality of consumption is to be found in the fact that we have not had the means of detecting the disease at a sufficiently early stage of its existence; and when we speak of a new method of ascertaining the healthy or diseased condition of the lungs, it necessarily presupposes that the revelations of the stethoscope are not regarded as sufficiently definite or satisfactory. This will no doubt be conceded by *many* of the profession, though probably not by *all*—for there is a very great reverence in some quarters for this little cylinder of wood—but as we have no idea of troubling the reader with our own opinion upon the subject, we will merely trouble him with the opinions of some eminent members of the profession, which we shall give under the head of

Inefficiency of the Stethoscope.—The reader who happens to be in possession of the *Medico-Chirurgical Review* for January, 1849, will find some extracts from a lecture by M. Lugol, of Paris, in disparagement of percussion and auscultation, from which we quote the following paragraph:—

"The numerous checks and repeated deceptions to which physicians are daily exposed in the *diagnosis* and *treatment* of tuberculous diseases, prove that it is necessary to leave the beaten track of inquiry and pursue some other which is less fallible. You all know that percussion and auscultation are useless in the diagnosis of pulmonary tubercles. Both alike insufficient to announce the commencement of the mischief, they are superfluous at the very time that they become capable of indicating the presence of the tubercles; for then these are discernible by other means, and, alas! are too far advanced to warrant our hopes of arresting their progress—at least in the generality of cases. I will even go a step farther, and say that the unlimited confidence placed by the greater number of practitioners of the present day in auscultation and percussion, has had the effect of too often inspiring a *fatal* security in many tuberculous diseases, which are thereby allowed to advance in their progress, until this is revealed by physical phenomena at a period when remedial measures have but little chance of effecting any good."

Physicians, and especially French physicians, usually have a "hobby," and so had Lugol. He renounced percussion and auscultation as a means of detecting incipient tubercles, and recommended the inductive method of examination. This he thought could not mislead. Let it

appear that parents had died of tuberculous disease, and it would be a settled question with him that the offspring were tuberculous also, and that the lungs were especially liable to be invaded by the morbid deposits. This is no doubt very often true, yet by no means infallible, for it has been correctly observed that we find diseased parents in one generation having an apparently healthy offspring, and in the next generation seemingly healthy parents with a diseased offspring.

M. Lugol and M. Louis both agree that the stethoscope is inefficient, and that the examination by induction is nearly if not quite infallible. In a memoir by M. Louis on the "Proper Method of Examining a Patient," &c., he says, "I have more than once announced the existence of phthisis in patients who presented all the symptoms of chronic peritonitis, but neither auscultation nor percussion of the chest afforded any signs of an appreciable alteration of the pulmonary parenchyma, and this even in patients who had not any cough."

This is sufficiently explicit with regard to the inefficiency of percussion and auscultation; but as it respects the inductive method of deciding upon the probable existence of pulmonary tubercles, we have the obvious difficulty—even if we are disposed to consider the inductive method infallible—of being unable to ascertain the extent of the pulmonary disease, and consequently our opinion of a case must be extremely unsatisfactory, unless we have some more certain means of diagnosis.

We come now to Marshall Hall, from whose work entitled "Practical Observations and Suggestions in Medicine," we will quote a brief paragraph. He says:—

"Before the stethoscope can detect the existence of tubercles in the lungs, the constitution of the patient frequently takes the alarm, and the functions of the circulation and of the respiration become slightly accelerated, or are easily hurried."

In another paragraph from the same work, this able writer and acute observer says—"I need not insist upon the extreme importance of an early detection of phthisis. The timely adoption of such preventive and curative measures as are in our power, and the correctness and truth of our prognosis, depend upon this early detection of the disease."

These paragraphs from distinguished medical authors are quite sufficient to show that the stethoscope is wholly inadequate to the detection of pulmonary tubercles in their incipient stages. We would remark, however, that beyond this, we have no desire to depreciate the stethoscope, for in diseases of the heart, as well as in various diseases of the lungs, it is an invaluable instrument, and will be found in the hands of every accomplished physician.

The necessity being apparent for detecting consumption in its earlier stages, before it has made any serious inroads upon the constitution, we will proceed now to consider the method by which it may be accomplished, and which we shall do under the head of

Vital Capacity of the Lungs.—This term signifies the capacity of the lungs for air, in contradistinction to absolute capacity. It is used in this sense by Dr. Hutchinson, of London, who has distinguished himself by his observations on the respiratory functions, and by his industry and

perseverance in unfolding some newly-discovered physiological laws in relation to the lungs. In the first place he makes four divisions of the air which enters into those organs, viz., the *residual air*, the *reserve air*, the *breathing air*, and the *complemental air*. The *residual air* is always present in the lungs, and cannot be expelled. The *reserve air* is that portion which remains after an ordinary expiration, but which may be thrown out by a forced effort. The *breathing air* is constantly passing out and in many times in a minute. The *complemental air* is that portion which is drawn into the lungs by the deepest possible inspiration. Superadded to these is the *vital capacity*, which consists of the *reserve, breathing and complemental airs*; and these Dr. Hutchinson has contrived to measure with an instrument which he calls a *spirometer*. He has discovered that the vital capacity is more in correspondence with the height, than with any other physical peculiarity, and this is the more remarkable, inasmuch as height is chiefly dependent on the length of the limbs, and not on the length of the trunk of the body. Weight, where it is in excess, tends to diminish the vital capacity. Dr. Hutchinson made observations upon 2000 healthy persons, and found that eight additional cubic inches of air, at 60°, were given out by a forced expiration for every inch of height between five and six feet. He was enabled to construct very accurate tables, by which he could calculate the amount of air which an individual of a given height, weight and age, should breathe out after a full inspiration, provided his lungs were healthy—and the amount thus calculated he would find to correspond in a remarkable manner with the subsequent spirometrical measurement of the same. For example, a man five feet six inches high, under 35 years of age, would breathe out 214 cubic inches of air after a forced inspiration; provided his lungs were healthy, and provided, also, there was no *excess of weight*. Thus he was enabled to deduce the great law—which may be justly regarded as one of the brilliant discoveries of the age—that the vital capacity is in accordance with the height, weight and age, but more particularly the height; and that when it sinks below what is deemed the healthy standard—the latter being determined by calculation—it may be regarded as evidence that the lungs have been invaded by disease.

Previous to the discoveries of Dr. Hutchinson, many observations had been made on the vital capacity by able and scientific men, such as Jurin, Davy, Menzies and Bostock; but all the information which they communicated is of a confused and uncertain character. It is singular how much error has been tolerated with regard to this matter. Men of science and genius, whom we all delight to admire and honor, have gravely inculcated the most extraordinary errors in respect to the capacity of the lungs for air. As an example, see Dr. Meigs's Notes to the translation of Colombat on the Diseases of Females. The writer is speaking of the importance of diagnosing *chlorotic anemia* accurately, and suggests that the "tints of the skin," and "the state of the patient as to embonpoint," are not always to be relied on, and adds that "in such a case he should test the state of the lungs by asking the patient to make several forced inspirations, in order to discover whether the capa-

city of the lungs for atmospheric air was at all lessened by disease ; and should she appear to be able to inhale fifty or sixty cubic inches at an inspiration, he should have a right to conclude that the air-cells of the lungs were free from pressure or obstruction, and duly expansible."

How we are to ascertain that the patient inhales fifty or sixty cubic inches of air by such an experiment, or any other number of cubic inches which may be named, would certainly puzzle a "Philadelphia lawyer," though it might not puzzle a Philadelphia physician ; and even if it was definitely settled that *fifty or sixty cubic inches* was the maximum quantity inhaled, it would not prove that "the lungs were free from pressure or obstruction," but on the contrary, would prove the very opposite of this, and show conclusively that there was extensive as well as very serious disease of the lungs.

Dr. Hutchinson's discoveries were announced to the world in 1846, but they have not received that attention to which their merits entitle them, for an obvious reason. His instrument for testing the vital capacity of the lungs, could not, like a *stethoscope*, be purchased at a trifling cost, and carried about in the pocket. It must remain stationary in the physician's office, or at best cannot be removed to a patient's house without considerable trouble and loss of time. Besides, the instrument is expensive—that is, if it be constructed so as to measure *accurately* ; and indeed it is very difficult to procure the manufacture of an accurately-measuring instrument. Without perfect accuracy I need not say that the observations on the vital capacity are useless, and worse than useless. If physicians have been disappointed by using imperfect instruments which have been palmed upon them by a foreign adventurer, they are not justified in calling in question the accuracy of Dr. Hutchinson's observations. We are not interested in the sale of instruments, and therefore we hope to be regarded as a disinterested witness in the matter.

Three years ago, on first becoming acquainted with Dr. Hutchinson's discoveries, we had an apparatus constructed with which we made a number of spirometrical observations, but it did not prove to be as perfect as desirable, and we had a second one constructed on a somewhat different plan, which we have found to be reliable in point of accuracy, and which we have used extensively for the last year and a half. We should make no reference whatever to the apparatus which we employ, but from a desire to state that it will measure the expired air accurately, which is a very important point—for without this accuracy all observations on the vital capacity are without any practical benefit and only calculated to deceive.

We have verified the observations of Dr. Hutchinson on healthy persons, though we have chiefly tested the vital capacity in reference to the detection of disease. Of the latter we shall speak presently, and meanwhile we will notice some anomalous cases of vital capacity which may serve to explain the great law which seems to govern the respiratory functions.

Vital Capacity of a Giantess.—The subject of this notice was a Mrs. Hales, from Ireland, whom I examined in the summer of 1849.

She was 22 years old, weighed 225 lbs., and was 6 feet 9½ inches high. Her vital capacity was 331 cubic inches. Her pulse was 80, being more frequent than usual, as she was somewhat indisposed on the day of the examination. Her respirations, sitting, were 15 per minute.

Vital Capacity of Giant McKaskell.—This young man is in every respect finely developed, although only 19 years old. He weighs 335 lbs., and is 7 feet 4½ inches in height. The circumference of his chest, including his shirt and vest, is 51½ inches. Pulse, sitting, 100; respirations, sitting, 15 per minute. It is somewhat remarkable that one of such Herculean proportions should be the offspring of parents having only the ordinary stature, as neither his father nor mother exceeded 5 feet 8 inches in height. Our examination of him was made a few days ago, when he breathed out 480 cubic inches of air after a full inspiration.

This, we believe, is the highest vital capacity which has as yet been recorded. We examined a giant over a year ago, who represented his height to be 7 feet 6 inches, with a weight of 460 lbs., but he breathed out only 331 cubic inches. He was under 30 years of age, with a pulse of 64, and 20 respirations, sitting, per minute. He evidently had a deficient vital capacity, notwithstanding some allowance for excess of weight.

Freeman, the Giant, who was examined some years ago, in London, by Dr. Hutchinson, was 6 feet 11¼ inches high, weighing 266 lbs., and having a vital capacity of 434 cubic inches.

Data have not yet been furnished to determine the healthy vital capacity above six feet. It is apparent, however, that the ratio of increase is more than eight cubic inches of air for each inch of height. In the case of Freeman, the ratio is about 15 cubic inches, making no allowance for weight; and something less than that in the case of young McKaskell. It is very probable that the ratio of increase above six feet will prove to be about twelve cubic inches of air at 60° for each inch of stature.

Vital Capacity of the Mammoth Girl.—This is Miss Crouse, now on exhibition at our Museum. She is only 16 years old, and weighs 456 lbs. Her height is 5 feet 5 inches—the circumference of her chest 56 inches. Her pulse was 92, quick, wiry, and scarcely perceptible. Her respirations, sitting, 28 per minute. Her father weighs 165 lbs., and her mother 110. She is a moderate eater, preferring a vegetable diet, and says she has never known a sick day in her life. We examined her quite recently, and found her vital capacity to be 138 cubic inches. Her lungs being no doubt healthy, the case will show the influence of weight in diminishing the vital capacity. All above 152 lbs., in her case, according to Dr. Hutchinson, is to be regarded as excess of weight, and her vital capacity, irrespective of this, ought to be 206 cubic inches; consequently, the diminution in the quantity of expired air is 68 cubic inches.

Anomalous Case of Vital Capacity.—The reader has already been familiarized with the curious law that the vital capacity is chiefly in accordance with the stature, notwithstanding this is principally governed by the length of the lower extremities and not by the length of the

trunk of the body. Dr. Hutchinson has given some examples in illustration of this law, and we were enabled to confirm it recently by an interesting examination which we were kindly permitted to make in the case of a well-known gentleman of diminished stature in this city. His height was 4 feet 1 inch, his weight about 91 lbs., and his age 33 years. His sitting height was 2 feet 8 inches, and the circumference of his chest 31 inches. Pulse, sitting, 80—respirations, sitting, 18 per minute. Since his eighteenth year his health has been extremely good, being capable of performing a large amount of mental and physical labor. As might be expected, his vital capacity was very low, breathing out, as he did, only 124 cubic inches of air after a forced inspiration, and this diminution, it will be seen, must have been influenced by the deficient stature. Let me compare him with a lady whom I examined on the same day, and whose full height was 5 feet 4 inches, while her sitting height exceeded his only by half an inch—being 2 feet 8½ inches. Her chest, also, was of the same circumference as his, each measuring 31 inches; and yet she could breathe out 200 cubic inches of air, while the quantity in his case, as has been stated, was limited to 124 cubic inches. Here then is a confirmation of a most remarkable law of the respiratory functions, which yet remains for the physiologist to explain.

Let me not forget to say, that in the examination of each of the above cases, the necessary corrections were made for temperature.

[To be continued.]

LETTER FROM THE SOUTH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Atmospheric changes and conditions, or “spells of weather,” in common parlance, have ever been to the medical pyretologist interesting subjects of speculation; and it would be a curious contrast to witness annually a correct meteorological journal of the several parishes of this, or any adjoining State, as connected with the condition of health and disease of each season and neighborhood.

The various seasons of the two or three years past, and their several epidemics, might profitably engage the medical student or philosopher in serious contemplation and study for some time to come. Never shall we forget the hot, sultry and coquettish summer of 1848, with its daily showers of rain, attended by thunder and lightning *every day* for 120 days in succession, followed by dengué and cholera in the winter and spring; nor the intensely hot and dry summer of 1850, just past, when for 120 days in succession, following the month of June, and during the entire months of July, August, September and October, we had but two slight showers of rain, not in the same parish as the one before referred to, but in the adjoining one, with the thermometer ranging all the while from 85° to 95°, and often higher, and rarely falling below 80° at night, until late in the season; the atmosphere clear and the sky cloudless, with the moon of each month bright and beautiful all the while, and her attendant satellites, and the whole host of stars, rarely if

ever obscured. Such a degree of heat and dryness, so intense and long continued, and after night-fall, too, has rarely if ever occurred within the memory of the "oldest inhabitant." The almanac, for a wonder, is right this time, when it declares—

The moon so wise her course doth steer,
She walks in sunshine all the year.

The past season was preceded by rather a warm winter and spring. In February and March there were several days of intense summer weather, and the nights for this climate intensely hot. Hooping cough was quite prevalent, with some cases of pneumonia, succeeded by cholera epidemic in the spring, and dengué at the beginning of autumn.

In regard to the management of cholera, I have but little to add to my former experience. It is a disease, at all times and under all circumstances, of frightful character, and, in certain stages, wholly unmanageable; though nature, more powerful than art, frequently lends her aid, and intimates to us, at the most critical and hopeless period, that we should never despair. She is ever stretching out her hand to relieve us, and in cholera we never need disregard her warnings till the time she has prescribed is past, and the powers of life begin to fail.

If called early, there is always cheering hopes that the disease may be arrested. We should endeavor to check the diarrhœa by cordial, astringent and absorbent medicines, and by injections of a like character, aided by opium, quinine and tannin, given and repeated *pro re nata*, and as circumstances seem to demand. The vomiting may generally be checked by ether and laudanum, or by free doses of sulphur and charcoal, in peppermint water, or camphorated spirits, and brandy and water, either hot or cold, as the patient desires. Gentle friction all the while may be used to restore warmth, and sinapisms, if needed, to the extremities, to keep up the heat. I know not on what principle the sulphur and charcoal acts, but in the peculiar sinking conditions of cholera, which of late are so common, it seems to answer as well as, and perhaps better than, most remedies, and restores the patient to a normal condition, as it often has been known to do in *poison by arsenic*, to which cholera bears a striking analogy.

I have elsewhere expressed my doubts of the efficacy of small doses of sulphur and charcoal, and even of large ones, in inalignant cholera, and where the symptoms are formidable, and already threaten the life of the patient, and must refer the reader to my previous speculations and treatment of this disease in former numbers of the *Journal*, where he will see I am not disposed to tamper with ordinary remedies in this Herculean malady; though I must say I have often had occasion to attribute my success, not to the *nimia diligentia medicina*, but rather to the simplicity of treatment, uninterruptedly and perseveringly pursued.

After re-action, the patient should be left to repose without anything given internally for twelve or twenty-four hours, except, it may be, a swallow of iced water, now and then, flavored with brandy or spirits of camphor. A powder of rhubarb and magnesia may afterwards be given, with small doses of quinine and porter, and the patient is convalescent.

The calomel practice is quite obsolete, or should be so, as in most cases, whenever administered in Herculean doses, as has been too common, it aggravates the disease, or retards the progress to recovery. How great the imprudence, how awful the responsibility of those physicians, who persist, notwithstanding the aggravation of all the symptoms, in the administration of this medicine! In vain they cite cases where they have triumphed over the malady by means of 50, 100 or 200 grains of calomel. "Like most of the rare cases of the successful employment of therapeutic agents, those instances have been productive of the most unhappy results to humanity, because they have induced others to prescribe it under the most adverse circumstances, and where it is necessarily fatal. From not comparing attentively the few instances of success with the numerous failures, they continually do harm without the probability of being useful."

The epidemic of the past season was not very general, and ordinarily not very fatal. Those who kept their study lamps burning, and were willing to be guided by the lights of experience, were in no danger of stumbling through ignorance, or through error of falling into the pit.

We are constrained to say, and with deep regret, that the cholera is again epidemic in the city of New Orleans, and endemic in the country, and from all appearances seems likely to become domesticated, and permanently settled amongst us.

For several months after the subsidence of cholera, our town was perfectly healthy, with the exception of a few cases of mild chickenpox, and some other eruptive diseases, as tropicus lichen, the prickly heat, &c., which were universally prevalent for a time, among both children and adults. It was intolerably annoying to the sufferer, and seemed to resist every application, ordinary and extraordinary; though I think the greatest relief was obtained from alkaline baths, or sponging with a solution of carbonate of potass, or dilute solution of chloride of soda, and powdering the surface with equal parts of starch and cinchona, which in most cases allayed the intolerable itching, if it did not wholly remove the disease. Absorbents and laxatives seemed to have no control over it. It disappeared with the cool weather of autumn.

Dr. Good alludes to an obstinate and intractable variety of this disease, which in some cases irregularly subsided for a few days or weeks, and then re-appeared with more violence than ever, and with which he was more perplexed, he says, than with almost any other complaint that ever occurred to him.

We may mention, for the encouragement of those who prescribe calomel in unlimited doses, in all cases, and under all circumstances, and have no other medical resource, that another obstinate variety which Dr. Monsey encountered and described to Dr. Heberden, "which resisted a series of medicines in hospital and private practice, was put as a forlorn hope upon a brisk course of calomel, five grains every night, with a purge of rhubarb or cathartic extract the ensuing morning, for nearly a fortnight in succession; and having thus transferred the morbid irritability of the skin to the intestinal canal, the disease disappeared."

Early in September the dengué, or "break-bone fever," made its appearance. Its invasion was generally sudden, and not unlike influenza. Its several forms and degrees of severity, with its pains and suffering, were somewhat allied to yellow fever, from the simplest to the most aggravated kind. In some cases it was so mild as hardly to attract attention, and passed off without medical treatment. Usually, however, the attack commenced with severe headache, accompanied by chill and fever, sometimes of a high grade, attended with unrefreshing sleep, and delirium, even, followed by excruciating pains in the muscles of the neck, back, hips, and articulations. The tongue was moderately coated white, and the pulse variously affected as the accompanying fever and irritation was more or less severe. Quite often there was a catarrhal state of the mucous membrane of the bronchiæ and throat, complicated with gastric embarrassment and dyspnœa, with suppression of urine, &c. There was great prostration of strength from the beginning, and the patient experienced a general sense of contusion, with muscular weakness, especially of the lower extremities, which continued long after the patient became convalescent. With many the taste was completely vitiated, and in several there was a great repugnance to particular articles, of which *flour bread* was one, long after recovery.

In many, perhaps a majority of cases, a rash, resembling urticaria, or roseola, exhibited itself on the body and limbs, which continued for a day or two and then disappeared. Those persons who had previously suffered with the prickly heat of the season, exhibited it more uniformly upon the surface, and its shades were deeper and brighter, more continuous and lasting, than with those of a less irritable nature, and whose skins had not been thus annoyed.

Though dengué is a disease of somewhat peculiar and novel character—affecting chiefly the nervous and muscular tissues, without inflammation—it requires few remedies, and those of the simplest and mildest kind. Bleeding is seldom, if ever, required. Purging should be gentle, and employed, if at all, early in the disease. Cupping was resorted to more frequently, I think, in other hands, than was necessary. Five or six physicians in the city, who were attacked with it, either from a mistaken view of its character and severity, or from an undue partiality to a favorite mode of practice, unnecessarily subjected themselves either to bleeding or cupping, or both, with repeated doses of calomel or blue mass, which in every instance, probably, increased the debility and prolonged convalescence. These measures need not be repeated. Abstinence from solid food, and the employment of alcoholic or medicated vapor baths, alkaline or mustard foot-baths; sinapisms, and revulsives, if necessary; a free use of aromatic, diaphoretic or cordial drinks, as camomile, orange, sage or boneset, &c., which last is especially efficacious in this disease, as well as in intermittents—with morphine or Dover's powder to allay pain and procure rest; mild laxatives when required, and a few doses of quinine, or infusion of bark, &c., and the disease is cured. It sometimes yields in a few hours; rarely lasting a week; and more uniformly, within my own observation, only two or three days. The most prolonged and violent cases required no other treatment.

During convalescence, ale or porter was a palatable beverage, and most commonly sought for by the patient. Under the above treatment the disease never proved fatal. Some two or three deaths were reported under the depletory system, with persistent doses of calomel, which some routine practitioners continue to administer, in all cases and conditions, at all times and seasons, and under all circumstances, and which, if it does not prove immediately deleterious, or absolutely fatal, leaves the patient in a worse condition than at the beginning, and one in which unbounded faith alone can make him whole.

Ap[ro]pos of your excellent Journal, which comes to me like manna in the wilderness, in due season. Your late capital article upon "tannin as a medicinal agent," by Dr. Cummings, of Roxbury, I regard as worthy of the highest commendation. It is worth whole years of subscription to the Journal; and if such *practical essays* were oftener found in our medical journals generally, either upon special diseases, or special medicines, instead of the long and elaborate theoretical disquisitions, and foolish, private, profitless discussions, that make the heart ache, they would be vastly more valuable and entertaining, and infinitely more useful both to the profession and the public. Such excellent essays and papers as this of Dr. Cummings, and the illustrated article on "cancer of the lip," by Dr. Kimball, of Lowell, in the August number, are pearls of great price to young practitioners, and by no means to be disregarded by their seniors. They are the *utile et dulce* to most of your subscribers.

Truly yours, &c., FRED. B. PAGE, M.D.

Baton Rouge, La., Dec., 1850.

MEDICAL GLEANINGS IN NAPLES

FROM THE EDITORIAL CORRESPONDENCE OF THIS JOURNAL.

THE Neapolitans entertain an opinion that bloodletting is indicated in many diseases in which, among us, it would be thought fatal. Bleeding is a distinct profession, and in narrow lanes it is quite common to find painted signs, representing a nude man, tapped at several points—a stream of blood flowing from the arm, the neck and foot, all at the same moment. In the spring, everybody is supposed to require bleeding, just as, in some parts of New England, whole neighborhoods at that season take physic. Horses, too, are here bled unmercifully. A few days since, a poor, overworked creature was standing in the middle of the street, his blood flowing out with frightful rapidity. He required food, instead of such cruel depletion.—Consumption is considered infectious; consequently, on the death of a person from pulmonary disease, his clothes are burned and the apartment at once thoroughly purified. An instance was related by a high public functionary, the other day, of a family being warned to vacate their hired premises, forthwith, because a member of the family gave indications of approaching pulmonary consumption.—Nowhere are the dead more magnificently exhibited at a funeral, or more quickly disposed of when the ceremonies are finished. One coffin answers for thousands, to all appearance. It is of rough,

white boards—lodged temporarily, while in the church, in a rich sarcophagus, covered by a richly-wrought pall, made heavy by gold lace and fringes. When the candles are extinguished the friends retire, and the coffin being taken out, is carried on the heads of rough-looking fellows to a closet. Afterwards, if conveyed to the Santo Campo, the corpse is taken out of the coffin and laid on a shelf in a tomb, and the empty box brought back for another. Some of the funeral processions in Naples, Rome and Florence are very extraordinary performances—the persons following are all masked, having eyeholes to see through, while by-standers are prevented from recognizing any of them. At Florence the burials are by night.

Naples, Oct. 22, 1850.

TREATMENT OF HYDROCELE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The treatment of hydrocele by the pressure of a truss over the spermatic veins, at the external inguinal ring, as first recommended, in my notice, by Mr. Curling, in the *London Lancet* for June 15, 1845, and since then approved by several others, does not seem, as yet, to have obtained so general a reception in practice as its merits deserve. The reason of the caution or neglect with which the suggestion has been received, undoubtedly is, the theoretical presumption that such a remedy would inevitably be injurious, by preventing the return of the blood from the spermatic veins. A single trial of the truss in a case of varicocele will remove that presumption. No danger, or inconvenience, or discomfort, will result. The proximate cause of the varicosity and of the suffering that attends it, is the pressure of the superincumbent column of blood, unrelieved and unsupported by healthy vein-valves. The truss, by its pressure, closes the vein, supports this column, and relieves the distended veins below; these then contract of themselves; the blood, sent into them by the spermatic artery, returns through the superficial veins, and the irritation, which results solely from the distending pressure, speedily subsides, and restores the patient to comfort, and, after a few weeks or months, to health, or all the signs of health.

I first used this remedy four years ago. Then, and in several cases in which I have recommended it since, it proved harmless and effectual. If the remote cause of the disease be, as I suppose, a deficiency of the valves, it is, of course, beyond radical remedy. And, accordingly, I find that the complaint, sooner or later, is apt to return, if the truss be dispensed with, and to necessitate a second resort to that remedy. But if it may be said, on this account, that the cure is not radical, it is at least true that the treatment leaves the disease no more than an inconvenience.

The case, the worst, and at the same time the most satisfactory, of all I have treated, came into my hands in January, 1850. The patient, C. R., had himself brought to me, from his residence, twelve miles distant, on his back—a position that, with intermissions of not more than ten minutes, he had maintained for three months, if I remember rightly, and

which he continued to maintain, as I will explain, as much longer. He was about 50 years of age, and had suffered from varicocele since early puberty. For several years, so irritable had the parts become, he had been frequently obliged to confine himself, for weeks and months at a time, mainly to the horizontal posture. At such times, as he informed me, the parts affected were inflamed, swollen, tender and unusually painful. As we often see in such cases, the pain had come to be, in a measure, of a neuralgic character. The patient's physical and mental powers were suffering under the constant irritation, and the superinduced hypochondriasis. Bad off as he really was, he thought himself worse, and had as little peace of mind as of body. He had long used a suspensory bag, but of late had found its relief very limited. Other remedies had been tried. He had consulted a good many physicians, and among them two professors of surgery, who, having (very justly) little inclination to recommend the common methods of seeking a radical cure, told him, "if he could not get along otherwise, he had better have the testicle removed." It was, in particular, for my opinion on this point, that he came to see me. I recommended a truss. This was altogether contrary to his theory of the disease. He had read a good deal on the subject, and perhaps was not the easier to manage on that account. I explained my notions to him, and he went away half convinced; consulted his books, and his favorite doctor in the neighborhood where he lived, and came back to me afraid to try it "for fear the veins would swell up and inflame." This course of proceeding was repeated several times, till at length I gave him my views in black and white, fully reasoned out, to all possible contingencies and results. With this memorandum in his pocket, for easy reference, he was able to keep his judgment steady. He got a truss and put it on; and the next time he came to see me, much to my gratification and relief, he came on his legs. In short, he now calls himself well, and insists that I shall "publish his case," or he will do it himself.

A single practical direction in regard to the amount of pressure: it should be quite slight, just enough to close the calibre of the vein. Any easy hernia truss will answer the purpose.

CHAS. C. P. CLARK.

Middlebury, Vt., Dec. 24th, 1850.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 1, 1851.

EDITORIAL CORRESPONDENCE.

From Alexandria to Grand Cairo.—On the presumption that a letter has been received from me at Alexandria, mailed to go by the English Transit Company, I shall proceed to a regular detail of what was seen and what occurred on the way up the river Nile, about which my mind has been exercised from early boyhood—the result of reading Herodotus.

Having hired a boat, and victualled her with potatoes, rice, bananas, salt-fish, eggs, &c., matrasses, blankets and other things necessary for comfort-

able sleeping, we had the whole brought together, loaded upon donkeys, accompanied by a janissary attached to the American Consulate, and away we moved—followed by lots of boys, ass drivers, Arab owners, and those interested in our procession, towards the gate nearest the canal, where we were to embark. Rev. Mr. Holland, being the most ferocious looking of the three, rode with the baggage; Mr. Warren carried about a peck of money, wrapped in an overcoat, on the pommel of his saddle, out of sight, yet the whole of it being copper was worth but a few dollars; while myself and janissary, the latter having a sword almost as long as he was, were in advance, to give character to the caravan. In this order we passed the city gate; but the luggage was challenged and stopped. A declaration from the consul was at hand, certifying that the whole constituted the travelling equipage of three American gentlemen; but unfortunately the soldiers could not read, and the janissary therefore went and explained, sputtering like a frying doe-nut, and finally, through a bribe of about fifteen cents, obtained permission for the whole to proceed without examination. Through the evening our effects were being put in place for regular housekeeping. Hassan, the dragoman, did not come on board till the next morning. He is a dressy, intelligent Arab, a native of Philæ—born in the midst of those stupendous ruins, so ably described by Sir Gardner Wilkinson, whom he accompanied in his extensive explorations through Egypt. He speaks English, Arabic, Italian and Nubian, fluently. He relaxed a little from the usual fee, to go with us, as he wanted to visit one of his wives residing at Thebes, by whom he has a daughter, and whom he says he likes better than the one he leaves at Alexandria, the mother of a fine little boy whom he brought down to the boat to see him off. Hassan has an assistant, an Arab boy of some ten or twelve, a bright, prompt chap. Having an excellent leading wind, before dark, Tuesday, Nov. 5th, we run the whole length of the canal, 40 miles, passed the locks, and floated in the river Nile just at sunset. The canal is becoming shallower and narrower, from neglect. While the old pacha lived, who originated and completed it in three years, at the expense of 20,000 livres, it was kept in good condition. There are four costly iron steam mud machines at intervals on the route, deepening the bed, while the banks are suffered to fall in for want of a little walling. On both sides, at distances of six and eight miles, on elevated spots, are villages of mud houses, just as thickly studded as they can be, and as wretched as possible. They are one story, with a low doorway, small port-hole windows, and without any defences from wind or weather. The roofs, in a majority of them, are flat, so that women and children are seen going from one to another. Little mud boxes are scattered about, in the occupancy of millions of doves and domestic fowls. Finely developed men, with patriarchal beards, red caps bound round with white muslin, giving them an air of consequence, in red slippers, and smoking long amber-mouthed pipes, are content to reside in those miserable abodes, without conveniences and without comfort. Their intelligence is by no means equal to their physical deportment. Their wives and daughters, generally, wear but a single garment, a loose blue kind of frock, having large sleeves, slit down to the waist in front. In the country they are not very particular in covering their faces; yet as a stranger approaches, they instinctively draw up a corner of something to hide their features as high as their eyes, while the bosom, bare feet and legs are considered of no consequence. The better class, or rather those who are able, wear a cap, covering the forehead to the eye brows, from the centre of which is a series of small ferrules, like small

thimbles, strung on a cord or linked together, some two inches long, holding up the veil in its centre. Bits of coin are common head ornaments. Birds, including doves, have such entire exemption from fear, that they fly aboard and pick up crumbs, and light in the rigging. Man is not their enemy in this anti-christian land.

Atfeh, at the end of the canal, where it joins the river, is a large mud town, both sides the canal, with one house only having glass windows—a stopping place for the late pacha, of course. Boats are built here—the carpenters squatting on the ground to hew, saw or plane—the custom with all orders of mechanics. Boats are all the time passing down to Alexandria, from up the river, laden with wheat in bulk, cotton, beans, fowls, eggs, fruit, and whatever is marketable. Others, returning, have lumber, pottery, passengers, &c. Men are seen spinning wool and cotton, on a hand spindle, and also knitting. On the other hand, I am constantly seeing females carrying mud from the water edge for houses or yards, which they are constructing with their hands. They collect the manure of camels, buffaloes and oxen, manufacture it into sheets of uniform size, and stick them on the sides of their hovels to dry, as an article of merchandize. It is used for fuel by bakers and others.

The American flag flying at the peak of our boat, together with a small bribe, opened the locks—which otherwise might not have been started till the following morning. Bribes are the open sesame here, as at Rome and Naples. Just as the craft swung round the corner lengthwise into the Nile, an upset boat, with a man on the wreck, calling loudly for help, came floating by. Hundreds of smokers looked on calmly, without moving a finger for the poor drowning wretch—till he was nearly out of sight, in a bend of the stream, when a sail boat apparently went in pursuit of him. A row boat passed him, while he was screaming for aid, without being at all moved by his helpless condition. We had no jolly boat, therefore washed our hands from the sin of neglecting him, should he be lost. *Nov. 6th.*—Passed the very ancient locality of Said—immense mounds of earth, the accumulations of the ruins of ages—once a regal city, the burial place of Egyptian kings, now covered, scatteringly, with mud dwellings. Mud villages occur every few miles, both sides the muddy, swift running Nile, which constantly reminds me of the appearance of the Upper Mississippi. Islands are passed, made by the shifting current, as in that father of waters. All the potable water for the inhabitants is carried in heavy brown earthen pots, on the heads of females. Early in the morning rows of these dark, slender-limbed creatures are seen washing themselves in the river, using the slimy mud as we do soap; they then fill the jugs, weighing a third more than the fluid carried in them, raise them to their heads, and trudge off to the settlements. Generally one, and occasionally two mosques are seen in every village—the minarets being precisely of one pattern in all. The body of the mosque is square, one story, with one small door and a few small windows. The minarets are occasionally lofty, from 6 to 12 feet in diameter, with one, two and three terraces, the main shaft becoming smaller from each as it ascends. A small pear-shaped dome, surmounted by a crescent, completes it. In, or rather on, the balustrade, the priest walks round the tower to call good musselmen to prayers. Tombs of Mahometan saints are pretty objects, frequently discoverable over the expanse of this flat country, where the land and horizon meet, as on the vast prairies at the west. They are small, square structures, from 10 to 30 feet on a side, of brick, surmounted by a graceful dome—a crescent at the highest point. They are not unfrequent

in cemeteries—and the devout enter them to perform their devotions. Some have mosques attached to them. Our crew pray, individually, five times a day, with their faces towards Mecca. Let what may be going on, nothing diverts their attention till they have kneeled and three times touched their foreheads to the floor. When one is through, another commences, and sometimes two at once, if they can be spared. Our Reis, or commander, yesterday, in the midst of a difficulty in trimming the sail, never turned an eye towards the fluttering canvass till he had leisurely finished his religious duties. I have felt reproached, repeatedly, coming from a christian country, to witness this fervent piety in those whom we are taught to pity for their blindness and ignorance.

Passing a little fleet of boats to-day, fast by the bank, a man of excellent appearance, so far as turban and beard were concerned, was vociferating with extreme volubility, when another with a bit of paper in his hand made a motion, when instantly the orator was thrown upon his face by an obedient circle of lookers on, and held in that position to the ground, while another gave him eleven severe blows with a small rope. He screamed in agony—and when liberated, picked up his turban, adjusted his disordered garments and went on board a boat. Hassan said he was the head man of a village, who had been directed to have a certain amount of labor performed somewhere for the pacha, which not being accomplished when the inspector came, he was thus punished. When the tax-gatherer enters a house for revenue assessed, and not promptly paid, the delinquent is flogged on the spot and then imprisoned. If it is suspected, with good reasons, that he has the means and purposely withholds payment, he is whipped daily, till it is forthcoming. For being simply unable, he is flogged but once, and imprisoned from 1 to 3 months—or, according to the necessity for recruits in the army or navy, sent to one of them.

Much pleasure was expressed by the crew on account of fair wind, and their joy showed itself in a native dance near the bow. We have a musician before the mast, Mahomet, who is considered by his associates a splendid performer. His instrument is called a zumarah, made by himself, of two parallel pieces of reed, 14 inches long, $\frac{1}{2}$ an inch in diameter, and bound together by twine, into the ends of which are inserted two rude reeds, something similar to those of a hautboy. Below, there are five finger holes on each, corresponding with each other. Two fingers of the left, and three of the right hand are applied, while he blows into the reeds. Of all shocking sounds, it is the harshest and worst under the name of music.

Having spoken of our boat and personal effects for the voyage, it may not be uninteresting to mention that these Arabs are patient, honest, indefatigable people in the service of their captain. Their pay is not far from 10 cents a day. The pilot has the rate of one man and a half—he being always at the helm. All their stock of provisions is a bag of stale broken black bread, some beans, together with extra purchases of a few thin loaves on shore. They have an earthen jar to settle their water, another for boiling their food, and a single broad pan to pour it into when cooked. Perhaps in the inventory there may be a rude wooden spoon apiece. There is not a knife, fork, axe, hammer or nail—or an anchor. When the wind fails, all hands jump to the bank with the end of a long rope, having a loop for each man to slip over his shoulder, to drag the boat ahead. If it is desired to stop, a big wooden beetle, bound with leather rings to keep it from splitting, and a long stake, are carried ashore. The stake being driven into the mud, is made fast to—and taken up when the boat is again

to be set moving. Twice a-day they sit round a broad milk-pan of hodge-podge, washing it down with water alone. The Reis, or captain, thus far, has managed to get a tolerable meal once a-day, at least, out of our remnants.

A Physiological Problem.—It has been observed, that persons who have lost a limb, or a part of one, are at times very much troubled with an intolerable *itching*, or sometimes *pain*, in the fingers or toes of the extremity which is lost. A case of this kind lately presented itself to us for advice, which, being a little out of the common course, we have thought proper to give to our readers. A young man had his hand amputated just above the wrist, on account of having it shattered by the bursting of a gun. This happened some two years since, and the deficiency is supplied by a wooden hand. At times, he tells us that he has the most intolerable *itching between these wooden fingers*, in fact insupportable, and, to use his own words, he would give a hundred dollars for the chance to give them a scratching. At other times, he has much pain where the fingers *should be*, and he can only obtain relief by *altering their position*. When free from the pain or itching, he can discover no difference between that hand and the sound one. He can will the fingers of the lost hand to act, and they seem to obey. At times, the *ends* of the fingers are quite numb and cold; being partly flexed, he feels that he has not the power to extend them. There are other phenomena connected with this case, which, with those we have given, would be very difficult to account for on physiological principles.

Professor Atlee's Introductory.—The introductory address before the class in the Medical Department of Pennsylvania College, by W. L. Atlee, M.D., has been received. The professor gives much good advice to the young gentlemen, and endeavors from experience to point out the course that is considered best in acquiring a *genuine* medical education. In his apostrophe to Anatomy, we think there is a little too much that might be considered inapplicable, or figurative; but as a whole, the address is characterized by a high tone of good sentiment, and common sense, which will no doubt be properly appreciated by the class in attendance.

New Hampshire Journal of Medicine.—Our friend of the New Hampshire Journal of Medicine thinks it is our professional duty to give the formula whereby we can get rid of quackery. It is very true, in an article upon his "remedy for quackery," which appeared in one of our October numbers, we said, after commenting upon the article in the New Hampshire Journal, "there is a way to abate the evil complained of"—and if our friend will only read what follows, it will give him our idea of the *proper remedy* for such *maladies*. As we before mentioned, to give mere "*placeboes*" to our patients, is entirely unscientific, and should not be encouraged. Most generally we can satisfy them, if their disease is chronic, *but curable*, that they will get well by what we are doing, and there need to be no fear of our *losing them* if we are thus candid.

New York Medical Gazette.—The New York Medical Gazette, after January 1st, 1851, is to be issued bi-weekly, instead of weekly as for-

merly. The new series is to be furnished to subscribers at the extremely low price of one dollar per annum. It appears that the enterprising editor and proprietor of the Gazette feels compelled to make the contemplated change in order to protect himself from a "competition which has been recently started with a clamorous appeal to *cheapness*, which seems to be the order of the day." We hope he may be fully remunerated for his labor in the undertaking, and not be compelled to beat a retreat from the field of medical intelligence and literature, even should he be invaded by competitors and rivals in the same field. By this change, the Boston Medical and Surgical Journal is again left the only weekly periodical of the kind in the country.

Chemistry for Students.—“Review of Chemistry for Students. Adapted to the courses as taught in the principal Medical Schools of the United States. By John G. Murphy, M.D., Lindsay & Blakiston publishers. Philadelphia, 1851.” This is a useful little work, well calculated for those attending medical lectures. It was not the design of its author to have it a text book, but merely, as its name implies, a “Review.” It is well known to most medical students, that there is a *something* about chemical lectures which makes them seem very *obscure*, and as a general thing the lecture room is left by them without their possessing *much* more knowledge than when they entered it. Now this little work of Dr. Murphy’s will serve as a key to unlock this *obscurity*, and in many other ways will make this beautiful and enchanting science comparatively easy of acquisition.

Mortality of 1850.—The unusual good health of Boston during the past year has not been enjoyed by us alone. In other cities in this country the deaths are believed to have been less than in previous years; and in London, the difference between the mortality of 1849 and 1850 has been striking. This will be seen by the following extract from a communication to the Medical Society of that city, by Dr. Webster, at a meeting on the 1st of November.

“During the six months terminating the 25th of September, 22,816 persons have died in London, instead of 40,117 in the parallel season of 1849, being a diminution of 17,301 deaths, or 43.12 per cent. in favor of the present, compared with the former period. This great difference is chiefly owing to the very diminished mortality by cholera; only 96 individuals having died from that cause, instead of 13,115 during the same months of last year. Diarrhœa and dysentery have likewise proved less fatal; the deaths by those maladies being 1,459, instead of 2,946 in the same six months of 1849. Measles, scarlatina and hooping cough have also prevailed less severely than previously. Besides these complaints, typhus, which, in the second and third quarters of 1849, caused death to 1,222 individuals, was fatal in only 900 instances during the past six months. Phthisis, pneumonia and bronchitis also come within this category; likewise convulsions and erysipelas; 163 patients having died of the latter disease during the recent season, instead of 213 in the same six months in 1849. After various remarks upon several points of much interest, Dr. Webster alluded to the great mortality among children, shown by the fact, that of the total 22,816 deaths recorded in the metropolis during the last two quarters, 10,242 were individuals who had not passed their fifteenth year. Violent deaths next occupied the author’s attention; by which causes, 767 persons are reported to have lost their lives in London; thus making one case in every 30

of the whole mortality. Of these 767 specified violent deaths, 208 were produced by fractures and contusions, 155 were drowned, and 89 died from burns and scalds, besides other casualties not necessary to particularize."

Effect of Solitary Confinement on the Mental Faculties of Prisoners.—The following facts, stated by Dr. Webster, of London, in the communication alluded to above, are the most decisive ones we recollect to have seen, in regard to a question which has been discussed by the friends of different modes of prison discipline in this country.

"However beneficial confinement in the metropolitan prisons may prove to the bodily health of residents, it sometimes appears to produce an opposite effect upon their mental condition, particularly in those undergoing solitary or separate punishment. This baneful influence seemed fully established by the fact, that from two large London jails—viz., Pentonville and Millbank, where only convicted criminals are confined, not fewer than 61 prisoners were sent to Bethlem Hospital, during the last ten years, who had become insane, 47 being men and 14 women; besides four male criminals who came from the Hulks, but had previously resided in Pentonville prison. In addition to the above 65 individuals, male and female prisoners had been also admitted from other prisons as lunatics into Bethlem Hospital, although to a much smaller extent; hence showing that the effect of silent and long-continued confinement upon the mental faculties is very decided; and it should be remembered (the author likewise said), that all the cases of insanity recently sent from the two metropolitan prisons, and now reported, were not persons acquitted because they were insane, but prisoners actually undergoing sentence for previous crimes and misdemeanors."

Medical Miscellany.—The Mayor and Aldermen of Boston have given a lot of land on Rutland street to the Society for the Relief of Aged and Indigent Females. It is presumed that an appropriate building will forthwith be erected.—Mr. Gliddon, it is said, proposes to give a new series of Archæological lectures in Philadelphia. He intends to unroll two mummies, and anticipates "curious and valuable developments."—Prof. I. P. Garvin leaves the editorial management of the Southern Medical and Surgical Journal, Augusta, Geo., at the close of its present volume, and is to be succeeded by Prof. L. A. Dugas.—Dr. H. I. Bowditch, of this city, is preparing for the press a biography of the late Dr. Amos Twitchell, of Keene, N. H.

SUFFOLK DISTRICT MEDICAL SOCIETY.—The monthly meeting of the Suffolk District Medical Society will be held at their rooms, Masonic Temple, to-morrow (Thursday) evening, January 2d, at 7 o'clock. A punctual attendance is respectfully requested.

TO CORRESPONDENTS.—Dr. Leonard's paper on Quackery and Abortion, and Dr. Taylor's case of injury, have been received.

MARRIED.—In Southboro', Mass., A. L. Hobart, M.D., to Mrs. Cordelia L. Hyde, of Boston.

Deaths in Boston—for the week ending Saturday noon, Dec. 28th, 63.—Males, 27—females, 36
Accidental, 1—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—consumption, 20—convulsions, 1—croup, 3—dysentery, 2—dropsy, 3—dropsy of the brain, 2—erysipelas, 1—exhaustion, 1—typhus fever, 4—scarlet fever, 1—lung fever, 3—infantile, 2—disease of the kidneys, 1—inflammation of the lungs, 3—congestion of the lungs, 2—marasmus, 1—measles, 6—old age, 2—disease of the throat, 1.

Under 5 years, 20—between 5 and 20 years, 3—between 20 and 40 years, 21—between 40 and 60 years, 8—over 60 years, 11. Americans, 26; foreigners and children of foreigners, 37.

The Rejected Article.—[The following notice from the New York Medical Gazette refers to the article alluded to in the "Notice to Correspondents" of this Journal, week before last.]—"A Physician of Boston."—We must respectfully decline the insertion of the article sent us over this signature, notwithstanding it is accompanied by the author's name. It contains personal assaults which would be offensive to parties of whom we know nothing; and would disturb the kindly relations which have ever subsisted between ourselves and the Boston Medical and Surgical Journal, which we at least cannot consent to violate. The writer can have no claim on us which would justify him in complaining, as he has forgotten to subscribe for the Gazette. We shall be happy to aid the organization of a College of Pharmacy, in Boston, but to publish this article might have a contrary effect."

Boston Almanac.—We are under obligations to the publishers, Messrs. Mussey & Co. and Thomas Groom, for a splendid copy of the Boston Almanac for 1851. It contains much that is really valuable to the medical profession, independent of the other matters common to an Almanac.

Surgical Operation.—Dr. J. F. MAY, of Washington city, recently amputated the leg of a laborer, dislocating the hip joint, and removing the entire limb in a little over thirty seconds. In twenty minutes, ligatures were applied to the *twelve arteries* without the loss of more than half a pint of blood. The patient, through the operation, was under the influence of chloroform, and was totally unconscious. This is an extremely dangerous operation, hardly ever successful.

[We clip the above from a newspaper, but would prefer taking these matters of medical intelligence from medical journals, wherein the *true* description of cases are reported.]

Quarantine Regulations in Sweden.—The system of quarantine against the cholera, abandoned as useless in almost every other state of Europe, prevails in Sweden in its utmost rigor. It is not only enforced against all persons entering the country from abroad, but the several provinces are closed against each other. If the disease appears in any place, it is cut off from all communication with the neighboring towns. In the interior, the isolating system was put in force before it was adopted in the capital. In all the larger towns, a guard at the gates sends back all travellers who cannot *prove* that they have not visited any infected place for ten days. At Sodertelge, a ship of war is placed, that compels all vessels as they arrive to anchor in the quarantine station. In the North of Sweden, these regulations are only enforced against persons; but, in the town of Lund, they are extended to goods, if they are imported through Malmo.—*Lon. Times.*

Obstacles to the Diffusion of Vaccination.—Although the poor are now vaccinated gratuitously, and ample means are provided by the Poor-law Board for carrying out the intentions of the legislature, an unaccountable prejudice still exists against vaccination. Some of the objections to it are excuses for negligence; others are based on a sort of fatalism; but others, again, amount to almost criminal neglect. The Registrar for Nottingham states that a woman in his district who had lost a child by disease, assured him that she would rather lose half a dozen children by it, than *fly in the face of Providence in having one vaccinated!*—*London Medical Gaz.*

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DR. MATTSON ON THE CURABILITY OF CONSUMPTION,

CONSIDERED IN REFERENCE TO A NEW METHOD OF ASCERTAINING THE HEALTHY OR DISEASED CONDITION OF THE LUNGS.

[Concluded from page 435.]

THE VITAL CAPACITY IN DISEASE.—Here it is that the discoveries which form the subject of this article, are entitled to the highest consideration, for if tubercles of the lungs can be detected before any serious inroads have been made upon the constitution, it will be the first great step towards the successful treatment of consumption. If Laennec is entitled to immortality for discovering the physical signs of phthisis at a period of the malady when its existence is rendered almost equally apparent by the constitutional disturbance, Dr. Hutchinson is certainly entitled to an equal immortality for discovering a method whereby we can detect the disease before any constitutional disturbances have ensued. In the one case all remediate measures will prove more or less uncertain, though not necessarily unsuccessful, even though a cavity may have formed in the lungs, as we shall presently show ; in the other case, a judicious routine of treatment, with proper attention to diet, exercise, &c., will, in the majority of instances, be crowned with complete success, and the mortality of consumption be thereby limited to an inconsiderable proportion of the general mortality.

We have examined a large number of consumptive patients, and have found no one thing in practice more constant or invariable than a diminished vital capacity. About this there can be no question. The diminution varies from 10 or 15 to 150 or more cubic inches of air, according to the extent of the disease. Whatever the diminution may be, it is clearly indicated by the spirometrical scale, so that we may at all times estimate the changes which are going on in the lungs. It is surprising to what an extent the respiratory functions are sometimes impaired, notwithstanding the patient is comparatively comfortable, and enabled to take his accustomed daily exercise. I have frequently examined patients in the advanced stages of phthisis, who could not breathe out more than 60 or 70 cubic inches of air, instead of 200 or perhaps 250 cubic inches, and yet they could walk a long distance without difficulty. In some instances I have known the quantity of expired air to be even less than 50 cubic inches.

Judging from our own observations, we are induced to believe that tubercles of the lungs, unaccompanied by any constitutional signs, are of very frequent occurrence, especially in New England. We have frequently examined ladies and gentlemen in whom we found a deficient, if not a low vital capacity, and yet they have assured us that they enjoyed very excellent health. Still it has generally appeared that they belonged to a consumptive family, or that at some previous period they had been threatened with disease of the lungs. The frequent existence of latent pulmonary tubercles, however, as determined by the new method of diagnosis, is in accordance with a great many well-known facts. Dr. Wm. Addison, F.R.S., in a communication to the London Lancet, says:—"Of the numerous apparently healthy lungs which I have examined, I have found tubercles in about one third. In their early state they escape notice, unless searched for with a lens in very thin sections, gently extended upon a dark back-ground." Sir Charles Scudamore says:—"It is a remarkable circumstance, that in some cases the lungs have for a long time tolerated the presence of tubercles, without affording the characteristic signs of their presence—without cough being induced, or symptoms of pulmonary irritation of any kind having occurred." The same writer speaks of occasional instances of persons in health dying from some sudden accident, in whom a post-mortem disclosed the existence of tubercles in the lungs. He also says that *numerous authors* have made a *similar* statement.

In an interesting letter which we had the pleasure of receiving from Dr. Hutchinson, he speaks incidentally of loss of weight as one of the early symptoms of phthisis; and though this is without doubt a very clear indication of the commencement of constitutional disturbance, yet we are disposed to re-affirm that pulmonary tubercles exist in almost innumerable instances without being accompanied by any perceptible disturbance of the system. As it respects loss of weight in relation to tubercles of the lungs, we may add a few additional words in illustration.

We have just examined a lad 13 years old, who is growing rapidly, and increasing every day in weight, and yet he has a deficient vital capacity. Cases of this kind are by no means rare.

Mrs. J——, recently from Ohio, breathes out only 98 cubic inches of air, instead of 196 cubic inches, which would be the healthy quantity, making some deduction for age. And yet her health is now excellent, and her weight greater than at any previous period of her life, having gained five pounds within the last four months. She suffered much with scrofula in early life.

We treated a Miss D—— last winter, whose right lung was extensively excavated, and whose vital capacity was only 60 cubic inches, being reduced more than two thirds below the healthy standard, and yet in the course of six weeks she gained $4\frac{3}{4}$ lbs. She afterwards died very suddenly of hemoptysis.

About the same time we treated a Mr. H., who had lost 20 lbs. in weight, and whose vital capacity was 70 cubic inches below the healthy standard. Besides this, his lungs were somewhat excavated. At the

end of three months he had gained $9\frac{1}{2}$ lbs., and his vital capacity had increased 10 cubic inches.

I will also mention the case of Mr. Richardson, one of our well-known city watchmen, who applied to me in May, 1849, with a severe cough, hurried breathing, and other symptoms indicating disease of the lungs. He was also losing weight rapidly. The respiratory murmur was deficient over a considerable portion of one lung. Everybody said he was in a "galloping consumption," and that he would die in less than three months, and this would certainly have been the case had he taken a tithe of the abominable nostrums which were urged upon him by his "excellent friends." But his better judgment preserved him from the quackery by which thousands of poor consumptives are annually brought to a premature grave. I "truncated his uvula," to use a fashionable surgical phrase, because it was elongated; made some argentine applications to his throat, and adopted what I considered to be a suitable routine of alterative treatment. In a month he was very much improved, and in the following August he could lift a barrel of flour at arms length. His health was never better, and his weight had so increased that it exceeded that of any other period of his life. And yet, notwithstanding this, his vital capacity was considerably below the healthy standard as indicated by his stature. He continues to enjoy firm health up to the present time.

The thoracic movements of the chest are always more or less restricted in tuberculous disease of the lungs, and this diminution of chest mobility is in correspondence with the diminished vital capacity, so that the one is a significant type of the other; and it would seem that the diminished quantity of air expired in phthisis, from some singular law of the respiratory functions not yet understood, is more the result of the restricted movements of the chest, or rather is more in correspondence with this diminished mobility, than with the cubic inches of space occupied by the tuberculous deposits. These limited thoracic movements are curiously associated with tuberculous disease of the lungs, and do not seem to be produced by local or general debility of the muscular system alone. I examined a gentleman a year ago, who applied to me, and who was very pale, somewhat emaciated, and greatly debilitated, having been almost worn out by his disease. His physicians had regarded his case as one of an anomalous character. Notwithstanding his debility, I found he had a healthy vital capacity, and being thus assured with regard to his lungs, I made a further examination of his case, and found that his symptoms grew out of a diseased state of his kidneys. The treatment being directed to the renal disorder, I was enabled in a few months to restore him to very excellent health. The spirometrical examinations are of great importance in many similar cases, where the state of the lungs is doubtful.

Testimony in favor of the New Method.—Although we repose very great confidence in the method here specified in diagnosing tuberculous disease of the lungs, we know very well that the medical profession are sometimes disposed to be a little skeptical about any new doctrine or discovery which may be presented to them for consideration, and therefore,

in order to do as full justice as possible to Dr. Hutchinson, we will venture to call attention very briefly to the report of the Hospital for Consumption, &c., in Brompton, Eng., which was issued by the physicians of the institution in 1849. The report says:—

“Not a few instances occur in which, although there are some reasons for suspecting the presence of tubercular deposit, yet the physical signs are either absent, or so indistinct that the most experienced observers can scarcely detect them. Under these circumstances, additional means of diagnosis are obviously desirable; and the medical officers felt it their duty to avail themselves of the opportunity afforded by the large number of phthisical patients under their charge, to test the value of all modern means suggested for detecting the disease in its early stage.”

Dr. Hutchinson attended at the Hospital for several months for the purpose of making spirometrical observations, and his labors are spoken of in terms of high commendation.

Alluding to the statistical tables contained in the report, the writers say—“It is interesting to observe how evidently they establish the fact, that the spirometer gives distinct indications at an early period of the malady, and that these indications become more obvious in proportion to the progress of the disease.”

The report further says—“In various individuals in whom there were circumstances calculated to excite some suspicion of the existence of disease, the favorable indications furnished by the spirometer have enabled the medical officers to pronounce an encouraging opinion, which, in the sequel, has been confirmed.”

In these general remarks, the obvious truth must not be overlooked, that the amount of expired air may be diminished by other causes than tuberculous disease of the lungs, such as pneumonia, emphysema, hernia, rupture of the membrana tympani (unless the ears be closed during the observation), abdominal tumors, ascites, and aortic aneurisms. I examined a lady a few days ago with a very large abdominal tumor followed by effusion into the peritoneal cavity, and she could only breathe out 100 cubic inches of air, which was very little more than half of the quantity indicated by her stature. Her lungs were apparently healthy. The causes specified all tend to interfere with the thoracic movements, and consequently to diminish the vital capacity. Cases of this kind must be accurately estimated by the physician, before he gives his opinion; but we are not to depreciate the great value of spirometrical observations, because they are not always infallible, any more than we would depreciate the value of the stethoscope in various pulmonary and cardiac diseases because it is insufficient to detect tubercular deposits in the lungs at an early period of their existence.

Is Consumption Curable?—This question, deeply interesting as it is, we are compelled, for want of space, to consider very briefly. There are two stages of the disease which require to be noticed; one in which unsoftened tubercles exist, and the other in which tubercles have softened and been followed by cavities in the lungs. With regard to the latter, we had the encouraging testimony of Laennec long ago. He made post-mortem examinations of five persons who died of other diseases

than consumption, and in every instance cavities or tubercular excavations were found cicatrized or healed. Hence, this great physician was disposed to admit that "nature does sometimes exert a curative process in cases of consumption which are apparently hopeless." The writings of Andral, Cruveilhier, Stokes and Williams, abound in cases similar to those mentioned by Laennec. "The more recent researches of Rogée and Boudet in Paris, and J. H. Bennet in Edinburgh, have shown, from indiscriminate examination in large hospitals, that puckerings, cicatrices, cretaceous concretions, and other evidences of former tubercle in the lungs, occur in at least one third of all the individuals who die after the age of forty" in England. Boudet* mentions that in the post-mortem examinations of 45 subjects, between 3 and 15 years old, he had observed the *cure of consumption in twelve cases*. He has furnished a great deal of similar testimony, with which we shall not burthen the reader. Why, it may be asked, should it be said that consumption is incurable, with such overwhelming testimony as this upon the subject—testimony the more valuable inasmuch as it does not relate to a few isolated cases of cure merely, but to a vast number of cases.

Absorption of Tubercles.—The supposition that pulmonary tubercles may be absorbed, has been regarded as a rank heresy until recently, and we are not aware that the proposition is received with general favor even now. But what is the truth—what is the testimony in relation to this matter? M. Lombard says very emphatically that "the absorption of tubercles is very probable." Boudet, of Paris, already quoted, says—"In 116 individuals, aged between 15 and 76 years, tubercles in the lungs or bronchial glands had wholly disappeared in 61." Dr. Turnbull, in the London Journal of Medicine, says that the results of treatment seem to show that tubercles may be removed by absorption, and though this has been questioned, he suggests that the facts which he has still to adduce will tend still further to remove any doubt on this point.

M. Coster made some experiments on dogs and rabbits with a view to the *production* as well as *absorption* of tubercles. He confined the animals in a dark place, exposed to a damp, uncongenial atmosphere, where they could take no exercise. Those fed upon their ordinary diet became ill, and generally tuberculous, but not one of those fed on feruginous bread presented a trace of tubercles. M. Coster concluded from his experiments that "it is probable, even in the face of predisposing causes, to prevent the development of the tubercular diathesis," and that "even where the formation of tubercles has commenced, their progress may, in a great number of cases, be arrested."

The question of absorption either by the lymphatics or bloodvessels, I shall leave untouched for the present. Facts are always preferable to theories, unless the theories grew incontestibly out of the facts; and if it be shown that tubercles have disappeared, it will not be difficult to show that they have disappeared by absorption. We see enlargement of the thyroid gland disappearing from the action of iodine and other remedies which promote absorption. But this does not excite our won-

der. We are constantly noticing the disappearance of scrofulous tumors from the necks of children, which in some instances are carried off rapidly by absorption. Neither does this excite our wonder, because it is an every-day occurrence ; but if the question should arise as to whether a similar albuminous deposit in the lungs can be removed by absorption, we would hesitate to answer for fear we might interfere with some preconceived opinion, or disturb some favorite and long-cherished hypothesis. Why, indeed, should the lungs prove an exception to other organs, as it respects the power of absorption, when they are characterized by such extraordinary functional activity, and are the laboratory, so to speak, in which such wonderful changes are constantly being wrought in the circulating fluid, and without which life itself would continue but for an instant ?

The Principles of Cure.—A word only on this subject—for we have already greatly exceeded our proposed limits. It is apparent that the formation of tubercles is but a secondary effect, having its origin in some pre-existing derangement of the system, of which we are more or less ignorant. The atmosphere, no doubt, has a predisposing influence, or why is it that the disease is so prevalent in the temperate regions of Europe and North America, while it is said not to make its appearance in many portions of Southern America. Is this owing, in the former case, to some organic matters floating in the air, as suggested by Linnæus ? or to some peculiar miasm which is not appreciable to the chemist ? or is it dependent upon certain hygrometrical or electrical conditions of the atmosphere of which we have no adequate knowledge ? A hurricane in Barbadoes in 1780, according to Sir Gilbert Blane, so changed the atmosphere, that many who were laboring under incipient consumption soon recovered, and others in the more advanced stages of the disease were freed from the most of their symptoms.

The blood in phthisis is worthy of a moment's consideration, for it undergoes important changes, and a single glance at a consumptive patient assures us that this fluid has been deprived to a greater or less extent of an important ingredient, namely, the red globules. With this decrease of red globules there is an increase of fibrine. It may be, too, that in health the arterial and venous blood have different electrical relations, and that when the harmony of this electrical balance is disturbed by the invasion of disease, the capillary vessels of the lungs, or other organs, are in a condition to pour out tuberculous matter and thus form tuberculous deposits.

The constitutional disturbances which accompany or precede the development of consumption, may usually be traced to disorder of the liver, kidneys, stomach or intestines, or perhaps to several of these organs combined. If this is carefully diagnosed at a sufficiently early period, and properly treated, there need be but little apprehension of pulmonary disease. Disorder of the kidneys, I may add, is too much overlooked in medical practice, especially in this country, and is a fruitful source of mischief to the whole system ; for if these organs do not perform their functions in a healthful manner, the blood will not be sufficiently depurated, and the lungs are in danger of being brought within

the sphere of the disturbing influence. It is a very common thing in practice to examine the tongue with a great deal of nicety, and to question the patient very minutely as to the alvine dejections, while the renal secretion is entirely overlooked as unworthy of notice. A chemical examination of the urine is frequently of great importance in determining the routine of treatment which should be adopted. It may here be remarked, as a curious fact, that in oxalic urine, patients are very apt to imagine that they have consumption, notwithstanding their lungs are perfectly healthy. I examined a gentleman last summer who was persuaded that he was a victim of consumption, but I assured him that his lungs could not be diseased, inasmuch as he had a healthy vital capacity. He then told me that he had been examined by several physicians with the stethoscope, and that each one had told him that there was no disease of his lungs, but he was persuaded, nevertheless, that we were all mistaken in his case. Upon examination of his urine soon after, copious crystals of the oxalate of lime were detected. It is also a curious fact that in Boston and vicinity, however it may be in other localities, oxalate of lime crystals are very frequent in the urine at particular seasons, while at other periods they are rarely to be found.

It is no new doctrine that expansion or enlargement of the capillaries is one of the characteristics of chronic disease. Upon what this expansion depends, we will not pause to inquire. In pulmonary tubercles we have without doubt this expanded state of the capillaries of the lungs; and the undue afflux of blood into them is favorable to the albuminous deposit constituting tubercle. All this may occur without inflammation; but it is analogous to what we see in inflammation, for it is now generally conceded that this is an exciting cause of tubercles. Hence the advice of M. Lombard, that inflammations should be guarded against with the greatest care, or arrested as promptly as possible. The same remarks are applicable to passive congestions. Bronchitis and pleuritis also predispose to tubercles, and in each of these cases there is an undue determination of blood to the lungs. We have an apparently beautiful exemplification of this law in the development of tubercles in children, which, it would seem, corresponds with certain physical developments of the body. In the new-born infant, for example, the head is inordinately developed; as childhood advances, the abdominal organs acquire the preponderance; and later than this, the maximum development is to be found in the chest. These successive developments, it need scarcely be said, are accompanied by a corresponding degree of functional and vascular activity; and it is in this order of physical development that tubercles make their appearance, being prone in infancy to invade the brain, next the abdominal viscera, and last of all the lungs. It is said that tubercles of the lungs are exceedingly rare before birth, and we know that these organs are but slightly developed at that period.

The expansion of the capillaries in tuberculous disease being admitted, the principles of treatment must be obvious. We must employ remedies that will favor the contraction of the capillaries, without, at the same time, making any morbid impression on the general system, and

we will thereby obviate one of the primary conditions which is essential to the tuberculous deposit. There is nothing new or extraordinary in this, for we accomplish the same thing in the treatment of goitre by the use of iodic and other preparations, as already hinted, and we find the expanded capillaries which ramify in the enlarged gland becoming contracted, and the cure taking place by the slow and certain process of absorption. The selection and adaptation of remedies to the cure of tuberculosis we have not space to dwell upon here.

If *fevers* or *inflammations* should arise, we feel persuaded that they should not be treated by bloodletting, inasmuch as the abstraction of blood, according to Simon, tends to alter the composition of that fluid in a remarkable manner, not much diminishing the albumen, but greatly diminishing the red globules. Here, then, is a condition of the blood highly favorable to the development of tuberculous disease, and ought not, as a matter of course, to be produced by artificial means.

Diseases of the throat should be speedily cured by proper local and general treatment, which can now be accomplished with comparative ease; for if too long neglected, they are liable to extend to the lungs and render active the pre-existing tuberculous disease, which, apart from this, might remain latent for years. A great many cases of consumption are developed in this way; for any irritation or inflammation of the lungs, as we have already said, favors the production of tubercles. There is a morbid condition of the tonsils independently of enlargement or hypertrophy, which should not be overlooked, as excision is indispensable before the throat can be brought into a healthy condition by topical remedies. We have some very curious philosophy with regard to disease of the tonsils. A noted quack, who is more famous for the number of circulars which he scatters about in steamboats and rail-road cars, than for the cures which he performs, has written a book in which he says it is highly dangerous to have the tonsils removed, and yet we have known this sage Esculapius in several instances to send his patients to some surgeon or physician to have their tonsils removed, because, forsooth, he probably had not the skill or ability to perform the operation himself. So much for his consistency—and we merely mention the fact to show how far a charlatan will go in his efforts to deceive the public. We have known some very sensible people to be influenced by this very silly book, and have allowed their tonsils to remain, swallowing all sorts of *pulmonary succedaneums*, *cough pills*, and *heart correctors*, heaven save the mark! when a little “common sense” would have taught them that it is just as easy to restore a badly-diseased tonsil to a “healthy condition,” as it is to restore a cancer to a healthy condition; and that the only danger is in allowing the diseased mass to remain in the throat, deranging and poisoning the whole system, as it is sure to do; and more than this, the local irritation or inflammation which it always excites, is almost certain, at an earlier or later period, to extend to the lungs and favor the premature development of consumption. If quackery flourishes the best by “persecution,” as it is said, we feel disposed, at all events, to give it the benefit of this notice.

A word in conclusion respecting the value of spirometrical observa-

tions as it relates to life insurance companies. It has been shown that the stethoscope is incompetent to reveal incipient pulmonary tubercles, no matter how skilful the examiner, and it is a question how far the rates of insurance might be influenced by this new mode of examination.

Boston, Dec. 25, 1850.

DISEASE OF THE PENIS—AMPUTATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The accompanying paper is the substance of a case reported, by request, to the Medical Association of this (Broome) County, at its last annual meeting. Should you consider it worthy a place in your widely-read Journal, its insertion will confer a favor on

Yours, &c.,

Lisle, N. Y., Dec. 20, 1850.

S. H. FRENCH.

About the middle of October, 1849, Mr. C. S., of Nanticoke, Broome Co., called on me for advice concerning his son, a child of $3\frac{1}{2}$ years of age. He gave me the following history of the case. Some time in August preceding, the child began complaining of pain and smarting during micturition. For a few days no attention was paid to the complaint; but soon, the pain constantly increasing, the attention of the parents was called to the genital organs. They discovered nothing unusual, except a slight enlargement of the penis. Having business at a village a few miles distant, the father called, with the boy, on a physician, who prescribed some simple medicine, and recommended topically an evaporating lotion. As no benefit was derived from the treatment, a second physician was consulted. He also made a prescription, consisting of gun Arabic, uva ursi, &c., together with the topical application of acetate of lead.

A short time after this last treatment had been instituted, the case came under my care. Upon examination, I found the penis to be *elongated* and *club-shaped*, and with, what I supposed, a *congenital phymosis*. Presuming the enlargement of the glans, as well as the pain on micturition, depended upon excoriation from retained urine and deranged secretion within the enlarged prepuce, I enjoined rest, soap and water injections, and evaporating lotions to the penis, and gave a dose of neutral salts, all with a view to prepare the case for an operation.

Oct. 20th.—The operation was performed by slitting up the prepuce on the dorsal aspect of the penis, to a sufficient extent, and attaching by the interrupted suture, the dermoid and mucous surfaces of each flap in the usual manner. Upon exposing the glans, to my utter astonishment the apex was found covered with a black slough to the extent of half an inch in diameter. The slough seemed recent, as there was no apparent discharge; neither was there any line of demarcation formed or forming. The prepuce, as is frequently found in children, was adherent quite extensively, which precluded so minute an examination of the glans as was desirable. Simple dressings were applied, with direc-

tions to remove them whenever the child voided urine. Rest in the horizontal position, and low diet, were strictly enjoined.

At my first visit subsequent to the operation, Oct. 22d, I ascertained that the child complained less during urination. The wound was doing well, but the glans was in no degree any better. The slough, instead of separating, had become moist, and discharged a thin sanies; its dimensions were increasing, and the glans penis was losing its natural polished surface. The child was restless, pulse accelerated, and other symptoms of constitutional disturbance were manifest. A gentle cathartic was ordered, and a charcoal poultice applied to the penis. The patient to take an anodyne *pro re nata*.

24th.—Prepuce healing; less constitutional disturbance; the slough, however, slowly yet surely increasing, and the glans increasing in size correspondingly. To-day it was observed that the orifice of the urethra did not exist at the centre of the slough, as supposed, but near a half inch above it and to the right side. The orifice being transverse, and so obscured by the extreme enlargement of the glans, it had entirely escaped notice heretofore. This discovery put an entire new face upon the matter. The question now arose, whether the disease had so distorted the glans as to place the orifice of the urethra in its present locality, or whether this was a malformation in form of a *nævus*. Upon again questioning the parents relative to the size of the penis from birth, they both said they *thought* the penis was uniformly larger and longer than other children's at his age; but this being their first and only child, they could hardly say whether there was anything unnatural or not. The color of glans and the absence of varicose veins probably was the cause why the case was not considered a *nævus* heretofore.

The poultices were continued; and as irritative fever began to manifest itself, the elixir vitriol and quinine were ordered.

27th.—The sutures were removed. The wound healing kindly. The ulcerated surface and the glans itself steadily increasing in dimensions. There had been, since my last visit, a slight hæmorrhage.

30th.—No material change, except the steady increase of the disease. The ulcerated surface is gradually becoming more convex, and rolling, somewhat, over the glans. The disease also gradually approaching the orifice of the urethra.

The case becoming more and more alarming, Nov. 4th, I requested counsel, and my friend Dr. P. B. Brooks, of Binghamton, was called. The subject of amputation was taken into consideration; but since there were strong reasons for considering the case a *nævus*, a hope was entertained that in due time the ulcerative process would cease, and the patient recover without amputation. The application of the nitrate of silver was advised, in addition to the treatment already instituted.

Nov. 8th and 13th. No improvement. The nitrate had been applied twice, with no other effect than to increase the rapidity of the ulceration.

18th.—The penis enlarged to an enormous size. The sloughing and ulceration fast approaching the orifice of the urethra. The wound from the operation entirely healed.

24th.—There being no amendment, a second consultation was advised. Drs. Hunt of Maine, and McCall of Centre Lisle, were called in. After a free interchange of opinions, the resort to amputation was further postponed, as a ray of hope was entertained that the disease would abate, and the child recover free from any mutilation by the hands of the surgeon.

28th.—The child evidently succumbing. The canal of the urethra beginning to be involved, as evinced by the symptoms following, viz., swelling and extreme pain in the testicles, pulse rapid, tongue red, night sweats profuse. I advised wine and animal broths to be taken freely, and applied muriate of ammonia in solution as a lotion to the testicles.

Dec. 5th.—The glans penis still enlarging; the surface of the ulcer, now about eighteen lines in diameter, convex and overlapping the contiguous glans. The cellular substance of the prepuce and entire penis becoming infiltrated. The testicles still swollen and painful. A second hæmorrhage had occurred.

8th.—The operation of amputation was now to my mind the only hope, and imperatively demanded. The state of the travelling was very bad, which rendered it peculiarly difficult to avail myself of the opinions of more of my professional brethren from a distance, and the chances for saving the little boy's life were rapidly diminishing. I therefore requested the assistance of Dr. Hemenway, of Whitney's Point, (whose efficient aid I have on many occasions availed myself of), and resolved, if his opinion coincided with mine, to amputate immediately. After due deliberation, the operation was performed. With one stroke of the bistoury the diseased mass was removed. The arteries were secured, and simple dressings applied.

11th.—The wound doing well; testicles evidently diminishing in size and tenderness. The inguinal glands (which I had forgotten heretofore to say, were very much enlarged and painful) also returning to their normal size.

16th.—Testicles nearly reduced to their natural size; night sweats less annoying; appetite returning. From this time the child rallied rapidly, and in a very short time every vestige of the disease was entirely obliterated, except the loss of about one third of the penis.

It will be remembered that the orifice of the urethra was described as being located at the right side of the penis. Now this relation obtained as high up as the amputation, and upon the healing of the wound, which was very rapid, the skin seemed to overlap somewhat the orifice in such a manner as to very much contract the calibre of the canal. Living many miles from my patient, I did not see him in time to avoid this difficulty.

Bougies were now used by the parents, through my advice, but they seemed only to irritate, and instead of being dilated, the canal actually became smaller. Many appliances were resorted to, but no improvement resulting, I had the little boy brought to my office in April succeeding, and by the aid of Dr. Hemenway the urethra was laid open sufficiently far back to admit the introduction of a silver tube. The tube was introduced, and made secure; the parts brought together around

it, and secured by means of collodion. The wound soon healed ; and in order to secure the patient from any subsequent difficulty arising from contraction, he was recommended to wear it for several months. I am happy to state that at this time the boy is entirely cured.

CASE OF INJURY—EMPHYSEMA.

[Communicated for the Boston Medical and Surgical Journal.]

FRIDAY, August 3, 1849. Called to see Mr. D. B., aged 76, of good constitution, who had fallen from his waggon three days before and struck upon his head and shoulders. Found him with great difficulty of breathing ; feeling of pressure through the chest ; coughing very frequent ; expectoration bloody, frothy mucus ; pulse 120 per minute ; fever high ; tongue with a thin, white coat ; great restlessness, and almost sleepless since the fall. The skin and cellular tissue filled full of air, from the scalp to the lower extremities. Eyes closed in consequence of the emphysema. The genitals also bloated since morning. The lower extremities cold. No abrasion or mark to be seen on the skin.

Treatment.—Venesection, though could not get over 8 ʒ, which was thick. Gave solution of tartar, as much as the stomach would bear, with 15 gtt. tinct. aconite to a teacupful of the solution, a great spoonful once in two hours. As he had had no rest, gave 8 grs. Dover's powder, with 2 grs. calomel, once in six hours.

August 4th.—The symptoms the same. Gave a dose of salts. Other treatment the same.

August 5th.—Pulse 116, not as hard, and rather fuller. Tongue the same ; cough not quite as frequent ; expectoration the same ; dyspnœa a little less ; bloat the same ; thirst less. Had slept some, but very restless.

August 6th.—Pulse 100 ; dyspnœa less ; expectoration mucous ; had a little good sleep the past night, and the swelling had subsided a little.

August 7th.—All the symptoms improved a little. From that time he gradually but slowly recovered, and at the end of two weeks the emphysema disappeared.

Query.—Was this bloat of wind from a rupture of the lung ? There was no apparent fracture of any of the ribs. The case to me was new, not having seen or read of one like it before ; therefore, I send it to you for publication.

CEPHAS R. TAYLOR.

E. Hardwick, Vt., Dec. 21, 1850.

MANGANESE IN ANÆMIC AND OTHER AFFECTIONS.

BY M. HANNON.

MANGANESE and iron are almost constantly found united in the same minerals, and can be separated with difficulty. Again, iron is not always efficacious in chlorosis, and fails in curing anæmia arising from cancers, from tubercles, from prolonged and abundant suppuration, &c.

In these cases, it cannot be the iron that is deficient in the blood, but some other ingredient; and it is probable that iron is united to manganese in the blood; and that cases of anæmia, unsuccessfully treated by iron, might be cured by manganese. M. Hannon first tried the effects of this agent on himself. He took at first a grain of the carbonate of manganese daily, increasing the dose to four grains by the end of the first week, and to eight grains by the end of the second. At the end of a fortnight, he experienced symptoms of plethora; the appetite increased, the pulse became stronger, and the color of the interior of the eyelids was heightened. He then administered manganese to some anæmic patients; some of them experienced nausea for two or three days, after which the medicine was tolerated. In a short time its beneficial effects became manifest in the increase of color, in the fuller and more frequent pulse, in the energetic movements, and general improvement of the functions.

The presence of manganese in the blood was discovered by M. Millon, who presented a memoir on the subject to the Academie des Sciences of Paris. His observations have been confirmed by M. Hannon.

[Several illustrative cases are given. The first mentioned is one of extreme chlorosis, in which the patient was sent into country air, and took iron for some time, without benefit. We are told that]

The patient was then directed to take one of the following pills daily before breakfast, and another before dinner: Extract of cinchona, carbonate of manganese, of each a drachm. Mix and divide into four-grain pills. After she had used these pills for a fortnight, the cheeks and conjunctivæ regained their color, and the swelling of the feet disappeared. The following pills were then ordered. Sulphate of manganese, carbonate of soda, of each a drachm; fresh charcoal, honey, of each a sufficient quantity to make a mass, to be divided into four-grain pills. A fortnight after the employment of this medicine, the bellows sound had disappeared; the pulsations of the heart were strong and loud; and an energetic impulse was felt on applying the hand. There was no syncope; and the appetite had returned. The dose of the pills was increased; and a month after, menstruation occurred, and the patient became plump, and able to bear much exertion. She digested and slept well—in a word, was cured.

[Another case is that of a young lady affected with phthisis.]

Iron with opium was prescribed; but it increased the cough and brought on obstinate constipation. Syrup of the phosphate of manganese was then given, with cod-liver oil; the latter being added rather to prevent the contact of air with the manganese, than from any expectation of its producing good effects. The constipation ceased; and the cough became more bearable, and ceased in a fortnight. The patient then began to recover *embonpoint*. A month after the knuckles assumed a very remarkable brick-red color, which has continued up to the present time—a period of nearly a year and a half. This patient took three gros (216 grains) of phosphate of manganese, in doses of three grains daily.

Madame R. was affected with cancer of the uterus. She complained

of remittent pain in the hypogastric region, and suffered much while at stool. In the evening she was troubled with severe lancinating pains, which often continued through the night. She was excessively weak, and of a pale yellow hue. She was troubled with palpitation, and a *bruit* was heard in the carotid. The feet frequently swelled. Syrup of the iodide of manganese was given with syrup of horse radish, for several months. The pains did not leave her, but the anæmic appearance completely disappeared. To calm the pains, opium, with extract of hemlock, was prescribed; and the patient became apparently cured.

Mademoiselle M., aged 14, of a scrofulous constitution, had glandular enlargements in the neck, ulceration of the transparent cornea of the left eye, and caries of the first phalangeal bone of the index finger of the right hand. Being the daughter of a peasant, she had lived exclusively on vegetable food; but was ordered to take meat and drink beer. Syrup of the iodide of manganese was given in doses of a spoonful two or three times a-day. Under the influence of this, and her improved diet, she became less lean; soon after, the cornea regained its transparency, having been washed with a lotion containing gr. ss. of nitrate of silver to an ounce of distilled water. The suppuration of the carious bone ceased, and the finger was cured.

M. G. B., aged 38, had been treated with mercury for some years, for constitutional syphilis. The bones were sound; the skin was affected with all kinds of eruptions; the tongue had long been the seat of an obstinate tumor; and there were syphilitic ophthalmia and iritis. Fumigation and iodide of potassium were persevered in for several months, but without effect. Iodide of manganese was then given, with sarsaparilla; and in a month the patient was completely healed. He was directed to continue the use of the manganese; and as he has not since applied for relief, it is probable that he has had no relapse.

These cases have been selected from a number of similar ones, and show the efficacy of the new remedy proposed. Manganese has in all cases produced a more rapid effect than iron, in cases of simple anæmia. In the forms of anæmia cited, all the cases had resisted iron, and all yielded to manganese. The other cases are respectively of phthisis, cancer, scrofula, and syphilis—all inducing almost irremediable cachexia, and all rapidly alleviated by manganese. The effects of the manganese, as observed in one case (phthisis), are remarkable. Iron seldom produces a similar result; if it improves the state of the blood, it increases the cough; so much so, that many practitioners abstain from its use in phthisical cases. In all the scrofulous cases, the iodide of manganese, by its salutary and rapid influence, was proved superior to the iodide of potassium. The persistence of the cures obtained by manganese, in comparison with those produced by iron, is very remarkable; no cases of relapse have been observed by M. Hannon. The quantity required to be taken in order to produce the desired result, is far from being so great as that of iron.—*London Journal of Medicine.*

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 BOSTON, JANUARY 8, 1851.

EDITORIAL CORRESPONDENCE.

From Alexandria to Grand Cairo (Continued).—The Nile is a rapid, turbid river. The banks are so perpendicular that they appear as though cut down with a spade—allowing boats of the largest dimensions to glide within a foot of them. This indicates a very deep channel, which we have no means of sounding satisfactorily. At a distance from the banks, varying from a few rods to a mile, is a mud ridge, or embankment, perhaps upon the average 10 feet high, to prevent the swollen river, at its periodical rise, from flooding the country, which is lower than the banks of the river. Sluices are cut through, commanded by rude kinds of gates, through which the fields beyond are irrigated. There are, too, in some places, immense mud wall enclosures, in which the water is fenced in, to be let out as necessity requires, after the fall of the river. Wheels, on the periphery of which are earthen pots, geared in a manner to be turned by a single ox or ass, are seen all over lower Egypt, raising water from tanks, wells or the river. Men are also seen raising water, with various bungling contrivances. In short, one of the prime considerations with every inhabitant, is to get water, and it therefore constitutes a prominent subject of conversation. We stopped at a mud town for dates, where there were many large boats taking in cotton. The bazar was a short dirty street, covered over head with brush, to exclude the sun's rays. Onions, dates, tobacco, oranges, soft flat sheets of fresh bread, eggs and melons, were the principal articles of traffic—the sellers all sitting near their effects, smoking gravely while waiting for customers. Nearly all the females have tattooed chins. From the margin of the under lip to the under side of the chin, the India ink has been so freely inserted, as to look like a piece of blue ribbon, an inch in width. Some are marked with queer devices on their arms. This morning, Nov. 7th, we passed, as we often have before, small boats, crowded to their utmost capacity with men, women, children and donkeys. On some of the grain boats, lots of half naked persons are sleeping on and under coarse straw mats. When we come to a cut in the river bank for letting off the water, our sailors strip off their only garment, put it on their heads, leap in with a rope, and pull away again when on the opposite side. I am constantly struck with the resemblance of these long, slender-limbed natives, to the ancient pictures of them in mummy cases and tombs. All they require is a wig, which the ancient Egyptians wore, to be identically like them. Indeed, their costume, aside from the turban, and the manners of the people generally, are but slight deviations from the customs prevalent in the days of the Pharaohs. There are no insulated farm-houses in sight; the people invariably concentrate on the old mounds, which just keeps them above the water when it rises. To-day I saw a buffalo and camel yoked together, ploughing near the river. I have seen two cows drawing by the horns in Belgium, an ass and a cow in Switzerland, but this team exceeded all others for ludicrous effect. A pole full twelve feet long is laid across their necks, they being all of nine feet apart; in the middle a rope is made fast, attached to the apology for a plough. Our friends at the agricultural warehouse in Quin-

cy Market would be astonished, were they present, to see how a furrow can be turned up with such a strangely crooked stick, and about as well as it could be done with one of their beautiful, costly patent ploughs. The surface of the land looks baked by the sun, and not mellow. Where the crops are growing, the water stands in sheets, which makes a soft adhesive mud, in which the farmer stands up to his ankles. Stopped at a town on the east side of the river, where there was a perfect jam of naked children and vociferating women, urging the sale of their hot bread, round great mounds of coarse earthen ware, such as pans, water filters, and other kinds of dishes of the most primitive character. Afterwards sailed by long field of Indian corn; next, one of yams and other coarse vegetables. At short intervals were watering machines, wrought both by men and oxen, raising the Nile water into reservoirs for irrigating the growing crops. Many of them were similar to our New England farm-house well-poles—having baskets in lieu of buckets, through which half the water escaped before they were emptied. On the houses of another village, there were literally towers of dung, made into cakes the size of ordinary dining plates, drying for future use. This was their stock of fuel. To-day we passed buffaloes enjoying a bath in the Nile—every part of the creature but the eyes, face and nostrils under water. They called up the idea of the hippopotami, which we may yet see towards Nubia. Just at 4 o'clock, P. M., two of the largest Pyramids have come in sight. Had not the pilot informed us of their true character, they would have been taken for stacks of grain or hay, as we did not expect them at present. I am disappointed, exceedingly, in this first appearance of these objects of world-wide renown. But they are still at a great distance; though it is perpetually shortening, as Hassan says if the wind holds good we shall reach Boulac, the port of Cairo, by 9 o'clock this evening.

Nov. 8th, Friday.—Capricious, feeble winds wholly gave out about 8 o'clock last evening, which obliged the men to tow the boat with a line till near 10, when we pinned to the bank till just before sunrise. The sun rose in resplendent beauty—showing the glory of God in a manner to impress even a Moslem mind with sentiments of admiration. No wonder there were sun-worshippers on this side of the globe in the early history of man, if its rays darted off in an inimitable display of golden radiance like that which characterizes its rising and setting in our day, in Egypt. With a view of keeping ophthalmia at bay, the one dreaded malady, of universal prevalence in this valley, we have abandoned reading much by candle light. Hassan was called last night to relate his adventures, or rather to tell us where he had been—his profession being that of a guide in the East. An Englishman, or any one else capable of writing, who had seen one half that has greeted his eyes, would have been the author of thrilling octavos, long ago. Our boat proves a good sailer—hence, we begin to talk of continuing in it up to Thebes or the Cataracts beyond.

Discovering, some days since, two chickens bound by the legs, under deck, their pitiable condition led me to plead for their liberation; but the ligature had completely paralyzed a leg of each. I at once commenced a course of surgical treatment, the results of which were gratifying to the vanity of a medical man without business. Once or twice, the flexor muscles refusing to act, I was obliged in the evening to help one of them to re-roost, as the brisk-eyed fellow, a cock, would sometimes tumble off. Matters were progressing finely, and small as the circumstance may appear, it was a real pleasure to perceive a daily improvement in the feathered invalids. On

coming to the dinner table yesterday, to our astonishment, both of my patients were smoking hot from the pot! It was some gratification, that they were so tough that only one had his bones picked at that sitting.

The Pyramids are now in full sight, 9 miles off. A French engineer is constructing a strong, beautiful bridge across the river, where the water is both deep and swift. The arches are of large brick, neatly turned. Another appears to be building over the Damietta branch, as seen in the distance. Mud machines, all iron, worked by steam; pile drivers, and machinery of all kinds suitable for carrying on a heavy business; besides immense piles of stone, brick, timber and other materials, independently of laborers, soldiers, carts, horses, boats and mules, give the spot, for miles round, an active and bustling appearance. Six years, we are informed, have elapsed since the piers were commenced. This is the first bridge, it is believed, over the Nile. The undertaking indicates more ample resources and greater energy in the government than we have seen since leaving the Pacha's fleet at Alexandria. On making a visit to the embankments about the abutments of the bridge, to secure them from the assaults of the angry river god, when he finds these obstructing arches in the way of his floods, I fell in with one of the engineers, and some statistics were gathered from him respecting the bridge. It was commenced by Mahomet Ali, some years since, and a fear is entertained that it will never be finished. The diving bell is an extraordinary machine, with which 60 men at once are sunk to the river bed to drive piles, lay the foundation stones, &c. The water, at the lowest point, is 30 feet deep, and the mud 30 more below that, down through which the foundation for the pillar is sunk, in iron boxes, till its weight lodges on the firm bottom. The whole length of the piers, ready for receiving the arches, is 90 feet—30 above high water. Last season, 25,000 men were employed—at present, only 2,000, the Pacha having used up his funds in building and furnishing costly palaces in all directions. Every three months, the governor of a district is called upon for a certain number of villagers, for this public work. Of course, they are promiscuously impressed and sent down. Their daily pay is only equal to seven cents—finding their own food as they can. A judge has an office at the arsenal at the east end of the bridge, before whom the laborers are brought on all complaints. Two witnesses are sufficient to sustain a charge; and 50 lashes for a man and 25 for a boy is the ordinary sentence, which is instantly executed. A perpetual flogging is going on every day but the Mahometan Sabbath—to-day (Friday) being one—when all labor is suspended. The chief engineer, a Frenchman, has a salary of 25 purses a month, equal to 125 pounds sterling; the judge 12 pounds for keeping the peace! A ragged black fellow, half bare, above and below, ordered our boat from the pin in the mud, to which it was fast, waiting for wind—saying he was the Pacha's guard. I pointed to our stars and stripes at the peak, and told him to touch the line upon his peril. After much display of oratorical wrath, he intimated that a present would make all right, which he did not get. Wind finally came. The pyramids are becoming larger, the minarets of Cairo are in plain sight, and there is a fair prospect of reaching Boulac by dark.

Grand Cairo, Saturday, Nov. 9th.—We took apartments this morning at a hotel kept by a Frenchman, after riding from Boulac on donkeys. This is most truly an Arabian city. I know not where to begin commenting upon it, or where it will end after making a beginning. Some, indeed a majority of the streets, are only between four and seven feet wide, but the

Pacha is cutting a wide one through, moving the fronts of shops and houses without number, for a carriage drive. No remonstrance would avail against the sovereign will of a despot, who brooks no contradiction. He owns Egypt, the people being tenants at will. Little waggons, the wheels the size of a wheel-barrow's, about two feet wide, drawn by a single ox, are met with; but nearly all burdens are carried on camels or asses through the city, a cry going before, of "clear the way." Ladies are met, astride their animals, preceded by runners cracking a whip, followed by slaves. All who ride on horses or donkeys, however fast they go, are invariably accompanied by a runner on foot. Black eunuchs make the most imposing appearance of all equestrians I meet, as their office of taking care of the harems of the opulent and distinguished in the land, gives an importance to them.

Dr. S. H. Smith's Introductory.—A discourse, pronounced before the class of Starling Medical College, at the opening of the winter session of 1850-51, by S. Hanbury Smith, M.D., has been published and a copy received. The discourse is characterized by noble sentiment; the endeavor to impress on the mind of the young student the importance of *faith*, in order that success may follow his undertakings, would class the doctor as a second Cardinal Richelieu. "In the bright lexicon of faith, there is no such word as *fail*." The tribute to the memory of EDWARD JENNER, is most touching and beautiful, and could not have failed in producing a happy effect. Much pleasure was afforded us in reading this excellent address. It is hoped, that in the doctor's retirement from the College, and entering on the more onerous and responsible duties connected with the charge of the Ohio Lunatic Asylum, he may be quite as successful in producing a favorable impression upon its unfortunate inmates.

American Medical and Surgical Journal.—This is the name of another new Journal, which comes to us for exchange from Syracuse, N. Y. It is to be *the* organ to espouse the cause of the new system of eclecticism in that State and Pennsylvania. It being under the especial patronage of the Eclectic Societies of New York, and of the Faculties of the Pennsylvania and Syracuse Eclectic Medical Colleges, it is presumed it will *live and thrive* for a time at least. For the present, the issue will be monthly; but if *plenty of subscribers are furnished*, the promise is given of a weekly issue. It is to be conducted by Drs. S. H. Potter, of Syracuse, and Thomas Cooke, of Philadelphia, and will be published simultaneously in both of those cities.

Vaginal Speculum.—Mr. Haslam, of Harvard Place, Boston, is the inventor and manufacturer of an improved vaginal speculum. It is made of glass, and silvered on the outside; the silvering being covered over by gutta percha, makes it, of course, perfectly safe. The inside of the tube is a perfect mirror, and will reflect the light better than a metallic one; besides, there cannot be any danger of corrosion, either by the secretions or the substances used in medication. This speculum has been used by many of our best physicians for a year or two past, and has given the greatest satisfaction. Since the first ones were manufactured, the proprietor has made improvements upon them, in form, size and covering, but can still afford them at prices extremely moderate.

A Prize for the best Practical Essay on Croup.—At the last meeting of the Suffolk District Medical Society, the Secretary announced that he had been requested by a gentleman, not connected with the profession, to offer a prize of \$50 for the best practical essay on croup, including its treatment. The committee to whom the communications are to be sent, consists of Drs. Ware, Jeffreys, and E. H. Clarke. The offer remains open until July next.

Professor of Chemistry in Harvard University.—We learn that Mr. J. P. Cooke, the professor of Mineralogy, &c., in Harvard University, has been appointed Professor of Chemistry in place of Professor Horsford, and will enter upon his duties next fall. In the mean time he will make a tour through Europe for scientific improvement.

Adulterated Drugs in New York.—It is stated in the Newark Daily Advertiser, that Dr. M. J. Bailey, the first Examiner of Drugs for the port of New York, during nine months prior to his removal from office rejected 90,000 lbs. of various base drugs. For some reason, unknown to us, Dr. B. has been displaced. It is stated in the paper above alluded to, also in one or more of the New York papers, that efforts have been made for the restoration of Dr. B., on the ground of his superior qualifications, and the increased importation of adulterated drugs since his displacement.

Medical Miscellany.—Dr. W. B. Duggan, Collector of the Customs &c., in Quincy, Mass., has been removed from the office, which he has held for the last eight or nine years.—Within the past week there have died in this State, several persons whose age exceeded *one hundred years* each, besides quite a number above 80 or 90 years.—Prof. J. H. Armsby, of Albany, N. Y., has suffered severely recently from the effects of a dissection wound.—The whole number of deaths the last year in Boston may be stated at 3667, which is 1400 less than the year before.—The number of graduates in Castleton Medical College, at the close of the late autumnal session of lectures, was *twenty-eight*. The graduating class and audience assembled on the occasion, were entertained by an able and interesting address by C. C. P. Clark, M.D., of Middlebury.—The editor of the New York Medical Gazette upholds the medical faculty of Harvard University, in admitting to the lectures colored students intended for the Colony in Liberia.

ERRATA.—The word "hydrocele," as it occurred in the caption and in the first line of the interesting paper of Dr. Clark, in last week's Journal, should have been, as the observant reader must have noticed, printed *varicocele*.

MARRIED.—In Holden, Mass., James P. C. Cummings, M.D., of Leicester, to Miss Harriet V. Mann, of Holden.

DIED.—In Providence, R. I., Dr. William H. Allen, a graduate of Brown University in 1811, and for many years Surgeon of the U. S. Marine Hospital.

Deaths in Boston—for the week ending Saturday noon, Jan. 4th, 89.—Males, 42—females, 47. Inflammation of the bowels, 1—congestion of the brain, 1—burn, 2—consumption, 16—convulsions, 4—cancer, 1—croup, 2—dysentery, 2—diarrhœa, 1—drowned, 1—dropsy, 2—dropsy of the brain, 3—exhaustion, 1—erysipelas, 1—typhus fever, 6—typhoid fever, 1—lung fever, 6—hooping cough, 2—disease of the heart, 1—hemorrhage, 2—infantile, 8—inflammation of the lungs, 2—congestion of the lungs, 1—marasmus, 5—measles, 4—neuralgia, 1—old age, 2—pleurisy, 1—puerperal, 2—smallpox, 1—disease of the spine, 1—teething, 2—unknown, 1—worms, 2.

Under 5 years, 42—between 5 and 20 years, 5—between 20 and 40 years, 22—between 40 and 60 years, 9—over 60 years, 11. Americans, 39; foreigners and children of foreigners, 50.

Rhode Island Medical Society.—This Society held its semi-annual meeting at Providence, December 18th, 1850. Ten gentlemen were elected delegates to the meeting of the American Medical Association, to be holden at Charleston, S. C., in May next. Their names will be published in due season. Dr. Edwin M. Snow was elected a Fellow. Dr. Charles W. Parsons delivered the discourse, "on some remote effects of injuries of nerves," a copy of which was requested for publication. Several specimens of pathological anatomy were exhibited to the Society, by Drs. J. W. C. Ely and G. L. Collins. Measures were taken to distribute through the State copies of Dr. Worthington Hooker's Fiske Fund Prize Dissertation, entitled, "Lessons from the History of Medical Delusions." The Society adjourned to hold its quarterly meeting at Woonsocket, on the third Wednesday in March next.

The Norfolk District Medical Society, consisting of all the members of the Mass. Medical Society residing in the County of Norfolk, was duly organized at a meeting of the Physicians of the County at Dedham, on Tuesday, the 19th Nov. The following gentlemen were chosen Officers of the Society:—Dr. Stinson, of Dedham, *President*; Dr. Howe, of Weymouth, *Vice President*; Dr. Jarvis, of Dorchester, *Secretary*; Dr. Woodward, of Quincy, *Treasurer*; Dr. Dickerman, of Medford, *Librarian*; Dr. Mann, of Foxboro', Dr. Stone, of Wrentham, *Committee of Supervision*. Dr. Jarvis, of Dorchester, was chosen to deliver an Address before the Society at its meeting on the second Wednesday in May next.

Remedy for Short Sight.—Dr. Turnbull thus describes a process for treating short sightedness. "In the first instance I applied the extract of ginger, which was rubbed for five or ten minutes over the whole forehead, with the view of acting upon the branches of the fifth pair of nerves. Afterwards I substituted a concentrated tincture of ginger, of the strength of one part of ginger to two parts of spirit of wine, decolorised by animal charcoal. The success of this operation was remarkable. In many cases it had the effect of doubling the length of vision. In some persons I found the iris was not much dilated, but very torpid. In these cases I applied the concentrated tincture of pepper made of the same strength, and in the same manner as the tincture of ginger. This I used until I observed that the iris had obtained a greater power of contraction and dilation, after which I had again recourse to the tincture of ginger. This plan of treatment has been attended with the most signal success, and persons who were extremely short sighted have very soon been enabled to lay permanently aside their concave glasses."

American Phrenological Journal.—This monthly Journal has just entered upon its 13th volume, the first number of which comes to us in a new dress and form. As usual, it is filled with useful and interesting matter. Its external appearance resembles that of the "*Water Cure Journal*," of which we had occasion to speak some weeks since, and which is issued from the same establishment. Messrs. Fowlers & Wells are truly industrious and energetic gentlemen, and deservedly receive an extensive patronage.

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NOTICE OF SOME OPERATIONS OF LITHOTOMY.

BY ROBERT PETER, M.D.

ON Tuesday, the 27th of August last, Professor Bush operated on Churchill Wilkerson, a boy aged 3 years, from Franklin County, Ky., near the forks of the Elkhorn. The lateral operation of Liston was performed, the patient being under the influence of chloroform. This agent acted most admirably; the little patient lay as if quietly asleep, and on awaking had no recollection of what had occurred. The wound healed quickly without accident, and on Wednesday, the 4th of September, only eight days after the operation, he returned home, cured.

This patient, like the great majority of those who come to Lexington, with urinary concretions, resided in a *limestone district*—Franklin county being seated on the *great blue limestone* formation. Unlike most young subjects of this disease, he did not appear to have had calculus at his birth; the symptoms having appeared, for the first time, only about twelve months before the operation.

The calculus weighed, when dry, one hundred and five grains. It is of a regular oval outline, flattened on two sides. The exterior crust is of a light gray color; that on one side is more porous and friable than the other, and had been somewhat crushed by the forceps in its removal from the bladder; that on the other side is fine grained and hard. On sawing it in two, it proved quite hard and brittle in the interior; and presented a small clay-colored *nucleus*, eccentric in its position, occupying one focus of the ellipse formed by the outline of the horizontal section of the stone. A few faint concentric thin lines, of buff and clay color, are also observed on the section; the principal one situated about half way from the centre to the circumference. The main body of the concretion is compact and of a clear white color.

Chemical examination showed that the minute *nucleus* is mainly composed of *urate of ammonia* or uric acid; the *body* principally of *fusible phosphates*; the exterior crust containing a small proportion of *oxalate of lime*; while the thin buff and clay-colored lines or layers are most probably of the same nature as the nucleus.

About the first of June, 1849, Prof. B. W. Dudley removed a calculus, by the usual lateral operation, from the bladder of a black boy, aged 18, from middle Tennessee.

This stone weighs about three quarters of an ounce avoirdupois;

form, a much flattened, somewhat irregular spheroid; *surface*, irregularly tuberculated with flattened tubercles, covered with minute crystals; *color of the exterior*, light yellowish gray. On sawing it in two, the section presented an irregular *nucleus*, of a dark walnut wood color, surrounded by a thick layer of lighter substance, which is of a dark yellowish gray, and covered by a thinner layer, of the same color as the nucleus; on this the thin exterior light-colored coating was deposited. The general structure of this calculus is porous, with irregular disposed cavities. The *composition* is as follows:—The *nucleus* is *oxalate of lime*. The *central portion* is composed of the same substance, with an admixture of phosphates. The *dark band* is oxalate of lime, and the *exterior crust* is phosphate of lime, with minute crystals of oxalate of lime.

This patient also was from a limestone region, where limestone water is commonly used.

On the 31st January, 1850, Dr. Dudley operated for stone on David West, aged 16, from Greenville, Green County, Tennessee, also a *limestone region*. This patient had had symptoms of calculus for about ten years preceding. The concretion which was obtained weighs about five eighths of an ounce avoirdupois, and is nearly of a kidney shape. The exterior is tuberculated and covered with minute octahedral crystals. The general external color is light dirty buff, but where the tops of the tubercles have been broken off a dark walnut-wood color appears. On sawing it, it proved to be very hard in the interior. The section showed that it was a mulberry calculus, of the usual dark walnut-wood color, darker on the exterior; with its numerous rough tuberculated projections imbedded in the light buff-colored, porous, external coating. The central portion or nucleus is of a dark clay color, lighter than the mulberry body, and one or two narrow irregular yellowish bands appear near the centre. The whole is compact and hard, except the exterior porous coating. On examination, the *nucleus* was found to be *urate of ammonia*; the *central portion* is of the same substance mixed with *oxalate of lime*; the *outer portion* of the hard mulberry calculus is mainly of *oxalate of lime*, with a little admixture of urate of ammonia; while the exterior friable whitish crust, which fills up the irregularities of the surface of the imbedded mulberry calculus, is composed of *phosphate of lime with some ammonia*—*phosphate of magnesia*, and a trace of urate of ammonia, covered with minute octahedral crystals of oxalate of lime.

This concretion presents the usual characters of the majority of the calculi of the limestone region, viz., a nucleus of urate of ammonia, passing into a body of oxalate of lime; with an external coating of earthy phosphates.

A similar composition was observed in a concretion obtained by another operation, by Prof. B. W. Dudley, performed on the 31st of May, 1850, on George B. Higgins, aged 5 years, who came from the neighborhood of Harrodsburg, Ky., which is also located on the *blue limestone formation*. This patient had exhibited symptoms of stone for two years preceding the operation.

This stone weighed thirty-six grains, but it had been broken in the extraction, and a portion from one end, about one fifth of the whole, had been lost. Its general form is a flattened oval, or bean shaped, with some irregular projections. The surface is whitish, with a light dirty buff tinge. The section presented a dense nucleus of a clay color, or warm buff gray; exterior to which is a central layer, forming most of the body of the calculus, which is rather more buff in color and rudely crystalline, with numerous small cavities. The exterior crust is thin and of a lighter color. The *nucleus* proves to be *urate of ammonia*; the *body* is composed of *oxalate of lime*, with a trace of phosphates, and the *exterior* is nearly of the same chemical composition, with a rather larger proportion of earthy phosphates.

All these patients recovered speedily, and without accident, from the effects of the operation.

These cases tend to strengthen the conclusion, arrived at some years since, on the chemical examination of the collection of urinary calculi in the museum of the Medical Department of Transylvania University—that calculous disease is most frequent in limestone regions, and that there is in the concretions of these regions, an unusual proportion of the urate of ammonia nucleus and the oxalate of lime body, with rather more than the ordinary tendency to the formation of phosphatic deposits.

These views have been strengthened by investigation in other portions of the United States. The attention of the profession has been latterly drawn to this subject by Dr. E. H. Davis, of Chillicothe, Ohio, who has, with a laudable industry, collected many interesting facts in this relation, and who, at a late meeting of the Medical Society of the State, read a paper upon this subject, which we have not yet had the pleasure to peruse.

The following extract from a letter to the writer from Prof. J. C. Warren, of Boston, strengthens these results:—

“Within the last seventy years not more than sixty cases of stone in the bladder have become subjects of surgical operations (in Boston). In these are included lithotomy and lithotripsy cases. Of the whole number, more than one half have taken their origin out of Boston and its vicinity. The whole of the State of Massachusetts is almost void of limestone. From the State of Maine I have received from a single town, Thomaston, four cases of calculus. This town has an abundance of calcareous rock.” Indeed the preparation and sale of lime is a prominent business in Thomaston.

According to letters from the Green river country, Ky., the limestone in which the Mammoth Cave is situated—the *carboniferous* limestone is quite productive of urinary calculus. A young physician of that region, Dr. Wm. H. Gardner, sent me in March last, brief notes of no less than fourteen operations, which he had performed for stone, since April, 1849, and stated that he had six cases then on hand for the operation. As I hope to receive from the doctor the specimens of calculi for analysis, and more extended accounts of his cases, I will refrain at present from any further remarks on this very interesting fact.—*Transylvania (Louisville) Medical Journal*.

HEPATALGIA, OR LIVER-ACHE.

BY JOHN GARDNER, M.D., F.C.S.

OF the existence of a painful condition of the nerves of the liver (liver-ache) in the entire absence of the least disturbance in the secretion of this organ, and, as we may fairly infer, of anything like structural changes, I have felt for many years convinced. But I should not have hazarded the publication of such an opinion in the absence of satisfactory means of detecting the presence of bile in the urine, or in the fæces; and any deviation from health in any and all the secretions, which might indicate something more than simple neuralgia. A painful state of the liver, extending through more or less of the organ, is, I believe, a very frequent disorder.

About two years ago I was consulted by a lady who had been my patient for several years, for a painful affection in the region of the liver, which she described as a dull aching pain, not constant, but sometimes more, sometimes less severe, often disturbing her rest, and generally worse when the pressure of her stays was removed. The tongue was clean, pulse regular and normal, the appetite little affected, and the food taken was not observed to have any influence upon the pain. As she had formerly suffered from dyspepsia, I at first directed my attention to the stomach and bowels, changed her diet, and applied a few leeches to the epigastrium. These measures produced no effect, and were followed by blisters, mild aperients and blue pill, with opium. In spite of these measures the pain became more severe, and extended, and after a time was described as occupying the entire region of the liver; the patient, when desired to point out its seat, passed her hand over the portion of the body occupied by the organ with anatomical accuracy. I now directed my attention especially to the liver; first, by the stethoscope, satisfying myself that no perceptible disturbance of the heart or lungs existed, and then submitting the urine to a careful chemical examination, and watching the alvine secretions with equal care and precision. On examining the region of the liver, no tumefaction of the whole or any part, nor any spot more sensitive than the rest on pressure, could be detected. A general pressure, as with the stays, somewhat mitigated the pain, as without opiates it always was increased at night when the patient undressed.

Still the pain increased in severity. It was very little relieved by opiates, by hyoscyamus or belladonna; but seemed rather to return with increased violence as the effect of narcotics ceased. *Taraxacum* produced no effect. As I had often before had reason to believe that in similar painful affections of the liver the buckbean (*Menyanthes trifoliata*) had proved a remedy, I prescribed an infusion of the leaves of that plant in the proportion of two ounces of the shred leaves to a pint of water, administering three ounces of this infusion three times a-day. The result was entirely satisfactory; the pain speedily, although gradually, yielded, and after about a week had entirely disappeared. Since that time my patient has twice had a return of the pain; but having at once had recourse to the buckbean, it never became so severe as on

the first attack, but yielded immediately. I must observe that on no occasion was there the pain on the shoulder which is supposed to be diagnostic of disorder in the liver. The pain in the shoulder has, I think, been satisfactorily shown by Annesley Budd, and others, to arise from disease of the convex surface of the organ, when the capsular covering has become implicated, and that considerable disease, abscess, hydatids, congestion, and even disorganization, to a considerable extent, may exist in the interior of the liver, without the pain in the right shoulder.

I do not undervalue the services rendered to practical medicine by morbid anatomy; but such cases as the above forcibly illustrate the propriety of not forsaking the old way of minute observation, and simple experience in the use of remedies. The information afforded by a chemical examination of the secretions should never be neglected, as when it gives only negative results it is in some cases of the highest value. I have no doubt whatever that the testimony of many practitioners, especially those engaged in general practice, will be borne to the existence of a painful condition of the nervous system of the liver, unaccompanied by any structural or other functional disturbance of the organ. I recommend them to try the *menyanthes trifoliata*.—*London Institute.*

THE USE OF TOBACCO.

[THE Medical Examiner contains the following remarks.]

We have been requested by a much-respected friend, to lay before our readers some queries recently addressed to him by an English surgeon, in relation to the influence of tobacco upon the health, in the hope that some of our readers would be able to afford the desired information. He says—"Many circumstances of late have occurred, in which I have seen the most injurious effects of the use of tobacco upon the nervous, circulatory, and digestive functions. A friend of mine became a perfect hypochondriac by the use of snuff, and was at once relieved by leaving it off. Upon returning to the use of it, he again suffered as before, and was again relieved by ceasing to take it. Here there was no doubt. Another gentleman was covered with an eruption resembling psoriasis, from head to foot, and got well immediately when he left off the use of snuff. Three times he suffered a relapse upon taking snuff, and was cured by leaving it off. In many smokers, I may say all, I have found heart disease or confirmed dyspepsia. If you can help me with any statistic accounts of disease of the heart and arteries, of brain and nervous system, and of the stomach and chylopoietic viscera, and cancer of the mouth and lips, I should feel greatly obliged. If to these you could add any data of the use of tobacco by the sufferers, it would greatly enhance their value."

The subject is a deeply interesting one, and we trust that out of the large experience of our readers something may be gained to illustrate the effects of this agent upon the economy.

[Dr. T. S. Bell, one of the editors of the *Western Medical Journal*, adds to these statements the following remarks.]

We should not suppose it necessary to wander very far from Philadelphia to ascertain the evil effects of the use of tobacco. It has not been many years since Prof. Chapman published a remarkably instructive case on this subject. The victim was a member of Congress, and a practising lawyer, who, from immoderate indulgence in the use of the weed, using it only in three ways, had grown so timid that he was frightened at the sound of his own voice, in attending to his congressional duties, and excessively alarmed by the slightest noises. He was the victim of a serious derangement of the nervous system. By discontinuing the use of tobacco, he was effectively and speedily relieved.

In the *Boston Medical and Surgical Journal*, in 1845, Dr. Shipman detailed a number of cases, arising from the use of tobacco, which possess unusual interest. We shall not note these details, although they are very instructive.

In 1846, Dr. Laycock laid before the British Association, a communication in which was a detail of the various evil effects of the use of tobacco. Dr. Wright's views of the physiological effects of tobacco, contained in the same communication, cover the entire ground occupied by the subject. These various sources of information are very complete, and volumes could scarcely throw any more light on the inquiry than may be found in the papers to which we refer. Other cases may corroborate the facts, but can scarcely make them more intelligible.

We presume there is no part of this pill-taking and tobacco-consuming country that does not furnish many deplorable examples of the evil effects of the use of tobacco. We have seen many instances of the almost entire loss of memory; many where the mental and physical energies were nearly destroyed; numerous examples of dyspepsia, diarrhœa, and continued headache, that were directly traceable to the use of tobacco, and which were relieved and recuperated by its discontinuance.

We shall present only two cases illustrative of these facts.

Some years ago, Mr. C. D., an old and highly-respectable gentleman of Louisville, was the subject, for eighteen months, of severe attacks of diarrhœa, which almost invariably came on at night, about 2 o'clock, A. M. He tried various means for the relief of this troublesome symptom, and dieted himself with such strictness as to satisfy both him and the writer that the disease was not caused by any improper food. At length we informed him that his use of tobacco was the cause of his troublesome attacks. He at once abandoned the tobacco, and, after that, though we had been called to him about once a week for eighteen months, and almost always in the night, while he used the tobacco, nearly two years passed without a single return of the diarrhœa. At the end of that time, we were summoned to him again at his old hour of the night. He was at once charged with being in the condition of the Apostle Peter's sow, that "was washed and returned to wallowing in the mire," and he confessed that he had recently resumed the use of tobacco. Upon the abandonment of the indulgence, the diarrhœa left him, and has not troubled him since.

Six years ago, the writer of these remarks, while chewing tobacco immoderately, undertook to add the smoking of cigars to his other accomplishment in this line. A violent attack of diarrhœa, far more painful than anything of the kind he had ever experienced before, was the result. This was not ascribed to the proper cause, until "line upon line and precept upon precept" were enforced by oft-repeated attacks. The curling smoke narcotized the faculties of reflection for a considerable length of time, but the diarrhœa was at length so certainly traced to the cigars, that the burning incense was abandoned, and with it the liability to diarrhœa disappeared. The curious facts of this case were that the constitution was inured, if constant chewing could inure it, to the use of tobacco, and, in no instance, was there a longer interval than fifteen minutes between the smoking and the diarrhœa. The connection between the smoking and the diarrhœa has often been tested, as a matter of curiosity, since the abandonment of the habit of smoking, and the cause and effect are always about fifteen minutes apart. The curiosity has been satiated, and will remain so.

There is no doubt of the fact that the immoderate use of tobacco produces effects frequently that are not far behind the deplorable results of opium eating. It is by no means a very uncommon occurrence to see cases of tobacco indulgence that have no very remote resemblance to delirium tremens. It is a dangerous luxury, and heavy are the exactions for worship at this shrine.

[In addition to the above, and in contra-distinction to it, we copy the following statements from the January number of the Medical Examiner. They are by Dr. P. C. Sutphin, of Bedford County, Va., and were called forth by the article from the Examiner above quoted.]

As the result of considerable experience in the tobacco-growing region of Virginia, where its use is almost universal, "and generally to excess," Dr. Sutphin is of opinion that tobacco has no appreciable influence in the development of diseases of the heart or stomach. "It is but seldom we are called upon," he says, "to treat heart diseases, and when we are, we can generally trace their origin to an attack of rheumatism or some other cause distinct from tobacco. Dyspepsia and other diseases, enumerated in the article which appeared in the October number of the Examiner, are not more common amongst those who use tobacco, than amongst those who do not. Any unprejudiced physician acquainted with these facts, will corroborate the statements made here. Dyspepsia and heart diseases are almost unknown amongst our negroes, who use a great quantity of tobacco. I have known vast numbers of negroes to chew and smoke almost incessantly, and nevertheless enjoy the greatest possible health."

TREATMENT OF DISEASE IN THE AGED.

[THE following is the concluding part of an excellent address lately read before the New Jersey Medical Society, by W. Nichols, M.D., 2d

Vice President. The whole address is published in the New Jersey Medical Reporter, which has just commenced its fourth volume, enlarged, with greatly improved appearance, and a good variety of practical matter.]

I return from what may almost be considered a digression, to consider the last topic, upon which I propose to make but a few remarks, viz., the *therapeutical indications* in the diseases of old age. It will be my purpose simply to call to mind some general principles which apply to the treatment of diseases as found in this class—without adverting to such diseases as are more properly peculiar to it, in which important organs are the seats of structural lesions, each of which would furnish abundant material for a separate essay.

In the treatment of disease in the aged, we must keep in view certain principles, founded upon the pathological conditions alluded to in another part of this essay. If this period of life be marked by a decrease of vital energy, less resistance will be offered to the assault of disease; inflammatory affections will be found to be more rapid in their course, and, if severe in character, have a fatal issue. Therefore remedial means, to promise success, must be employed early. Again, these remedial agents, if calculated to lower the powers of life, must be employed cautiously, lest the resistance offered by the vital forces be rendered still more feeble, if not entirely extinguished, by means appropriate in themselves, but injudiciously used. In the aged, particular regard must be had to peculiarities of temperament, previous habits, constitutional infirmities, condition in life, and the effect of other known causes which influence disease. But, as a general rule, in this class of persons depletion must be cautiously employed; and under this term I include not only bloodletting, but all those remedies calculated to lower the vital forces, whether in the nervous or circulatory systems. When venesection is carried to any considerable extent, its effect should be carefully watched, lest fatal exhaustion should ensue; and if cathartics are employed, it may be proper to exhibit them in combination with some aromatic or stimulant, and closely observe their action, lest it be too energetic or too protracted. In the use of all such remedies, due precaution should be observed, lest in our endeavors to eliminate disease we waste all the constitutional energy necessary for its successful resistance! The young and inexperienced practitioner who attacks the maladies of the aged heroically with the indiscriminate use of the lancet, antimony and calomel, may have the misfortune of witnessing his patients arriving at their allotted boundary, as it is called, in a much shorter period than if left to the care of nature and a judicious nurse. The strength of the aged patient must be sustained, in some cases, by a restorative regimen, and by nutritious aliment; by a due attention to warmth, both of clothing and apartment; and in convalescence, by the judicious use of agreeable tonics and cordials. In this stage of life, the depressing passions exercise a strong control over disease; it becomes, therefore, our duty to guard against them. Youth is proverbially buoyant and full of hope; manhood is too much absorbed in its pursuits and plans to yield its hold on life without a vigorous struggle; but old age is apt to be despondent,

and oppressed with the conviction that each assault of disease is a new summons, bidding him prepare to obey the inevitable law of his being. While the truth is not to be withheld where the issue is evident, in all doubtful cases, and especially where the aspect is favorable, powerful auxiliaries will be found in all those encouragements and assurances, calculated not only to produce calmness and cheerfulness, but also to inspire hope and confidence. I need not say that all our professional intercourse with the aged should eminently be governed by the laws of human kindness; a proper deference should be shown to their wishes— forbearance with their weaknesses—patience with their waywardness and petulance—and a cheerful attention be given to all their wants and complaints. The same precept which bids us “rise up before the hoary head,” inculcates in its spirit all the offices of sympathy and kindness; and I am persuaded the older we grow the more forcible appears the reasonableness of the duty enjoined.

As in restoring health, so in preserving it in this class of persons, regard must be had to those causes which affect our mental constitution. Our therapeutics include the mind as well as the body: so also our prophylactic measures must embrace both. While we employ means designed to keep in healthful play the vital functions, without exhausting them, we must also have recourse to those means which respect man's higher nature, and which tend to preserve the integrity of his intellectual and moral powers. The means appropriate to preserve this soundness of condition in the mind are those which secure the cheerful and harmonious exercise of all its faculties, such as agreeable intellectual employment—variety in recreations and amusements—occasionally the excitement of new pursuits without suddenly abandoning those long familiar—social intercourse with the young, and a participation in their plans and innocent amusements. Lastly, to this end may be mentioned such an arrangement relating to business, as shall rid the mind of apprehension and disquietude—exemption from those cares and vexations which are depressing in their influence, and that proper cultivation of the moral and religious affections which, in the evening of life, cheers the present state with contentment and peace, and throws over the future the radiance of hope.

QUACKERY AND ABORTION.

[Communicated for the Boston Medical and Surgical Journal.]

THE medical profession takes rank with the other learned professions; and is justly regarded by all enlightened nations as one of the most useful, liberal and noble of the sciences. Our profession, for centuries, has been advancing. It has, indeed, accomplished that which its most ardent admirers could not reasonably have expected, and *now* it is no way inferior to law or theology. This was not so once; for in by-gone days, *physic* ranked lowest in the scale of the learned professions. Rome had her orators, poets and generals; England her statesmen, bishops and barristers. They had their physicians also; but how comparatively small is the

space these disciples of Hippocrates and Sydenham occupy on the page of their country's history, compared with the volumes which contain the writings, discoveries and transactions of the distinguished men of other professions. But when the history of our times shall be recorded, the names of those who distinguish themselves in medicine and surgery will shine as brightly as those of the jurist, the divine, the military chief-tain, and others, who have also been useful to their race, and shed lustre and renown upon the nations of their birth place or adoption.

For the last half century the progress of medicine has been, in all civilized countries, remarkable; but nowhere more marked than in the United States. The indomitable and enterprising energies of our countrymen have been manifest in this department. The condition of our colleges has improved; our medical societies have taken, and continue to take, higher grounds. The American Medical Association is annually adding rich and ripe sheaves to the great store-house of science; *these* are constantly taking the place of tares, which have hitherto occupied too much space. This Association has not only for its object the *expurging* of worthless material and the supplying of sound doctrines, but it also aims at the establishment of good regulations and *ethics*, with a view that justice, honorable conduct, and moral integrity, shall govern and preserve the medical men of this country (thus indirectly but really benefiting the sick and all others throughout the land), and if possible, eradicate every vestige of quackery with which our country has been scourged.

While the Association, through its committees, has made excellent suggestions, pointed out valuable improvements, and discountenanced quackery in most of its forms and devices, it has not yet struck any decided blow on that most diabolical kind of quackery, that high-handed villany, which characterizes the *abortionist*. That this kind of charlatanism is rife, and is practised by regular members of the profession, that is, men who have *diplomas*, there can be no doubt; and I believe that some who are promoted to *office in our medical societies* are of this order of quacks. That such men *are quacks*, no one will question—the *epithet* belongs to the *unprincipled* as well as to the *ignorant*.

It may be thought that the nature of this subject is such as to render it best to be silent. But I take no such view of the matter; and if I possess no ability in the way of putting it down, I wish to warn the young practitioner, who is about to make his *debut* in his profession, as he values his future usefulness, as he values principle, as he values reputation and a good name, to abstain from the infernal performance under *every* circumstance, let the inducement be what it may. No honorable man of experience will for a moment *think* of such an immoral act; the unprincipled man will do it—will do *anything*, however mean or vile—for *money*. The young man, while he is waiting for more laudable employment, may be *tempted*. Such are often applied to, to procure abortions, especially if thought to be in need of money. The applicants should be spurned, and their offers treated with disdain—let their money perish with them. I insist upon it, that this is a dangerous situation for many young men, and if they fall here, just as

they are to be introduced into legitimate practice, they fall forever; their sins will surely find them out.

These abortionists seem not aware that the testimony of their dying victims is generally elicited by the attending physician and friends; or that the throes of parturition, the fear of death, or some other circumstance, will draw out all the facts in the case; and that they themselves will henceforth be considered quacks and murderers by many whose respect and esteem they would gladly enjoy.

Need I allude to the moral and physical evils this practice produces? Are they not manifest, *fearfully* manifest, in this community, even within the puritan borders of New England? It increases prostitution and infanticides, and breaks down the constitutions of those who are naturally healthy. Look at the bills of mortality as returned from our large cities; see what numbers die of peritoneal inflammation; mark the increase of *stillborn* children and *premature births*!—(Vid. *New York Medical Gazette*, Vol. I., No. 1, page 6.)

Besides these bills of mortality, the records of criminal courts will furnish sufficient proof that this crime is every day becoming more prevalent. It is humiliating to admit that there are a class of physicians who, Herod-like, have waged a war of destruction upon the innocent. Though their motives are not the same as those which instigated that cruel king, they are no less murderers for that. If there is any difference, they are worse than Herod. He was influenced by popular clamor and bigotry; these quacks do all for money, and such could be hired to burn out the eyes of infant princes.

These men are better known than they would like to be. It is said that a woman cannot keep a secret. Whether this is so or not, the man who procures abortions is generally well known. He needs no hand-bills, placards, or other advertisement; he is soon notorious. Inglorious fame! Who would have such a disgraceful notoriety? Who would thus disgrace his profession; who would sell his claim to honor and principle; who would shed innocent blood for a few pieces of silver? After a man has thus degraded himself, after he has sunk so low, can he expect to retrieve his character? Who ever knew such a man to reform? If he is susceptible to feelings of remorse, like Judas he will go out and hang himself to hide his own shame.

I consider this species of quackery the most abominable and wicked of all. Anything is charlatanism which is morally dishonest, though it may be practised under cover of a diploma; and therefore that man is a charlatan, to all intents and purposes, who, like the notorious Restell, becomes the executioner of babes in utero. Such a man is the *vilest* of quacks, and the *meanest* of men.

I shall not stop to give the history of those lamentable cases which have come under my observation, and terminated fatally as the consequence of procured abortion—those fatal cases of puerperal peritonitis, caused by the bloody hands of *doctors* and *M.D.'s*; but if the confessions of the dying are to be relied upon, I know men who have carried on this shameful and iniquitous business, and have not only been the murderers of infants, but the instruments also of consigning their

guilty mothers to premature graves, "unhouselled, unanointed, unan-nealed."

I have heard some of the older members of the profession say that abortions are of more frequent occurrence now than formerly; and they have rightly suspected the increase is owing to criminal hands. I need not remark on the evil consequences of this mischief upon health—the health of American women. I need not attempt to portray its blighting and destroying effects upon the strength of the fair daughters of New England, for their withering results are well understood by the majority of your readers. Various instruments are employed for destroying the integrity of the ovum, and I have been informed that these quacks conceal their weapons from their patrons as if they were something strange or curious. I was told, not long since, by a woman who was operated upon recently in a neighboring city, that the wretch who performed the operation obliged her to take solemn oath not to expose him. She kept her word, for she would not give me his name, but left me to *guess* who he was! Being a true Yankee myself, I suppose I can guess with ordinary exactness. This woman said that at the same time there were several other women apparently waiting for the "slaughter" in an ante-room of the building.

Irregular practitioners, and the women themselves, are addicted to this kind of criminality; but, as a general thing, they have learned their art of some unprincipled doctor, who either purposely or accidentally let slip the secret to the vulgar. The implements which I have heard of as being used by these irregular quacks, are sharpened sticks, goose-quills, wires, &c.; *not* those beautifully-polished, tonsil-lancet instruments, which some of the *regular quacks* wield with so much dexterity and freedom, as "if the assassination could trammel up the consequence, and catch, with his surcease, success." I once found a wire (then bent at nearly a right angle) in the vagina of a young girl who had been in the hands of a regular abortionist. At each extremity of the wire was a leaden ball, about the size of a marble, one end of which had probably been introduced into the *os uteri*, and there left to remain till contractions of that organ should be established. For the information of the villain who was guilty of this double massacre (should his eye fall upon this page), I will state that the operation succeeded—succeeded in destroying a fetus of five months, and in impairing the health of the girl so that she continued to suffer from uterine disorder, and finally died in about three years afterwards.

Now in view of honoring and improving the condition of our praiseworthy and liberal calling, as well as that of society at large, I ask the co-operation of every respectable physician to aid in putting down everything and everybody that shall appear to be cognizant to the offence—the crime of procuring abortions—the *massacre of infants*. I do not think that we should in *any case* expose our patients, those who place their lives and reputations in our hands. This would be a breach of confidence—a violation of good faith; a principle which physicians have held inviolable both in ancient and modern times. The *perpetrator*, and not the *subject* of the crime, should be made responsible. I leave it for

others to prescribe the *method* and manner of checking and rebuking these quacks in their criminal progress. Public opinion, the indignation of the populace, will not be sufficient to meet the exigency which the importance of this matter demands. Public justice is slow, and the people who employ these quacks will not be shocked by any outrage, or be disgusted by any measures, however revolting they may be to ordinary minds, and moral men; for they are in truth nothing better than *accessories*, and without their aid and support this class of practitioners could not live. I would suggest, however, as a starting point towards reform, that medical societies and associations expel these "assassina-tors," and that each physician take the responsibility of informing against them whenever opportunity may offer. For one I am willing to join such a crusade, however unpleasant the war may be, and do all that I can in the way *sequari vestigia rerum*. The medical profession is bound to take action in this matter; if it is not done, if proper measures are not resorted to, injustice and disgrace will be charged upon us for affording protection and fellowship to these charlatans. This evil is not confined to any particular region or section of country; it has at length become general, and is a *national curse*.

Every State should render the offence of inducing premature labor or abortion a *penal* one (unless it shall be done for the safety of the mother, where there is a deformed or contracted pelvis, or where some other cause renders the operation absolutely necessary); it should be a State-prison offence, at least.

The evil is one of such magnitude that I have felt it my duty to make this communication. If by it any one shall be persuaded from falling into criminal quackery, certainly good will come out of it. Or if those who make laws and regulations for medical men shall be induced to render the crime punishable, and this action be taken any sooner because the medical public have thus had their attention directed to the subject, I shall have no cause to regret that I have incurred the displeasure of those practitioners who have been styled *abortionists*, or that I have made the admission, through the medium of your Journal, that there is *criminal quackery in the medical ranks*.

Yours respectfully,

Greenville, R. I., Dec. 27th, 1850.

J. P. LEONARD.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 15, 1851.

EDITORIAL CORRESPONDENCE.

Grand Cairo, Nov. 10.—This day, a longing desire of my boyhood—brought into intense activity by reading a history of ancient Egypt, during the long winter evenings, in a little country village—has been abundantly gratified, for I have not only seen all the Pyramids worthy of examination in Lower Egypt, but have actually been to the summit of Cheops! Of course it would be ridiculous to attempt a description of them. They are

not of granite, as might be inferred from reading, but of soft limestone. In many of the enormous blocks, remains of animals are discoverable, older than the blocks themselves, for they once existed in the ocean. I detected two small ammonites, two inches in diameter, that might have been detached had a hammer been at hand. On my return from Nubia, down the river, another trip is to be made to that spot on the margin of the Desert where those artificial mountains of stone stand precisely as they did before the Jews became a distinct people. A French savan is living in a tomb near by the Sphynx, at work upon the hieroglyphics. The national flag is flying at the top of a short pole, for his protection. Most of the land being flooded for miles round, the jaunt was full ten miles on the top of dykes. We met a prodigious crowd of people, on their way to a fair, who were compelled to cross a rapid stream of water in their path. The men stripped, while the females raised their clothes according to the depth, and allowed them to fall as the water shallowed on the opposite shore. One eye appears to be enough here, as scarcely any body is so extravagant as to keep two. Both old and young are blind of one eye, in such numbers as to arrest the traveller's attention at once. One front tooth and the forefinger of the right hand are also missing in many of the middle-aged. This is a voluntary affair, to keep themselves out of the army—being thus in no condition to bite off a cartridge or pull the trigger of the Pacha's muskets. I am more and more convinced that the extreme prevalence of ophthalmia here in Egypt, is owing in part to the turban—there being no kind of shade to it for the eyes, like the visor of a cap. Those without that elegant head gear, wear the tarbousch, or red cap, which is also wholly without a visor. Excessive negligence in bathing the optic apparatus, till the eyes become offensively filthy, is likewise a direct and immediate cause. Mothers neglect to wash the faces of their infants, till the angles of the lids become inflamed, and purulent discharges follow. This remark applies particularly to the lowest classes, and there it is that blindness most abounds. Where public works are going on, there is syphilis—contrary to what might be expected in a Mahometan country. This will be referred to again, in a purely medical way, on my return.

From all accounts here, the cholera has been a devastating angel, the present season, in places of which we possess but very little accurate geographical knowledge. A gentleman informed me yesterday, that an army of pilgrims halted to recruit a while since, at Damascus, among whom the cholera suddenly appeared, which carried off, in one day, 9000! They say the flesh of goats and sheep, this year, is poisonous in Syria, and that those who eat of it are more liable than others to die of cholera. Infantile life is very insecure in Egypt: teething and smallpox sweep off thousands, annually. As the government positively interdicts the collection of statistical information, the mortality either of children or adults cannot be guessed at very accurately, even by intelligent residents. Ahmet Jayer Pacha, who recently died, assured an English gentleman, residing at Alexandria, whom I have the pleasure of knowing, that he was the father of 130 living children; and he further observed, that he once lost 30 in one season! A man is living up the Nile, whom I expect to see, who has reached the age of 130 years! The medical school established by Clot Bey, is nearly defunct:—it has only a nominal existence. European physicians are in better repute than the Arabs and Turks who were educated in Cairo. Some of them continue to bleed, apply blisters, &c., but are really poor practitioners. The Italian physicians push their way more successfully

than others, particularly in the half-fledged hospitals, dispensaries and medical stations. One, for example, has a district allotted him, embracing ten villages, up and down both sides of the river, ten or twenty miles, which he visits three or four times a year, for a small salary. A Dr. Abbott has more valuable practice, says report, than any other foreigner. A difficulty is in the way of free family practice, on account of the harem system, which forbids the admission of a physician, except under very urgent circumstances. Ladies of Circassian blood have an invincible objection to showing their tongues, or permitting an examination of the pulse.

Having made all necessary arrangements for a voyage to Thebes—with a large boat, a crew of twelve men, a captain, cook and dragoman, the stores purchased and the papers prepared—we expect to leave Cairo tomorrow, for six weeks, and then return to it to refit and start for the Desert. I shall collect all that is new and curious, if such is to be found, and transmit it by the first conveyance. To-day we have visited the various bazars, a Greek church, a Jewish synagogue, and such other matters as happened on the way. A long procession of dirty, boisterous children was met in the course of a walk, followed by lots of veiled women—a part, if not the whole of them howling like devils! No one could explain satisfactorily the object. A woman was begging a sum of money to put at interest for her infant to be given to her when married—a common custom. There are no old maids in Egypt—every one is sure to be married. Divorces, however, are frequent. Sometimes the wife, and sometimes the husband, seek a separation, which is granted on frivolous prettexts. A person has been known to divorce four wives within twelve months. There is no moral atmosphere in Egypt. European travellers are deceived when they speak favorably of the wretched tone of morals in countries where the Koran is the rule and guide of the people. My note-book is stored with such facts as physicians alone are likely to collect, illustrative of the vice and rottenness of the social system in Egypt, if system it can be called. We saw, in riding past an enclosure belonging to the Pacha, a splendid giraffe, just brought down from an undefined region up the river.—How singularly it would impress a stranger to see a shop in Washington street or Broadway appropriated to the sale of cow-dung! I looked into such an one, in charge of a female, veiled, of course, in one of the bustling bazars. Recollect the article is in constant demand for heating ovens. Whole streets of shopkeepers are smoking at the same moment, and some are fast asleep. I called at an opium-smoking room last evening, but no one seemed to be under the influence of the drug.

Report of the Sanitary Committee of Massachusetts.—It is probably not known to all our readers, that the Legislature of Massachusetts passed a resolution at the session of 1849, empowering the Governor to appoint three Commissioners to prepare and report a plan for a sanitary survey of the State. In conformity to said resolution, there were appointed, Messrs. Lemuel Shattuck of Boston, N. P. Banks, jr. of Waltham, and Jehiel Abbott of Westfield, who have attended to the duty assigned them in a most thorough, and, there can be no doubt, satisfactory manner. The report occupies a large octavo volume of 544 pages, and treats of sanitary measures from a period anterior to the christian era up to the present date. A plan for the sanitary survey of the State is also given, a bill recommended for enactment, together with a most valuable appendix, containing mat-

ters that are of vital importance to a community, and especially valuable as a work of reference to the physician. The zeal displayed in accumulating this mass of matter, and placing it in a form to be at once accessible and easily comprehended by the reader, reflects the highest honor on the Commission. We shall endeavor to copy from the volume at some future time.

Pure Medicinal Extracts.—We have examined, within the past week, some very fine specimens of medicinal extracts, which were prepared and sent us by Messrs. Tilden & Co., of New Lebanon, N. Y. This form of medicine had nearly gone into disuse, from the fact that very little dependence could be placed in extracts, the active property of the plant being injured in the mode of preparation. We have lately preferred the extracts made by Herring & Brothers, London, because they have never failed in furnishing a *good article*. The principle adopted by Tilden & Co. in preparing their extracts, is scientific, and cannot fail of preserving the active property of the plant, in all its freshness and purity. We should judge, from the color and aroma of those examined, that they would fully equal the best of Herring & Brothers'; but as yet we have had no opportunity of testing them in practice. Should they come up to the standard, in strength and purity, of those mentioned, we should prefer using them. The samples examined were *conium maculatum*, *leontodon taraxacum*, *podophyllum peltatum*, and *geranium maculatum*. From the circular accompanying them, we perceive that fifty or sixty different extracts are made at this establishment, many of which are new to us in these parts. If the manufacturers would put them in smaller packages, we think it would better accommodate at least the country practitioners, who would then take a package, and be sure of having it as received from the laboratory.

“*The Stethoscope.*”—Some weeks since, a prospectus was received from Richmond, Va., announcing the intention of Dr. P. C. Gooch to publish a Journal with the above significant name. Mention was made of the same at the time, and our Journal has been sent regularly since by way of exchange. We have just received the first number of the proposed work, which makes a very respectable appearance, and contains the usual variety of medical matter, besides the *platform* upon which the editor intends to build his structure. While we wish him all success in the enterprise, we cannot refrain from alluding to the series of misstatements which he has crowded together in a few lines, respecting ourselves. In noticing our Journal, he calls it “a weekly of *sixteen pages*, besides a number of advertisements.” Would he consider it fair if we should cut down his number of pages one fifth, and call his work “a monthly of *fifty pages*, including a number (three pages) of advertisements”? He adds, “We see by this paper that there are *negro medical students* in the Harvard university! and a *white woman*. The students remonstrated, but to no purpose.” To say nothing of any unfairness in withholding the modifying circumstances respecting the colored students, the assertions respecting the white woman and the remonstrance are not true. The woman was not admitted into “the Harvard university,” and it was plainly so stated in the article from which Dr. G. professes to have obtained the information. He further says, “This paper publishes the marriages of the Massachusetts doctors, and we are pleased to see that our old friend, Prof. Jeffries Wyman, late

of the Richmond Medical College, 'has taken unto himself a wife.' Why does he thus insinuate that *Massachusetts* doctors only are included? Singularly enough, in immediate connection in our Journal with the above marriage, was inserted one which took place in New York, but which he either did not notice, or else had forgotten that New York was not in Massachusetts. The editor's first *exploration* with his "Stethoscope" shows either a great want of aptness in comprehending the *physical signs*, or a culpably heedless manner in recording them. It is not our purpose to quarrel, and we certainly shall not now begin to manifest *sectional feelings* in our pages. We only wish our new friend to treat his contemporaries justly. He has now become one of a fraternity of editors who have almost uniformly acted together with fairness and mutual regard, and without manifesting a particle of that narrow-minded jealousy which has been elsewhere so extensively exhibited. By continuing in this course, the hope expressed in his own "Introduction" may be realized. "In the discharge," he there says, "of the delicate duties incident to the editorial chair, to the best of our feeble ability, we hope to retain the friendship of all, and merit the enmity of none."

Legislation to prevent Quackery, to provide Sanitary Measures, &c.—

Among the measures proposed to the Legislature of Massachusetts by the Sanitary Commission, are the following, which we hope may be adopted, and properly enforced.—"We recommend that the sanitary effects of patent medicines and other nostrums, and secret remedies, be observed; that physicians in their prescriptions and names of medicines, and apothecaries in their compounds, use great caution and care; and that medical compounds advertised for sale be avoided, unless the material of which they are composed be known, or unless manufactured and sold by a person of known honesty and integrity. * * * Institutions to be formed to educate and qualify females to be nurses for the sick. * * * That physicians keep records of cases professionally attended. * * * That a sanitary association be formed in every city and town in the State, for the purpose of collecting and diffusing information relating to public and personal health. * * * That every city and town in the State be required to provide means for the periodical vaccination of the inhabitants. * * * That the causes of consumption, and the circumstances under which it occurs, be made the subject of particular observation and investigation. * * * That the laws for taking inquests upon the view of dead bodies, now imposed upon coroners, be revised."

Castleton Medical College.—The forty-third Circular of Castleton Medical College, embracing a catalogue of the officers and students, has been received. The faculty are determined to make their school attractive to the medical student; and by the number on the Catalogue, it would seem that their efforts are fully appreciated. The number of matriculants at the Spring Session was 81; Fall Session, 72. Whole number of graduates for the year, 64.

Colored Students in the Medical College.—We understand that the Medical Faculty of Harvard University have signified their intention to exclude *colored men* from their classes hereafter. Although it is highly

desirable that colored men should be properly qualified to act as physicians in the flourishing colony of blacks at Liberia, it is doubtless considered by the faculty inexpedient to admit them into our public schools of medicine.

Medical Trial and Inquest.—In a late number of the London Medical Gazette is a report of an exceedingly interesting trial of one John Stauff for the alleged murder of the Countess of Gaerlitz at Darmstadt. The defence was, that the Countess came to her death by *spontaneous combustion*—she having been found burned to death in her apartment. Ingenious arguments were offered by many of the learned of the profession, to convince the court that such was the *cause* of the Countess's death. Fourteen months after this event, her body was exhumed, and an inquest taken, which revealed fracture of the skull, besides other lesions which evidently must have been the result of violence done upon her person. At the trial in March last, after the verification of the circumstances already alluded to, regarding the extinction of the fire and finding of the body, and the state of her apartments, on the requisition of the President of the Assizes Drs. Liebig and Bischoff, of Giessen, were conjoined with the members of the Hessian Medical College, and, as *experts*, were required to pass their judgment upon the probabilities of the case. The result of their deliberation and investigation, was that the Countess must have been murdered, and upon this *expert* testimony the prisoner was convicted, and sentenced to perpetual imprisonment. We should be glad to give the report of this trial in full, particularly on account of the scientific testimony introduced, with the *modus operandi* of arriving at the facts in the case, which were corroborated by the prisoner's subsequent confession, but our space will not at present permit.

Cod-liver Oil in Phthisis Pulmonalis.—Dr. Levick, Resident Physician of the Pennsylvania Hospital, publishes, in the January number of the American Journal of Medical Sciences, a report of fourteen cases of pulmonary disease in that institution, in which cod-liver oil was used. The following are his concluding remarks upon the cases:—"It will be seen that in no instance did any decided benefit arise from the oil until it had been used for at least four weeks; it is equally important to observe that to be of any permanent benefit its use must be persisted in for a long time, even after the most striking symptoms of the disease have in great measure disappeared; a fact of which we have always endeavored to impress the importance on our patients at the time of their dismissal from the hospital. Although, then, in conclusion, our experience has not been quite so gratifying as has that of some others, yet the writer is fully prepared to say that he believes cod-liver oil to be by far the best remedy for phthisis pulmonalis of which we have at this time any knowledge; and that to neglect its use in cases of this disease, unless there be a strong contra-indication, is, under existing circumstances, both injudicious and culpable."

Cases of Abstinence.—Two remarkable cases of abstinence from food are reported in the American Journal of Medical Sciences, by Dr. Taylor, of Carrollton, Ohio. Both occurred in insane subjects. One passed ten days at one time and fourteen at another, without food or drink, and died at the end of one hundred days of almost entire abstinence. The other

lived twelve days at first without eating or drinking. He then drank small quantities of water, but took no food for thirty-nine successive days, and died last September, after passing "one year eight months and sixteen days in an almost perfect state of starvation, and fifty-one days without food of any kind."

Return of Dr. J. Lawrence Smith from Turkey.—It is with much pleasure that we announce the arrival of our much-esteemed and talented fellow citizen, Dr. J. L. Smith, who has been employed, during the last four years, by the Sultan of Turkey, to make a mineralogical and geological survey of his dominions. His engagements with the Sultan being at an end, Dr. S. has returned to the United States, where we doubt not a brilliant future awaits him. We wish him that measure of success, which, for his ability and untiring industry, he richly deserves. It will be remembered that this Journal was established in 1846 by Dr. Smith and the lamented Sinkler.—*Charleston Medical Journal.*

Departure of Dr. Alfred Stillé for Europe.—We are pained to learn that Dr. Alfred Stillé, of Philadelphia, who has been very zealous and active in promoting the measures of reform in the medical profession, contemplated by the organization of the American Medical Association, of which he is a member, has, on account of a serious cerebral attack, been compelled to abandon, for a time, the practice of his profession, and to seek in Europe a restoration of his health. May he reap the greatest benefit from his travels, and return in full vigor of mind and body.—*Ibid.*

Medical Miscellany.—180 persons died of smallpox in this city within the last year.—Measles are quite prevalent among children in this and the neighboring cities and towns.—The Medico-Chirurgical Society of Cincinnati offer the sum of \$50, or a gold medal of that value, or a silver cup of the same value, for the best original essay, containing "A General Account of the Diseases of the State of Ohio, and the Changes which they have undergone in their character, since its settlement." Address Prof. L. M. Lawson, Chairman of the Committee, Cincinnati (free of postage), prior to the first day of June, 1851.

TO CORRESPONDENTS.—Dr. Chandler's Address before the Vermont Medical Society, Dr. Clark's Case of Strangulated Hernia, and Dr. Weir's Case of Obstructed Catamenia, have been received.

MARRIED.—At Providence, R. I., 1st inst., Francis E. Hill, M.D., of Biddeford, Me., to Miss Nancy T. Littlefield, of Saco, Me.—At Cornish, N. H., Alfred Hitchcock, M.D., of Fitchburg, Mass., to Miss Aurilla P. Wellman.

DIED.—At Hollis, N. H., Noah Hardy, M.D., aged 65.—At San Francisco, Nov. 24th, Dr. John C. Fish, from the effects of a pistol shot received during an affray in the El Dorado Saloon.

Deaths in Boston—for the week ending Saturday noon, Jan. 11th, 67.—Males, 31—females, 36. Accidental, 1—apoplexy, 1—disease of bowels, 1—inflammation of the bowels, 3—disease of brain, 1—bronchitis, 1—consumption, 8—convulsions, 4—cramp, 1—croup, 3—dropsy of the brain, 2—typhus fever, 1—scarlet fever, 1—rheumatic fever, 1—lung fever, 1—fracture, 1—hooping cough, 2—disease of the heart, 2—intemperance, 2—infantile, 5—disease of kidneys, 1—inflammation of the lungs, 1—disease of liver, 1—marasmus, 3—measles, 10—puerperal, 2—scrofula, 2—teething, 2—unknown, 3.

Under 5 years, 33—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 6—over 60 years, 6. Americans, 21; foreigners and children of foreigners, 46.

To the Medical Profession.—The undersigned, Chairman of the Standing Committee on *Practical Medicine*, appointed by the American Medical Association, May, 1850, respectfully solicits the co-operation of members of the medical profession in furnishing materials for the annual report in May, 1851. The duty of this committee, as defined by the constitution of the Association, is to "prepare an annual report on the more important improvements effected in this country in the management of individual diseases; and on the progress of epidemics; referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service." In order to fulfil the objects thus expressed, the requisite data must be supplied by medical practitioners in different sections of the Union. This is more particularly true with reference to the "progress of epidemics" and "the character of prevailing diseases in special localities." Communications, therefore, are particularly desired from persons residing in places in which epidemics have prevailed, or in which prevailing diseases have been marked by special characters during the present year. Epidemic cholera and dysentery are known to have prevailed more or less in different parts of the country during the past summer. Facts bearing upon the features peculiar to the present season, the production, diffusion, mortality, treatment, &c., of these diseases, will be acceptable. It is requested that communications upon these or any of the subjects coming under the cognizance of the committee, be transmitted to the undersigned by the first of March, 1851.

All contributions with which the committee may be favored, will receive due attention and acknowledgment.

AUSTIN FLINT.

Buffalo, N. Y., Nov., 1850.

Surgical Report for the American Medical Association.—The committee is invited to meet in the Charleston Hotel, South Carolina, the evening of the first Tuesday in May next. All professional brethren who have *surgical* facts connected with the improvement of this branch of the profession during the year, will please address them to the chairman of the committee by the first of April, at Augusta, Georgia. As all cannot be reached by a circular, it is hoped no one will wait for a more direct application than this general invitation.

PAUL F. EVE, M.D.

Prof. of Surgery in the Louisville University, and Chairman of the Committee on Surgery of the Am. Med. Association.

Louisville, Ky., Dec., 1850.

American Medical Association.—The Committee of Arrangements request all societies and other institutions authorized to send delegates, to forward a correct list of those selected to attend the next annual meeting, to the Secretary, Dr. H. W. DeSaussure, at Charleston, S. C., on or before the first day of April.

In consequence of the resignation of Dr. Stillé, one of the Secretaries, from ill health, all communications intended for the next meeting of the Association must be addressed to the remaining Secretary, Dr. H. W. De Saussure, Charleston, S. C.

The Fourth Annual Meeting of the American Medical Association will be held at Charleston, S. C., on the 2d Tuesday of May next.

Editors of Medical Journals will please give the above notices an early insertion in their respective journals.—*Charleston Med. Journal.*

OBSCURE CASE OF STRANGULATED FEMORAL HERNIA.

[Communicated for the Boston Med. and Surg. Journal.]

THURSDAY, Dec. 21st, 1848, I was called, a little after noon, to visit Mrs. L. P., aged about 40, of full and rather obese habit, married a year and a half, but childless. Her case presented the common symptoms of colic. At the beginning of the attack she vomited her breakfast, but when I saw her, her stomach had been quiet for some hours. I prescribed laudanum and castor oil, with warm fomentations to the belly. When I called again in the evening, she was quite comfortable. She had once vomited the oil, but had now no sickness and no pain. Her bowels had not been moved, though "she felt sure they soon would act." The hot fomentations had seemed to increase the pain, and had been discontinued. She had taken about two ounces of castor oil and forty drops of laudanum. I directed repeated injections, and a continuance of the medicine till the bowels should be moved.

Her husband came for me again about 2 o'clock in the morning. I found her in great distress, with intermittent, colicky pains, and frequent vomiting. There was a little febrile excitement, which at both my former visits had been wanting. At my first visit, the day before, the female attendant had told me that the patient had "a swelling in the lower part of the belly," which the late Dr. J. A. Allen had called scrofulous, and treated as such. She told me this, not because it was imagined by the patient or her friends that it had anything to do with the present sickness, but because they had thought that at her last menstrual period it had been injuriously affected by cloths wet in brine, which they applied to the bowels to relieve the severe pain that attended the function of menstruation; and the return of that function being now regularly at hand, they thought it advisable to mention the matter to me. At that time I put my hand upon the tumor; it felt, to a superficial examination, like an enlarged gland, and, influenced in a measure, I presume, by the opinion of Dr. Allen, I paid no further attention to it. When called in the night, after administering to the patient an opiate, I made a more careful examination of the swelling. I found it in the right groin, in the common place of femoral hernia, over the saphenic opening of the fascia of the thigh. It had the size of a small butternut, an irregular form and various feel. It sent a process outwards

and upwards along the groin, for three quarters of an inch. This process and the upper part of the tumor were firm and inelastic. The inner and lower part of the tumor had an obscurely elastic feel, and the whole seemed rather adherent, than connected by a neck, beneath. Resonance was obscure. On my inquiring into its history, the patient told me it had been there five or six years, during which time it had varied considerably in size, and had sometimes almost wholly disappeared. "It had never troubled her much, but sometimes, when she took cold or worked hard, it would swell and become painful and tender." At such times she found it gradually disappear under the use of stramonium ointment. Dr. Allen had given her also iodine, externally and internally, and some other things.

The patient and her friends were fully persuaded that the tumor had nothing to do with her present symptoms; they were unwilling to have it meddled with, and, when they found the purpose of my inquiries, shaped their answers so as, if possible, to persuade me that there was no trouble there. My suspicions that it was a case of strangulated hernia were, however, strong; and, having bled the woman to the point of fainting, I made an effort at reduction by taxis—not so persistent, however, nor with so careful preparation, by position, and otherwise, I am sorry to confess, as it ought to have been, or as, but for the obstinacy and resistance of the friends, it would have been. It was ineffectual. Upon reflecting more about the case, my belief in its hernial character grew stronger, and I told the husband that I wished to apply a bag of snow over the tumor. This he was entirely unwilling to have done, for several reasons, but especially because her menses ought about this time to appear. My persuasions were unavailing, and I asked him to bring a neighboring practitioner, who soon came in. He examined the swelling, and, in the course of his manipulations, twice thought he had reduced it, but came to the conclusion, I believe, that he had only depressed it into the adjacent fat. On consulting together we agreed that the symptoms of the case justified a faithful attempt at reduction by taxis, under the most favorable circumstances that could be procured. Unable to persuade the friends to permit it at present, we concluded to meet again in the afternoon, and attempt reduction with the patient under the influence of chloroform—meanwhile keeping her comfortable with opiates.

I saw the patient again at 9 o'clock the same morning, and learned from the lady with whom she had formerly lived, that when she had been exercising violently, as in carrying a burden up stairs, or lifting, the tumor having been previously quite small, "would very quickly, in the course of three or four hours, she thought, swell up, and make her quite sick." By careful inquiries I fixed that point—the sudden enlargement of the tumor, after exercise, and felt sure that none but a hernial tumor could present such a symptom—an opinion that I afterwards saw no reason to change. I immediately applied a bag of snow to the groin and lower part of the abdomen, which afforded very marked relief. Though I gave opiates as freely as I dared, I did not get the woman comfortable till the latter part of the afternoon.

At 3 o'clock I again met the medical gentleman who had already seen the case with me. The friends of the patient, for reasons that it is unnecessary to give, insisted that taxis should be postponed to a later hour in the evening. At 8 we again met, the medical gentleman whom I had called in consultation bringing with him a professional friend. The patient was then perfectly comfortable (from the effect of the morphine, doubtless), and of course the friends thought she was better. Together with the patient, they were strenuously opposed to any other than medical treatment. They knew the "tumor had nothing to do with the sickness, and, if pushed back into the belly, must inevitably kill her." Finding this state of things, I cleared my conscience by stating to the friends that they were taking the patient's life into their own hands, and must bear the responsibility of the result; that were the patient my own wife I would operate with the knife without a moment's delay, if taxis did not succeed. The gentleman last called to see the case, thought it not hernia, and advised moderate doses of calomel through the night, followed by ol. ric. and elix. sal. next morning. This prescription was followed, and with such effect, that, when we met next day, the medical gentlemen who advised in the case with me were of opinion that the whole length of the alimentary canal had been opened. I saw no evidence of this, but expressed the opinion that the stools, simulating feces, which came from her, were secreted from the colon, and consisted wholly of altered mucus. The purgative medicines brought on intense paroxysms of pain, with frequent and violent vomiting, to relieve which a blister and morphine were used.

Between this and Sunday morning, the fourth day, the symptoms underwent little change, except that the tumor—since the removal of the snow, the day before, at the suggestion of one of the medical attendants, on the supposition that the action of the bowels had become established—had increased in size and tenderness, the parts about it becoming oedematous to such an extent that it was difficult to isolate the tumor or to discover any elasticity or resonance.

Sunday morning a distinguished surgeon of a neighboring county, at my urgent solicitation, was sent for. He arrived the same evening. He examined the case, and could discover no characteristics of hernia in the tumor. He thought the obvious alvine obstruction must be from constipation or spasm, with perhaps some hysterical complication, and recommended croton oil by the mouth, and a vaginal suppository of belladonna. The friends chose to follow his advice, and accordingly I introduced the suppository, and administered, during the night—more croton oil than I should like to take myself. The patient's symptoms grew rapidly worse. Her pulse rose from 100, at which point it had been pretty steady for the last two days, to 140; the bloating of the belly increased, and her countenance became anxious. The vomiting and pain were controlled by opiates.

Monday morning the patient was evidently *in extremis*; an explorative incision could do no harm. Moved by these considerations, and by the fact that a small minority of the medical gentlemen who had seen the case, still believed it to be hernia, we were, Monday morning, on consul-

tation, unanimously in favor of a resort to the knife, and obtained the consent of the patient and her friends. The patient being under the influence of chloroform, the tumor was cut down upon. It was found to contain two knuckles of intestine in a state of gangrene. The upper and outer parts of the tumor were overlain by enlarged lymphatics, of the size of large kidney beans, and the cellular tissue adjacent was thickened and indurated. This condition of parts covered all but the lower and inner third of the tumor. The knuckles of intestine were firmly adherent to each other and to the peritoneum, which also was in a state approaching gangrene. It would best represent the condition of the tumor to say that it lay under a cap of thickened and hypertrophied cellular tissue and enlarged lymphatic glands—and was bound down by it, having its natural coverings alone, only at its lower and inner edge.

Every case of hernia is of interest, statistically, if not otherwise. This case has particular importance—from its obscurity, and as illustrating the danger of trusting to physical signs alone. CHAS. C. P. CLARK.

Middlebury, Vt., Jan. 3d, 1851.

REMARKABLE CASE OF OBSTRUCTED MENSTRUATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The object in sending you this communication is to inquire of you, or some of your experienced contributors, through your Journal, relative to the following case, which has come under my care, and about which I feel a great solicitude.

Mrs. J., the lady referred to, was a healthy girl, and from the time her monthly discharges were well established, about 13 years of age, she does not recollect they ever were interrupted, or suppressed three days beyond the usual time, until after her marriage in May, 1845. I was called to attend her January 30, 1846, and delivered her of the remains of a child that I supposed had been dead about six weeks. She was delivered at eight months. She did well, and soon recovered her accustomed vigor.

Jan. 23, 1847, was called to attend her in her second confinement, at the end of nine months, after having had a single menstrual discharge, subsequent to her previous confinement. In this case, parturition went on slowly, and after the lapse of fifteen hours the pains became inefficient, and finally ceased to act with the slightest degree of force. I administered ergot as liberally as I thought prudent, but without any good effect; and finding the child was dead, I did not hesitate to deliver her with forceps. Puerperal fever set in, which continued for some ten days, during which time the womb was very much inflamed, but she finally recovered, contrary to my expectation, and has enjoyed tolerable good health since, except an occasional attack of intermitting fever, and some enlargement of the spleen. She also has monthly all the premonitory symptoms of the return of her catamenia, but no external evidence has ever been given. When these symptoms come on, she complains of pain in the stomach and bowels, which she calls colic, and

afterwards in the back and loins, she says precisely as she always felt at the return of the menses. For the last six months she has enjoyed unusual good health, is rather corpulent, but has not menstruated for about four years. I thought, when her health was restored, she would have her monthly flow, and have used a variety of means to bring it about, but all without effect, and I came to the conclusion there must be some obstruction. An examination was made, and the os tincæ found completely closed. I could not introduce a small silver probe. I made several examinations, and am convinced the womb has no outlet, but is completely closed, and which goes to establish the theory that the menstrual fluid is secreted by, and within the womb, and not by the vagina, as some suppose; for her health is so good, and the symptoms of menstruation so marked, that I am convinced the fluid is secreted regularly, but cannot escape.

I am very much interested in this case, and solicit able advice, as suggested above.

Query.—1st. Did the inflammation of the womb cause sloughing of the inner surface, and subsequent adhesion? 2d. Does the catamenial secretion go on, and is it absorbed by the womb? 3d. Should an attempt be made to open the ostium; and if so, by what means? 4th. If her health is not seriously affected, should any attempt be made to force open the closure? 5th. Have you, or any of your readers, met with a similar closure in an individual who has borne children? 6th. If an incision is made, what precaution should be taken? as it is uncertain how high the adhesion extends.

Mrs. J. is perfectly willing I should do in the case as is thought best; and as her health is not suffering at present, I think there is no danger in delaying the thing until I can feel more fully justified in a remedial course.

JOHN H. WEIR.

Edwardsville, Ill., Dec. 28th, 1850.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. XIX.

[Communicated for the Boston Medical and Surgical Journal.]

JAMES M'CLINTOCK, M.D., PROFESSOR OF ANATOMY AND SURGERY IN
THE PHILADELPHIA COLLEGE OF MEDICINE.

“Nil mortalibus arduum est.”

How curious is it that nature produces men, constituted intellectually, morally and physically, to act the part of pioneers—squatters, both in the wilderness of this world at large, and in the wilds of science and art. And how surely do these giants secure to themselves the finger of scorn and derision for overstepping the mark prescribed by a “just precedent.” How certainly will jealous mediocrity shrug the shoulder and turn up the eye in holy horror, at the enormities of a character which it can neither fathom nor imitate.

John McClintock, the father of James, emigrated from Tyrone county,

Ireland, in the year 1807. The latter was born in Lancaster county, Penn., in 1809. The father, in the following year, moved to Philadelphia and engaged in mercantile pursuits, and was for many years successful, but in the sequel experienced the reverses almost inseparable from such business in this country. However sweet may be the uses of adversity in their result, they are truly bitter in their experience. The stimulus of poverty, to the robust mind, has produced characters which the world has admired and valued; they alone are placed upon the scroll of history. The countless numbers who have been overwhelmed, are forgotten or overlooked. Dr. Warren, in his *Diary*, has described the trials of a young physician through this fiery ordeal, this "vale of tears," with an eloquence and truth that leave nothing to desire. The physician in a large city, who by his mind alone can compete with rank and wealth and talent, is no ordinary man. Such is the man whose sketch we now attempt.

James commenced the study of medicine in the office of Dr. John Eberle, in 1826. He had received a good English education, and possessed considerable knowledge of the Latin and Greek languages, with a slight acquaintance with the French and German. The medical profession was the object of his boyhood dreams; he would be a doctor, and not only that, but he would be a "head doctor." Years before he had entered a medical office, he had read medical works with avidity, and had subjected his family to various annoyances, by his dissections of animals. His absorbing love of the profession, his zeal and untiring industry, made him the favorite of his preceptor. The value of such a preceptor as Eberle to the active and erratic McClintock was great. His extensive learning, his cool judgment, and general simplicity and truthfulness of character, were well calculated to lead the pupil to studious, systematic and persevering labor. After drilling him in the strictly medical portion of his studies, and giving him an opportunity to witness an extensive office practice, he transferred him to the office of Dr. Geo. McClellan, to be taught the principles and practice of surgery. To those who knew McClellan, it is no slight praise to say that McClintock was the student of whom he was most proud, and his assistant in many important operations.

During his pupilage, young McClintock enjoyed the advantages afforded by the practice of the Pennsylvania Hospital and Philadelphia Almshouse Infirmary. He attended and practised post-obit examinations and dissections with the utmost ardor. He attended the first course of lectures delivered in the Jefferson College in Prune street, in a building which the College had rented. He was the first graduate of that school, after its occupation of the present site.

The incorporation of Jefferson College formed an epoch in the history of American medicine. The question was agitated in the Legislature with a zeal and an interest, that usually characterize partizan measures. Years rolled on before the profession of Philadelphia could be reconciled to the legitimacy of a second college. These prejudices operated against the graduates of the Jefferson and other colleges, until time, talent and success verified the fact that competition in science, as in everything

else, is the life of enterprise. From 1829 to 1832, McClintock assisted the adjunct professor in the dissecting hall, and in 1833 he delivered a course of lectures on obstetrics to a private class in the College.

In 1830 he was appointed one of the vaccine physicians for the city ; this office he held until 1841. In 1832 he was attached to one of the city cholera hospitals, and was on duty in the prison on the dreadful outbreak of cholera in August. In 1838 he opened a dissecting room, and commenced to deliver lectures on anatomy and surgery to the largest private classes ever collected in this country. This was due mainly to his independence and great powers of demonstrative teaching. Neither the talented and accomplished Godman, nor the energetic McClellan, drew such classes to hear them. Avoiding all *attachment* or sycophancy to those who are *supposed* to distribute patronage to rising merit, he boldly struck out a line of action for himself, and was successful in maintaining it. In 1839 he was appointed one of the attending physicians to the Almshouse Infirmary ; which station he filled for several years. In 1841 he was appointed Professor of Anatomy and Physiology in Castleton, Vt. ; he also lectured in Pittsfield, Mass. In 1842 he returned to Philadelphia, and re-established the "School of Anatomy." This year he declined the offer of the chair of Anatomy in the Washington University, Baltimore.

He continued to lecture to large private classes up to 1847, when he applied for an act of incorporation for the *Philadelphia College of Medicine*, with the same powers as the other schools. He had no difficulty in obtaining it. In every county of the State were physicians who had been his pupils, and were his warm personal friends. The bill passed both houses, with a rapidity almost unprecedented. In the following *summer* the first session was held in the hall of the College of Pharmacy. Soon the Adelphi Hall, in 5th street, below Walnut, was purchased, and the second course was delivered during the winter 1847-8 in this large and commodious building, where the faculty still teach. It will thus be seen that the School has two full courses annually—one commencing in October and ending in March, the other commencing in March and ending in July. Every facility for medical instruction which Philadelphia affords is at the command of this now flourishing school—which during the last year numbered some two hundred and twenty pupils, and bids fair to improve largely in the year coming.

As a lecturer, Dr. McC. is off-hand, extemporaneous and ready—using neither written lectures nor notes. He is, perhaps, the most happy demonstrative lecturer in this country, particularly in anatomy and surgery. His denominational connection is with the Methodists, among whom one of his brothers is a distinguished preacher, and is also a classic author. The general tone of Dr. McC.'s character is that of openness and bonhomie, perhaps too frank for a cringing, wealth-loving community, who are apt to adopt Talleyrand's notion, and consider language as the means of concealing their thoughts. Feeling his own strength, he scorns the little arts of the weak, and hence is a mark for the imbecile, malicious and saintly. As an operator, he is firm, cautious and rapid, with full confidence in his own abilities. In his domes-

tic relations he is most happy, at least in the Israelitish sense, having a large and amiable family, to which he is most affectionately and tenderly devoted. This beautiful trait of character is very winning in men of his energy and ambition, and contrasts finely with the more masculine points. As a friend, he is true and faithful, and will at any time defend those whom he respects or loves. Of course, as an enemy he is equally open, decided and manly. His is the sanguine temperament, with a large head covered with light curly hair, a broad chest, and well-built and compact frame. He is well calculated to endure the labors of his most arduous profession.

Long may he live, to show to young men without friends or fortune what can be done by a manly self-reliance, and an energy and industry which will not acknowledge that there is such a word as *fail*. CATO.

SUCCESS IN THE MEDICAL PROFESSION.

An Introductory Lecture, delivered at the Massachusetts Med. College, Nov. 6, 1850,

By JOHN WARE, M.D.,

Hersey Professor of the Theory and Practice of Physic in Harvard University.

I AM forcibly reminded, gentlemen, of the rapid passage of time, by finding it again my duty, in the order of rotation, to become the organ of the Faculty in addressing the class at the beginning of another course of lectures. The topics which suggest themselves, for such an occasion, are sufficiently obvious, but, unfortunately, are not very various. One is therefore fearful that he may become tedious and distasteful, because he is obliged to treat of subjects and utter sentiments, which are repeated many times every year to many medical classes. He has, however, only to recollect, that though the materials of such a discourse may be stale to himself and to some small part of his audience, yet to the greater part of it, and to that part for whose advantage it is intended, everything may be new, and any topic, if properly treated, may be made useful.

In a profession like ours, the avenues to which are always filled by eager and aspiring competitors, the young man naturally looks forward to the day when he shall himself take his place among them. He reflects, too, with some anxiety, upon his chance for success amidst the crowd; and he would be glad to learn what the means are by which he may secure it. The inquiry constantly forces itself upon him—What are the elements of success? How am I to attain that which is the ultimate object of my exertions, the confidence and the patronage of mankind?

Is it best that this inquiry should thus engage the mind of the student? He will be told by some that he is not to think of the future, but of the present; that he is to qualify himself now, by a sedulous attention to his studies, for the duties that will by-and-by devolve upon him; and that, if he is faithful to these, he may be certain of his reward hereafter. He is told to take care of the present, and that the future will take care of itself. This, like many other popular maxims, is specious rather than solid. The advice it conveys, taken without much qualification, is not founded in wisdom. To understand the present and act well in it, we must

know something of the future, for which it is to prepare us. There is much, as I think, in the right direction of professional study, and much in the character and habits, moral and social, which the student forms, that will have a direct influence on his success as a practitioner. This it is all important that he should be convinced of in an early part of his career. I propose, therefore, to devote the time allotted to this discourse to a consideration of the *Elements of Success in the Medical Profession*.

But let me, in the first place, explain what I mean by success. I do not mean merely getting rapidly into a large practice and receiving a large income. This is desirable. But it may be done without what I understand by the best success. Where this is done rapidly, it is seldom done permanently. True success in medicine is that which gives to a man—after a reasonable probation—a probation which affords time for his qualifications to be really appreciated—the entire confidence of the circle in which he lives. This confidence is always a plant of slow growth. If it springs up in a night, it may wither in a night. Those qualities which afford a substantial foundation for it, cannot be made known, cannot be duly appreciated, in a short period. The same is true of any vocation—most of all is it true of ours. A suddenly acquired reputation and practice can only be the result of qualities of a superficial kind, which attract and dazzle at first, and which usually captivate a class of patients who are themselves superficial and generally fickle. In every community there is such a class, caught by every new pretension in the medical art. Large promises and an assured air of self-reliance afford a certain passport to their favor. But their favor is transient. Him whom they thus seek and trust before they can know him, they forsake as lightly. He has not the qualities which ensure a confidence worth keeping—and they have not the character which enables them to place a confidence worth keeping in anything.

No man who embarks his lot for life in our profession—no man who intends to practise it with a view to its highest usefulness to others, as well as to his own best advantage, should aim at the cultivation of the qualities that can only gain him a patronage so worthless and evanescent as this. I believe, gentlemen, I may say with truth, that everything relating to your studies, your character, your habits, your manners, your social and professional intercourse, may have an influence more or less important on your prosperity in the profession you have chosen; and my present purpose is to offer a few suggestions to aid in preparing you to acquire that sort of confidence which I have described as the only sure foundation for permanent success.

Of course I shall be expected to say that a thorough knowledge of medicine is of the first importance, and assuredly it is so. But this general statement requires some qualification. Medicine embraces a vast field of knowledge. To go over the whole of it is impossible, even in a long life. The pupil can only begin its cultivation. All this knowledge is of value; but all is not of equal value. All has some connection, but not an equal connection, with practice. Now the main purpose of the study of medicine with most of us, is to enable us to

treat disease. This is the ultimate object, which is to be kept in view at every step. It is for this end that the science of medicine exists—for this that the profession exists. This is never for a moment to be forgotten. No doubt there are some physicians whose aim is different—to whom practice is a secondary concern. They mean to acquire a great proficiency in some particular department. They mean to devote peculiar attention to anatomy, to pathology, to organic chemistry, to the microscopic study of organic forms. These are all useful pursuits, and they all have a useful bearing upon practice. But I am not speaking to such persons. The mass of medical students are to be practitioners, and practitioners only. These are the proper subjects of general medical instruction.

This I regard as a very important point. It is too often overlooked, that the final purpose of all medical study is practice. The whole circle of sciences connected with medicine has been called into existence for this purpose, and their value depends upon their connection with it. I do not mean to say that they are not worthy to be pursued for their own sakes. They are so, richly. Nowhere are the power, the wisdom and the benevolence of the Creator more wonderfully exhibited than in the human body; and its phenomena both in health and disease are as well worthy the contemplation of an enlightened mind for their own sakes, as those of chemistry or physics. But it is not as philosophers, as lovers of science, or even as admirers of the wonderful works of God, that we are called to interest ourselves in these subjects. It is solely that we may learn to treat disease. The direction and arrangement of our studies are to be wholly governed by this as their final purpose. Fortunate it is that the attainment of this purpose is not inconsistent with much of that pleasure which arises from the pursuit of knowledge for its own sake. But we are ever to recollect that this is to hold only the second place in our regard.

What, then, is that thorough knowledge of the profession which is necessary to success? A man may know a vast deal of the profession, and yet be a very poor practitioner. He may be an excellent anatomist, pathologist, chemist—nay, he may be minutely acquainted with the history and treatment of disease, and yet be totally unfit to take charge of a single patient. The thorough knowledge of the profession to which I refer in this connection, is that which will make the physician a good practitioner. The whole course of his education—the whole course of his thoughts—is to have such a direction given them as will most certainly tend to bring about this result. This makes it a matter of nicety as well as of importance, to select and give a due proportion to the different departments of medical study. Many things which it would be desirable to teach, it is not possible to teach, lest other things, more distinctly bearing on the main purpose, be crowded out. The object is to learn so much of each subject as will best qualify a man to understand and treat diseases; and the most proper education for the practitioner is that, which selects just such a proportion of the knowledge of each department as will best accomplish this end.

Hence, though it may be an ungrateful task to check the interest of

the young man in any study which he is pursuing with zeal, yet is he often in danger of expending a disproportionate share of his time and faculties on some favorite but limited subject. He may acquire so exclusive a relish for anatomy, for chemistry, for the microscope, or for pathology, as to vitiate his character as a practitioner. Not that these are useless kinds of knowledge, but that an excessive devotion to them may impair the practical tendency of his pursuits, and give them a wrong bias.

Of course it is desirable that he should be a perfect anatomist. But if he takes the time necessary to make him a perfect anatomist, he may neglect what is necessary to make him a good practitioner. After the acquisition of a general knowledge of anatomy, accurate as far as it goes, the surgeon requires a more minute acquaintance with the structures connected with accidents, operations, and surgical diseases; and the physician, with those of the organs which are the principal seats of medical diseases. It is in vain for the ordinary practitioner to attempt more than this.

The same rule is to be observed in judging of the amount of attention to be devoted to chemistry and pathology. Not that a man can know too much of chemistry, or, especially, of pathology; but that he may give to them too much time in proportion to that which he devotes to the practical branches. He cannot know too much of these, but he may know too little of therapeutics and materia medica. The point is to maintain the due relation between the several departments, and not to become devoted to one at the expense of the others.

It is a common fault among students, as indeed it is among practitioners also, to become extremely interested in some particular department of inquiry, and to pay an almost exclusive attention to this; as, for instance, to organic chemistry—to microscopic anatomy—to pathological anatomy. Such is most likely to be the case with the more ardent and enterprising among students; and their interest is apt to be particularly engaged by some of the elementary branches. This tendency is not unfrequently carried forward into professional life, and some men are thus led to devote themselves to an exclusive object of interest. This is useful to the science by adding to the common stock of knowledge. But the profession is benefited at the expense of the individual. Hence it has happened that many distinguished men in different departments of medical knowledge have failed in practice, and that some who have been very useful in accumulating materials which have made others good practitioners, have been very indifferent ones themselves. They have been sacrificed to the good of the profession.

Suppose one to devote himself, for example, to morbid anatomy. He becomes engrossed by it. It furnishes him with subjects of interest sufficient to occupy him completely. He is likely to withdraw himself from the study of ordinary diseases, and to find his chief interest in the study of those in which morbid changes are to be expected. He overlooks, or regards but slightly, all that vast amount of cases in which structural changes are not to be looked for, or in which they are not cognizable by the senses. Now such cases make up far the largest portion of those

which actually fall under our notice in every day practice. Then, too, his mind being fixed upon structural disease, and engaged in the study of cases in which it is found, he is apt to expect its existence where a man of common observation would not, because he has not become familiar with those cases in which symptoms like those of structural change present themselves independently of any such change.

Moreover, some members of our profession, both as students and as practitioners, become interested in the history of disease for itself alone, and fail in a due regard to the final purpose for which it is to be studied. I wish to make this statement clearly and carefully, because this branch of study is, in its proper proportion, the only sure foundation of a good practice. But there is danger of failing to keep constantly in mind its relation to practice; of regarding it too much as a mere scientific pursuit. This is a fault into which men of the highest education are perhaps the most apt to fall. They acquire the habit of studying disease merely as an object of science. It may, indeed, be worth studying as an object of science merely. But he who would practise medicine, must study it with a view to the practice of medicine.

Accurate diagnosis is of course essential to the good practitioner, but the student may take a wrong direction even in the study of diagnosis. He may bestow undue pains upon certain parts of it, to the neglect of others. As a striking example of this, I may refer to the paramount interest which young men are apt to take in the diagnosis of cases characterized by a few marked and salient features—especially in the minute diagnosis of diseases of the heart and lungs by physical signs. Let me not be misunderstood. I fully appreciate the value of this species of investigation. But we often give to it a disproportioned attention, and attach to it an undue value. We take great pains in determining minute points of diagnosis for the sake of detecting them, to the neglect of many circumstances in the history of diseases, the knowledge of which is of far more consequence in determining their management.

This is a very natural as well as a very common error. It is one which has certain good results. It cultivates and disciplines the powers of observation and discrimination. This is the kind of observation to which the student should first devote himself. The danger is, that he will attach to it an undue importance; that he will rest in it, instead of advancing to other modes of investigation. The exactness, and, scientifically speaking, the beauty, of its results, are captivating. There is a certainty in them which is gratifying to our pride; but we should recollect, that this is the most superficial and the least difficult of our modes of inquiry into disease, and that it affords us but a small part of the information which is necessary in order to enable us to treat it successfully.

Take, for example, the very common case of an organic disease of the heart. The minute points of its diagnosis are of great interest; they may present many nice questions which require the most careful scrutiny to decide. But suppose them settled. Suppose we have determined which cavity and which valves are diseased; and how, and how much they are diseased. Does this establish the prognosis, or the treatment?

Not at all. These depend upon entirely different considerations. The patient's age, the origin of the disease, its length, its rate of progress, the secondary affections in other parts which it has produced, the mode in which the system is affected by it, are all to receive the practitioner's attention. I believe I am safe in saying, that, in a case of this kind, the treatment is more dependent upon the manner in which other organs are secondarily affected, than upon the condition of that in which the primary disease exists. The man who merely satisfies himself, in a general way, that the heart is the seat of disease, and then investigates assiduously all the other phenomena, will, in my opinion, give far better aid to the patient, than he whose almost exclusive attention is directed to the nice determination of the local diagnosis. The ship-master who is a careful observer of the winds and currents—of rocks and shoals—who keeps a watchful eye upon the course of his ship, and trims his sails in accordance with favoring or adverse gales, though with but a rough approximation to his latitude and longitude, will make a quicker and safer voyage than the accomplished observer who can determine his place on the ocean to the fraction of a second, but neglects the other and weightier matters of seamanship.

And here it occurs to me to mention a distinction, not always sufficiently adverted to, which yet lies at the very foundation of good practice—the distinction between a pathological and a therapeutical diagnosis—the diagnosis which determines the technical character of the disease, and that which determines the principles upon which it is to be treated. In the preceding illustration *the pathological diagnosis* is the determination of the precise organic change in the heart; *the therapeutical diagnosis* is the determination of that condition of the system or of the other organs, or of the habits, or of the exposure of the patient, upon the management of which depends the cure, the suspension, or the relief of the disease, or merely the mitigation of his suffering. This condition may be in the lungs, the liver, the digestive organs, the kidneys, or in the habits of life, or the locality or the climate, in which the patient lives. The therapeutical diagnosis is far the more important. Cases of which the pathological character is precisely the same may require a treatment diametrically opposite. Some instances of this kind are so strongly marked, as to force themselves upon the notice of the most exclusive pathologist. No physician would, for example, treat the pneumonia which occurs in the last stages of chronic disease, as he would that which seizes a person in health; nor the pleurisy of a tubercular patient, as he would that of a sound man; nor the apoplexy which comes on as the result of a granulated kidney, as he would that which strikes down a robust, short-necked, plethoric individual in the vigor of life. These cases speak for themselves. But the same essential distinction runs through all cases of disease; and it is the perception and due appreciation of this fact which makes the chief difference between one practitioner and another.

Take for a further example typhoid fever. One physician, deeply skilled in pathology, makes early a perfect diagnosis. He rests satisfied with this; the great labor in the case is accomplished, and he treats it as

his teachers or as his books direct ; that is to say, he bleeds or purges, or gives calomel or antimonials or stimulants, according to the school in which he has been brought up. But another man, less expert in diagnosis, studies less carefully the signs which distinguish the precise nature of the malady, and may perhaps remain in some doubt as to the diagnosis, or he may even come to a wrong one ; but he investigates more thoroughly, and understands better, the varying conditions of the organs of the system, on which the treatment depends. Even if he does not know what the disease is, he knows what course of management will best enable the patient to contend with it successfully, whatever it may be ; and he reduces, evacuates, quiets, stimulates, supports or feeds the sick man according to the particular indications afforded by the individual case. You will find such a man sometimes using remedies in this disease, or at some period of it, which would make the former shudder ; giving wine or opium, for example, where the former would vomit or bleed—or, perhaps, letting the patient alone, and leaving him entirely to the resources of nature, in a state of things which to the former would seem to require all the resources of art.

We might multiply indefinitely examples of this essential distinction. In one case of apoplexy, to open a vein may be to raise the subject from death to life ; in another, pathologically just the same, it is to sign his death warrant with his own blood. In one case of delirium, an opiate wraps the sufferer in a delicious slumber, from which he awakes refreshed, his scattered senses restored to their propriety ; in another, it only serves to fill his mind with images more horrid than before, or to procure an uncertain and treacherous repose from which he never awakes, or, at best, awakes in a state of aggravated excitement. In short, scarcely a case presents itself in which we do not find occasion for the application of this distinction. To neglect it, to overlook it, is to fail in arming ourselves with a species of knowledge which is essential to successful practice.

It should farther be stated with regard to this distinction, that, whilst the pathological distinctions of disease are very many, the therapeutical are comparatively few. Of this we have a very clear illustration in diseases of the skin. The variations in their form, extent, and aspect, in the texture affected and the mode of affection, are very many. They are capable of a minute and accurate classification and description, and you may make of them an almost indefinite number of genera and species, all sufficiently distinct from one another as objects of pathological observation. But their successful treatment does not depend on an accurate discrimination of this sort alone, though such a discrimination may aid in it ; it depends more upon the discovery of certain morbid states of the digestive organs, of the secretions of the liver, the kidneys or the skin, or of a diseased state of the blood itself, of which the cutaneous eruption is merely one of the results. These conditions are few, and the same one of them may exhibit itself in different individuals in the production of very different appearances upon the surface. Hence the same kind of eruption may at different times require very different treatment ; while eruptions varying essentially in their pathological character may yield to precisely the same remedies.

As one of the results of this distinction, it often must have occurred to most practitioners to observe, that they can treat many cases perfectly well although they may not have been able to make out their scientific distinction; and, on the other hand, that they are quite at a loss sometimes where this distinction is perfectly clear. Hence, too, we find, that a very excellent pathologist sometimes, nay, I am afraid, quite often, may make but an indifferent practitioner; whilst some men, with a very moderate amount of pathological learning, but a large fund of sound common sense and a natural talent for nice observation, will make very excellent ones. They seize, with an intuitive quickness of perception, upon those conditions of disease on which its management depends; they learn, by an experience guided by their original sagacity, how far diseases are controllable by art, what conditions of them are so, and the agencies by which it can be done—and they apply this knowledge with a wisdom which is sometimes altogether beyond that which merely high attainments in science can confer. I am disposed, in connection with this topic, to introduce the words of one of the most eminent practitioners of our own or any time, which have a certain bearing upon the subject of which I am speaking. “I am convinced,” says Dr. Baillie, “that the most successful treatment of patients will depend upon the exertion of sagacity or good common sense, guided by a competent professional knowledge, and not by following strictly the rules laid down in books, even by men of the greatest talent and experience.” “A physician who should be guided by the rules laid down in books would be a very bad practitioner.”

It is a result of the same course of remark that an *exclusive* Hospital Education is not favorable to the formation of the best practitioners. In the first place it leads the student to attach an undue importance to the nicer pathological distinctions of disease as compared with its therapeutical relations; and in the next place it leads him to take an especial interest in cases of a strong and decided character, which present prominent features for observation and analysis, to the neglect of those that are vague as subjects of diagnosis, but yet call more than the others for the interference of art. Thus we see students crowd around the hopeless bedside of the subject of an internal aneurism, or of organic disease of the heart, or of pulmonary consumption, where some nice stethoscopic distinction is in controversy; whilst they pass carelessly by patients laboring under complicated disturbances of the functions, quite amenable to treatment, but presenting no distinct and tangible features to repay scientific investigation. Yet, in actual practice, it is in the management of these latter cases that we can do the most good—and it is these that we are most frequently called upon to treat.

A man's character as a practitioner is often injured by a special interest in diseases of a particular class, or in modes of treatment of a particular class. He may have a hobby both in pathology and therapeutics, which he rides very much at his patient's expense. Thus one man is disposed to find everywhere disease of the stomach; another man disease of the liver; another, of the heart; and so on. Some trace all diseases to congestion; some, to irritation; some, to spasm; some, to inflammation;

and some, to the state of the blood. Having their pet diseases, they are very likely to have also their favorite remedies; and all their patients, with little regard to differences of condition, are put under very much the same course of treatment.

[To be concluded next week.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 22, 1851.

Royal Edinburgh Asylum.—We are under obligations to Dr. Charles A. Lee, of New York, for a copy of the annual report of the Royal Edinburgh Asylum for the Insane, for the year 1849. This report contains much valuable and interesting matter. As it differs materially from the reports which are annually issued from our own institutions, we have thought it not inappropriate to mention some of its peculiarities. It is under the patronage of the *Queen*, as its name indicates; it has its governor and deputies, extraordinary and ordinary managers, a medical board, consulting and resident physicians, medical assistants, and chaplain, besides a host of other attendants—in all, with the government, numbering nearly as many as the unfortunate inmates themselves. The manner of conducting the immense establishment, both as regards the medical and domestic management, certainly reflects the highest credit upon those to whom the charge is entrusted. The average number of patients during the year was 473; and the number of those discharged *cured*, was equal to 45 per cent. An abstract table, in which are given the various articles of diet, with the quantity consumed during the year, certainly affords *food* for reflection, and is not without its interest. Among the quantities used, we quote the following, viz.: Roasting meat, 9237 lbs.; boiling do. 23,014; houghs, 23,028; ox heads, 46,189; oat meal, 51,333; flour, 2,899; raw sugar, 10,217; salt, 8,512; barley, 19,443; coffee, 2,501; 17,335 loaves of bread, 4 lbs. each; 364,600 do. 6 oz. each; skimmed milk, 16,386 gallons; sweet do., 5,996 gallons; beer, 5920 do.; porter, 1,040 do. That all this, besides vast quantities of other articles, not here mentioned, could be consumed by the inmates, would almost seem incredible; yet it is said to be the fact. The Asylum has connected with it a large tract of land, on which, and in the various workshops, 365 of the patients were employed, and that, too, with a *profit* to the asylum, besides the great benefit conferred on themselves by the occupation. We should judge it most emphatically a *royal* asylum, and, under its present management and discipline, a *model* one.

Zoo-Adynamia.—An inaugural essay, presented for the degree of doctor of medicine in the University of Pennsylvania, by Geo. J. Zeigler, M.D., is a very well written production, evincing much research in medical lore. As its publication was recommended by Prof. Samuel Jackson, of Philadelphia, it must be considered as above mediocrity, and its theories and speculations worthy of attention. The nitrous oxide gas, recommended by Dr. Zeigler in the various adynamic conditions, is entitled to the highest consideration. We have heard of its benefits, in intermittent fevers, in

the practice of a distinguished physician of Washington—who informed us that it would always prevent the attack, if seasonably administered—or, when on materially abridge it. The thesis of Dr. Zeigler should be read by all medical students. They will find in it a vast amount of facts which will be practically useful to them.

Dr. J. K. Mitchell's Introductory.—The introductory lecture to the course on the Practice of Medicine, by J. K. Mitchell, M.D., Professor in Jefferson Medical College, Philadelphia, has been received. Its perusal has afforded us much pleasure, and we would gladly re-publish the whole of it, for the benefit of our readers, were it possible to do so. For beauty of style, sound doctrine, and elevated sentiment, none of the introductory lectures this season have excelled it. Dr. M.'s theme was the "Impediments to the Study of Medicine." We give below some of his advice to the student, in his encounters with innovators in medical science.

"Should you encounter the mysterious and shadowy pretensions which, in the shape of secret remedies, or of Homœopathy, Hydropathy, Animal Magnetism and Thompsonianism, assail and perplex the profession, how can you without sound medical knowledge, philosophically founded, encounter or dissipate them? If you have nothing but opposing phenomena or unassorted facts by which to refute phenomena and alleged facts, you stand but on the same level with the empiric and the juggler, and instead of a philosophical victory you may have but a disgraceful objurgation.

"The physician who does not endeavor to found his knowledge philosophically, is in danger, not only of suffering error to prevail, but of being carried away by it himself. Were this not so, should we see medical men, who have enjoyed good educational opportunities, plunging, often honestly, I trust and believe, into a belief in the infinitesimals of homœopathy, or the Protean miracles of Mesmerism? Looking at those who lapse into such errors, you may commonly discover that they are men who are incapable by nature of seizing upon ample classifications or extended generalities, and who consequently believe in phenomena of the most incompatible character.

"A physician educated here, but who lapsed through a proclivous nature into homœopathy, came to me once for a motto for a book which he was preparing on homœopathy. As he usually consulted me when himself sick, and yet gave his microscopic doses to others, I felt no reluctance to give him a blow, so I said that once when a ranting lover on the stage cried out to his mistress, 'My wound is great because 'tis small'—the witty Duke of Buckingham added from a side box—'Then 't had been greater were it none at all.' Now, Doctor, said I, you can put that together thus—

"My Physic's great because 'tis small,
And would be greater were it none at all."

That is the whole argument of homœopathy in a couplet."

Philadelphia Lancet.—Medical periodicals are increasing in this country, quite as rapidly as the practitioners who are to be their readers. Within the last few months no less than six new ones have been added to our exchange list, all of which manifest the energy necessary to conduct a Medical Journal, and most of them give evidence that they will live and thrive, and perhaps attain quite a respectable *old age*. The Philadelphia

Lancet, the last of the list, comes to us in 8 large pages, about the size of those of its London namesake. The first number contains two very interesting and practical original communications, besides the *Clinique* of Professor James McClintock, also an article on the Practical Cure of Inguinal Hernia, by M. Varette, and the editor's "aims and purposes." With such efforts as are made by the publishers to get their first number before the profession, it is hoped that they will be able to secure two thirds, at least, of the physicians sent to, as *paying subscribers*. It is to be published bi-monthly, at the low price of one dollar per year, by Messrs. Campbell & Power. Dr. T. D. English will be its editor.

Suffolk District Medical Society.—At the stated meeting of the Suffolk District Medical Society, held last Wednesday, it was unanimously voted to have the meeting for medical improvement on the last Saturday of the month, as formerly, instead of the first Thursday. A very unprofitable discussion took place relative to the alleged infringement of the By-laws, by one of the members, who was arraigned before the society by a committee appointed at a previous meeting. While we have the greatest respect for the trial committee, we cannot but think that in the case alluded to, they transcended their powers, by bringing before the society matters which properly belong to a legal tribunal. This committee certainly had most onerous and unpleasant duties to perform, and they deserve the thanks of the society for their zeal in bringing parties accused of misconduct to trial by their peers. Yet there are *some things* over which the society has no control, and which should not be meddled with by it. If we would have the members perfect in their ethics, it should be our endeavor to adhere to the excellent code recommended by the American Medical Association. There are sometimes extenuating circumstances, in cases of alleged violation of the laws of the society, and when it may with propriety be said, "he that is without sin, let him cast the first stone."

Transylvania University.—The annual catalogue of graduates in the medical department of Transylvania University, Lexington, Ky., for the session of 1849 and 50, together with the faculty's announcement for the spring session of 1851, has been issued. The degree of doctor of medicine was conferred on 35 gentlemen the last year. The Lexington Society give fifty dollars, or a gold medal, or any other article of that value, for the best medical thesis submitted for the degree of doctor of medicine in the University. Dr. H. P. Hitchcock, of Kentucky, received the last prize. The subject of his thesis was Medical Education.

New Tongue Holder.—The use of such an instrument, in many operations on the mouth and the organs contained within it, is often indispensable to expedition and perfection. In cauterizing the upper part of the œsophagus in chronic inflammation, also in tonsillitis, elongated uvula, and in many other diseases to which the posterior mouth is subject, requiring surgical interference, the tongue offers much impediment from its involuntary movements and unmanageableness. Likewise, in many dental operations, it presents considerable difficulty to complete such with safety and comfort to the patient. Many instruments have, from time to time, been invented to overcome this unruly member, but with various and in-

complete success, from the fact that none, as yet, have been adopted by general use, and few have stood the test from others than the inventors. Mr. Jamet, dentist, of Baltimore, has recently invented an instrument for this purpose, which has certainly much to recommend it, in its simplicity and neatness, being formed of a very thin steel spring, three-eighths of an inch in width, and perhaps six inches in length, so bent as to press upon the tongue and underneath the chin, fitting the irregularities, passing from within the mouth, over and under the chin. We have used it in several instances, much to our satisfaction, and doubt not it would give equal pleasure to all who will try it.—*American Journal of Dental Science.*

Treatment of Chorea by Frictions with Chloroform.—M. GASSIER has published three cases of chorea cured by the topical application of chloroform. The first was that of a child, seven years of age, in whom the disease was caused by fright. A liniment composed of equal parts of chloroform and oil of sweet almonds was rubbed, night and morning, along the course of the spine. From its first employment the violence of the muscular movements was moderated, and in six days the patient was cured. The second case was that of a boy, twelve years of age, in whom the disease had appeared two months before as the effect of fright. The spasmodic movements were so violent that he could hold nothing in his hands, nor walk without help. At the end of a fortnight, under chloroform frictions, the disease had disappeared. A relapse, however, occurred, which was cured in two days by a return to the same means. In the third case, of five months' standing, the result, also, of fright, the symptoms disappeared in seven days under chloroform frictions.—*L'Union Médicale.*

Medical Miscellany.—Dr. Alexander H. Stevens has been chosen President of the New York Academy of Medicine.—The editor of the American Journal of Dental Science estimates the amount of gold foil used in the United States for filling teeth at 6,600 ounces annually—worth about \$198,000.—The Boston bill of mortality for last week shows a very small number of deaths—14 below the weekly average for the healthy year just passed, which average was about that for the month of January last.—The American Society of Dental Surgeons have rescinded the *amalgam pledge*, so called—which pledge was intended to exclude from the society all dentists who used amalgams and mineral pastes in filling teeth.—A work on electro-magnetism in rheumatism has been published in London.

TO CORRESPONDENTS.—Dr. Jones's cases of Wounds of the Knee-Joint; Dr. Davidson's remarks on Incurvation of Nails, and Dr. Winslow's case of Tumor of the Ovarium, have been received.

MARRIED.—In Boston, Alexander B. Russell, M.D., of New Orleans, to Miss Martha P. Brown, of Boston.—At Pensacola, Fla., Dr. J. B. Greenhow to Miss Mary Pearson, daughter of Capt. John Pearson, all of Pensacola Navy Yard.

Deaths in Boston—for the week ending Saturday noon, Jan. 18th, 56.—Males, 36—females, 20. Accidental, 3—inflammation of the bowels, 1—consumption, 9—convulsions, 1—canker, 2—cramp, 1—croup, 1—debility, 1—diarrhœa, 1—erysipelas, 2—fever, 2—typhus fever, 3—scarlet fever, 3—lung fever, 7—hemorrhage, 1—hooping cough, 1—infantile, 4—inflammation of the lungs, 3—measles, 3—rheumatism, 1—smallpox, 1—scrofula, 1—disease of the spine, 1—tumor, 1—unknown, 2.

Under 5 years, 25—between 5 and 20 years, 5—between 20 and 40 years, 15—between 40 and 60 years, 10—over 60 years, 6. Americans, 25; foreigners and children of foreigners, 31.

Health of St. Louis.—For several weeks past, during the warm Indian summer weather, cases of cholera have frequently been admitted into our hospitals, usually taken from boats coming from the Ohio river, but occasionally, however, originating here. So far as our observation has extended, the cases have been well marked in their character, and rapid in their progress, generally proving fatal. With this exception our city is, and has been, unusually healthy. We are unable to account for the existence of cholera among us at this season, except it be that the peculiar poison which gives rise to it, still lurks in the atmosphere, and only requires to be developed by some one of the exciting causes. The boats from New Orleans are almost entirely exempt from the disease, while those from the Ohio river have been seriously scourged.—*St. Louis Med. and Surg. Jour.*

Poisoning.—A return has been printed by order of the British House of Commons, of the number of persons, male and female, tried in the United Kingdom for murder, and attempts to murder, by the administration of poison, from the year 1839 to the year 1849, both inclusive. The number of persons so tried in England and Wales, during the ten years, was 154—namely, 69 males and 85 females; the number of convictions on either charge was 66. In Scotland the trials for murder by poison, since 1839, have been only 9—2 males and 7 females; the convictions were 3. The trials for attempts to murder were 6—3 males and 3 females. Total trials in Scotland, 15; total convictions, 7. In Ireland the trials amounted to 56—25 males and 31 females; and the convictions were 13. In 1839 there occurred only one conviction in Ireland for murder by poisoning; in 1841 there were 5 convictions found against 10 persons accused. In 1849 the number of indictments was 13—7 males and 6 females; and the convictions 3.—*Edinburgh Monthly Medical Journal.*

Sale of Poisons in France.—A Government decree of the 18th July had specified the following as substances to be kept and sold with especial precautions:—Hydrocyanic acid; the poisonous vegetable alkaloids, and their salts; arsenic and its preparations; belladonna, cantharides, chloroform, conium, cyanide of mercury, cyanide of potassium, digitalis, hyoscyamus, tartar emetic, nitrate of mercury, nicotin, opium, phosphorus, ergot of rye, stramonium, and corrosive sublimate.—*L'Union Médicale.*

New Test for the Detection of Sulphate of Quinine.—By M. VOGEL, Jun. of Munich.—When a concentrated solution of ferro-cyanuret of potassium and a few drops of chlorine are added to an alcoholic solution of quinine, the liquid assumes a clear red color. If the solution of prussiate be not concentrated, the addition of a few drops of ammonia will produce the tint. The same test is applicable to dry quinine. No other organic base produces the same effect, according to M. Vogel: this test may therefore be relied upon for the presence of quinine.—*Journal de Chimie Médicale.*

Etiology of Tuberculization.—M. Piorry read an essay by M. Wanner, in which the author attributes the production of tubercle to the presence of lime in the soil of the district in which the patients reside, and stated that at Sologne, where the soil to a great depth consists entirely of silica and alumina, he had never met with a case of the disease.—*Acad. Med., Paris.*

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PROF. WARE'S INTRODUCTORY LECTURE.

[Concluded from page 504.]

LET me repeat, that the point I have endeavored to illustrate is, that the main purpose of all medical education is to make good practitioners, and that all other considerations are to be subordinate to this. I feel further bound, in connection with this subject, to express a doubt I have often felt, whether that part of the education of young men which is pursued abroad, has always had a favorable influence upon them in this respect. It has seemed to me, that the same time, the same expenditure, the same diligence at home, with the opportunities afforded them, would train them quite as well, if not better, as practitioners. I would not undervalue the knowledge of the history and pathology of disease which they acquire abroad, and the time has been when these were not to be acquired at home; but, generally speaking, the acquisition is not made under good practical influences, and has not therefore its best effect in preparing for practice. This seems to me to be partly owing to the fact, that our students chiefly resort to the French schools. No nation has contributed more, it is true, to the progress of medical science than the French. But their tendency is to be satisfied with the science. The French mind is not practical. On the contrary, the English and American is eminently so; and I cannot but regard it as unfortunate for practical medicine, that the French schools have been so generally resorted to by our countrymen in preference to those upon the other side of the channel. It is not that they will find, or get, more science in England; but what they get, they will get in relation to its proper uses.

The English, like ourselves, as it has been said, are essentially a practical people. The first question with them in all matters of science is, What is the use? We owe as striking scientific results, perhaps, to the French as to the English; but who have originated the principal applications of science to the arts? The whole social life of man has been revolutionized in our day by these applications. Space and time have been almost annihilated. We live and move and have our being in almost a new universe. To whom are due the discoveries and inventions which have wrought this great change? The French have investigated chemistry, the laws of steam, hydraulics, mechanics, the whole of natural philosophy, quite as successfully as the English. But who has applied them to practical life? To whom do we owe the spinning-jenny, the power-press, the steam-engine, steam-boats, gas-lights, railroads, loco-

tives, the magnetic telegraph, the lightning rod, ether, chloroform? Either to Englishmen or to their descendants. And as it is in everything else, so it is in the application of the science of medicine to the art of medicine. We can enumerate half a dozen English writers whose works contain more lessons of practical wisdom than the whole catalogue of the French. Where is their Sydenham? or their Hunter? or, to come down to our contemporaries, I know not a single work, which, for those sound, common-sense, practical lessons, that can alone fit a physician for his ordinary duties, is to be compared for a moment with those of Herberden, Prout, Abercrombie, and Holland.

In saying this, let it not be understood that I intend an unqualified commendation of English practice, for, although now greatly modified, it has always partaken too much of the officious and perturbing tendency. But even in its faults you see the kind of influence it may have in directing the student's steps into the right path. It is the constant striving for use which has made it too active. The advantage to the student is, that he is always under an influence which leads him to consider the practical relations of whatever he learns. The principle of progress he acquires will be practical, and not speculative. He may not learn more; but whatever he learns will be associated in his mind with the strong impression, that the use he can make of it, gives to it its chief value.

Many other considerations might be urged as reasons for preferring an English medical education. Some of these are sufficiently obvious, such as the identity of language, the social relations, the greater resemblance in the moral and religious standard of society in England to our own; but that which I have mentioned is quite sufficient to induce me to advise every young man to study at least a part of the time he spends abroad, among the surgeons and physicians of the land of his ancestors.

Among the points connected with professional preparation which are of importance in promoting the success of the physician, is a careful study of the laws of prognosis in disease, and a use of the knowledge thus acquired, with that caution which should be always used, where we are so liable to uncertainty and error as in this department of our art. A physician may form a correct judgment of the character of a disease, and understand perfectly well the principles of its treatment, and yet judge very imperfectly as to its course and result. In other words, he may be deficient in a knowledge of prognosis. This knowledge is of value in two ways. First, it is a guide as to the energy of treatment, even where it may not be as to the kind. The necessity of remedial measures depends much on the amount of danger. What and how much we do, will be determined by what we foresee will happen if nothing be done. If we can satisfy ourselves that a patient will recover spontaneously within a reasonable time, we may justifiably abstain from the painful and disagreeable remedies which might be required were his life or future health in danger. In the second place, a competent knowledge of prognosis is necessary in order to ensure a fair estimate of our qualifications in other respects. Mankind are not good judges of our knowledge of pathology, or of diagnosis, or even of treatment. We may be wrong—and the world and even ourselves remain in ignorance of our mistake. But it is not so

with prognosis. When we say that a patient will recover, and he dies ; or that he will die, and he recovers, everybody can see that we were wrong. The same is true of all the minor points of prognosis. The world is apt to judge of our knowledge upon subjects of which it is ignorant, by what it perceives of our knowledge upon those with which it is acquainted. Consequently when we are known to make mistakes of one kind, it is naturally enough inferred that we are liable to those of another.

It is right that the young man should avail himself of all honest means to ensure a fair estimate of his qualifications. He should certainly seek to appear to know as much as he really does know, and his actual attainments are often undervalued from a deficiency in some of the minor details of practice, which are mainly to be acquired by familiarity with disease at the bed-side. This deficiency is readily perceived by the habitués of the sick-room, and is often construed to his disadvantage. Nurses, in particular, are apt to be watchful and jealous of young men. They are often the arbiters of his fate—the fatal sisters who may cut, if they do not spin, the thread on which his destiny is suspended. They are sometimes hard judges. Obligated as they are to submit to the unquestioned dictates of the old man—or at least to criticize them in secret—they often make amends for this by watching with painful scrutiny the management of the young one, hoping for some flaw, which may be made the means of displaying their superior knowledge and sagacity. A favorable impression is made by the exhibition in the sick-chamber of a familiar acquaintance with its little details and the minor operations and manipulations one is called on to perform, to direct, or to judge of. You may make great mistakes in practice with impunity ; nobody may find it out, and you may not suspect it yourself. But if you bungle in bleeding, or break off a tooth in attempting to draw it, or fail in passing a catheter, or know nothing about the making of gruel and poultices, or the making up of the obstetric bed, you may be set down as an ignoramus, even although you might be able to win a professor's chair at a medical *concours*.

Very much of a physician's success, especially in early life, depends upon his manners and deportment, more particularly in his intercourse with the sick. This everybody acknowledges. The success of many depends wholly upon this. They have no other recommendation. We meet with individuals who really acquire and retain more credit and confidence from the mismanagement of a case which terminates fatally, than others will gain from the most judicious treatment of one that has a favorable result.

Upon what does this depend ? It is at once obvious to those who have observed the matter, that they who exhibit a great difference in this respect from each other are equally successful ; and that the man who is very popular with one set of patients is often very unpopular with another set. The explanation of this is sufficiently obvious. Patients themselves are of different temperaments. Some are hopeful, and some are desponding ; some are courageous, and some are timid ; some are diffident and require support from others, whilst some are self-dependent ; some

are acute and penetrate the true character of those who attend them—whilst others are superficial themselves and do not look below the surface for the character of others. Some love flattery and subserviency, whilst others are disgusted by it. Hence different peculiarities of manner are with different people the passport to their regard, and persons of entirely opposite external qualities may be found among the most acceptable practitioners.

One man who succeeds is a boaster. He is a living advertisement of his own recommendations. His talk is of great cures, of which he tells long and marvellous stories; of the distinguished and well-known families whose attendant he is; of the great distance from which patients come to seek his advice. He loses no opportunity of impressing on mankind his great skill and his extensive reputation. There is another who develops his self-complacency in a different manner. He is lofty and oracular. His style of discourse is that of a superior; he cherishes something of the old mystery in which the profession used to delight. He talks obscurely; he entrenches himself behind technicalities, is magnificent upon trifles; he even deals out his pills with an air of majesty. There is still another, who is irritable and arbitrary; who is a tyrant in the sick-room; who resents every little disobedience as a personal insult, and regards the natural expressions of doubt and anxiety as so many reflections on his professional character. As his opposite, there is one who is all gentleness; who always assents—never finds anything or anybody in the wrong; who courts the patient, the friends, and the nurse—and has a flattering word for each; who is all things to all; who is a sycophant and almost a hypocrite—whose countenance is the index to his character;

“Eternal smiles his emptiness betray,
As shallow streams run dimpling all the way.”

Then there is on the one hand the man of invincible taciturnity, in whom silence is taken by some as the sign of wisdom; and on the other, the man of invincible loquacity, whose never-ending stream of words flows on as innocent and as empty of meaning as the babbling of a summer brook.

In this picture there is perhaps a little exaggeration of what we meet in actual life; yet men exhibiting these various peculiarities do oftentimes succeed. Their currency, however, is usually with a limited class; those who like one, naturally dislike his opposite. But there are some physicians whose mode of intercourse with the sick, recommends them equally to all, independently of any mere reliance on their medical skill. Now upon what does this depend? I will endeavor briefly to present a sketch of the circumstances which contribute to this result.

To most persons a fit of sickness is an important event; the physician is associated with all its recollections; and he will best secure the confidence and regard of the patient and his friends who has most distinctly contributed to make those recollections agreeable; who has succeeded best in beguiling its wearisomeness, diminishing its discomforts, relieving its anxieties, dispelling its fears, and raising its hopes.

In order to this a variety of circumstances demand attention. The patient should feel that you take an interest in his case. A physician

may take this interest without appearing to do so, or he may appear to take it when he does not. It is better for him that he should both take it and manifest it. A man who is thoroughly in earnest in his profession, will make every case enough of a study to understand it, and this will be usually apparent; but some men always, and all of us sometimes, exhibit a species of carelessness and indifference which even if only apparent has an unfavorable impression on the mind of the sick man.

Many cases of disease which seem to the patient very important, the physician at a glance sees to be quite otherwise. But the apprehensions of the patient will not be relieved unless he sees that you have given a sufficient consideration to his case to enable you to form a careful judgment of it. He has a right to your deliberate opinion. If he has thought his malady a grave one, he is not likely to be satisfied with your view of it unless he perceive that you have given a candid consideration to his.

The patient, then, should always be allowed a fair hearing. It is gratifying to him to have his account fully heard and well considered. To many invalids there is an absolute pleasure in detailing their experiences to one whom they believe capable of forming a judgment concerning them, independently of any expectation of relief; so that, among the qualities which tend to make a physician acceptable, is that of being a good listener. I do not mean to say that you are bound to listen to all that a garrulous and tedious invalid may choose to inflict upon you; but it is for your interest to be rather indulgent to this propensity, and you are bound to let the patient, as far as practicable, tell his own story in his own way, and not abruptly to cut him short in the narration of details, which appear important to him, and of which you cannot yourself fairly judge till you have heard them.

One should allow a certain degree of weight to a patient's view of his own case, and to the opinions of those who are constantly around him. Not that we are ever to give up our own careful judgment for theirs; but we are to consider theirs in making up our own—especially as regards prognosis. This remark particularly applies to acute cases, and above all to acute cases in children. We are not hastily to put aside the impressions of those who are constantly around the sick-bed, and who have therefore an opportunity for observing many things which we do not. These impressions are very often erroneous, tinctured with prejudice and exaggerated by apprehension; still let them be attended to. Every man must, I think, recollect cases, where the judgment of others, especially concerning the severity and the result of a case, has turned out to be better than his own.

The conversation of the sick-room is a matter of some consequence, and the regulation of it with delicacy and tact constitutes one of the recommendations of a physician. He is indeed first to decide whether any at all is to be allowed; as, in many cases, it is altogether inadmissible. But at some period in most acute, and generally in chronic diseases, it is not only admissible, but, if duly regulated, may do something to beguile the tedious hours of confinement. The visit of the physician is an important event in the day of the invalid; and although the state of his case and the direction of his course are the chief things to be regard-

ed, yet it is not to be forgotten that much may often be learned of his condition by observing him when his mind is withdrawn from the contemplation of his symptoms, and that the agreeable exercise of his faculties and the diversion of his attention may do something in aid of strictly medical management.

It is not always easy to manage this in the best way for each individual. The general tendency of invalids is to dwell upon and talk over their complaints, to observe their symptoms with great attention, and to detail them very minutely. So far as this will throw light on their diseases, it is right to indulge them; but when it proceeds from a morbid habit of mind, and is found to vitiate the imagination and to lead the patient to exaggerated views of his disease, it is injurious. The physician should not unceremoniously interrupt such discourse; he should give it all useful attention; but for the sake of the healthful state of the patient's mind, as well as for his own comfort, he should lead the thoughts away to other subjects.

The conversation of some physicians in the sick-chamber is frequently regulated, by a regard more to their own interest, than to that of the sick man. They indulge in narrations of their medical experience, and especially in accounts of cases similar to that of the person on whom they are attending. This is apt to be done from a desire of self-glorification; it is the ebullition of self-complacency; its object is to produce a favorable impression of the importance and qualifications of the speaker. It is laudable only when it is intended to soothe the anxiety and encourage the hopes of the patient; and this may sometimes be done by an account of cases similar to his which have had a favorable result.

It is almost unnecessary to speak of the value of kindness and cordiality of manner; and simple kindness of manner is, I am happy to say, one of the most common characteristics of the profession. Few that have been much engaged in practice, are deficient in it. It is a habit almost necessarily forced upon them by their daily business. But it is not inconsistent with a very superficial character in all essential respects, and may be combined with much selfishness and an actual disregard of the patient's welfare. Still it goes far, even if it be wholly external; but much farther, when it is the true expression of kind feeling, and is the shining forth of a generous sentiment from within. One of the important results of this genuine quality is a due consideration for, and patience with, the weakness and infirmities of sickness. These are sore evils, and they are no small trials to even well-disciplined minds. Continued suffering, protracted confinement, disappointed expectations of recovery, all tend to produce impatience, irritability, and a selfish regard to mere personal considerations. The influence of this state of mind may extend to the friends of the sick man, who partake, in a measure, of his sufferings and trials. The result is sometimes such as to prove no small tax upon our patience and equanimity. It is particularly so in our younger days, when our authority is less, and the habit of unquestioning confidence in us has not been formed. There are certain degrees of it, and certain modes of its exhibition, which cannot be submitted to consistently with a proper self-respect. Still much of this is to

be borne; it is not to be seen. On the other hand, there is often captiousness and irritability in the physician, which are far less excusable in him than in the patient. We are not childishly to take offence at little expressions that annoy us—at hasty or angry words—at suggestions as to variations in our treatment—at every little deviation from the exact path we mark out, or even at the interference of ill-judging friends, or at the desire to have other advice than our own. We are apt to construe such things as intended to mean more than they do—as implying doubts of our skill, our knowledge, our judgment. They are generally not so meant; and if so regarded, may often make us feel offended with those who have a proper reliance on our judgment, and entertain the kindest feelings towards us.

In our younger days, a readiness to admit, and even to seek, the advice of older men, rather contributes to success, unless it be the result of timidity—of nervous and unfounded apprehension—or of ignorance. I have often heard it mentioned as a recommendation to a young man, and as a reason for giving him patronage, that in all important cases, as soon as he perceived the approach of danger, he was ready to call in the aid of his more experienced brethren. This removes one of the sources of hesitation about the employment of an untried practitioner, and imparts a feeling of safety to those who do employ him. Indeed there is no way in which a patient is so likely to derive all possible aid from our art, in a case involving great anxiety and danger, as when he is under the combined care of an old and a young physician, and has all the advantage of the observation and vigilance of the one, and of the experience and wisdom of the other.

Cheerfulness in the sick-room is an important item among the qualities of an acceptable practitioner. His deportment in this particular, must, of course, depend, in some measure, upon the gravity of the case, and the amount of anxiety on the part of friends. He should never be frivolous or trifling. His occupation is a serious and sober one, and it becomes him to be and to appear a serious and sober man. But this is not inconsistent with a uniform cheerfulness. It is revolting to the feelings of the sick man and his friends to see you light and indifferent, when they are tortured with apprehension; but to see you cheerful imparts to them confidence and serenity. To some, cheerfulness belongs by temperament; but others, who are naturally disposed to look upon the dark side of things, find it difficult to acquire it. Indeed, with the heavy and often painful load of responsibility which is resting upon us, it is not always easy, even to those of a buoyant nature, to retain the necessary command over the feelings. The impression, made by the sad aspect of the chamber where friends are weeping about the bed of departing life, may not have been entirely dispelled before we enter that where they are rejoicing around the cradle of a new object of love. The gloom of one sick-room may follow us into another, and infect that also by its contagious influence. The patient may read an unfavorable augury as to his condition, in the countenance and manners, which have derived their character from scenes we have just left.

The best help to the acquisition of the demeanor of which I speak,

is the cultivation of habitually cheerful views of life and providence. No man is more called into close communion with his fellow beings in their dark and trying hours, than the physician; and no man, therefore, needs more than he, both for his own sake and for that of others, to be able to look upon the brightest lights of the darkest picture. It is one thing to be indifferent, when those with whom we have intercourse are laboring under painful apprehensions, or suffering heavy afflictions; it is quite another thing to be seriously cheerful. This is not inconsistent with the deepest sympathy.

The physician should seek to understand those things in the management of the sick which especially contribute to their comfort. It is not enough to carry your patient safely through his disease—you should aim also to carry him comfortably through it. It is even not too much to say, that ensuring the comfort of a fit of illness, does no little towards making it safe. In a majority of cases, I believe that the discomforts, the annoyances, the sufferings, which attend disease, are looked back upon with quite as much horror as its dangers. Many, who are not disturbed at the prospect of death, shudder when they look forward to the endurance of pain. Many, who are tranquil and happy when their lives are in imminent hazard, are made irritable, peevish and wretched by the little annoyances of a malady which is perfectly safe. A patient is seldom certain that his physician has saved his life; but he often knows that he has been made comfortable by his words or his prescriptions. The adroit and timely administration of remedies which relieve pain, or procure repose, or allay some of the thousand disquieting symptoms of disease, though they may form no part of the essential course of its treatment, make a more vivid impression than the wisest therapeutic management in other respects. The cataplasm which has quieted an aching side, the draught which has soothed the irritated nerves, the opiate which has given to the jaded sufferer a night of placid slumber or of delicious visions, leave far more agreeable associations than the harsher remedies which are employed to encounter the more formidable events of disease.

The physician who is rich in expedients for meeting the ever-varying phenomena of disease, whether of mind or body, will always be an acceptable visiter at the bed-side of the sick. Perhaps some may regard the importance I attach to details of this sort as a little exaggerated. Let me say, as the result of some observation of this matter, that, so far as the success of the practitioner is concerned, he who studies to make the sick-room agreeable and comfortable, is more certain of it, than he who studies only to make it safe. Now as the two are not incompatible—but, on the contrary, since making it agreeable and comfortable, makes it also, to a certain extent, safer, it is surely the part of policy, to say nothing of humanity, to practise all those arts that tend to produce such a result.

Self-reliance, in which is included self-possession, is another important element of success. In all affairs we are instinctively led to rely upon those who rely upon themselves. We know how much this quality, even when carried to the extent of arrogance and self-conceit, will accomplish in ensuring a certain kind of success. But self-reliance may be

modest, unassuming, and without presumption. Where so many things, both as to the nature of disease and its best treatment, are necessarily uncertain, the mind of the physician must often be in a state of hesitation and doubt. But neither the patient nor those interested in him should be suffered to partake in the anxiety which this circumstance occasions. This burden it is a part of our business to bear for them. When we have come to the best judgment, as to the nature and treatment of a case, that our knowledge enables us to form, we should, as in all the other affairs of life, act according to it with decision. Because all doubt may not have been removed, we are not to hesitate, or vacillate, or change, unless new light should open to us new views. I do not mean by this that we are always to rely on the decisions of our own minds alone. Indeed men who are deficient in judgment are more apt to be jealous of the advice and interference of others, than those who possess it. He who has an honest and well-founded reliance upon his own judgment, is perhaps the most ready man in the world to welcome aid and council from every quarter in the formation of his opinions.

The relation which the physician bears to the other sex is peculiar, and the mode in which he regards this relation and his consequent deportment, make another topic connected with the subject I am endeavoring to illustrate. His daily duties associate him constantly with women. They are more frequently his patients than men; and, as mothers, as wives, as sisters, as nurses, they are the natural attendants in the chambers of the sick. Without female ministration they are dreary and cheerless indeed. It is, then, not only his duty as a man, to exhibit that deference and delicacy in his deportment which is their right—but it is eminently for his interest to do so, as a candidate for professional employment. The first success of a young man depends especially upon his acceptance with them. They may be his best friends, or his worst enemies.

In our intercourse with them as patients, many occasions arise in which there is great embarrassment to a diffident and delicate female. It cannot be otherwise. It ought not to be otherwise. Her feelings are, in the best sense, natural and appropriate. In such cases it will depend entirely upon the tact and delicacy of the physician whether violence is done to these feelings, or whether they are soothed; whether the information necessary to be had, remains locked up in the bosom of the patient, or whether it is kindly and gently drawn from her without a wound to her sensibility. It makes an immense difference to her, whether the man she consults regard the whole matter with a hard and vulgar indifference, and as one which is to call out no peculiar sentiment—or whether he duly appreciate the agitated and often agonized condition in which she is placed. It is certain that many females suffer for years from causes which might be easily removed, for want of courage to speak of them to their medical attendant—or for want of that tact on his part which would enable him to elicit an account they cannot bring themselves spontaneously to give.

I beg leave, then, to impress it on you, as a most important lesson, never to forget to maintain that deportment towards every individual of

the other sex, which, being an essential characteristic of the gentleman, ought, of course, to be eminently of the physician—never to approach any woman as a patient and forget that the relation you bear to her is one peculiar to our profession, and that she may be called upon to confide in you as she would in no other human being. No doubt there are coarse and vulgar women, both among the high and the low, who are not offended or repulsed by a want of the deportment I mean, and to them coarse and vulgar physicians are not unacceptable. But even such are not insensible to the influence of a refined and delicate treatment; they appreciate instinctively the homage which is thus paid to their sex; whilst from the truly modest and cultivated it wins, more perhaps than any other quality, their confidence and regard.

There is unfortunately something in the first influences of our training which tends to impair the delicacy of our minds with regard to certain subjects. From being matters of constant attention in our earlier years they become so familiar, that they cease to have the same associations to us, as they have to others. We consequently may acquire habits of feeling, and often of speaking, in relation to some topics held in a certain reserve by mankind in general, which habits are repulsive and even shocking to the feelings of others. I may refer, as an example, not merely to the subject upon which I have just spoken, but also to that of dissections. Certainly the tendency of the habit of dissection is to produce a difference between us and other men in the feelings with which we regard the remains of the dead. Naturally we entertain a sort of reverence for the inanimate body of a fellow being; a kind of awe comes over us in contemplating it; we provide in the most respectful and affectionate manner, and often at great expense, for its sepulture; we accompany it with holy rites; we are shocked if even the remains of a stranger, or a criminal, are committed to the grave without them. Thus all our associations are of a tender and almost sacred nature. But the habitual dissection of the dead body, necessary as it is, surely has a tendency to destroy these associations; we may forget that the object before us is anything but a mere subject of our art; it may become to us no more than the inorganic materials of the chemist's retort are to him. Thence may arise an indifference and even a levity of speech and manner, which are abhorrent to the sensibilities of the rest of mankind.

Now it is not necessary that this should be. The influence exerted is so gradual, the change in our habits and feelings is so insensibly brought about, that we are not aware that it has taken place, and are, perhaps, surprised and offended if it be pointed out to us. But the testimony of others to its reality should teach us carefully to look to the influences to which we are exposed, on this and other subjects, in our habitual pursuits. It should teach us to resist whatever may tend, in any degree, to diminish the tenderness, the delicacy, the purity of mind, which are so peculiarly required in the performance of our duties.

These considerations suggest, and they afford an occasion for, a few remarks upon the position which becomes us towards those of the other sex who are candidates for practice in our profession. It is well known

That it is now seriously proposed, not only to introduce them more fully into that branch, which has always remained more or less in their hands, but also to prepare them, by a complete medical education, to engage in the general practice of the art.

I trust we should be among the last to oppose the entrance of woman into any department of active life, in which she can secure to herself a useful and honorable position, and a full reward for her talents and services. None know so well, as those of our profession, how heavy a share of the burdens, the trials, the responsibilities of life fall to her lot, or wonder more at that mysterious arrangement by which the author of our being has assigned so unequal a destiny to the fairest and most tender of his creatures. But so we know it to be, and we should be the first to promote her introduction to any occupation which will afford her a fair portion of the pleasures, duties, rewards and honors of society, aye, to welcome her to our own, if it can prove for her advantage or happiness.

But whatever may be thought of her adaptation to the one particular department to which I have alluded—and for this I am willing to admit that considerations of some weight may be urged—I cannot withhold my conviction that the general practice of medicine would be found unsuited to her physical, intellectual, and moral constitution—that she could not go thoroughly through with the preparation necessary for it without impairing many of those higher characteristics for which we honor and love her. There may be exceptions, but a profession cannot be filled by exceptions. I have spoken of some of the unfavorable influences of professional pursuits on our own minds; such influences would be doubly hurtful in their results upon the mind of woman. It is difficult to conceive that she should go through all that we have to encounter in the various departments of the study of medicine, without somewhat tarnishing that delicate surface of the female mind, which can hardly be imagined even to reflect what is gross without somewhat of defilement.

The common Creator of man and woman, with a view to their relative uses in the great economy of human existence, has seen fit to give them constitutions widely different. While to man he has given strength, to woman he has given beauty; while man has been endowed with a capacity for the investigation of truth by the laborious process of reasoning, woman has been enabled to arrive at results, perhaps as little liable to error, by a mere act of perception; what he does by labor, she does by intuition; he is carried forward in the active business of life by a courage and enterprise which lead him to encounter and almost to court dangers and obstacles; she, whilst she shrinks at perils and difficulties when they are distant, meets them, when they assail her, with a fortitude which amounts almost to heroism.

The office of the physician and surgeon calls for those qualities which are characteristic of man. It is attended by many hardships of body and trials of mind, which, though not greater than those which women undergo, are yet different from them. He must be exposed by night and by day, to the wind and the storm, to cold and to heat; he needs bodily strength, endurance, and activity. So, too, he must be unmoved by suf-

fering ; he must be firm amidst dangers ; he must have presence of mind in doubt and difficulty ; he must not shrink from inflicting pain ; he must forget that he is doing so ; he must not be carried away by his strong sympathies, he must often act as though he had them not. Is the nature of woman competent to this ? Should we love her as well if it were ? Would she not be less a woman ? We have each our office at the bedside of the sick—but it is a different one. We cannot perform hers, and she cannot perform ours.

But, however strong our conviction may be, that the burden which we often find it so heavy to bear—the responsibilities which we sometimes shudder to assume—the toils which are found to wear out the frames and shorten the lives of medical men—are unsuited to the more tender constitution of the other sex, let this conviction be never expressed but in the earnest and respectful language which becomes the subject. Let us be sure that we are governed by a sincere regard for truth and usefulness, and not by a mean jealousy of encroachment on a profitable field of labor. We may be wrong in our views ; but, if right, the right will be best asserted by that calm and unimpassioned expression of it which becomes at once the truth and our relation to the other sex. Above all things, let opposition never assume the attitude of hostility or defiance. This is no subject for ridicule ; and no man of honor or right feeling can ever make the respectable female practitioner the object of a heartless jest or a cold-blooded sarcasm.

I have left myself barely time to hint at one other element of the best success in our profession—an element without which, the others I have mentioned are but as sounding brass and a tinkling cymbal—I mean a high personal character. To deserve and retain the permanent confidence of mankind, the physician should be a man of honor, of integrity, of truth. “No man,” says Quintilian, “can be an orator, unless he be a good man.” How much more strikingly is this maxim true of the physician ? Upon whom are laid higher responsibilities ? Upon whom is it more essential that mankind should be able to lean, with that perfect trust which can only be founded upon moral qualities ? And is it out of place to add here, that, as the crowning element in the medical character, there should exist a firm, but unostentatious faith, the only sure foundation for all other excellence.

I cannot impress this sentiment more strongly than by using the words of a late teacher in this school, eminent for his long services in the profession, and for the many benefits he has conferred upon this institution. “A mere moral sentiment is not a sufficient support to the character of a professor of the healing art. He is daily placed in situations and involved in responsibilities which can be known to no human mind but his own ; and if he does not feel answerable for his conduct to a higher consciousness than that of his own heart, he may stand on ground which will sink beneath his feet. Religious opinions and religious feelings form a highly important part of the medical character. They carry us through scenes of difficulty and danger, in a manner satisfactory to our own consciousness. They enable us to give support and consolation to patients who are suffering under mental as well as bodily distress ; and they pu-

rify all our conduct by the reflection, that we must give an account of the motives of our acts, as well as of our manner of performing them. The loss of our patient's confidence, the jealousies of our professional brethren, the disappointment of our sanguine hopes, are all soothed or obliterated by higher feelings. And, finally, the confidence of every patient, whether religious or not, will be greatest in a physician who is animated by the noblest principles which the human mind is capable of entertaining."*

And here I might close, but some may perhaps feel that it is discouraging to aim at so high a standard, when there are so many examples of great success in those who fall far, very far below it—who possess, indeed, few of those qualifications upon which I have insisted. It is mortifying to be obliged to admit that this is too often true; that men do succeed who are greatly deficient in the sterling qualities, which should alone give a passport to the confidence of mankind. But I must still maintain that these are exceptions, and that, although in a few cases, they acquire a high reputation and maintain it to the end of their career, yet that usually it is not so. More frequently their success is not permanent. They pass very currently during the early and perhaps the middle period of life—but its decline is attended by a marked diminution of reputation, and their old age is passed in neglect and forgetfulness. Any one who has been conversant with the profession for a whole generation, must have noted repeated instances, where men who have had great notoriety and extensive employment for a series of years, have declined in public esteem, and passed into comparative obscurity, at a period of life when those, whose characters have been founded on the true basis, are reaping their richest harvest.

But the success, even for a time, of men without attainments and without character, is by no means a slight evil; and it is a greater evil to the community than to the profession. It has been to me, I confess, a constant subject of amazement to witness what small pains so many take to satisfy themselves of the real scientific and personal qualifications of those to whom they entrust so important a responsibility as that of their medical attendant. We constantly see persons of education, refinement and intelligence, placing themselves, their wives and their children, in the hands of men not only ignorant of the art they profess, but whose very touch is contamination, and the atmosphere around them corrupt. While they spare no pains and grudge no expense to secure lawyers, teachers, mechanics, who have had a competent preparation in their respective departments, they trust men as physicians of whom they know nothing but their vain pretensions, and of whom, very likely, the worst feature is not their deficiency of medical education.

Still, let me not be supposed to imply that this is generally true of mankind. It is true of many—and many of whom we should not expect it. But there is much in the nature of disease and in the effects it produces on the mind, which account for it. You may be assured that in the long run, only men possessed of some sterling qualities will secure

* Dr. Warren's Address before the American Medical Association at Cincinnati.

the permanent confidence of mankind. The examples to which I have alluded are prominent; they excite our attention—too often they provoke us to anger—but, after all, they are exceptions. The great mass of medical patronage is enjoyed by those whose education and characters render them worthy of it. Look around us in our own community, and upon whom does its affection and confidence most securely rest for a series of years? Who among the physicians of this place, within the memory of the present generation, have been most implicitly trusted and beloved? They have been men of education, of talent, of honor, of integrity, of benevolence. We are apt to indulge at certain moments in complaints of ingratitude and a want of due appreciation; but I must be permitted to say, as the result of the experience of many years spent in the most laborious duties of the profession, in all classes, among the rich and the poor, the educated and the uneducated, the refined and the vulgar, the good and the bad—that this complaint is unfounded. And let me say too, as a word of encouragement to those who are now taking their first lessons in our art, that as I believe no man exercises a more honorable office among his fellow-beings than the accomplished and conscientious physician, so I believe there is none who reaps a richer reward in the confidence, the affection and the gratitude of those whom he is called upon to serve.

NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.

[Reported for the Boston Medical and Surgical Journal.]

MONDAY, JAN. 20, 1851. Case I. *Fatty Tumor beneath Fascia.*—The first patient upon whom you saw an operation performed on Saturday, was a boy with a large tumor extending round the arm in the deltoid region. It was of seven years gradual growth, and had now become bulky and inconvenient. It offered some quite uncommon features. Large fatty tumors are common enough in this region. I removed one weighing four and three quarter pounds from the arm of an old lady who was soon quite well. "*Shoulder-strap tumors,*" which lie over the outer triangle of the neck, are popularly supposed to be produced by the rubbing of the dress upon the shoulder, and are of this nature. The back is a common place for them; and the female breast also. In short, they grow almost everywhere, and directly under the skin. I had one patient in whom the existence of six or eight in various places, showed the disease to be constitutional. From all these places the removal of the fatty tumor is usually a small matter; excepting, perhaps, the back of the neck. The mass lies in the cellular tissue; and where this is lax, by distending it, it grows with few lobes; but where the surrounding fibres are dense, they cut it up into numerous lobes. Now the fatty tumor has a habit of getting through an aperture in the cellular tissue or anything else, and of growing upon the other side into a lobe too large to be drawn back through the

same hole; so that you must cut or tear the band of fibres at the neck of each lobe, and then the whole mass very readily and neatly turns itself out of its bed. But suppose the cellular tissue to be so dense and close, as about the *ligamentum nuchæ*, that you cannot tear it; while for the same reason the tumor has been cut up into a great number of little lobes, each tied by its neck into a little cavity; to dissect all these would be endless; and you are obliged, as has twice occurred to me, to take out from the back of the neck the whole mass, wrapped up in the cellular tissue. It is quite like removing a breast, but less easy because there is more resistance; and this even where the tumor has previously seemed to be very loose and moveable. Elsewhere, cut well down upon the tumor; keep it dissected clean; cut on the tumor and not into its neighborhood, and you will have no difficulty. In the present case you saw six inches of the brachial artery and vein dissected quite clean and exposed. You often hear of large vessels being exposed in the removal of a tumor. Do not get the idea that they are purposely denuded, or that such a dissection is made with the intention of enucleating them. It is not so, and you will readily see how it happens. A tumor grows beneath the fascia, and presses upon the neighboring cellular tissue, which is absorbed before it until in fact it lies directly against a large artery and vein. Now you will find that in dissecting, you can often draw the tumor away from these vessels, so that keeping the edge of your knife always against the tumor, it may, perhaps, never be nearer than an inch, to the vessels; and yet when the mass is out, and you examine the bed in which it laid, you will find the large artery and vein just as near to the surface as they were to the tumor; perhaps, as in this case, bare, and directly upon the surface.

The present tumor extended quite round the arm, beneath the long head of the triceps, and on the inside had pushed under the brachial artery and vein. It was also traversed by an artery as large as the facial, and indented by the internal cutaneous nerve. It began, small, near the insertion of the deltoid. I stated to you that it had all the feel of a fatty tumor; lobulated outside; less so, but large and fluctuating, on the inner aspect. The only doubt was in the fact that fatty tumors do not belong beneath the deep fascia, where this evidently was. They almost always grow directly under the skin. I never saw one thus deep, before. Yet such are recorded, one beneath the trapezius and one beneath the mamma. So that in making the diagnosis, I mentioned fatty tissue as the probable material, apart from its anomalous position which made it a little doubtful. I made a long incision inside the biceps, and separated the tumor from the artery, vein and internal cutaneous nerve. A parallel incision six inches long was then made outside the arm near the triceps, and the chief obstacle to the removal of the tumor was found to be its close attachment here by its membranous septa to the periosteum itself. These divided, the aperture beneath the triceps was dilated up and down, and the tumor was then drawn out through this opening under the muscle and the external incision. It weighed one pound and four ounces.

[The remainder of this lecture will be given next week.—ED.]

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JANUARY 29, 1851.

American Physicians Abroad.—Quite a number of American physicians are now travelling in Europe, and other foreign countries, or are on the point of departure for that purpose. The wonderful facilities which are afforded for travelling abroad, together with the great attraction of the world's fair, soon to be held in London, no doubt induce many to go that would otherwise remain at home. It is our own intention, if life is spared, one of these days to visit places the other side of the *big water*, that we have so often read of. But previous to this, we should wish to make a thorough tour of our own dear country. It would appear very awkward, in a foreign country, to be asked about celebrated places in our own, and be obliged to say that we never saw them. There are no doubt many of us who have never yet visited the Falls of Niagara or the Mammoth Cave. We have on the continent of North America, as much that is naturally beautiful and attractive as can be found any where else, and which merits a pilgrimage to it before other continents are explored. To visit other countries for medical improvement *alone*, to learn of great masters of our art what is supposed could not be learned at home, originates in a mistaken idea, and may be considered time misspent. We are inclined to agree on this point with Prof. Ware, whose remarks on the subject may be found in another part of to-day's Journal. In no country on the globe are there better opportunities for the prosecution of medical investigations, than in ours. Material for the pursuit of practical anatomy is as abundant as is necessary for *good dissections*, and we have other means of illustrating the diseases *peculiar to our climate*, which could not possibly be exceeded abroad. We have been prompted in making the above remarks, by often hearing young graduates in medicine talk about going to Europe to *complete their education*, as though it was a necessary requirement, and their education could not possibly be completed at home.

Dr. T. H. Yeoman on Consumption.—This is the title of a little English book which has been "revised by a Boston physician," and published by Munroe and Co., of this city. It appears, from the author's preface, that the "nucleus" of it was a series of papers published in a London periodical in 1847. In the preface by the American Editor, he says: "By leading the public to a correct understanding of the disease, they will be made to comprehend the difficulties with which the medical man has to contend, to know how much and what kind of aid they are to expect, and to see that if they do not get the benefit which they hoped for from intelligent and educated men of the profession, it is not to be found in the specious pretensions of charlatanism." The author faithfully and vividly portrays this insidious disease, from its commencement to its termination. It being published more for the use of the general reader than for medical men, perhaps it would have been in better keeping not to have treated of remedies at all. In speaking of the curability of consumption, the author truly remarks: "It may be considered an opprobrium to the medical profession; but, nevertheless, every *honest physician must admit, that all at-*

tempts to cure tuberculous consumption have hitherto failed. To reply to the anxious inquiry of a father, or a husband, that consumption is curable, would be a 'delusion, a mockery and a snare;' and the man who would *presume to say* this, can only be considered a 'boasting charlatan.'" The quotations are the words of Sir James Clark, which Dr. Yeoman adopts as his own. Although the author is compelled to admit that the disease is seldom if ever curable, yet he, with others, acknowledges that it may be palliated, its progress retarded, and in some instances long life, with comparative health, secured to those who use the means which art is able to suggest. "We may shelter the vessel, but we cannot restore the wreck."

Billings's Principles of Medicine.—This work, by Dr. Billings, deserves to be carefully read, and even *studied*, by the profession. In it will be found much that is really *new*, instructive and valuable. We know of no work on the principles of medicine that we have read with greater satisfaction and profit. Dr. Billings has certainly accounted for many of the phenomena of disease on new principles, which at least appear tenable. It is published by Lea & Blanchard, Philadelphia, from the fifth London edition. Ticknor & Co. are the Boston publishers.

Cod-Liver Oil.—There seems to be quite as much demand for cod-liver oil as ever. We have lately been informed by one of our apothecaries, who deals pretty extensively in the article, that his average sales amount to about *two barrels per month*, and it is with much difficulty that he can procure enough to supply the wants of his customers. We should judge, therefore, that the profession are giving it a very thorough trial, and it is hoped may be able, in due time, to give us good accounts of its salutary effects.

Novel Treatment of Sciatica.—"A very curious medical discovery has lately been made in Paris—it is the method of curing instantaneously, sciatica, by applying a small jet of fire upon the ear of the side affected. This treatment, known and employed for ages among the Scythians, in Persia and in Portugal, is now only in actual use in some parts of Corsica. Several experiments have lately been made by some of the most eminent physicians of Paris, and with astonishing success. Persons who have been for months affected with sciatica, have been instantly cured by this light and innocent burning."

The above information respecting a reputed new discovery for the treatment of that tormenting affection, sciatica, is from no reliable source, and therefore no confidence can be placed in it. There would hardly seem to be the least shadow of truth connected with it, but as it is going the rounds of the newspapers, and perhaps many might give credence to it, we have thought proper to make a few remarks upon the subject. *If* such a procedure, as the application of the actual-cautery to a part remote from the seat of difficulty, can be in the least serviceable, it is hardly explicable on physiological principles. Strange results will sometimes happen in the treatment of diseases, from the most incongruous management, and it is known that some of the most brilliant discoveries were the result of accident. Now in the case of burning the ear for sciatica, it may possibly, in some instance, have been attended with immediate and permanent relief

to the suffering patient, on the principle of fear—the nervous system receiving a shock that would dispel any fugitive pain in the tissue invaded. Numerous instances are recorded wherein similar results have been obtained. An intractable gleet has been checked by the dread of an application of the moxa to the scrotum. An issue in the extremities has relieved patients of difficulties in parts remote from them. Odontalgia is often cured by blistering the face. The establishment of irritation on any part of the body may have a tendency to relieve pain, *while it predominates*; but as to the *permanency* of the relief, no reliance can be placed in it. We may possibly hear something further on this subject, respecting the principles of treatment, the number of the successful cases, &c.; until then, we shall deem the announcement of a new discovery as premature.

Experiment in Medical Journalism.—The following valedictory appears in the December number of the St. Louis Probe, a monthly medical journal which has been ably conducted during the last year. It is recommended to the notice of those who are athirst for an editorship, and who suppose that pecuniary profit as well as fame awaits those who are engaged in that vocation.

“The present number closes the first volume, and ends the publication, of the Probe. During a year’s experience in Journalism, we have been convinced that neither fame nor funds can be acquired by conducting a medical monthly, and that many members of the medical profession are miserably poor in pocket, and more are deficient in moral principle, however well they may be imbued with the principles of their profession. We are inclined to believe that a large number, who have received our Journal without paying for it, have devoted themselves to the study of scorbutus, with some success; for we must say they have treated us most scurvily, and not a few have shown a thorough acquaintance—not with abstract principles—but with the principles of abstraction, which would entitle them to the consideration of the judiciary. For the kind favors and warm support we have received, however, from the better portion of our brethren, we return our hearty thanks, and thus take leave of them. Our hearts are so very full, and our pockets so very empty, that we are unable to say more.”

Medical Institution of Yale College.—The Annual Examination of Candidates in this Institution was held on Wednesday, January 15th, 1850. Present, on the part of the Connecticut Medical Society, George Sumner, M.D. of Hartford, *President*; Alvan Talcott, M.D. of Guilford; Orson Wood, M.D. of Somers; Pliney A. Jewett, M.D. of New Haven, and Benjamin Welch, M.D. of Salisbury: and on the part of Yale College, Professors Silliman, Ives, Knight, Beers, Hooker, and Bronson. The degree of Doctor of Medicine was conferred by President Woolsey, on eleven candidates, including two previously examined, viz:—Warren Parker Beach, Meriden, on “Pneumonia”; George Benedict, B. A. Danbury, on “Pneumonia”; Orlando Brown, Groton, on “Scrofula”; David Silliman Burr, Danbury, “on Pleurisy”; Samuel Catlin, Litchfield, on “Inflammation”; Henry Eddy, M. A. Guilford, on “Emetics;” Francis Coles Greene, New Haven, on “Apoplexy”; Jonathan Jones Howard, Richmond, Ky. on “Ophthalmia”; Robert Hubbard, Middletown, on “Bright’s disease”; Matthew Turner Newton, Colchester, on “Uterine

Hemorrhage"; William Soule, Chaplin, on "Hysteria." The Annual Address to the Candidates was given by Richard Warner, M.D. of Middletown, late of the Board of Examiners. Alvan Talcott, M.D. of Guilford, and Benjamin Welch, M.D. of Salisbury, were appointed to give the Annual Address to the Candidates in 1852 and 1853. Orson Wood, M.D. of Somers, was appointed to report the proceedings of the Board to the President and Fellows of the Connecticut Medical Society.

Training of Idiots.—The Rhode Island Assembly, which is now in session at Providence, has granted the use of the Hall of the House of Representatives on the 29th inst. (to-day), for the purpose of hearing addresses from Dr. H. B. Wilbur, proprietor of the school for imbeciles and idiots at Barre, and from Mr. Wm. B. Richards, Principal of the Massachusetts Experimental School for Teaching and Training Idiots, at South Boston, upon the subject of the education of imbeciles and idiots.

Medical Miscellany.—Dr. E. R. Chapin has been elected Resident Physician of San Francisco.—Smallpox is quite prevalent in Vermont. A physician writes that the people are flocking to be vaccinated in great numbers.—There are 116 students attending the medical lectures in Harvard University.—Dr. T. H. Smith, an irregular practitioner of this city, has been indicted by the Grand Jury for the crime of manslaughter, in causing the death of several persons by the injudicious use of powerful medicines. He has been held to bail in the sum of \$2500 for his appearance at court.—We are glad to notice that at least one regular physician (Dr. Franklin Tuthill, of Southold, L. I.), is placed on the Standing Committee on Medical Societies and Colleges in the New York State Assembly.—The Physicians of St. Louis, during the session of the State Medical Association, (the 5th November, 1850), gave a handsome entertainment to the members of the profession in attendance on said Association. About one hundred and fifty medical gentlemen sat down to the supper, besides invited guests.—The number of patients at the Boston Lunatic Asylum the last year, is reported at 276. Thirty-seven have been discharged cured, and 25 have died.—Professor Simpson has been elected President of the Edinburgh College of Physicians for the ensuing year.—Dr. Begbie has been unanimously elected President of the Medico-Chirurgical Society of Edinburgh.

SUFFOLK DISTRICT MEDICAL SOCIETY.—An adjourned stated meeting of this Society will be held at their rooms, Masonic Temple, this afternoon, at 3½ o'clock. A punctual attendance is requested, as business of much importance is to come before the meeting.

TO CORRESPONDENTS.—In addition to papers already acknowledged, there have been received—Dr. Jewett's Case of Emphysema, Dr. Mansfield's remarks on Lambert's Physiology, and Dr. Cross's report of cases. The excellent address of Dr. Ware has crowded out some of these papers this week; but its length, we are certain, will be objected to by no one who reads it. Nothing has been received from the absent editor since the letter last published. Despatches from him, it is presumed, are on board the Atlantic steamer, now a fortnight beyond her time.

Deaths in Boston—for the week ending Saturday noon, Jan 25th, 69.—Males, 35—females, 34. Apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—congestion of the brain, 1—consumption, 10—convulsions, 3—croup, 2—dysentery, 3—dropsy, 2—dropsy of the brain, 2—drowned, 1—erysipelas, 1—typhus fever, 3—typhoid fever, 2—scarlet fever, 1—lung fever, 6—rheumatic fever, 1—hooping cough, 1—disease of the hip, 1—infantile, 4—inflammation of the lungs, 5—marasmus, 3—measles, 5—old age, 2—puerperal, 1—rheumatism of the heart, 1—smallpox, 2—spinal disease, 1—teething, 1—worms, 1.

Under 5 years, 33—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 10—over 60 years, 7. Americans, 27; foreigners and children of foreigners, 42.



Dr. Carpenter's Prize Essay.—The Massachusetts Temperance Society have republished Dr. Wm. B. Carpenter's Prize Essay on the Use and Abuse of Alcoholic Liquors in Health and Disease. Mention was made of the work in our Journal some time since, on receiving a copy of the Philadelphia edition, from Messrs. Lea & Blanchard. It is not to be expected that *every one* will assent to all the opinions advanced by Dr. Carpenter in his essay, nor is it certain that they are entirely correct; nevertheless, they are entitled to our confidence and consideration, and the work should be carefully read. There can be no doubt that it will be the means of doing much good. Many will be *convinced* of the injurious effects of liquors, when habitually made use of as a *beverage*, and in consequence abstain from them. Such individuals are far more willing to give heed to the warnings of the physician, than to those of the divine or moralist. Crosby & Nichols, Boston, are the publishers.

Inhalers, for the Topical Treatment of the Air-passages.—An opportunity has lately been afforded us, of seeing an inhaler, invented by Dr. W. M. Cornell, for the especial medication of the throat and lungs. It is made of glass, and being uncomplicated, can be used without difficulty by the patient, which must be quite a desideratum. To those who think favorably of this mode of treating the diseases of the air-tubes, we can recommend this inhaler.

A Chinese Execution.—A Mr. Lynton has lately made a communication to the Asiatic Society of London, descriptive of a mode of punishment, peculiar to the criminal code of the Celestial Empire. A Chinese merchant named Hiam-ly, accused and convicted of having killed his wife, was sentenced to die by the total deprivation of sleep. The execution took place at Amoy, in the month of June last. The condemned was placed in prison under the *surveillance* of three guardians, who relieved each other every alternate hour, and who prevented him from taking any sleep, night or day. He lived thus for nineteen days, without having slept for a single minute. At the commencement of the eighth day, his sufferings were so cruel that he begged, as a great favor, that they would kill him by strangulation.

Chloroform, an Antiseptic and Substitute for Quinine.—Statements have been recently laid before the French Academy of Science, that chloroform has been found to be an antiseptic of great virtue, preventing animal decomposition after death, or promptly checking it if already commenced. Besides this use of chloroform, Prof. Delioux, of Rochefort, has recommended it as a substitute for quinine. He has treated various cases of periodic fevers with this remedy, with regular success. He administers it in doses from 9 to 30 grains, according to the severity of symptoms, mixed with syrup and water.

Tea in the United States.—Dr. Junius Smith, who is paying great attention to the culture of tea in South Carolina, says that the heat of summer is far more to be feared for the tea-plant than the cold of winter, and requires more watchful care. He adds that he should not be surprised if the cultivation of the tea-plant should be vastly extended in New England, while comparatively it stands still at the South.

