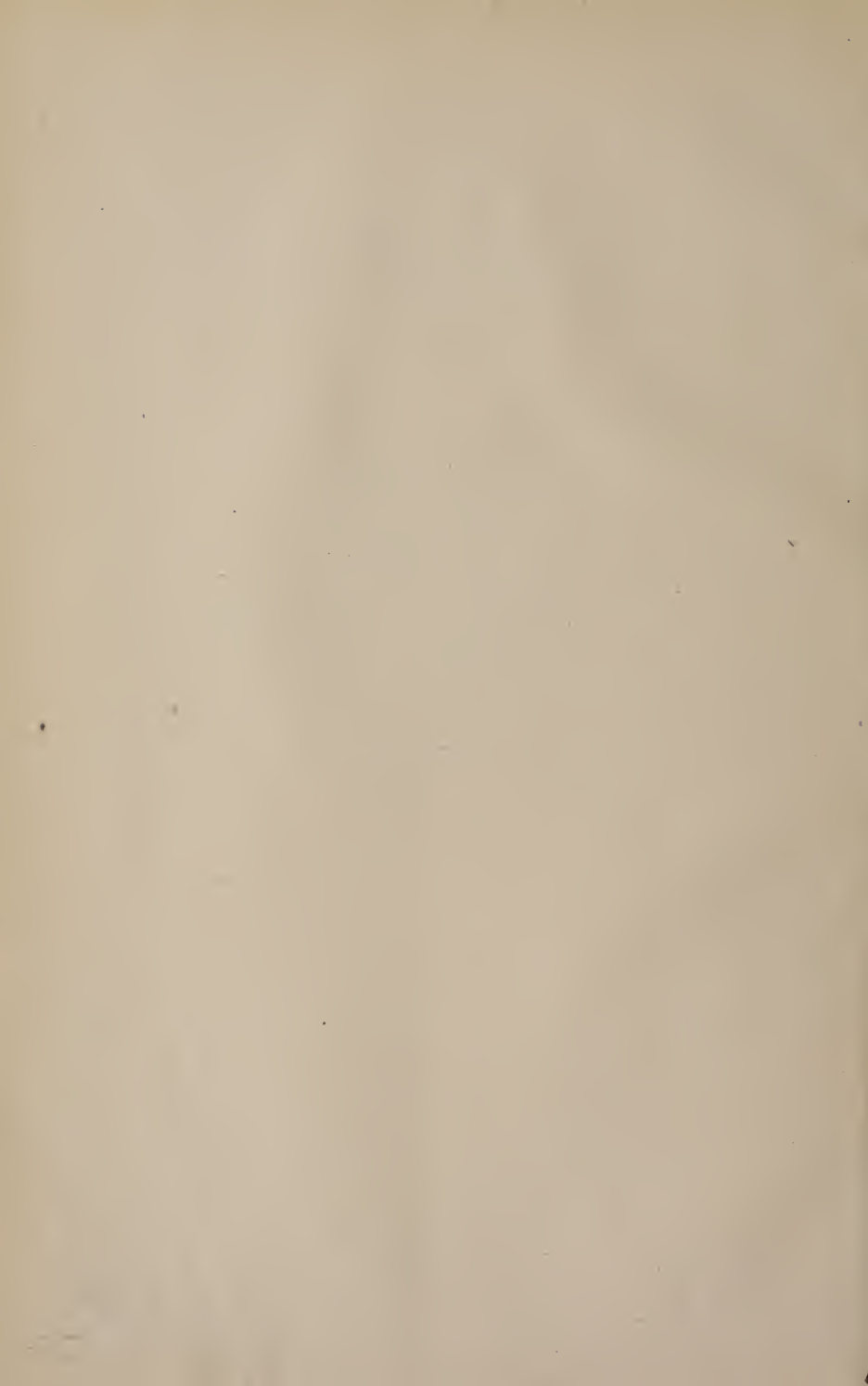


15165



15











BUFFALO



MEDICAL AND SURGICAL

JOURNAL.

---

EDITED BY JULIUS F. MINER, M. D.

Surgeon to Buffalo General Hospital.

---

BUFFALO:  
JOSEPH WARREN & CO., PRINTERS, COURIER OFFICE, 178 WASHINGTON ST.

1862.

**I**nstitute for treatment of Deformities, 123  
 Inguinal Hernia, 8  
 Inflammation of the Knee-joint, 38  
 Inspection of Hospitals, 152  
 Injections in treatment of Uterine Disease, 286

**K**nee-joint, inflammation of, 38

**L**etter from Dr. Strong, 147  
 Lint and Oakum in Gun-shot wounds, 118  
 Letter from Camp Belger, 119  
 Lacerations, 295  
 Lithotomy, 373

**M**edical and Surgical History of the Re-  
 bellion, 32  
 Military Surgery, 53  
 Malignant Tumor, 71  
 Medical Provision for Railroads, 179  
 Monstrosity, case of, 97  
 Meeting of State Medical Society, 254  
 Meeting of American Medical Association,  
 253, 279, 344, 381.  
 Medical Regulations during Battle, 311  
 Materia Medica and Hygiene in Univer-  
 sity of Buffalo, 354

**N**otes on Army Medical Service. By S.  
 B. Hunt, M. D. 22  
 Necrosis, 39  
 Notes of Surgical Cases. By J. F. Miner,  
 M. D. 45  
 New Remedies. By Sam'l R. Perey, M. D. 50  
 Notes of Surgical Cases. By S. Barrett,  
 M. D. 170  
 Neuroma; case of, 172  
 New York Ophthalmic School, 282

**O**bservations connected with Measles, 80  
 Ophthalmic Cases, 211  
 Obituary, Death of Lieut. James Mackey, 127  
 " Death of Dr. R. Charles, 321  
 " Death of Dr. C. Heartman, 354  
 Ossium, Grygilitas 376

**P**resentation of the Umbilical Cord, 11  
 Paralysis, 65, 298  
 Poisoning by Opium, 79  
 Pelvic Hamatocoele, 108  
 Presentation to Dr. Hunt, 64  
 Promotion of Buffalo Surgeons, 123  
 Perforation of Intestines by worms, 169  
 Providence Insane Asylum, 150  
 Publications of Medical Books, 309  
 Permanent Rooms for Buffalo Medical  
 Association, 315  
 Prospects of the American Medical Asso-  
 ciation, 321  
 Polypt Uterine, 129  
 Physicians' Hand Book of Practice, 126  
 " Visiting List, 126  
 " Pocket Memorandum, 127  
 Peritonitis Acute, 375  
 Proceedings of the Genesee County Medi-  
 cal Society, 373

**R**eport of Surgical Cases at Buffalo Gen'l  
 Hospital. By J. R. Lothrop, M. D. 3, 33, 65  
 Retro-Uterine Hamatocoele. By James P.  
 White, M. D. 12  
 Removal of left half of Inf. Maxillary Bone,  
 by S. Barrett, M. D., 170  
 Resection of Elbow, 171  
 Report of Deaths in the City of Buffalo.  
 By S. Eastman, M. D. 32, 64, 123, 160, 192  
 Report on Exemption in Erie Co. By Drs.  
 J. S. Trowbridge and J. E. King, Ex.  
 Surgeons, 176  
 Report on Exemption in Oneida Co. By  
 Dr. Ira D. Hopkins, Ex. Surgeon, 177  
 Rupture of Urethra. By S. Barrett, M. D. 199  
 Report of Surgical Cases in Buffalo Gen'l  
 Hospital. By J. F. Miner, M. D. 246,  
 259, 291.  
 Report of Medical Cases at the Sisters of  
 Charity Hospital. By J. R. Lothrop,  
 M. D. 324  
 Resignation of Prof. H. H. Childs, 315  
 Racine Medical Association, 192

**S**permatorrhoea, 7  
 Spasms from Intestinal Irritation and  
 Teething, 16  
 Synovitis, 28  
 Strabismus, 46  
 Syphilis, 69, 293  
 Strangulated Hernia, operation for. By  
 J. F. Miner, M. D. 341  
**S**ELECTIONS—Extirpation of diseased eye  
 to preserve healthy one, 63  
 Subcutaneous injection of Quinine, 217  
 Typh. Fevers, 217  
 Typhoid and Searlet Fever, 218  
 Chlorine and Chlorine Acids, 218  
 Zymotic Diseases, 219  
 Delirium Tremens, 219  
 Croup, Veratrum Viride, 220  
 Pleurisy, 220  
 Surgeon C. H. Wilcox on sick leave, 124  
 Sanitary Commission, 310  
 Statistics of the Globe, 254  
 Surgeons for the New Levy, 61  
 Strangulated Hernia. Intestine, removed.  
 By H. B. Moore, M. D. 220  
 Strangulated Hernia, removal of sac, 341

**T**reatment of Tetanus, by J. F. Norton,  
 M. D., U. S. N., 19  
 Treatment of Diphtheria, 212  
 Tumor in lumbar region 142

**U**terine Polypt, 129  
 Ulcers, Varicose, 36  
 Urinary Calculus, 374

**V**aricose Uleers, 36  
 Varicose Veins, 264  
 Volunteer Surgeons, 61  
 Variola, its nature and treatment, 121

**W**ounds of the Scalp, 4

12102

BUFFALO

Medical and Surgical Journal

VOL. II.

AUGUST, 1862.

NO. 1.

ORIGINAL COMMUNICATIONS.

ART. I.—*Report of Surgical cases at the Buffalo General Hospital.*  
By J. R. LOTHROP, *Attending Surgeon.*

The following report of cases which were under treatment in the surgical wards of the Buffalo General Hospital, covers a period of four months, viz: from March 1st to July 1st. It is presented with comments on the cases, not with the expectation of presenting any very new experience, but with the purpose of setting forth the ordinary clinical facts which came under notice, having perhaps less variety and less novelty than might be met with at other periods of hospital service. Our hospitals afford the most favorable field for clinical observation, and the facts there met with, even if they do not go beyond the limits of the most ordinary experience, should be collected in some accessible form.

In the following list, the affections, local, or nearly so in their nature, are first mentioned, and secondly those more general. The different varieties which occur in a class will be spoken of in the remarks which follow:

Wounds of the Scalp,	-	-	2	Affections of the Eye,	-	-	8
Affections of the Uterus,	-	-	2	Cystitis,	-	-	1
Disease of Prostate,	-	-	1	Orchitis,	-	-	2
Gonorrhœa,	-	-	3	Spematorrhœa,	-	-	1
Fissure of the Anus,	-	-	1	Hernia,	-	-	2
Fractures,	-	-	5	Ulcers,	-	-	5
Tumor benign,	-	-	1				

## Affections more general or constitutional.

Disease of the bones and joints,	5	Paralysis,	-	-	-	4	
Erysipelas,	-	-	3	Syphilis,	-	-	11
Tumors malignant,	-	-	2				

1.—The wounds of the scalp were not severe. In one suture were employed, the wound readily uniting without accident. The use of sutures in such cases is not commonly recommended, for the reason that they are liable to excite erysipelas of the scalp. As far as the writer has had any experience, no such result has followed their use. We may mention the statement of a surgeon of large experience, that he had always practiced stitching of the scalp and had never seen it followed by erysipelas.

2.—The affections of the eye included three cases of what I may term chronic ophthalmia, three cases of cataract, one of inflammation of the cornea, one of injury.

The three cases of chronic ophthalmia were the result of purulent conjunctivitis, in which in severe cases the disease is not limited to the conjunctiva, but other structures become implicated, especially the iris and cornea; the former becoming adherent to the cornea, thereby fixing the pupil, and the latter being rendered opaque as a result of ulceration or perforation. In two of these cases these results had followed, and vision had therefore been seriously impaired. In the third the opacity was confined to the upper half of the cornea, being caused by the roughness of the upper lid. These cases offer but little hope to treatment, but it is to be borne in mind that surprising improvement will often take place, under judicious management. We are not to despair of improvement in cases of opacity of the cornea to a considerable extent, if we allow time for changes which are always slow, and are not forced into violent methods. Especially is the opacity caused by rough lids benefitted by treatment which cures the same. For this solid sulphate of copper applied lightly once daily, is to be preferred. Mild astringents—mineral, not vegetable, for the latter seldom benefit—are only to be used. In the above cases mild solutions of zinc and borax with occasional use of a solution of atropine were employed.

In the cases of cataract two were of the hard variety, occurring generally in men past middle age. In these no operation was deemed advisable, as vision was tolerably good, though both eyes were affected. In the third case the operation for depression had been made by my predecessor, but in a short time was followed by a greater opacity than had previously existed, forming what is spoken of as secondary capsular cataract; in fact the only



variety of true capsular cataract, the capsule becoming opaque and obstructing the pupil. As this opaque capsule in general is sooner or later absorbed, it was deemed advisable to wait awhile. After a period of several weeks no improvement had taken place, but at that time the patient left the hospital. In this case, however, and in all such cases, an operation for the removal of the opaque capsule from the pupil would have been proper, after allowing sufficient time to ascertain the probability of absorption.

The single case of *conieitis* occurred in a scrofulous boy, and consisted of several minute ulcerations on the cornea, attended with great intolerance of light, and some affection of the iris. As is common it was not a simple local affection, being partly constitutional in its origin. It was treated with mild astringents, with a solution of atropine to ease pain and remedy intolerance of light, and iodide of potash internally. It should be borne in mind that the constitutional is quite as important as the local treatment in these cases. The progress was slow, but in a few weeks there was more tolerance of light, and less injection of the sclerotica around the cornea. The small opacities resulting from ulceration of the cornea would not be likely to disappear except after a considerable time. The cornea does not possess a high order of organization, and reparative changes are therefore slow, hence we should always be prepared to find the progress in *conieitis* somewhat tardy. The boy is still under treatment.

One case of traumatic affection of the eye occurred. In this ammonia was the injurious agent. The patient stated that a bottle containing strong aqua ammoniæ was held near the face, and the cork being suddenly blown out the vapor was brought in contact with the face. Both eyes were injured, but only one seriously. The left eye was highly inflamed, and partial adhesion of the upper lid to the eyeball had taken place. A lotion of tepid water was applied to the eye and the patient kept in bed. But he desiring more activity only remained two days, so that the result cannot be stated. The result to be expected is adhesion of the lids to the eyeballs. It is unfortunate that very little can be done in the way of prevention, or to obviate it when it has taken place. Although the adhesion may be divided, yet it is almost impossible to prevent re-union.

3.—Of the two cases of disease of the uterus one was schirrus of the cervix, and one ulceration of the cervix, with enlargement and induration of the whole organ. The former upon examination exhibited the usual narrowed, hardened, almost cartilagenous condition of the vagina; an irregular, hardened cervix, with a large os. This patient was about forty



years of age, and mother of several children. She suffered from very severe pain in the region of the uterus, besides sympathetic affection of the bladder and rectum, and an offensive discharge. The only treatment adopted was the giving of opiates, of which she took large quantities, to ease pain, and an injection of dilute chlorinated soda to correct the unpleasant odor. She left the hospital after remaining a few months. In the latter the ulceration was an inch in diameter; there was abundant muco-purulent discharge and occasional bleeding, with dull, heavy pain. After treatment for considerable time, by the use of iodine in form of injection and internally, varied with the use of tonics and the application of the solid nitrate of silver twice a week, the patient recovered and left the hospital.

4.—The case of cystitis occurred in a young man about twenty years of age. It was of several years' duration, but he had no definite idea of the cause. The symptoms were almost entire incontinence of urine, with occasional hæmorrhage and a constant ropy mucous secretion. The passage of an instrument caused great pain, as did also the injection of a small quantity of liquid. The capacity of the bladder was greatly diminished, and the coats probably thickened. The neck of the bladder seemed thickened, as the catheter met with a momentary resistance, and seemed to slip through a hard ring on its entrance. From the bleeding it was conjectured that the mucous coat of the bladder must have points of ulceration but it might have arisen from the congested and thickened mucous coat.

In this case the treatment was mainly local, and for a time seemed beneficial. The bleeding diminished and the tolerance of the bladder became greater, so that it would allow of a moderate accumulation of urine. The appearance of the patient too, changed greatly for the better, the countenance losing the expression of pain and anxiety which it wore when he first entered the hospital. The injections employed consisted first of ten drops of muriatic acid in an ounce of water. During the use of which the urine lost its alkaline reaction, and the amount of mucus was greatly diminished. Afterwards tannin, ten grains to the ounce of water was used, and that followed by injections of nitrate of silver ten grains to the ounce, which was continued for about a month. More benefit was apparent from the nitrate of silver than from the other substance. The injections were made at first every other day, and afterwards twice a week. During the treatment the benefit was decided enough to warrant perseverance. The time during which treatment was continued was about two months.

5.—The case enumerated as disease of the prostate gland was supposed to be abscess of the gland, though the acute period of the affection had passed when the patient—a man forty-five years of age—was admitted. His description of what took place before he came in was, pain, throbbing deep in the perenium, followed by swelling, a good deal of fever and chills, with pain in defecation, and some obstruction to the flow of urine, as well as pain in its passage. The urine moreover let fall after a time an abundant whitish deposit. The cause was attributable to cold from wetting the feet. When admitted there was considerable induration and swelling in the perineum, the pain during defecation had not entirely disappeared, and the urine contained a puriform deposit in small quantity. The patient was much reduced by pain and confinement in bed. This was thought to have been a case of abscess in the prostate, which had discharged itself into the urethra. While the induration continued in the perineum the patient was kept in bed and a poultice applied. Tonics were given to repair his strength, which was impaired, this being then the only indication. The particular remedies given were the muriated tincture of iron, in combination with the chlorate of potassa. After a short time he was restored to his usual health.

6.—Three cases of gonorrhœa, two of which were complicated with swelling of the testicle. In these cases cubeb in powder a scruple three times daily, and mild injections daily were employed; nitrate of silver one or two grains to the ounce in the early, and sulphate of zinc three or four grains to the ounce in the latter stage. The stronger injections often recommended were not deemed advisable. The patient was directed to urinate just before injection was made, for the double purpose of removing the purulent secretion from the urethra, and thereby aiding the more thorough application of the solution injected to the mucous lining of the urethra, and secondly to prevent the washing away of the solution by the passage of urine soon after the injection had been made. This point was deemed worthy of attention in the treatment in all cases. The orchitis which followed, after a few days' treatment, at first by cold application, aided by rest in bed, and afterwards by the application of straps to the testicle, speedily disappeared. The swelling of the testicle following gonorrhœa usually disappears in a short time aided by rest or suspension, but after the acute symptoms are past, strapping very speedily reduces its bulk.

7.—In connection with this, the case of spermatorrhœa may be mentioned. This was a case in which an occasional involuntary seminal emis-

sion at night, had so wrought upon the morbid sensibility of a young man as to seriously affect his health and spirits. The treatment of such cases is more largely moral than physical. Benefit has been observed in such cases from the use of lupulin and strychnine, and these were given, but the influence is so essentially moral, that we shall effect more by trying to divert the mind from morbid excitement, and by endeavoring to convince of the comparatively harmless nature of the affection than by the administration of medicine. The patient left in a short time without being greatly benefitted by advice or remedies.

8.—The case of fissure of the anus was simply an unhealed incision after the operation for the cure of fistula in ano. The operation had been done, by Dr. Eastman, about six months previously. The fissure healed readily when its sides were kept from contact by being packed with lint, but the patient had not fully recovered the power of retaining the contents of the rectum. At the present time, nearly nine months, control over the sphincter ani is not fully restored.

9.—The two cases of hernia were both oblique inguinal hernia, of long standing. The first was of moderate size, easily reduced, and giving little trouble except on unusual exertion. This patient was provided with a truss by a contribution of several charitable ladies, and was thus enabled to engage in an active occupation. The second was strangulated, and became the subject of an operation. The history of the case is as follows: M. W., a German, coachman, aged twenty-nine, was admitted to the surgical ward of the hospital about 10 P. M. Soon after, I was called, and upon arrival found the case to be one of strangulated hernia, having as nearly as I could ascertain been irreducible for about seven or eight hours. The hernia being scrotal had existed about three years; had never given any trouble, being always reducible, and had never been confined by a truss. On the day of his admission, May 10th, in the morning, it was of its usual size, as large as a hen's egg. The patient was engaged in the latter part of the day at the stable with which he was connected, handling grain, and had made unusual exertion. Early in the afternoon experiencing some pain in the region of the tumor, his attention was called to it, when he found it incapable of reduction. He remained at the stable till six o'clock P. M., up to which time he suffered great pain and made violent efforts to reduce the tumor, until very much exhausted by the pain and his exertions at reduction. At the time mentioned, having failed to reduce the tumor, he walked to his house, a short distance, and immediately went to bed. He



was so exhausted and irritable that it was some time before his wife ascertained what was the matter with him. After a while a physician was summoned, and Drs. Loomis and Brown came to his assistance. They failed to reduce the hernia after as long trial as they deemed judicious, and advised that he be removed to the hospital. When first seen by me the tumor had attained a most enormous size, nearly as large as a child's head, was tense and tympanitic and very red, as I supposed from handling. The patient was restless, showing evident signs of prostration or shock; skin cool and moist, and pulse feeble. He had vomited several times, and had had also a passage from the bowels below. An injection of warm water was ordered which, having no influence, after a brief trial of taxis, it seemed best to relieve the strangulation by an operation, without farther delay. Chloroform was therefore administered by the house surgeon, Dr. Whitbeck, and when the patient was fully under its influence and complete relaxation produced, a last attempt at reduction was made, without success. The operation was accordingly commenced with the assistance of the house surgeon, the ward nurse and several friends of the patient. It being a large and old hernia it was thought best to make the incision as small as would suffice to accomplish the reduction. A small vertical incision an inch and a half or two inches in length was made just below the outer ring. Arriving at the peritoneum it was found thickened and the constriction was caused by it just outside of the ring, which appeared quite large and free. Several bands like threads were very tightly drawn across the tumor at this point, so that pouches sprang up between. An attempt was made to return the intestine without dividing the peritoneum, the finger being easily passed into the ring. This not proving successful the peritoneum was pinched up and carefully divided, a director passed beneath it, and the constricting bands divided. The finger was then passed into the opening and the intestine pushed inward. In a short time a gurgling and giving way were perceptible, and soon the whole intestine returned to the abdomen. The wound was closed by a few points of suture, a wet compress placed over it, and a bandage applied around the pelvis and thigh, forming a figure of eight. The patient was placed in bed and ordered one-half grain of morphia at once, to be repeated in three hours if he was restless.

The appearance of the intestine upon opening the peritoneum was that of intense congestion, it being almost claret colored. There was considerable fluid in the sac, and a slightly offensive odor.

At the visit on the following morning, 9 A. M., the nurse reported quiet

and freedom from pain till 2 A. M. The patient then became restless and a dejection took place, which was bloody. His condition at that time was as follows: Pulse 120, rather small; skin cool, considerable thirst; abdomen full and rather sensitive to heavy pressure. This condition continued throughout the day, the patient taking a small amount of food. At night he was not perceptibly worse, fomentations having been continued to the abdomen throughout the day. During the night he became very restless, with continued moaning. The pulse became smaller and more frequent, the skin clammy and the abdomen more distended. He began to sink, and at the visit next morning was moribund, dying near noon following. On inspection at the morning visit, it was found that the incision had not united, and upon pressing the abdomen a yellow sero-purulent fluid flowed abundantly from it. No autopsy was made.

In review of this case these questions arise: Was an operation necessary? Could it have been delayed? What was the cause of death?

First, then, if the tumor was irreducible, it is plain that an operation was essential. The question of reducibility must be left to the judgment of the surgeon, though he may exaggerate the urgency. But if all reasonable means of reduction have failed, he must not wait in the hope that something favorable will turn up, rather than resort to the relief which is certain, though confessedly not without danger. Secondly, how long are we to wait before we decide that there is danger in delay? No definite time can be stated, and generally a small and recent hernia admits of least delay; old and large herniæ being less likely to give rise to urgent symptoms. But it is to be borne in mind that our course is to be determined rather by the symptoms, than by the character of the hernia, for in large as in small herniæ, symptoms of the most intense and dangerous character may set in, in a number of hours. In this case the symptoms were intense, and farther delay seemed only making the patient's chances less. Moreover, prolonged taxis, especially if violent, is likely to result in injury to the imprisoned intestine.

Thirdly, the death of the patient could hardly have been from peritonitis, as thirty-six hours, though not an impossibility, is yet rather a short interval for its fatal onset. In this case however some inflammation of the sac was to be looked for, as there is no probability that it was returned. In old herniæ the sac is not commonly reducible, having formed adhesions in the scrotum. The interior of the sac therefore was exposed to the irritant influence of the air. On the other hand, the dark color of the intes-

tine, the time of incarceration, and the probable violence which the intestine had borne from the patient himself, the bloody discharge in consequence, and the time at which death occurred, favored the idea of death by gangrene of the intestine. The death by asthenia, without much pain, and especially without vomiting, resembled more the prostrating influence arising from the destructive change of a vital organ. Assuming what seems probable, there appears to be no good ground for supposing that delay would have contributed in any degree to a more favorable result; rather it seems to warrant the inference that a somewhat earlier resort to an operation would have improved the patient's chances. Though seven hours is not a long time, yet dangerous symptoms when the incarceration is complete, may arise in even less time.

[TO BE CONTINUED.]

---

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

TUESDAY EVENING, JULY 8, 1862.

Present—Prof. James P. White, President, in the Chair, Drs. Samo, Eastman, Congar, Rochester, King, Miner, and Morrell of Niagara.

Dr. Rochester reported, that he had met with a case of presentation of the cord, which he had failed to reduce by Thomas' postural method. On the 4th of July, a very stout woman was taken with her seventh labor.—When the patient was first seen by Dr. Rochester, the uterus was well dilated and a large bag of waters protruded. The membranes ruptured spontaneously and an enormous discharge of the liquor amnii brought down three folds of the funis, arranged in parallel lines. The head, vertex presentation, completely filled the dilated os. The patient was immediately placed upon her knees and *breasts*. and repeated efforts were made to carry up the cord, but in vain, it was impossible to push up the head or to get the cord above it. The woman was very large, the room very small, and the day very hot, and she could not keep the prone position but a few moments at a time. The uterine pains were very slight, it would take at least half an hour to obtain a pair of forceps, and ergot was at hand. As far as the mother was concerned, everything favored its administration, and Dr. Rochester thought it would also afford a good chance of viability to the child. In twenty minutes ergotic action was established, in five minutes



more the child was born. It was resuscitated by dashes of hot and cold water, and by Marshall Hall's method, and is now strong and healthy.

*Dr. Rochester* said, that the treatment was not such as would generally be advised, but he thought it the best he could adopt under the circumstances, and the event was all that could be desired.

*Dr. Eastman* remarked, that in the case reported by him a few months since, it would be recollected that position alone was not sufficient to restore the cord: the hand was carried up and the cord replaced in the uterine cavity, past the head of the child, when pain immediately succeeding, caused the head to descend and occupy the os-uteri. *Dr. E.*, commented upon the practice adopted by *Dr. Rochester*, and regarded it, as the best which could have been instituted under the circumstances.

*Prof. White* remarked, that the attention of the profession having been recently directed to the investigation of uterine hæmatocele, he would briefly call the attention of the Society to a case now under his care.

*A Case of Retro Uterine Hæmatocele.*—On the 23d of June, called to see *Mrs. W.*, of St. Louis, who was now staying at the house of a relative, living on Pearl street, in this City. The patient is 32 years old, married, and has had four mature pregnancies and several abortions. She has been flowing rather profusely during the last three weeks, and is now suffering severe pelvic pain with some abdominal tenderness. Pulse one hundred, with considerable febrile movement; dysenteric tenesmus was also present and added to her sufferings. Without instituting a vaginal examination, directed a teaspoon full of laudanum to be given by enema, mustard poultice to the abdomen, and enjoined quietude in the horizontal posture.

Next day, June 24th, found my patient much more comfortable, with the menorrhagia considerably diminished, and the dysenteric symptoms relieved. My suspicions that the urgent symptoms were due to the long journey performed whilst menstruating, and the fatigue consequent upon the care of her youngest child, now a little more than two years old, were confirmed. I, therefore, dismissed the case, merely prescribing quinine and iron as a tonic.

On the 3d of July, I was again sent for, and found *Mrs. W.* still flowing and suffering more severely from pain in the pelvis, with an increase of the abdominal tenderness and dysenteric efforts. Since my previous visits, she had had frequent recourse to the anodyne enema which I had then recommended, and each time with temporary relief only. Upon making a digital examination, the os uteri was found crowded up anteriorly, and quite



patulous. Carrying the finger backward, it encountered a large, elastic tumor, which occupied the whole of the posterior pelvic cavity. The sound was easily carried up three and a half or four inches into the uterus, with its concavity anteriorly directed. The abdominal parietus being thin, the point of the sound could be distinctly felt, by the finger of the left hand, in the supra pubic region. A rectal examination also discovered a large elastic tumor, filling the posterior pelvic space, and completely collapsing the rectum. Not having at hand an exploring trochar, I was unable to confirm, at that visit, my suspicions of the existence of retro-uterine hæmatocele. Although the patient had made frequent efforts at stool, the contents of the bowels had not been evacuated, and I directed the administration of an operative dose of castor oil, and promised to return and complete the diagnosis in a day or two.

Called, on the 5th, with my friend, Prof. Rochester. The oil had operated freely. The patient was now suffering severely from pain in the pelvic region, although she had had recourse to the laudanum injections for its relief. The rational symptoms, character of pain, and its location, were very like those produced by sudden retroflexion or retroversion of the uterus. There was more exhaustion, and, perhaps, also more abdominal tenderness than are usually present in cases of displacement. Since my last visit, the tumor had increased in size and density. It could be distinctly felt, on the right side, above the pelvis. The hand on the abdomen, with the fingers of the other hand in the vagina, passed it back and forth, and pressure with one hand was distinctly felt by the opposing hand. Its largest diameter was not less than seven inches, whilst it filled the posterior pelvic space from the floor of the pelvis upward.

Upon inserting a large exploring trochar into the lower segment of the tumor, and leaving the canula, for a few minutes, nothing escaped. After withdrawing the canula, however, it was found, upon blowing out its contents, to be filled with thick, dark blood, thus confirming my previous conjectures as to the nature of the contents of the tumor.

The pain was so severe, and the tumor so large, as to demand immediate relief, and exclude the hope of cure by the slow process of absorption, if, indeed, this course is ever to be adopted. The *manner* of evacuating the sac was then the only question to be decided in this instance. It ought to be said, in this connection, that the tumor had plainly increased in size during the last two days, and the pain in severity, and the patient begged for relief at any risk.

In a recent very able paper upon this subject, by J. Byrne, M. D., of Brooklyn, puncture through the rectum is recommended. Dr. B., who has written the best description of uterine hæmatacele to be found, so far as I know, in the English language, adduces many arguments in favor of rectal over vaginal openings. It is true, also, that, according to the statistics of M. Voisin, who has given us a resumé of French authors on this subject, the proportion of *spontaneous* ruptures were twice as great through the rectum as through the vagina. My own prejudice was, however, in favor of opening through the vagina. In the only cases upon which I have operated, one before and one subsequent to supperation, both of which recovered; free egress had been given to the contents of the sac through the vagina. Besides, if we puncture through the rectum, it necessarily involves the infliction of two wounds in the peritoneum, both of which are avoided by the vaginal outlet.

Again, it would, at least in this instance, have been found impossible to have removed the contents of the tumor through any puncture which I should feel warranted in making, through the rectum and the peritoneal cul de sac between it and the cavity of the hæmatocele.

I, therefore, in conformity with these views, undertook to give the patient immediate relief by passing a large trochar into the lower segment of the over distended sac through its vaginal covering. The canula used, measures a little more than three eighths of an inch in its interior diameter. After withdrawing the trochar, notwithstanding the large size of the tube, only a little dark blood and a few small black coagula escaped. The uterine sound was then carried up through the canula and freely moved about in the cavity of the tumor, when two or three ounces of a similar fluid escaped. The tumor was however but slightly diminished in size or density, and it did not seem possible for its contents to be removed in this manner,

Believing it safer to make a free opening and completely evacuate and wash out the sac than to leave it in this condition, Simpson's uterotome was carried up through the puncture and opened in a lateral direction to fully one inch, and then withdrawn. It was then reintroduced, turned in the opposite direction and opened to fully one and one-half inches, thus upon its withdrawal, laying open the whole lower extremity of the tumor. A large amount of firm black coagula now escaped with immediate relief to all the urgent symptoms.

After allowing the patient to obtain a little much needed rest and take a little nourishment and brandy, a long flexible gum elastic tube was carried

well up into the cavity of the tumor, and through it tepid water was injected until a large amount of its contents were washed out. The vaginal portion of the tumor now collapsed and its upper extremity could scarcely be felt in the right iliac region above the pubis. The patient was now quite comfortable, slept well the following night, and had some appetite.

July 25.—But little febrile movement succeeded the operation, the pulse at no time rising above one hundred, and the abdominal tenderness and pelvic pains have steadily diminished.

The discharge from the sac has been, most of the time, quite free. At one time, the hemorrhage was so free, and the patient becoming so anæmic, I deemed it prudent to inject a strong solution of persulphate of iron. This was resorted to on two occasions, with the effect of greatly diminishing the flow. The daily use of warm water, or when the odor required, chloride of soda added, with cleanliness, constituted the local treatment. She has been taking freely of quinine and iron; her diet has been nutritious and stimulants have been freely administered since the operation, and is now quite convalescent. The opening in the posterior walls of the vagina has nearly closed, the discharge disappeared, and little evidence of the existence of the tumor can be felt with the finger in the vagina or rectum.

There is little time left for any remarks which the case may suggest.— It will be seen that the patient was at the age when this accident is most likely to occur, (32 years,) that she had been frequently pregnant and was at the time suffering from profuse menorrhagia.

In all the instances of hæmatocele, which have come under my observation, (this being the fourth,) there has been as in this instance, hypertrophy of the uterus, ascertained by internal measurement with the sound. There is probably congestion of the vessels of the uterus and not unlikely varicose condition of the vessels of the posterior uterine surface accompanying the increase in the size of the organ. It is not unlikely that the long journey from St. Louis to Buffalo, performed whilst there was great temporary increase of this local congestion, and the long continued concussion of car riding, ruptured the over distended vessels and produced the effusion between the posterior walls of the organ and the peritoneal envelope.—The tumor, in this instance, attained an unusual size, and was formed gradually.

This case also shows the relief to be expected to the urgent symptoms by opening the sac, and the safety of making that opening through the vagina and dividing the tissues freely. It is not unlikely also, that the method of



proceedure in making, the opening adopted in this instance from a combination of circumstances which accidentally led to it, may prove a useful suggestion to future operators under similar circumstances.

*Prof. Rochester* observed, that this case reported by *Prof. White*, was the first he had seen; that though the disease was not new, yet the diagnosis of it was very new. Patients often speak of tumors in the groin which have disappeared; they are probably sometimes of this nature; small ones may be, and probably are, absorbed. *Dr. Byrne* advises to make the opening through the rectum; in this case, sufficiently large opening could not have been made without endangering the recto vaginal walls.

*Dr. Miner* spoke of the similarity in appearance and treatment, of hæmatocele and pelvic abscess. Knew of no means of positively distinguishing the one from the other, without exploration, as had already been remarked, and could see no objection to introducing common trocar into large accumulation of either blood or pus, when found in that vicinity.—Regarded the exploring trocar as too small to afford any very satisfactory evidence in some cases, since coagulated blood or pus, would not pass readily through it. Could not speak of hæmatocele from experience, but in pelvic abscess, preferred introducing trocar through the rectum, since the subsequent exit of accumulation was controlled by the sphincter, which was much more tolerable than constant discharge.

Thought there could be no danger in introducing even a very large trocar and canula, to which an exhausting pump might be applied and the contents drawn off and the cavity washed if necessary. Coagulated blood is sometimes not easily broken down, and he had no doubt as to the propriety and necessity of the operation as practiced by *Prof. White*, indeed had no opinion to express since he had no experience in the disease of which *Dr. White* had furnished an interesting report.

*Dr. McKennon* was proposed for membership.

Voted to adjourn to the first Tuesday evening in August.

J. F. MINER, Secretary.

---

ART, III.—*Case of Spasms from Intestinal Irritation and Teething.*

By ASAHEL CLARK, M. D.

In No. 11, I find a private letter from "G. C." that interested me very much, as I have had a case to treat, similar in some respects to the one described in that letter—a good description of which I have not yet found

in any medical book. The little patient I speak of is a grand-son of mine, and the case has perplexed me exceedingly. He is twenty months old; parents healthy, and this is their second child. He was weaned when about thirteen months old. Nothing occurred worthy of note till he was about seven months old, when he had a spasm while sitting in his little high-chair at the breakfast table. It soon passed off, and he appeared as well as usual during the rest of the day and night. The next morning at about the same hour, he had another, while he was being dressed, and for several mornings in succession he had a spasm within twenty or thirty minutes of the same hour, but no more during the twenty-four hours. After about a week he had only one or two a week for three or four weeks, and then for ten or twelve days had several—one day having as many as twelve in the twenty-four hours—some of them being very severe, and becoming more nearly epileptic in their character. Generally there was no frothing at the mouth, and he rallied in a very few minutes after the spasm subsided. About the eighth week, under the use of fluid extract of valerian and tonics, the spasms became less frequent and less severe, and about the ninth week had no spasms, and seemed to be doing well. He had no more spasms till he was about twelve months old—had one or two a week at first, but before the end of a month he had them every day, and some times five or six in a day. After three or four weeks they became less frequent, and he would pass three or four days without spasms.

It is now about four months since he has had a severe spasm, but has had "spells" such as "G. C." describes in his letter, every day, and some of the time as many as ten or twelve in a day, till within the last three weeks, during which time he has had none of those spells, and seems to be quite well. When those spells were coming on he would look and reach for help, and on taking him he would cling close to the person taking him, draw up his feet and knees, utter four or five violent moans, (not screams exactly,) heart beating rapidly, and pupils dilated, the spell lasting but a few seconds, and passing off with a few full and rapid inspirations and expirations, and is then ready to engage in play again, or finish his meal. Violent, lancinating pain in abdomen I should suppose would produce just such motions, and just such moans as he makes when he has those spells.

As to treatment, I have tried a variety of remedies, and have had three of our best physicians in consultation. He has taken at three or four different times (when he was having spasms) calomel, followed by castor oil

and spirits turpentine—followed by anodynes, laudanum, McMunn's elixir valerian, *assifœtida* (in the form of Dewees' Colic Mixture,) &c. When he was about fifteen months old, and was having the spasms more violently, and becoming more epileptic in character, I gave him stramonium, and kept his pupils moderately dilated with it for ten days, without any effect upon the spasms; gave him *Cannabis Indica* two days, till it produced its specific effect, (unnatural laughing and merriment,) but no modification of the spasms. He has inhaled chloroform whenever he has had spasms, from first to last. About six weeks ago he commenced taking arsenic, (Fowler's Solution 1, laudanum 1, and whiskey 2, is the form I gave it for the sake of convenience in dropping accurately.) Three drops of the above (three-fourths drop of the arsenical solution,) and ten drops of the fluid extract of valerian, given together, three times a day, increasing the dose at the end of a week. While taking the above those spells became less frequent, and in about three weeks entirely disappeared. If "G. C.'s" little daughter has not recovered from those spells, ask him to try arsenic and valerian.

From the time my little grand-son was thirteen months old, and commenced having spasms the second time, he has hardly laughed, or even smiled often, but has cried and worried a great deal. Previous to that time he was unusually happy and playful—enjoyed a frolic and hearty laugh exceedingly. He is decidedly more mirthful and happy since he commenced taking the arsenic. He has *generally* been better at night than during the day time. Most of the time, even when he was having the spasms most severely, he has had tolerably good nights—seldom has he had a spasm in the night. During the day he has not slept as much and as soundly as most children of his age, but since he commenced taking the arsenic, he has more and better sleep in the day time. His stools have frequently been too light colored and curdy, and at such times he has taken small doses of calomel till the color of the stools was changed. Just before, or after the spasms or spells, there has generally been more or less gurgling in the bowels.

My opinion is that intestinal irritation and teething have been the cause of these spasms and spells in a great measure. Did not the "corn and apple-pudding," followed by severe exercise in the afternoon, have much to do in causing the spasms and spells in the case of "G. C.'s" little daughter?



ART. IV.—*Treatment of Tetanus.* By J. F. NORTON, M. D.

FORT EDWARD, June 20th, 1862.

While looking over my notes upon practice, taken in south-western Georgia, within the last three years, and up to the commencement of the present rebellion, my attention is particularly called to the successful treatment of some five cases of tetanus, by equal proportions of chloroform and sulphuric ether.

Thinking perhaps a brief detail of the treatment of these cases might be of some service to many readers of the "Buffalo Medical and Surgical Journal," I take great pleasure in presenting them through its medium. There can exist no doubt but this formidable affection is a disease peculiar to a tropical climate, where it is no respecter of persons, age, nor sex, except, perhaps, it may be more prevalent among the negro than the white population; and this, I think, arises not so much from constitutional predisposition as from their greater exposure to wounds of the feet, and bites of venomous insects, &c.

The profession have long been laboring to find a reliable remedy or cure for this disease, but, alas! have failed, except, perchance it may prove to be the ones now under consideration. Indeed I am aware that chloroform has already found great favor with many able authors, as a cure for tetanus, and previous to my visit South I well knew that it had its admirers and supporters, while many others, together with some of our schools and hospitals, as earnestly denounced it as unsafe, and particularly unwarrantable in its use, in all cases of a tubercular diathesis. Whatever distrust I might have entertained of its almost indiscriminate use in some of our Northern hospitals, I soon lost it in the South, where I found it not only used by all physicians, but by the planters themselves, whose medicine chests as invariably contained chloroform as they did quinine.

Case 1st—Was that of a young negro who came into town during the day with a load of cotton; while at the ware-house he was observed to fall from a cotton bale upon which he was sitting, and was supposed to be in a dying condition. I saw him in twenty minutes later, found him *opisthotonos*; his body curved, and resting upon the heels and back of head, eyes partially closed, pupils contracted, breast heaving laboriously, with a rhoncus rattle of the chest and throat. His arms were drawn up and rigid with spasm, a mere fluttering of the pulse, the joints firmly closed, trismus complete. Being unable to get anything down him, I hastened to procure a mixture of chloroform and sulph. ether, equal parts. I returned in ten



minutes; he had been removed to a room; the mucous rattle now seemed to threaten suffocation; while quantities mixed with blood was forced from his mouth and nose. I instantly applied the sponge to his nose, saturated with perhaps two drachms of the ether mixture. The first effect was a sudden convulsive movement of the whole body, which soon lost its curvature, and dropped upon the floor; the rattling and heaving of the breast began to abate, and the arms fell powerless by his side. In less than five minutes he seemed entirely relieved, and his eyes appeared closed in heavy sleep. I now found the trismus sufficiently yielding to enable me to get down twenty grains calomel and five morphine. I withdrew the sponge, occasionally re-applying it for few seconds at a time, until all symptoms of spasm had disappeared, he sleeping soundly. The breathing was now free from rattle, the inspirations slow, and full; pulse distinct and firm. I left him with orders to get oil and turpentine in equal parts in four hours. I saw him the following morning. The oil had passed off freely. He had no recollection of what had passed, felt weak, otherwise quite well. He returned home, and speedily recovered, upon tonics and anodynes.

2d case—Was a white man, aged forty years, who eight days previous received the contents of a musket, loaded with buck-shot in his right side, arm and hand. Two of his fingers were amputated by his attending physician. I found the man looking ghastly pale, eyes sunken, the pulse 140, low and tremulous. The whole body was bathed in a clammy sweat. He tried to articulate, but could not, nor could he swallow, the masticatory muscles were rigid. He had complained, the day previous, of stiffness of the neck, burning sensation in the throat, with some difficulty in swallowing, pain and twitching of the wounded arm and hand. These symptoms continued to increase until they presented all the phenomena of traumatic-tetanus. His bowels were tender under the hand. The wounds presented an ashy, dry, gangrenous look. I soon brought him under the influence of the ether mixture, and with the happiest results. The breathing which was before hurried and difficult, now became tranquil, pulse firmer and less frequent; in fact the tetanic symptoms gradually subsided. The masticatory muscles having become sufficiently relaxed, I soon administered my *favorite* prescription, twenty grains calomel, with all the morphine I thought he could bear. I soon left him sleeping, with instructions to give oil and turpentine, equal parts, early the following morning, it being now night, and should the spasms return, to call me. When I saw him in the morning the bowels had been relieved of copious, dark and offensive evacuations, and

much of the tenderness. I now gave him quinine and wine, together with anodynes. The day following he was stronger, could swallow well, The wounds looked brighter, and were moist, with healthy suppuration.

On the fourth day, being the eleventh from the accident, he complained of slight stiffness of the neck, with burning in the throat. Being fearful he might get a return of spasms, I ordered him, through the day, teaspoonful doses of the ether mixture; this dispelled all tetanic symptoms, and they did not return. He recovered upon tonics and anodynes.

My third and fourth cases were blacks, which I will not detail at length, merely stating that they both proceeded from incised wounds; one of the head, the other of the foot. They both recovered with no alterations in the previous plan of treatment, except the administration of croton oil, in the latter case, owing to great torpidity of the bowels.

Fifth, and last case, was a white man, aged forty years, of intemperate habits. He received a wound in the hand while attempting to grasp a drawn knife from his adversary. The superficial palmar arch was divided, from which he had lost much blood before I saw him. I succeeded in securing the vessel, by compression upon both ends. The following day I was called in haste, the messenger stating, to use his language, that his master "had gone ded in de fit." Upon coming to his bedside, he appeared more like one in a heavy nightmare, contracted features, eyebrows and forehead corrugated, jaws firmly closed, the general expressions were changable, sometimes presenting the true *risus sardonius* of authors. his limbs were rigid, and the eyes sunken, pupils contracted, pulse very feeble. He was soon brought under the influence of the mixture, when the face quickly lost its convulsive features, and the tetanic symptoms began to mitigate, and in three minutes he appeared sleeping. The trismus in this case. however, did not yield as readily as those previous, but the cervical and masticatory muscles gradually gave way, and I gave him twenty grains calomel and morphine, all he could bear; this, as usual, was followed with oil and turpentine at proper time, which passed off freely relieving him. He complained on the following day of slight twitching of the wounded hand, with cramping; this was relieved by a few doses of the mixture, taken internally. I ordered him quinine with wine. In a few days he was fully restored.

Since my return North I have been in the habit of using chloroform and ether in convulsions of children, and with the best of success. I have seen also, tetanus cured in two horses. I merely state these cases to show my experience in the use of these articles.

In conclusion, I will remark first, that the great difficulty in the way of curing tetanus, is trismus. 2d; That chloroform and sulph. ether will, if properly administered, sufficiently relieve the spasmodic contraction of jaws and throat, to enable the physician to employ internal remedies. 3d; I have no doubt that these valuable anæsthetics will, of themselves, cure most, if not all, cases of this disease, by their judicious use, both by inhalation and internal administration. 4th; That the most reliable or effectual plan of treatment, is to assist them by internal remedies as soon as they can be given, and these remedies are calomel and morphine, in full doses, followed with oil and turpentine; afterwards the tonics and anodynes, quinine and morphine.

The chloroform and ether should be used in equal proportions, to be successful, and administered without fear; first, knowing the patients constitution; and secondly, what we want to effect with it. \*

---

ART. V.—*Notes on Army Medical Service, by SANFORD B. HUNT, M. D.*

MR. EDITOR:—I comply more cheerfully than easily with your request to furnish to your journal some notes of my service on the Peninsula, extending over a period, I think, of eleven weeks. For some years past my pen has been unused to medical authorship and it may be difficult for me to resume a once easy and delightful task. I reached Fortress Monroe soon after the battle of Williamsburgh, and after serving in any capacity to which I happened to be assigned during the interval, left for home some three weeks after the retreat which brought McClellan's army to Harrison's Landing. My experience was probably more varied than that of most surgeons, but less exciting. Such professional lessons as I derived from it, I shall gladly communicate. I saw no field service whatever, but was enabled to witness its results in hospitals and transports, and feel authorized to speak with some emphasis upon it.

Gun-shot wounds, reduced to their simplest statement, are only contused and lacerated wounds, in which bones or blood-vessels may or may not be involved. The contusion is ordinarily an unimportant feature. As a musket ball may go through a pane of glass without shattering it, so,—and much

---

\* NOTE.—The conclusions of the author do not correspond fully with the experience of physicians at the North who have used anæsthetics in tetanus. We cannot regard the value of calomel as established; and have recently seen a child suffer the severest tetanic spasms while yet fully under the influence of chloroform. We most fully agree in the use of morphine and quinine, and have no doubt as to the value of anæsthetics; the experience of the author is very satisfactory, in the use of chloroform and ether in combination.—[Ed.]



more so—it passes through the soft parts of the human body, leaving around it but a small contusion, practically unimportant in the treatment. The laceration, then, and the parts it involves, are the main object of the surgeon's care. From this statement it is pretty evident that each wound must be considered as an isolated fact and that all special ideas, such as poison from the powder and gangrenous effects said to be produced by the rapidity with which the missile impinges upon the parts, should be discarded. This reasoning by exclusion is not altogether unnecessary, for too many surgeons look upon a gun-shot wound as a *lusus*, to be met with extraordinary means. Really, however, a gun-shot wound is only a laceration—its importance depends upon the parts involved and the character of the missile.

In many flesh-wounds the bullet cannot be easily found. Even a minie ball will glance if it impinges at an acute angle on a firm fibrous membrane, and the result is that a ball may pursue a very tortuous course. In such instances, nothing can be gathered from the history of the case. Neither will the probe reveal the course of the missile or follow its crooked channel—consequently if no instant danger requires action, and unless the bullet can be felt from the surface, it is not worth while to go upon a very doubtful search with the scalpel. It is very true that the ragged form of the minie is much less likely to remain harmless than the round bullet, but, at least in field operations, time and careful study should be given to the case before cutting. This is especially true of all wounds of the trunk and head, which cannot be cured by amputation. In such cases, where the lungs or abdominal viscera are perforated, the patient is virtually out of the range of surgery and within that of medicine, to be treated as the indications may decide. So far I have excluded from operations all wounds in which the bullet cannot be easily found. This narrows down the duty of the scalpel to amputations of the extremities, resections of bones or the ligation of arteries.

*Amputations.*—It is universally conceded that amputations on the field are far more successful than secondary operations. The soldier does not come off the field horrified and crushed down by unexpected and sudden shock, like the victim of a railroad accident. He has his wits about him, had some notion of being hit, finds it hurt him less than he expected, and so meets the amputating knife with a nervous system capable of enduring further shock. In fact he is usually in a state of exaltation that upholds him during the ordeal. Thus it happens that very high amputations of the thigh, even, have, with proper after treatment, a fair chance of success, if

performed early. But when the other course is taken, when the sufferer lies all night on the field, is borne in the morning to an ambulance, jolted over bad roads, and transferred, days afterward, to a hospital, he has become worn, jaded, incapable of endurance, irritative action has set in and the secondary amputation is fatal.

The truth of these remarks is an axiom, yet there are a vast number of cases which seem compelled to be exceptions. A bullet strikes the upper third of the femur, buries itself in the bone, perhaps without absolutely fracturing it, and the case becomes one of doubt, justifying delay. So too with wounds of the joints, especially the elbow, which somehow endures disaster better than any other joint. Such cases are those which reach the General Hospital and come under the care of its surgeons. At first, immediately after the Williamsburgh battle, the disposition in the various hospitals at Fortress Monroe was to operate. The knife was used with heroic freedom. It would be invidious to specify the surgeons who made that raid upon humanity. A bullet was looked upon as a prize worth any amount of digging for, and some ghastly and even fatal wounds were inflicted by the scalpel in a prolonged search for an unoffending pellet of lead. Amputations seemed particularly attractive, and many a man lost his thigh at the upper third, to die next day and exhibit on the post-mortem a fracture splitting the bone into the acetabulum. It is hardly necessary to say that these were cases in which no operations should have been had. The opportunity for success was lost when the surgeon on the field decided not to amputate, and in the General Hospital it only remained to extract such fragments of bone as could be readily reached, to keep the limb moderately extended, and then to give the poor fellow a chance to pass the dangers of tetanus and drag through the perils of an exhausting discharge with its irritative fever, and perhaps its purulent absorption. Truly this is a melancholy choice, but when you know that the patient will die under the knife, it is only fair to let him fight it out with Nature.

The lesser amputations, however, escaped this criticism, except when hospital gangrene supervened, as it did at the mis-named Hygiea Hospital. The result of the amputation depended on the magnitude of the tissues cut, and in arms or legs the termination was mostly favorable, excepting always hospital gangrene. It was, I believe, only in the Hygiea Hospital that this terrible scourge exhibited itself. That building was formerly a hotel inclosing a court-yard, the yard itself bisected by a long two story building, and a mouldy wooden pavement covering the ground and forming

a cloaca for dampness and decay. Shaded with trees, gloomy and ill-ventilated, it was no wonder that gangrene showed itself in wards which so far as sanitary police was concerned, were well kept. The fatality from this source became so great—killing off so many of the capital operations—that Medical Director Cuyler closed the building and had nearly evacuated the premises, when the seven days retreat, compelled its re-opening and renewed the gangrene. This hospital was therefore finally abandoned about the last of July.

The mortality from capital operations should not, however, be attributed altogether to hospital gangrene. It was quite as bad as it could be in other institutions. Some of the distinguished eastern surgeons who volunteered their services, would be troubled now to find one of their patients on this side of the Styx. One such operated largely in Mill Creek Hospital, ligating arteries, resecting bones and amputating. Of all on whom he laid his knife, not one is now alive to tell the tale of heroic surgery. I make this statement with a knowledge of its truth. About this time Brigade Surgeon John W. Hunt, a Western New Yorker, took charge at Mill Creek—Preliminary to other reforms, he carefully locked up the surgical instruments and relied on a pair of scissors and a forceps to treat several hundred wounded. He certainly killed nobody, and when the records of that hospital shall be written up, they will show a triumph of conservative surgery. Not only was the mortality largely decreased, but in hosts of cases the patients were restored with useful limbs. With Surgeon Hunt,—who, I am sorry to say, is not a relative of mine—should rank his able friend, Surgeon McCay, of the Chesapeake Hospital, a mammoth institution, unfavorably constructed and located, but nobly managed. And here let me add that a full breast of the milk of human kindness is a grand essential in an army surgeon. Hunt and McCay were kind-hearted as well as skillful and judicious.

The result of resections of bones will hardly warrant a more favorable record than I have bestowed on high amputations of the thigh. Possibly in civil practice or in city hospitals, better results might be obtained. They were not successful at Fortress Monroe, and conservative surgeons did not hesitate to condemn their frequent employment.

In the ligation of arteries, the rules of general surgery seemed strictly applicable. When great arteries are tied the parts beyond are very apt to die, yet there is far less objection to these ligations than to resections and amputations. A patient is bleeding from a deep-seated branch of the



external carotid, death is imminent, and the tying of the common carotid will at least prolong, if it does not save, his life, so that the surgeon can reconcile his conscience with his knife, which, by the way, is a somewhat important, though often neglected, preliminary to any important act in military surgery.

A word should be said here about the probable proportion of operations to cases. On the field it is large of course, and I have endeavored to show that there is the place where most of the operative surgery should be done. But as cases reached the great hospitals at Fortress Monroe and Newport News, the surgeon not eager to cut, would find that the regimental surgeons had done pretty nearly all that was justifiable, and that nothing was left for him, except a large faith in nature, and a few secondary operations rendered necessary by complications occurring at a later day. They will not average one operation to a hundred cases. It remains to treat the majority *pro re nata*, to apply cerate to the kindly wounds, and water dressings to those inflamed, to watch carefully their cleanliness, to support with wines and tonics under exhausting discharges, to temper irritability with opium, and to secure for them as good a diet and as pure an air, as circumstances will permit.

All this does not accord with the picturesque idea of an army surgeon with sleeves rolled up, and up to his ankles in blood; but such pictures belong only to the battle-field, and they are far less common than the lively imagination of "Sawbones" would paint. To sum up, then, the treatment of gun-shot wounds is practically more simple than it has seemed to our unaccustomed minds. Operations for their relief are most successful upon the field, while in hospitals and under the depressing circumstances that surround them, it is the dictate of a prudent judgment to avoid, so far as possible, the use of the knife, which is in fact, unnecessary in nine cases out of ten.

In subsequent articles I shall speak of the fevers of the peninsula, of army diseases generally, of hospital construction and of the general routine of duty of the army surgeon.

---

A suit for damages in a case of fracture of the leg followed by mortification and amputation, was lately brought before the Court of Common Pleas in Franklin County, Ohio, and resulted in a verdict for the defendant, Dr. G. W. Butler. It was claimed by the defendant on the trial, that a special contract was made with plaintiff, previous to treatment, releasing the former from all responsibility as to its result; and the validity of such a contract seems to have been allowed by the Judge, and the fact of its existence left with the jury to decide.



## EDITORIAL DEPARTMENT.

## BOOKS REVIEWED.

*Medico-Legal Contributions on Arsenic; containing Reports of a number of cases of Arsenical Poisoning, together with an account of the Methods employed in their Chemical Examination.* By CHARLES H. PORTER, M. D., Professor of Chemistry and Medical Jurisprudence, Albany Medical College, Albany, N. Y. Albany: CHARLES VAN BENTHUYSEN, 1862.

This pamphlet is a re-print of an article published in the transactions of the New York State Medical Society for 1862. It is, therefore, probably familiar to many of our readers. It is devoted mainly to the consideration of the methods of detecting arsenic, and the relation of a number of cases of arsenical poisoning, with the investigations had, most of which were conducted by the author. He, therefore, gives a record of his own experience, which entitles his remarks, in regard to methods of detecting arsenic, to greater weight. After a somewhat large experience, he says, that taking all things into consideration, the best method for the separation of organic matter from the poison, is that of Fresenius and Babo, though, in this, he differs from Mr. Taylor. Its merits are that, though its process refers mainly to the detection of arsenic, yet none of the metallic poisons would escape detection by it.

In this country, we all know the importance given to the chemical evidence in cases of poisoning; and probably without it, a conviction would never be obtained. Yet there are many fallacies to which the chemical evidence is liable. These the author very judiciously notices. The failure to detect a poison, upon examination, is not positive proof that the death was not caused by it. The same may be said of the presence of arsenic in the stomach, and the detection of minute quantities of it: for, in the former case, it may have been introduced after death, and, in the latter, it may have been derived from the chemicals used in the investigation. To obviate the one, some of the tissues of the body should be separately examined; and to prevent the other, great care should be taken to ascertain that the vessels and chemicals employed are free from poison. It is hardly necessary to speak of the errors likely to arise from entrusting the examination, in a case of suspected poisoning, to an ignorant or unskillful operator, for it is obvious that, in cases in which the chemical evidence is made so important, examinations should be made only by the most competent scientific men. No-

thing short of accuracy should be allowed to weigh in a matter which may involve human life. We notice that the author considers Marsh's test for the presence of arsenic as more delicate than all others.

The cases to which the author's account of methods, is but a preface, and the relating of which is the main purpose of the publication, are, as before stated, those in which he has made the investigations. Among them, is the case of the People vs. Swan, which was tried in this city, and in which the interesting and conclusive experiments of Prof. Hadley, in relation to the effects of arsenic on apples, very satisfactorily established the innocence of the accused, and obtained his release after he had been convicted. This is the more interesting, from the fact that the well known scientific accuracy of Dr. Hadley was instrumental in establishing innocence of crime. The pamphlet is a valuable contribution to medico legal literature, and will well repay a careful examination.

---

*On Military and Camp Hospitals, and the Health of Troops in the Field; being the results of a Commission to Inspect the Sanitary Arrangements of the French Army, and incidentally of other armies in the Crimean War. By L. BAUDENS, Inspector and Member of the Council of Health of the French Armies, formerly Surgeon-in-Chief, and first Professor of the Perfecting School of Val de-Grace, etc., etc. Translated and Annotated by FRANKLIN B. HOUGH, M. D., late an Inspector of the U. S. Sanitary Commission. New York: BAILLIERE BROTHERS, 440 Broadway, 1862.*

The Medical Topography of the Crimea, is given in the first chapter and a description of the camps, hospitals, and many other circumstances and conditions of the army are included, together with the geological features of that country. It constitutes a very entertaining and instructive section.

The second chapter is upon rations, and a very minute and reliable account is given of the character, amount and cost, of soldiers food.

Chapter 3d—*Camps and Shelters*.—Contains a full description of the construction, location, drainage, ventilation, and other hygienic conditions of the camps, shelters and hospitals.

Chapter 4th—*Cloths*.—This matter of cloths is a very important one, not only in the view of the soldier, but also in the estimation of the Sanitary Commissioner; many valuable suggestions are made upon the subject of dress.

Part II, is upon *Infirmaries* and *field* hospitals, surgical operations, physicians, chloroform, &c., &c.

Part III, is devoted to hospitals and their diseases, cholera, typhus, &c.,

&c., in the Crimea, to which is added an appendix, containing many valuable statistics.

This is one of the most readable books we have seen, telling the physician everything he would most desire to know about the Crimean war, and the results of surgical military practice everywhere. It is so attractive and easy in style, that intelligent men of all classes would be greatly interested in it; much of its teaching would be as useful to the military officer as to the surgeon. It is full of suggestions upon the whole subject of military science, though the main facts and observations have reference to the medical provision and treatment of the army.

It is a jewel of a book, and while we earnestly recommend it to the perusal of physicians, we also bespeak for it, consideration, as an open fountain of experience and observation, from which all may draw instruction and entertainment.

---

*Advice to a Mother on the Management of her Offspring.* By PYE HENRY CHAVASSE, Fellow of the Royal College of Surgeons of England; formerly President of Queen's College Medico-Chirurgical Society Birmingham; author of "Advice to a Wife on the Management of her own Health." Reprinted from the Sixth London Edition. New York: BAILLIERE BROTHERS, Publishers, 440 Broadway, 1862.

This book contains very valuable advice to mothers upon the general management of children in infancy, childhood, and youth. All the little attentions required in infancy are explained and full directions given, making the book a very desirable guide, to young mothers, which if possessed by them, would prove an excellent advisor, when otherwise some old, worn out, superstitious neighbor would be consulted.

Part II. contains chapters upon ablution, clothing, diet, exercise, amusements, education, sleep, second dentition and its diseases, and other topics applicable to childhood and its diseases.

Part III, is upon the care and management, education and training, of youth.

The book is really a very desirable one for a mother to read, and would protect many a family from imposition, besides, giving it truthful ideas upon the various topics discussed, in place of the absurd and irrational notions which are often entertained.

We have donated this little volume to our nursery library, and shall be happy to know that many of our friends have done likewise.



*The American Journal of Ophthalmology.*—Vol. 1, No. 1. JULIUS HOMBERGER, M. D., *Editor and Proprietor*, 24 West 12th Street, New York. New York, July, 1862: BAILLIERE BROTHERS, 440 Broadway. Price, \$2 per annum, in advance.

The first number of this journal speaks favorably for its future success and usefulness, and we admire the enterprise which has prompted this undertaking. We bespeak for the *American Journal of Ophthalmology*, a just appreciation and generous support, by the profession.

---

BOOKS AND PAMPHLETS RECEIVED.

*A Practical Treatise on the Diseases of the Heart and Great Vessels, including the Principles of Physical Diagnosis*, by WALTER HAYLÉ WALSH, M. D., *Fellow of the Royal College of Physicians; Professor of the Principles and Practice of Medicine and of Clinical Medicine in University College, London; Consulting Physician to the Hospital for Consumption.* A new American, from the third revised and much enlarged London edition. Philadelphia: BLANCHARD & LEA, 1862.

*Caries of Elbow Joint, Operation of Excision with recovery of useful arm; presented to Medical Society of State of New York, at its annual meeting, 1862*, by N. C. HUSTED, M. D., *New York City.* Albany: C. VAN BENTHUYSEN, 1862.

*Testimony in the matter of the application of B. FRANK PALMER, for the extension of his patent for an Artificial Leg. Read before the Hon. Commissioner of Patents. October 22, 1860; extension granted Nov. 3. 1860.* Philadelphia: C. SHERMAN & SON, 1862.

*Memoir of Hon. John Miller, M. D., late of Truxton, Courtland County, N. Y.,* by GEORGE W. BRADFORD, M. D., *Secretary of Courtland County Medical Society.* Albany: C. VAN BENTHUYSEN, 1862.

---

UNIVERSAL SOCIETY OF OPHTHALMOLOGY.—The object of this Society is to advance the science of Ophthalmology by yearly meetings, establishing a pathological collection, and publishing transactions. It is to change its seat of action yearly from one to another of the great scientific centres of the world. Eleven such centres, all of them European, have so far been selected. The most celebrated names figure in its list of committees, such as Sichel, Desmarries, Von Græfe, Bowman, Arlt, Mackenzie, Wilde, etc., etc. We learn that Drs. Valentine Mott and Julius Homberger, of this city, and Drs. Pancoast, Hayes and Little, of Philadelphia, compose the American Committees.

The first meeting of the Society will be held at Paris, between September



30th and October 3d, of this year; and the Central (Parisian) Committee, has issued a request to the government of all civilized nations to send delegates to its sessions. We presume the American Committees will soon officially invite all parties interested to participate.

TO THE MEDICAL PROFESSION OF THE UNITED STATES.—The object of the Universal Society of Ophthalmology is known to you, and we hope its foundation will mark the present year in the annals of Medical Science.—We are fully satisfied that the Society will take, from its first meeting, the position which it has a right to ask among scientific bodies. We believe it is now the proper moment to solicit your help and sympathy.

“We invite you to associate yourself with the Society, which will meet for the first time, from the 30th of September to the 3d of October, 1862, in Paris.

“Your desire to be enrolled on its list of membership is requested to be made known to one of the undersigned, who will forward it to the Central Committee.

“*The Committee of the State of New York:*

“VALENTINE MOTT, M. D., 1 Gramercy Park,

“JULIUS HOMBERGER, M. D., 24 West Twelfth St.

“New York, May 20th, 1862.”

---

BRIGADE SURGEON IN THE ARMY.—The entire Medical Department of the Army has been so thoroughly remodeled by recent congressional enactments, that it requires the attentive brain to keep regularly the run of things. A recent act, however, has at one swoop abolished the entire rank of Brigade Surgeon; and this class of medical officers are now subject to the same rules which govern surgeons—*i. e.*, they cease to exercise a purveyorship, and are liable to active duty as surgeons proper. We notice, too, that we have been occupying to some extent the position of Brigade Surgeons, Medical Inspectors. Many of these new appointees are taken from the old corps of Brigade Surgeons, though we do not understand this to be necessarily so. Among the recent appointments we are pleased to notice that Dr. W. H. Mussey, of our city, late a Brigade Surgeon, is made a Medical Inspector in General Halleck's Department. The corps of surgeons is also to be enlarged by the appointment of one hundred and sixty more for the war; forty being full surgeons, and the remainder assistant surgeons.—*Cincinnati Lancet and Observer.*

MEDICAL AND SURGICAL HISTORY OF THE REBELLION.—It is intended to prepare for publication the Medical and Surgical History of the Rebellion.

The medical portion of this work has been committed to Assistant Surgeon J. J. Woodward, United States Army, and the surgical part to Brigade Surgeon John H. Brinton, United States Volunteers.

All medical officers are, therefore, requested to co-operate in this undertaking by forwarding to this office such sanitary, topographical, medical and surgical reports, details of cases, essays, and results of investigations and inquiries, as may be of value for this, for which full credit will be given in the forthcoming volumes.

It is, therefore, confidently expected that no one will neglect this opportunity of advancing the honor of the service, the cause of humanity, and his own reputation,

WILLIAM A. HAMMOND,  
Surgeon General, U. S. A.

APPOINTMENT.—C. B. Hutchins, M. D., Surgeon to the New York State Volunteers, with expectation of serving in the new regiment now being raised in Buffalo.

Deaths.—At Madeira, of Phthisis Pulmonalis, on the 16th day of May, Thomas Wakley, Esq., founder and editor of the *London Lancet*, in the 67th year of his age.

*Report of Deaths in the City of Buffalo, for the Month of June, 1862.*

Accident, 6; Accident by Drowning, 7; Bronchitis, 1; Cancer of the Stomach 1; Cancer of the Breast, 1; Cholera Infantum, 1; Cholera Morbus, 1; Consumption, 11; Convulsions, 17; Croup, 2; Delirium Tremens, 3; Diarrhoea, 2; Disease of the Heart, 2; Disease of the Lungs, 2; Disease of the Kidney, 1; Dropsy, General, 1; Dropsy Abdominal, 7; Dropsy of the Brain 1; Dysentery, 1; Epilepsy, 1; Erysipelas, 1; Fever, Puerperal, Convulsions, 1; Fever, Scarlet, 7; Fever, Typhoid, 3; Fever, Typus 1; Hemorrhage, 1, Inflammation of the Brain, 4; Inflammation of the Brain and Meninges, 5; Inflammation of the Lungs, 7; Inflammation of the Peritoneum, 2; Marasmus, 2; Measles, 1; Old Age, 5; Scrofula, 1; Small Pox, 1; Suffocation, 1; Sun Stroke, 1; Syphilitis, 1; Unknown, 7; Whooping Cough 1; —Total, 118. Ages: 1 and 30 days, 4; 1 month and 6 months, 14; 6 months and 1 year, 10; 1 to 3 years, 15; 3 to 5 years, 12; 5 to 10 years 11; 10 to 20 years, 10; 20 to 30 years, 9; 30 to 40 years, 11; 40 to 50 years, 10; 50 to 60 years, 3; 60 to 70 years, 2; 70 to 80 years, 6; 80 to 90 years, 1; Stillborn, 2; Total 120. Sex: Males, 68; Females, 51; Not given, 1. Color: White 117; Colored, 2; Unknown, 1. Nativities: United States, 84; German States, 13; Ireland, 13; England, 1; France, 2; Scotland, 1; Canada, 3; Unknown, 3. Parentage: American, 24; German, 42; Irish 30; English, 7; Scotch, 3; French, 2; Prussia, 1; Canada, 1; Unknown, 9. Condition: Married, 19; Single, 82; Widows, 6; Widowers, 2; Unknown, 11. Locality: City at large, 162; Hospital of Sisters of Charity, 9; Buffalo General Hospital, 4; Catholic Foundling Asylum, 4; Small Pox Hospital, 1. By whom certified: by Regular Physicians at Public Institutions, 17; by Regular Physicians in City at large, 43; by Irregular Practitioners, 16; by Coroner, 12; by Undertakers, 32. Total, 120

B U F F A L O

# Medical and Surgical Journal

---

VOL. II.

SEPTEMBER, 1862.

NO. 2.

---

ORIGINAL COMMUNICATIONS.

---

ART. I.—*Report of Surgical Cases at the Buffalo General Hospital.*  
*By J. R. LOTHROP, Attending Physician.*

10. The fractures under treatment were, of the humerus two, of the clavicle one, of the fibula two. The fractures of the humerus were, one of the external condyle, and one of the shaft two inches above the condyles, united.

The first occurred in a man sixty years of age, of intemperate habits. While intoxicated he fell heavily, striking upon the elbow, the elbow itself bearing marks which left no doubt of its being caused by a direct blow. The fracture penetrated deeply into the joint, probably opening into it near the middle of the articulating surface. Movement of the radius by rotation or by pulling it forwards caused crepitus, as did pressing the condyles together. The breadth between the condyles was increased and the fragment was pushed slightly backwards. A bandage had been applied before the patient was seen by me, which had been so much tightened by the swelling as to cause slight vesications. The arm was therefore laid on a pillow, in a flexed position, and cold lotions applied for the first few days, until the swelling, which was considerable, had somewhat subsided and the vesications healed. It was then dressed on a paste-board splint, flexed at a right angle. The splint was placed upon the anterior aspect of the arm, not from any preference for that surface—many, perhaps most surgeons, choosing the posterior surface—but because it was free from vesications. The dressings were removed often, and passive motion employed. The splint was continued longer than is generally advised—three or four



weeks—but as the paste-board had lost its firmness, it allowed quite free motion. The result of this fracture was bony union, slightly delayed, with a partial restoration of the motions of the joint. At the present time, five months after the accident, flexion and extension, though somewhat limited, are more perfectly established than rotation and supination, which are imperfect. In this fracture the danger is less from displacement, than stiffness of the joint, or even bony ankylosis, which may follow if passive motion is neglected after the first seven or eight days.

The second was a case of ununited fracture of two years' duration. The fracture was caused by a gun-shot wound. Two months before he came under my care, Dr. Miner had performed an operation for the purpose of procuring union. I was present and assisted at the operation, therefore describe it as I saw it, and also the primary dressing. An incision on the external aspect of the arm, down to the ends of the bone, was made; the ends turned outwards, and removed by the saw. In this way, about three-fourths of an inch of each was removed. The cut surfaces of the bone were then placed in apposition, and tied by a silver wire. After the closure of the wound, the arm was confined, flexed, to a firm pasteboard splint. The inflammation which followed was considerable, attended with free suppuration. As the patient was a healthy young man, a better result than followed seemed highly probable. The ends of bone removed, were rounded and covered by a smooth fibrous covering. The case remained under the care of Dr. Miner till the beginning of my term of service. At that time, two months after operation bony union had not taken place, though there was no mobility of the fragments on each other. The arm could be bent at the point of fracture, yet it was firm enough to indicate a considerable amount of plastic material about the ends. At first there was considerable discharge of pus, not only at the incision, but at new openings which had been established. This, however, gradually diminished, so that at the end of a month it had ceased entirely. The arm was dressed on an angular splint, though had it not been in that position previously, a straight splint would have been preferred. But as the swelling which followed the operation had somewhat stiffened the joint, it was thought an attempt to extend the arm would separate the fragments and diminish the probability of union, not very great at best. The patient left the hospital after about nine or ten weeks, in sound health, but not with bony union, though the hope of its occurring had not been abandoned. In this connection, we may notice, as deserving attention, the opinion which has been advanced, that in frac-



tures of the humerus at its lower third, dressing upon a straight splint affords the most favorable conditions for the prevention, as well as for the treatment of the non-union which so frequently occurs in this fracture.

The fracture of the clavicle took place at the outer end of the middle third, its direction downwards and inwards, the inner fragment overlapping the outer, and forming a prominence even after union. It was caused by a counter stroke on the shoulder. The dressing combined the axillary pad and the sling, two things spoken of as very important in the treatment of this fracture. The humerus was kept, as nearly as possible, in line with the body, the elbow being carried more backwards than is directed in the use of Fox's dressing. It would be more proper to say this was attempted, for experience must have convinced most surgeons of the difficulty, if not impossibility, of keeping any retentive apparatus in its place. The result in this case was a shortening of nearly one-half an inch; a result as good as is usually obtained by any retentive dressing, and upon the whole not much better than is realized when the very simplest methods are employed, in fractures at this point. It has not been very clearly shown that any dressing will prevent overlapping, and a little shortening does not interfere with free use of the arm, though it may cause slight deformity. The patient left the hospital in about twenty days, with good union, and soon after resumed labor.

Of the two fractures of the fibula, one was recent, and one of several weeks' duration. The first—occurring in a young man—was caused by a mis-step, in getting out of a street car, the foot, as the patient declared, turning *inwards*. The point of fracture was about three inches above the ankle joint, was followed by considerable swelling about the joint; but there was no turning out of the foot, or perceptible deformity. It therefore required only to be kept at rest for a short time, two or three weeks, during which time motion was occasionally made of the ankle joint, to prevent the stiffness which usually follows. In five or six weeks the patient began to walk about, though the joint continued somewhat stiff and troublesome for a time.

The second, occurring in a man forty-five years of age, was likewise caused by a mis-step in getting out of a vehicle, the ground being covered with ice at the time. In this case the foot turned *outwards* at the time of the accident, and was followed by great deformity, the foot inclining outwards, and a marked prominence of the inner malleolus existing. The joint, moreover, was quite stiff. The point of fracture was about two and

one-half inches above the joint. The fracture had occurred several weeks before the admission of the patient. With little hope of remedying the deformity, strong extension by means of a twisted cord was made, with motion of the joint to break up the stiffness. Afterwards it was dressed on Dupuytren's splint, on the inside of the leg, with a thick pad just above the internal malleolus, and a few turns of a roller around the foot below the external malleolus, to rotate the foot strongly inwards. This dressing was continued several weeks; at the end of which time, the deformity was somewhat diminished. It should, however, be stated, that this observation was made while the patient was still in bed. The difficulty in preventing, by careful management, the turning out of the foot, should lead us to distrust apparent improvement, in the attempt to remedy it. Though the foot may remain quite straight while the patient is in bed; getting up, and bearing the weight upon it, may in a short time restore the original deformity. As the patient left the hospital at that time no opportunity has been afforded to ascertain whether the improvement was permanent. He left, however, with a firm belief that he had been benefited.

11. The five cases of ulcers were varicose ulcers of the leg—four of them upon the left leg—as far as they go confirming the observation that the greater number of these ulcers is found upon the left leg, giving therefore some show of probability to the opinion, that the pressure of the distended sigmoid flexure of the colon, in persons habitually constipated, by obstructing the return of venous blood, acts the part of a cause. The ulcers varied in size from one to four inches in diameter. The treatment of these often obstinate cases was reduced to great simplicity; water dressing, if the patient would keep in bed, and adhesive straps and a bandage, if he insisted upon walking about. These two methods seem to be more useful to most cases, than all the variety of medicated applications, except at the very outset.

12. The instance of benign tumor, was a fibrous tumor of the face. The patient, a young man about twenty years of age, first observed it four years before, it being as large as a bullet. At the time of his admission it was about the size of an English walnut, deeply imbedded in the cheek, being much more distinct to the touch on the inside. It appeared to have an attachment under the prominence of the malar bone. The patient desired its removal, on account of the deformity it caused. An operation was therefore made for its removal. The incision was made in an oblique direction across the cheek in a line from the angle of the mouth to the prominence of the malar bone, high enough to avoid the salivary duct.

On account of its depth and the smallness of the incision, the dissection was difficult, especially for the removal of the pedicle. It was followed by a troublesome hæmorrhage, which was finally controlled by the pressure of a sponge, as in the narrow and deep wound a ligature could not be applied. The tumor was firm, inelastic, of almost cartilaginous consistence. When divided it was of a uniform whitish color. The tumor belonged to the class of fibrous tumors, histologically, though in physical properties it had much resemblance to cartilage. This was evident from its slow growth, and entire freedom from pain during its progress, as well as from its structure.

13. The diseases of the bones and joints were, one of ankylosis, one of caries and one of traumatic inflammation of the knee joint; one of chronic synovitis and one of necrosis.

Of the first, which occurred in a youth as the result of scrofulous inflammation, involving the bones, it is only necessary to say, that there was no attempt made to remedy it, the boy receiving constitutional treatment.

The case of caries of the knee joint was one in which an opening had been made into the joint for the evacuation of pus. An account of the case, and the results to the date of this report, may be found in a former number of this journal. The report concludes with the statement that the knee was greatly benefited by the operation; that the boy was able to move about; and seemed in all respects improving rapidly. Shortly before he came under my care, while playing about the ward, he received an injury to the knee from a fall, which obliged him to keep in bed, and to dispense with the hinged splint, worn while he was up. At the beginning of my term the knee was much swollen, and discharged pus very copiously. This with the pain which accompanied, had very much impaired the boy's strength, and given rise to great irritative fever. During the three months succeeding, there were periods of apparent improvement, but the latter part of the time, pus was discharged through several openings. Fever, pain, and loss of appetite had so much exhausted him, that his parents thinking he would soon die, removed him from the hospital. At the present time, however, he is still living; but there is extensive disorganization of the joint, partial dislocation, and continued suppuration; neither have the other symptoms improved. The treatment was mainly directed to the quieting of irritation and pain, and sustaining strength. For these purposes, opium, iron, and wine were made use of. An attempt was made to keep the limb at rest by a paste-board splint, but the amount of discharge prevented



its continued use. The course of this case cannot be looked upon as unusual, but is spoken of more at length, because the opening into the joint seemed to promise permanent improvement. In speaking of the result, due allowance must be made for the injurious influence of the violence inflicted by the fall. There can be no doubt of the propriety of an incision for the escape of pus when confined in the cavity of a joint. The error lies rather in not making it sufficiently free. If permanent improvement does not follow, and the result is unfavorable, nothing of it is to be charged upon the operation; and on the other hand, changes for the better do not warrant a very confident belief that they will continue.

The case of inflammation of the knee resulted from a cut by an axe, about two inches above the patella. The wound was about two inches in length and deep, as was stated. At first it had progressed so favorably that the patient—a man forty years of age—removed from Grand Island to Buffalo. In consequence, inflammatory symptoms set in. When the patient entered the hospital, two weeks after their occurrence, the whole limb was enormously swollen, and discharging pus at the original wound. When the limb was kept at rest, semiflexed, and supported by pillows there was little pain, but motion caused most intense suffering. The constitutional symptoms were severe, great irritative fever, profuse sweatings, worn and anxious look, and altogether an aspect most unfavorable. Large poultices were applied to the limb, opium given to quiet irritability, and stimulants with good diet, to sustain strength. In a few days there were evidences of a large collection of pus in the calf. This being evacuated by incision, the limb began slowly to improve. The amount of pus which followed the incision was nearly a pint, and the quantity discharged during each day afterwards was very great. It collected in the upper and posterior portion of the calf, instead of working its way down among the muscles. At the present time, three months after admission, the discharge of pus has ceased, and the limb is reduced very nearly to the same size as the other. The leg, however, cannot be extended, though there is a very limited motion. In this case it is probable that the inflammatory action did not involve the bones, and though the joint was implicated to some extent, the parts around the joint must have been affected mainly, and the suppuration, confined to them. There is, therefore, every probability of a restoration of motion by forcible extension, if not by the use of the limb.

The case of chronic affection of the synovial membrane of the knee was of more than a year's standing. It arose from exposure to cold. In the



outset there was swelling and effusion, with pain and interference with the motion of the joint; still, the symptoms were never very acute. The swelling had continued in its present form, from the beginning, liable to slight variations. Occasionally upon unusual exertion, or exposure to cold, pain was experienced, and especially while walking, which was at such times difficult both from pain and a degree of stiffness. Ordinarily, however motion was quite free and painless. The joint was considerably swollen, the swelling being most marked in front of the lower end of the femur, extending up under the extensor muscles, though it existed also on each side of the ligamentum patellæ. The swelling was soft, but did not impart a distinct sense of fluctuation to the touch. It was probably due mainly to thickening of the synovial membrane. It was at first treated by an application of the tincture of iodine, which, failing of effect, repeated blisters were employed. The latter removed entirely the pain which was felt at the beginning of treatment, and considerably reduced the swelling. After a little time the patient was able to move about freely, without inconvenience, and in two months left the hospital.

The case of necrosis involved the lower end of the femur, with incarceration of a sequestrum, which was removed by operation. The patient was a young man of nineteen years of age, who had been for some time under the care of Dr. Storek. Six years before, he met with an injury just below the knee, by striking against hot iron, so that a burn was added to the injury. Swelling and inflammation followed, which extended above the knee, and continued for about a year, during which time he suffered great pain. About a year after the injury, a discharge of pus took place above the knee, on the outer side of the thigh. This discharge has continued ever since, being at first considerable in amount, but soon becoming small in quantity. At the time of admission there was but a slight discharge. He had suffered scarcely any pain after the first year, and had lately worked at his trade, of painting. Upon examination the femur was found to be increased in diameter at its lower end, but its articulating extremity was unaffected, as the mobility of the joint was perfect. An opening had existed on the inner side of the thigh, but had not been permanent, opening and closing. An opening existed on the outside of the thigh towards the posterior aspect, a little way in front of the tendons of the ham, about three inches above the joint. Through this a probe passed in a direction inwards and forwards, to a depth of three inches, passing through a rough canal, and bringing up on rough and moveable bone. There could be no

doubt that a sequestrum existed, but as the patient was in good health, had perfect use of the joint, suffered no pain either at rest or in walking, and was not greatly troubled by the amount of pus which escaped, there certainly was no *necessity* for an operation. But the patient desired to be rid of the little trouble he experienced. After consultation with my colleagues, Drs. Eastman and Miner, an operation was deemed advisable, the liability of some bad result not being sufficient to deter from it. The operation was made April 23d, the patient being under the influence of sulphuric ether. A longitudinal incision was made on the outside of the thigh, and a short transverse one backwards into the old opening. After preparing the way by dissection, the trephine was applied and a small circle of bone removed. Through the opening thus made several pieces of necrosed bone were removed. The circle of bone removed was about one-half an inch in thickness. The wound was closed by a few stitches and water dressing applied. For a few days after the operation there was considerable fever. The thigh was moderately swollen in the vicinity of the wound, and red lines extended up the thigh to the groin, where several glands were swollen and painful. All threatening symptoms disappeared in the first three or four days. Considering the severity of the operation the patient suffered but little, and in a short time was free from pain, had a healthy wound with slight discharge, and recovered his usual appetite. May 6th, following, he was dressed and about the ward. June 1st, the escape of pus had nearly ceased, and June 25th he left the hospital to resume his former employment.

It may occur to many to ask, whether in a case attended with such slight inconvenience, for there was surely nothing more; no pain, no impediment to motion or labor, no unfavorable influence upon the health, we may say no liability of the patient's being called to endure either; moreover, a case in which, in time Nature would have effected a cure; it was proper to advise an operation which might have been followed by severe inflammation, not only of the surrounding textures, but of the bone itself, carrying with it not only the liability to further death of bone, but even absorption of pus. Probably it cannot be claimed in this any more than in many other cases of greater magnitude, that the fortunate result shows the wisdom of the decision; but it may perhaps be safely stated that in operations of this nature, on bone and structures, which have been a long time subject to a morbid process, the danger of bad results from fresh inflammation is not very great. A bone which has become accustomed to tolerate a foreign body, as a piece of dead bone in effect is, is not likely to resent more actively the process for its removal.

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

TUESDAY EVENING, August 5th, 1862.

Present—Prof. James P. White, President, in the Chair; Drs. Samo, Ring, Eastman, Congar, Rochester, Shaw, Wyckoff, Miner.

*Voted*, That Dr. McKinnon be admitted a member upon compliance with the By-Laws.

*Dr. Rochester* said, that for the purpose of calling attention to the subject, he desired to make a remark upon measles, which had been and still is prevailing to some extent. Most cases observed are natural and regular in their usual features, while in some cases patients have been quite ill for ten or twelve days, with fever coming on slowly, headache, pains in the back and limbs, with not much injection of the eyes, coriza, or cough, when an eruption like rubeola would appear extending over the surface. One patient had been left in his care by Dr. White, presenting these symptoms. He had then a patient just recovering from a severe attack. A child in the family had measles; in two weeks the mother commenced to complain of pain in the head, back, &c., with chill, and was very ill for ten or twelve days, when eruption as described appeared, the exact character of which he could not determine.

*Dr. Miner* had observed a case of eruptive disease somewhat anomalous in character which he desired to relate in this connection. A young woman had been ill for three or four weeks, but not obliged to keep her room. At length she had headache, chill, pains in the back and bones, and fever; this was finally attended by an eruption somewhat like measles. The elevations were smaller than usual in the eruption of measles, and a universal redness resembling scarlet rash was present, extending over the entire surface. Five weeks previous to this attack the lady's little child had scarlet fever. Two weeks after this attack her sister had disease similar to herself, and a few days later another sister suffered the same way. One of these sisters was visited by Dr. Rochester, who, as he had been informed, called the disease roseola, after observing it for a day or two, at first, being unable to decide that it was not measles. The glands upon the back of the neck were enlarged, and remained so for several days after the disappearance of eruption. The eruption sufficiently resembled roseola as described by authors upon eruptive diseases, but the evidences of communicability being somewhat conclusive, and the distinguishing characteristic of roseola as given by Willan, Wood, Watson and others, being that it is not contagious, had continued doubt in his own mind as to the nature of the disease.



It should perhaps be said, that there was no cough, injection of the eyes, or other symptom of measles in the case he had seen other than the eruption, and he should have had no hesitation at any time in saying it was not measles. At the first, he regarded the eruption as a rash, produced by some derangement of the stomach, from indigestible food, or other cause which he could not trace, until the occurrence of the same disease in the sisters who had been clearly exposed. After being in possession of all the facts, and considering the case fully he would only express doubts as to the nature of the disease, and be glad to see any light which could be thrown upon it.

*Dr. Rochester* remarked that he recollected the case referred to by *Dr. Miner*. That he thought at first it was measles. Did not know that the diagnosis could be always made out. One form, of Roseola, Roseola-Dentata, had been regarded as a variety of measles, and contagious in character. *Wilson* in his work on skin diseases was referred to as taking this view. Still, this might not be correct. *Dr. J. C. Peters*, the editor of the *Homeopathic Medical Journal*, who has recently published his renunciation of Homeopathy, in an early number of his journal, speaking of roseola, as prevailing in New York during the winter of 1859-60, says: "By many physicians it was mistaken for measles; in fact, in most cases, the resemblance was so strong to 'rubeola sine catarrho' that many, relying upon the epidemic prevalence of rubeola, decreed almost all eruptive affections to be cases of this disease; numerous others mistook the affection for a hybrid of measles and scarlatina. In many cases, although the eruption was abundant, the patients were able to be up, and the whole affection disappeared in two or three days; in other instances it lasted for a week or ten days. Any one who has seen much of roseola will agree with *Wilson* that it is distinguished from other exanthemata by *negative*, rather than positive characters; and that the diseases with which it is most likely to be confounded are rubeola, erythema, urticaria, purpura, and scarlatina. Although non-contagious and non-infectious, still the epidemic influence may be so great that many are attacked in the same house; and I have seen a new-born babe take it a week after its mother had recovered from it. In general appearance the rash resembles rubeola, but, on closer examination, is found to consist of patches of larger size and more irregular form; and, at a later period, the difference is still more striking, in consequence of the change of tint to a dark roseate hue, which may be followed by petechial or ecchymosed spots and a discoloration like that which follows a bruise. Although there is



generally little or no cough, still occasionally there is some, and more or less redness of the fauces."

*Dr. Congar* said that twelve years since he came to a conclusion; does not know whether it is right or not. When called to a patient in the early stage of eruptive disease, previous to eruption, if the pulse is rapid, 120 per minute, he concludes it will have scarlet fever. If the pulse is not over 90 per minute the disease will prove to be measles. In this diagnostic symptom he places great confidence; has never been disappointed, and is always able to predict from this symptom alone the nature of the disease, if it prove to be either measles or scarlet fever.

*Dr. Eastman* remembers having treated cases like those described by *Dr. Rochester*. Did not regard the disease as measles from the commencement, but as appearing upon the illness which had preceded. Related a case, sick as had been described for ten or twelve days, for which he had prescribed quina. When passing he called as a complimentary visit, and found measles fully developed. He also spoke of recently finding varicella, rubeola and scarlatina, in the same district, all running a natural course. Had some doubts as to the character of the varicella at first. Has never observed the frequency of the pulse as indicating very positively the appearing disease, as has been remarked by *Dr. Congar*. Has seen patients with as frequent pulse in the early stage of measles as in scarlet fever.

*Dr. Wyckoff* enquired if measles was often observed to appear the second time? had not often heard of well authenticated cases. Had recently known of one patient who he had no doubt had measles the second time; the second attack six or seven weeks after the first. Had never seen such a case before.

*Dr. Eastman* had seen one case which was well marked and unmistakable measles, and it was said by very intelligent parents to have had the disease before, equally well marked and unmistakable.

*Dr. Rochester* thought, that there are well authenticated cases of measles appearing the second time; cases are quite common, said to have it the second time. *Dr. R.* related the particulars of a case which he visited while a young physician, practicing in New York City, and diagnosed as measles. He was soon called upon by the father of the patient, who was a crusty, obstinate old gentleman, and asked for his bill, which was paid, and he was informed that he need not continue his attendance, for "children don't have measles the second time." Crusty old gentleman called in a day or two and again desired his attendance, satisfied that the child had measles, whatever it might have had previously.

*Dr. White* remarked upon the tardiness of the appearance of the eruption in many cases of measles he had seen, but had observed nothing else remarkable in the progress of the disease. The recurrence of small pox, scarlet fever, and other eruptive diseases, is fully established, and he had no doubt but measles did occasionally appear the second time.

*Dr. White* reported the following case of cerebral disease, remarking upon the great obscurity which is conceded to exist in many if not all diseases of the brain:

Robert —, aged 16 years, of general, robust appearance and good health, came home from a visit to Niagara, complaining of most terrific pain in the head, and in the whole system. Could not always locate the pain. Said it was "all over." Pain was very violent, and at times attended by paroxysms, when he seemed in perfect agony. The first visit was made about the middle of April, and quinine and morphine were prescribed. Attention was early directed to the head, and though the case was very obscure, still there was evidence of cerebral disease sufficient to fix the impression quite strongly. Pupils natural, no paralysis, would take medicine, protrude the tongue and answer questions when asked; would tell, or try to tell, how he felt. Was visited, during his absence for a few days, by Drs. Rochester and Eastman, who also regarded the disease as probably cerebral. The pulse was slow from the commencement; this was what first led him to mistrust cerebral disease. Early in July stomach became irritable, and food was not retained; enemata were resorted to, to sustain the patient. Emaciation became extreme. The wonderful intellectual clearness, slowness of the pulse, and absence of paralysis are remarkable phenomena in connection with the disease found upon examination after death.

*Post mortem* examination by Dr. Babcock and Mr. Tefft. Present with himself, Drs. Rochester, Eastman and Miner. Great emaciation; injection of piamata; ventricles distended with sero-purulent infiltration; cerebellum softened and completely broken down. Other organs not examined.

That this amount of disease and disorganization could have been present and life still be continued, seemed quite remarkable. The boy was able to say prayers with the family the day before his death, and no great change had been noticed in his condition for several days. That the functions of the brain could have been continued in any degree with this amount of organic change, is the remarkable feature of the case.

*Dr. Rochester* remarked that when he first saw the patient the disease was not clearly in the brain; indeed had the stomach been found to have

been the principal seat of the disease no one who had observed the case would have been much surprised. He believed with Dr. White from the first that the disease was probably in the brain.

Dr. R. referred to a case he had recently treated of acute hydrocephalus. Patient was attacked with great pain and paralysis, but the mind was perfect. On *post mortem* examination a pint of serum was found in the ventricles. Brain in this instance was hardened, eyes protruded from pressure within; and yet the intellectual faculties were unimpaired.

Dr. White remarked upon the value of Oxalate of Cereum as a remedy for the sickness of pregnancy. Had found it recommended in Simpson's Notes, and used it, in some cases, with most signal success. Generally prescribed it to be taken in two or three grain doses after each meal. It seemed to act as a sedative to gastric irritation. While perhaps an improvement might in some instances be made by combining with it sub. nit. bismuth and carbonate of magnesia, still he had obtained from its use alone, more happy results than from any other remedy. As yet he had had, but limited experience, not having prescribed it in but few instances, but in these few, with the happiest effects.

Dr. Rochester had prescribed the Oxalate of Cereum in five cases; in four out of the five it had been successful. Prescribed one grain three or four times, daily. In one case it answered well for a few days, and after that was ineffectual. One case the patient was very ill; had been under Homœopathic treatment. Had taken all sorts of remedies—Oxide of bismuth—Iron in various forms—Arsenic—Hydrocyanic acid, &c., &c. He gave Oxalate of Cereum which was quite effectual, after many other remedies had failed.

Dr. Congar spoke of the value of hygienic measures in the treatment of such cases, and particularly of the importance of not eating rapidly, and leaving off while hunger yet remained. Had known cases relieved by attention to diet, when all remedies seemed inefficacious.

Voted to adjourn to the first Tuesday evening in September.

J. F. MINER, Secretary.

---

ART. III.—*Notes of Surgical Cases.* By J. F. MINER, M. D.

A brief history of a few cases of Strabismus recently operated upon, and the results of these operations, may be of interest, as showing their safety and propriety. They will also serve to illustrate some of the important points which are to be considered in connection with this subject.



*Henry P.*, aged 24 years, convergent strabismus of right eye from birth, or early infancy. The deviation was very great, and the affected eye was amblyopic.

February 16, gave chloroform, and divided tendon of the rectus internus.

May 16, deviation slight, yet still perceptible. Divide tendon and sub-conjunctival fascia without aid, or rather embarrassment from chloroform. The chloroform produced at the first operation great excitement, and added to the difficulties of the operation. The eyes rolled in all directions, and to judge of the effects of dividing the tendon was impossible.

Results of the second operation perfect in restoring the proper axis; deformity is wholly removed; power of vision is not affected to any great degree.

*Jane H.*, aged 8 years; convergent strabismus left eye, which is hereditary. Deviation very great; the cornea hid by the inner canthus, especially when the child is excited or embarrassed.

December 20, gave chloroform and divided the tendon of the rectus internus, and the fascia, making dissection upon the inner fourth of the eye, freeing the globe from all attachments, yet without uncommon division of conjunctiva. All deformity removed; the inner canthus undisturbed. Amount of improvement in vision unknown, since it was hardly ascertained previous to operation. At present, can read, with difficulty, words in large type, when the right eye is covered.

*Edward H.*, aged 7 years. Hereditary convergent strabismus right eye; the left eye also slightly convergent.

November 30, 1861, gave chloroform and divided the tendon of the rectus internus. The result seemed satisfactory for a few months, but at length the deformity still remained, in part at least.

June 10, 1862, gave sulphuric ether to complete anæsthesia, and again divided the tendon and sub-conjunctival fascia.

Result exceedingly satisfactory; all deformity in the eye operated upon removed, and the other eye also seems now to have assumed a straight position. Vision is defective, but may, and probably will, improve.

July 1st, removed a small fungus from the wound made in the conjunctiva, and since then there has been no trouble.

*Patrick B.*, aged 30 years; divergent strabismus of both eyes; much the greatest of left eye, which is amblyopic.

December 5th, divide the tendon of the rectus externus and the sub-conjunctival fascia. The globe assumed position to correspond exactly with



the opposite eye, and is so satisfactory in its results that the patient desires no farther improvement. Increase of vision claimed by the patient, but has never been tested or demonstrated

*William S.*, aged 42 years; divergent strabismus of right eye, with incipient cataract in both eyes. Had been operated upon for strabismus by a distinguished surgeon in February, 1861, without changing the axis of the eye.

February 10, 1862, preparatory to an operation for cataract, the tendon of rectus externus was divided, and also the sub-conjunctival fascia.

Results of this operation perfect; the strabismus being fully and perfectly cured. The squint in this case was supposed by the patient to have been caused by the disease of the internal eye. The eyes had been straight and healthy until the last three or four years.

*Charles W.*, of Colden, aged 24 years; convergent strabismus of left eye. The convergence greater than usual; vision imperfect; said to have been turned by convulsions, when a child.

March 28, divided the tendon and fascia. Results as to improvement of vision not known; relief of deformity complete.

*Simeon S.*, aged 24 years; convergent strabismus of both eyes, produced by violent concussion of the brain or injury to the nerves, supplying the muscles of the eye.

January 14, 1862, divided the tendons of the internal recti-muscles, when proper axis was restored to the right eye, the left being paralyzed in its motions, and but slightly benefited.

March 18, the division of the tendon of the internal rectus of left eye was again made. The power of rotating the eye was still imperfect, and the results of the operation seemed uncertain.

July 14, 1862, examine the eyes, and find perfect restoration of sight, motion and axis.

The injury producing this turning of the eyes was received November 5 1861, so that it had existed but two months; not sufficiently long to injure the sight by disuse, and consequently the relief of deformity constituted a perfect cure.

*James C.*, aged 16 years. Hereditary convergent strabismus of right eye, with amblyopia.

December 30, 1861, divided the tendon of the rectus internus and sub-conjunctival fascia.

July 12, 1861, the eye perfectly in axis, and the power of vision increased. Result in all respects highly satisfactory.

*Mary S.*, of Gowanda, aged 18 years, convergent strabismus of left eye from earliest infancy, perhaps from birth. The right eye is also a very little inclined internally; left eye amblyopic.

May 8, 1862, divide the tendon and fascia in the usual manner, and the eye immediately assumes proper position.

May 11, find great effusion of blood between the conjunctiva and sclerotic, producing ecchymosis in marked degree; no inflammation or other unpleasant effects.

May 18. Perfect relief of deformity; power of vision as yet unchanged.

*Joseph C.*, aged 11 years, has convergent strabismus, which is probably hereditary. Other members of the family have the same deformity.

July 7, 1862, make the usual operation for strabismus, and obtain perfectly satisfactory results.

The young lad has been out considerably in the streets and storms, and has suffered from inflammation more than is common when proper care is taken to prevent it, yet not in any degree requiring treatment to subdue it.

*Timothy J. K.*, aged 20, has divergent strabismus and amblyopia.

April 26th, divided the tendon of the rectus externus of the left eye, when it immediately assumed position in axis with the other.

July 12, vision unchanged; can see to do fine work better, if the eye operated upon is closed.

*James F.*, has spasmodic strabismus, or constant uncontrollable rotation, the globes turning inward with rapid motion; has myopia and amblyopia. Divide the tendon of the rectus internus of the right eye, and a few months later, the left eye. These operations were attended by great improvement in the steadiness of the eye. Vision is unaffected, other than arises from ability to fix the eye more steadily.

There is no operation in surgery in itself so simple and attended by so little risk of unpleasant consequences, and by so little pain, which relieves so great a deformity, and at the same time affords some prospect of improvement in vision as the operation for strabismus. In most cases of long standing, vision in the eye most affected will be found defective, but rarely will it be wholly destroyed. This amblyopia is more often produced by the disuse of the eye than by other cause; inability to bring the eye into proper axis, having led to the expedient of turning it wholly away, or to disregard by the nerve and brain of any impression made upon the retina.

Eyes that have been turned for a long time do not again regain the power of vision, only to a limited extent, and in many instances no improve-

ment can be discovered. This is equally true of strabismus from all causes and not much variation has been observed in this respect whatever might have been the injury or influence which produced it.

Children obtain better vision than adults, and cases early restored when turned by injuries of the brain or nerves supplying the muscles, are much more likely to be satisfactory in this respect, than cases which are long delayed.

In favorable cases much is to be hoped in improvement of vision, but this should not be over-estimated; vision will rarely be fully regained, and in some cases of long standing, no improvement whatever will be produced.

Relief from deformity will, in almost all cases, be obtained; this it is safe and proper to predict, and we shall rarely if ever be disappointed, unless we mistake immovable distortion from disease of the brain or paralysis of the muscles, for strabismus. When the motions of the eye remain so that there is considerable freedom when the opposite eye is covered, we may safely conclude that a proper operation will be followed by satisfactory results.

It is not proposed to say much about the manner of operating, or the the kind of operation most desirable. but a remark or two will be excused.

The tendon being divided, the eye does not always resume its proper position; the fascia will often require division to considerable extent and it is not uncommon to be obliged to dissect it from its attachments to the globe for a distance of nearly or quite one-fourth its circumference before satisfactory result is obtained. Failure from want of observance of this, is common, and we have only one rule in operating, in cases where the eye does not appear straight, and that is, to divide not only the tendon but the sub-conjunctival fascia until the eye is seen to have assumed a proper position, and by following this plan we have succeeded, in several instances, in obtaining perfectly satisfactory results, after failure by the most distinguished and experienced operators.

To prevent deformity from retraction of the caruncle, it is only necessary to make the section of the conjunctive a little nearer the cornea, than is often practiced when the section may be carried to any desired extent and not the slightest deformity will generally be produced. If the caruncle should be found to retract the deformity is only observable by professional eyes, and can hardly be called a deformity when compared with strabismus.



*New Remedies, by SAMUEL R. PERCY, M. D., re-printed from the American Medical Times.*

RESINA PODOPHYLLI (PODOPHYLLIN.)

*Physiological Effects.*—I am not aware that any physiological experiments that have been published have been performed on animals, either with the podophyllum root or with the resin. I have performed some few experiments on animals, but mostly to ascertain the purgative effects of the resin. With the fresh root I have tried no experiments either on man or animals, but from the descriptions found in the books, and from the relation of some few cases to me, it seems to produce great irritation of the intestinal canal, gripings, prostrating emesis, and catharsis, an irritable and frequent pulse, and profuse salivation. These irritant effects are produced by a volatile principle existing in the green root or plant, which is mostly dissipated on drying. The effect of the green root or plant, or the fresh decoction of them, upon the mouth and salivary glands, resembles in a mild degree that of the *Arum tryphyllum*, and the profuse salivation produced is principally the effect of the local stimulation, for salivation is but very slightly induced by the dried root or resin, unless it is given to its emetic effect; then it acts as emetics in general, and freely increases the secretion of saliva. It has been so frequently asserted that podophyllin produces salivation that I have taken much pains to ascertain its action in this respect, and I have found, when given in pills or capsules in small and frequently repeated doses, or in one large dose, that it has no persistent sialagogue action, and no effect like mercury, producing soreness of the gums, foetor of the breath, and profuse and continued secretion of saliva. As I before stated, when given to its nauseant or emetic effect, it always induces a free secretion of saliva, but as its emetic action passes off so does its sialagogue action also. But if the resin is given in powder, so that it produces a local stimulation upon the glands, I have seen abundant secretion of saliva for one or two hours. In this way it is merely a topical irritant, not a true sialagogue. There are no means of ascertaining whether the resin when passed into the stomach in capsules can be detected in the saliva, but that it exists in the saliva, when administered by the mouth in powder there can be little doubt, for the resin is soluble in the saliva.

Of the commercial podophyllin (of Messrs. Keith's manufacture) I have given two grains to a dog; in eight hours it produced three free alvine evacuations. The same dose was repeated the next day, and it acted on the bowels in three hours, and during the day caused more than a dozen



evacuations. To the same dog I administered, by hypodermic injection, under the skin of the leg, one grain of podophyllin dissolved in liquor potassæ. It produced great local irritation, free purging in two hours and twenty minutes, evident colicky pains, and much tenesmus, with retching, but no vomiting.

To a man suffering with constipation of the bowels, I have sprinkled two grains of the resin in fine powder over a large indolent ulcer. It caused great pain in the ulcer, free catharsis in six hours, with nausea and severe griping pain. Within twenty-four hours it acted on the bowels seven times. The appearance of the ulcer was improved by the application.

Podophyllin, when administered to a person in health, is an efficient and certain cathartic; slow in its operation if administered in proper medicinal doses, but if administered in large doses quick and violent in its action, causing nausea, vomiting, and repeated and painful purging of mucous and bilious matters. When taken in powder in moderate doses, it is not very disagreeable when first put into the mouth, but as soon as the saliva dissolves a portion of it becomes disagreeably bitter and nauseous, and the sensation it leaves in the mouth and fauces is quite unpleasant; when taken in this way, there is a free secretion of saliva for some time. When I have taken the powder finely rubbed up with sugar in this way, there is no sensation experienced in the stomach for an hour or more, excepting the first sensation of nausea from the disagreeable taste. In about an hour, if it has been taken fasting, there is an uneasy feeling in the stomach, accompanied with nausea and free salivation. This lasts for about an hour, and it feels as though a large secretion of gastric fluid was being poured out, and the stomach feels as if in a state of commotion. Soon the influence is felt in the small intestines, and unmistakable sensations of the secretion of the bile are experienced. In this stage of operation it produces on me exactly the same sensations as I experience from a full dose of calomel. The influence continues to be felt through the whole length of the intestines, producing active peristaltic motions, and the sensation as though acrid bile was freely passing. In about five hours one grain will purge me quite freely, and this is followed within two hours by two or three bilious evacuations, producing upon me the same sensations and the same bilious-appearing alvine evacuations that I experienced from the same proportionate dose of calomel. In this dose it does not gripe nor produce much tenesmus, but during the whole time of its passage through the intestines there is an unmistakable sensation of a dose of medicine producing a chol-

ogogue effect within. If the same dose (one grain) is taken immediately after eating, and protected in any way so that it does not touch the mouth, no effects whatever are felt from it for two or three hours; then the effects in the intestines above described are experienced in a very modified degree, and the result will be one copious pultaceous evacuation. The after effects in both instances are an increase of appetite, and a feeling of better health. Most persons will require a rather larger dose of the commercial article than this, and many can take three grains.

*Therapeutical Effects.*—Podophylin was first and most largely used by the "Eclectics," and many of them have written intelligently upon its therapeutic applications. By the Eclectics it has been called Vegetable Mercury, and its use has been recommended in all diseases in which mercury has been found to be of service. To a certain extent, and in some of its effects, it certainly does much resemble that drug.

Its greatest use is in that class of diseases usually called bilious disorders; that is, in those disorders where the whole digestive organs are deranged. In these disorders a dose of one, two, or three grains of the commercial podophylin will be found to excite the secretion of all the abdominal organs, acting as an efficient purgative by this increased secretion. The largest number of patients whom we are called upon to treat are suffering more or less from these disorders, and it has undoubtedly been too much the case to give some mercurial for their relief. In these disorders podophylin, combined in the manner we shall hereafter describe, is fully as efficient to cause a free secretion from the intestinal mucus membrane, and from the liver and pancreas, as any of the preparations of mercury, and it is infinitely safer. There is a very grave accusation made against our Military Army Surgeons for using too much blue pill and calomel in these disorders, and although the accusation is an unjust one against the majority of the surgeons, there are undoubtedly some against whom it is true. Our soldiers, who are so much exposed, should not use mercurials if it can be possibly avoided, and this article will, if properly given in these disorders, have a more beneficial effect, and will produce none of the evil consequences of mercury. There is but one drawback to its use, that is the inability of the patient being upon duty for ten or twenty hours after taking it, owing to the nausea and tormina it produces if given in a full dose. In some of the forms of hepatitis it is of great value, and causes a full secretion of bile, but as this is not the only indication in the acute form of the disease, it cannot be relied upon to check the inflammation. In chronic

hepatitis I have found it of very great service, acting better than any other remedy I am acquainted with, as it relieves the portal circulation by its action on the secernents. In this disorder it is not necessary, in fact it is frequently injurious, to give it in large and powerfully cathartic doses. I have found it better to give it in small and frequently repeated doses upon an empty stomach, sometimes combined with veratrum or hydrocyanic acid, at other times with strychnia or capsicum. The amount of bile and intestinal mucus secretion carried off by treatment of this description is sometimes enormous.

There are few diseases in which it is of more service than habitual constipation. In this disease small doses taken with the meals (frequently in combination with strychnia and capsicum) will in the majority of instances relieve the disorder within two weeks. It needs but proper graduation to give it in just the proper proportion.

From its thorough action upon the whole intestinal mucus surface, and upon the large glands, it is one of the best eliminants in infantile convulsions. For the same reason it advantageously follows the use of anthelmintics.

But as from the experiments I have made with it I will endeavor to give its mode of action, I would rather leave its application to your own judgment. If you know its physiological and therapeutic action, you can apply it intelligently in the treatment of diseases.

---

## EDITORIAL DEPARTMENT.

---

### MILITARY SURGERY—ITS TEACHING IN THE MEDICAL SCHOOLS.

Present appearances indicate, so far as we are able to judge, that the army will hereafter afford a wide and permanent field for medical practice. The pressure of demand, and the excitement of raising volunteers, have in some instances operated upon medical men, and in their eagerness to serve their country, they have left homes to which they will desire to return when circumstances will permit, leaving their places to be supplied by others. They have been "mustered into service without drill," and constitute the "Militia" of the Army Medical Staff.

Young, able bodied and able minded men, between the ages of twenty-one and forty-five years, will be acceptable as military practitioners, provided always, they be sound and well qualified. The necessity of proper



qualification has been made fully apparent by the experiences of the past, and the whole country are being aroused upon this subject. Thus far it will not be denied that inexperienced and incompetent men have found place, and been allowed to practice, neither diminishing the rate of mortality or adding to the respect and confidence which should repose in the army medical staff. While truth compels us to say this, yet we regard it as an exception to the general rule, and would be the last to depreciate the services or ability of that noble army of medical men, who have shown not only marked intelligence and capacity, but most heroic bravery, pursuing their mission under obstacles and amid dangers, which would have overwhelmed and crushed a less manly and resolute purpose.

If it has been true that joining the army indicated absence of, and often incapacity for, business at home; or, if in any instances, political influences have been allowed to take precedence in the appointment of military surgeons, we hope and believe that the time is near when qualification will be the only criterion, the standard so high as to make appointment in the United States Volunteer Army, a crown of honor. Military surgery as a distinct branch of medical knowledge, has not as yet been carefully studied in this country, and not until recently has the attention of the profession been directed to its magnitude and importance. While peace remained unbroken the implements of war were quite unused; so, while physicians were called to perform only civil service, the principles of military practice, or rather the principles of medicine and surgery as applicable to military practice, were quite neglected. Those who have accepted positions in the army, have grasped the idea at once of increasing their stock of ready knowledge, of obtaining fixed and definite ideas upon the various branches of military practice. Practical anatomy, or surgical anatomy, has been re-learned, surgical operations studied with a new interest, and everything connected with the more common ones, decided upon with definite purpose.

This independent knowledge, available at all times, without consultation or reference to books, is one of the necessities of military practice, and constitutes as broad line of distinction as can truthfully be drawn. We have often been asked to explain the differences in civil and military practice; to point out the particular qualifications required of the one, not equally important for the other. It may be we are unsuited to judge, since we have never "passed through the wars," and can hardly be expected to estimate accurately the duties and responsibilities of a business we have never followed.



In connection with the item of independent knowledge, already referred to, add to the qualifications of the well educated practitioner in civil life, thorough acquaintance with the hygiene of the military camp and hospital, and a full appreciation of its importance to the health and efficiency of the army, and we believe we have indicated the distinguishing characteristics which are claimed, and do actually exist. Military surgery is being learned and written in this country, and many facts and records of vital importance are rapidly collecting, which already greatly influence present practice. This is observable, not so much in the new modes of operation or treatment, as in hesitancy to adopt secondary operative interference, and improved sanitary regulations with better care and provision for the sick and wounded.

We have previously expressed the opinion, that fewer differences existed in civil, and military practice, than was generally supposed. Perhaps it will not be unfair or untrue to acknowledge that civil practitioners generally thought they knew a great deal more about military practice than they actually did. The results of secondary operations, as performed in our military hospitals, have no doubt disappointed the expectations of our best and most judicious surgeons. Our military surgeons were equally unable to predict or foresee the depressing agencies or influences which were to operate so unfavorably as to discourage as much as possible all judicious surgeons from making secondary operations, and in this were not a whit ahead of civil practitioners. As we have said, military surgery is being learned; and we hold ourselves open to its teachings, with the honest purpose of acknowledging our errors and correcting our opinions. If we have under-estimated the peculiarities of camp, field, or hospital practice, we have only erred in common with the profession generally, and are ready to speak frankly and freely upon all points of interest which the army experience is showing to exist.

Medical Colleges will provide for thorough instruction in this department, since the young men of the profession and medical students are eagerly looking to the army for the various positions which it offers to active, capable, and ambitious medical men. The impression is growing to be universal that it is almost a distinct science, if not in its general principles, at least in their application. Some institutions have already announced their Professorships of Military Surgery, and others will no doubt see the propriety and necessity of impressing its peculiarities and widely varying applications, by the oral teaching and illustration of a living Apostle.—

Nothing can fully satisfy the thirst for instruction in this department which does not pass by its name, and fully embody its principles.

Macleod, in his Notes on the Surgery of the Crimean War, says, "that Military Surgery does not differ from the surgery of civil life, is an assertion which is true in letter, but not in spirit. As a science, surgery is one and indivisible; but as an art, it varies according to the peculiar nature of the injuries with which it has to deal, and with the circumstances in which it falls to be exercised." He then speaks of the differences in camp practice, unlike in many respects, that which is ever presented to the practitioner in civil life, while not a few of the cases which are daily treated in domestic life rarely come under the charge of the military surgeon. The two classes of practitioners are said to be engaged in separate departments of the same profession, which, though uniting occasionally are yet distinct from each other. After pointing out other differences in the employment of the military surgeon, and noticing the influence of external circumstances, of extremes of climate, variations of food, work and shelter on the same men, as well as the effects of mental causes, as seen in the exultation of victory, and the prostration and dejection of defeat, he finally pays the following tribute: "If in war the surgeon sees much which is terrible, much which taxes his feelings of humanity, and his regret at the feebleness of his art, he has also the comforting conviction that nowhere is his beneficent mission so much felt, nowhere is the saving power of his profession so fully exercised; so true is it that chirurgery triumphs in armies and in sieges. 'Tis there that its empire is owned; 'tis there that its effects, and not words, express its eulogium."

---

#### BOOKS REVIEWED.

*A Practical Treatise on the Diseases of the Heart and Great Vessels, including the Principles of Physical Diagnosis, by WALTER HAYLE WALSH, M. D., Fellow of the Royal College of Physicians; Professor of the Principles and Practice of Medicine and of Clinical Medicine in University College, London; Consulting Physician to the Hospital for Consumption. A new American, from the third revised and much enlarged London edition. Philadelphia: BLANCHARD & LEA, 1862.*

Our author gives first the Clinical Topography of the Heart and great Vessels in health, thus commencing at the foundation, the true starting point of correct observation. This is also embellished by a very fine illustrative cut showing the position and relations of the various organs under consideration, and adding very much to the correct understanding of the

whole subject. Weight, size and measurement in health are also given as obtained by extensive and careful investigation.

Clinical Physical Examination of the Heart and Blood Vessels, constitute part first of the volume, including the fullest directions and explanations of the methods, viz: Inspection, application of the hand, palpation, mensuration, percussion and auscultation.

Part II is upon Diseases of the Heart and Great Vessels. The introductory remarks we copy for the consolation of physicians who have difficulty in some cases, in positively distinguishing organic from functional disease of that organ.

“Diseases of the heart, as of all other organs in the body, are divisible into two classes; in the one, as far as can be discovered, the dynamics of the organ alone are at fault; in the other, structural change is more or less apparent. Cardiac affections are hence dynamic and organic.

SECTION I.—DYNAMIC DISEASES OF THE HEART.—The different perversions of the dynamics of the heart which are known clinically, may exist in association with structural disease, as well as independently of this. The distinction of the two conditions—the associated and the unassociated—sometimes simple enough, often proves in actual practice far from easy.

A review of some of the more important of the alleged rules for distinguishing the two classes will at once show their clinical insignificance. The inconstancy of the symptoms of dynamic, and the constancy of those of organic ailment, are strongly dwelt on, for example; but all the subjective, and many of the objective, symptoms may disappear temporarily in cases even of extensive organic disease. Such disappearance with ensuing recurrence may even take place several times. The existence of secondary changes, such as subcutaneous œdema, and congestion of the lung, commonly proves the cardiac affection to be organic; but not always, for spanœmia, added to nervous palpitation, may induce œdema. If exercise relieve a disturbed heart, its affection is pronounced to be dynamic only; if movement increase the suffering, organic. This proposition might lead to an incorrect impression; for, it is certain, if spanœmia co-exist with perverted action, exercise may be unbearable. If, in the intervals of attacks of disturbed action, the force and rhythm of the pulse and heart are natural, those attacks are said of necessity to be functional—an error; for the most perfect tranquility of the organ *may* exist, from time to time, though its texture is seriously unsound. It has been taught that inability to bear particular postures, more particularly that of decumbency on the left side,



in cases of disordered action of the heart, shows that organic mischief exists. Often true, this proposition occasionally proves false; women with spanæmia, palpitating, though perfectly sound, heart, and left intercostal neuralgia, can rarely endure the posture in question.

Singularly enough, the amount of local suffering entailed by disturbance wholly, or in the main, dynamic is often greater—is, in the mass of cases, greater—than that produced by actual organic disease. The patient with grave organic mischief, that may kill him at any moment, say, marked aortic regurgitation, may be so free from cardiac suffering, as to express irritation that his heart should be made the subject of examination; another individual oppressed with disturbed rhythm and innervation of his structurally healthy heart, dependant on flatulent distension of the stomach, refuses to be persuaded of his freedom from mortal cardiac mischief. As a rule, apprehension is not often excited in the subject of structural disease of the heart, until the secondary and distant evils of the local morbid changes, whatever they be, begin to make themselves felt.

The truth is, careful and repeated physical examination alone can justify a positive opinion on this question; and even this aid will occasionally fail. For, in the first place, the mere existence of certain abnormal physical signs in a palpitating heart does not warrant the assumption that textural change exists. Thus a basic systolic murmur may be simply anæmic—it may by possibility arise from mere perverted action of the sigmoid valves—or depend simply on the unnatural force with which the blood-current rushes against the orifices of the great vessels. Again, a systolic murmur at the left apex of the heart may be generated by irregular action of the papillary muscles. Further, extension of the normal area of cardiac dullness even considerably to the right may depend on merely temporary obstruction of the blood's movement through the heart, leading to distension of its right cavities, and be wholly independent of any real dilatation or hypertrophy. Conversely, in the second place, the total absence of physical signs does not prove the heart to be in a perfect state of organic soundness; there are slight amounts of change in the heart's substance, of which the perverted signs (for, doubtless, such really exist) are beyond the penetration of the present day. Nor must the student forget that numerous conditions of adjacent structures may throw cardiac physical signs into the shade, and prevent the detection, unless extreme care be exercised, of any positive disease. Thus emphysematous or even bronchitic distension of the lung, causing this organ to overlap the



heart to an abnormal extent, will prevent increased area of percussion-dulness by an enlarged heart; and horizontal conduction of amphoric note from the stomach or colon, may gravely deceive as to the actual outline of the heart. And such instances might readily be multiplied.

Assistance in cases of doubt may be obtained from diathetic peculiarities and co-existent diseased states. Functional disturbance of the heart is connected more or less constantly and markedly with the following conditions: *Perverted innervation*, as in cases of hysteria, spinal irritation, uterine and ovarian excitement, and various neuralgiæ, intercostal, dental, &c., *altered condition of the blood*, as in hemorrhage, anæmia, gout, chronic rheumatism, and chronic disease of the liver; *nervous exhaustion*, as from sexual excess, masturbation, or spermatorrhœa; *mechanical interference with the heart*, as when the stomach or intestines are disturbed with flatus; *certain poisonous influences*, as those of tobacco, green tea, and various diffusible stimulants. But none of these conditions are inconsistent with the presence of actual organic mischief.

Nevertheless, although cases occasionally occur in which it proves impossible to affirm or deny the presence of organic change (more especially, perhaps, of fatty atrophy,) the instances in which a painstaking observer is wholly baffled are really rare.

Now functional disorders of the heart, clinically recognized, being composed of various disturbances of the elementary dynamic properties of the heart, innervation and contractility, it seems likely to tend to a better understanding of those functional disorders, if we commence by an analysis of the demonstrable or possible perversions of the elementary properties. Clinically, however, this study is in its infancy; physiologically, even, our information is unsettled and incomplete. Hence, to a considerable extent, the statements I am about to lay before the student are to be accepted rather in the light of suggestion than of dogmatic assertion."

After a careful perusal of this book we feel more than ever our inability to make satisfactory review. It is a book, and subject for study, and no fair appreciation can be obtained without it. It would be a delight, if opportunity presented to examine the book and heart disease together, and we have often felt in reading it, the strongest desire to compare, see, hear, and feel what is so happily described. We shall not attempt to speak comparatively of this work on the Diseases of the Heart and Great Vessels; and as to pointing out its defects, we may as well frankly confess our inability to discover any, when we shall be left only to admire the careful

observation which has been instituted and the value and distinctness of the conclusions which have been drawn. Positions are well taken and fully maintained, or candidly stated to be unsettled and unknown. We know of no author who has treated disease of the Heart more thoroughly or scientifically, or told more plainly and attractively all that is yet known upon this subject.

---

*Caries of Elbow Joint, Operation of Excision with recovery of useful arm; presented to Medical Society of State of New York, at its annual meeting, 1862. By N. C. HUSTED, M. D., New York City. Albany: C. VAN BENTHUYSEN, 1862.*

The patient was a young Miss, aged 14 years; of leuco-phlegmatic temperament, and scrofulous diathesis. She was operated upon 28th day of September, 1861. When the wound had entirely healed, passive motion of the elbow was practiced regularly. The patient was instructed to move the fore-arm and use the hand. At the end of two months succeeding the operation, the patient was able to dress herself, play the piano, and carry any ordinary scuttle filled with coal.

“Four months after the operation her general health was good, weighing twenty pounds more than before; elbow showed no tumefaction, no sinus, had in fact a healthy aspect; flexion and extension quite perfect; pronation and supination nearly so; shortening two inches.”

This pamphlet contains also an interesting history of the operation of excision of the elbow joint. The case reported is an exceedingly interesting one, and a full description of the operation, after dressings and treatment, is given in detail, adding to the interest of the report. It seems to us that the results of the operation, are uncommonly satisfactory.

---

#### BOOKS AND PAMPHLETS RECEIVED.

*Communications of the Rhode Island Medical Society for the year 1862. Published by the Society.*

*The Retrospect of Practical Medicine and Surgery, being a half-yearly journal, containing a retrospective view of every discovery and practical improvement in the Medical Sciences. Edited by W. BRAITHWAITE, M. D., lecturer on Obstetric Medicine at the Leeds School of Medicine, etc., and JAMES BRAITHWAITE, M. D. New York: Published by W. A. TOWNSEND.*

This semi-annual publication is exceedingly valuable, containing gleanings of great practical importance in surgery, practical medicine and mid-

wifery, besides a long catalogue of miscellaneous subjects. Physicians should not fail to buy and read this work.

*Annual Announcement of the Medical Department of the University of Buffalo, for the Session of 1862-63.* The regular term will commence on the first Wednesday in November, and continue sixteen weeks. Private instruction will be given to those students who may desire it during the term, or in the interval, upon—

*Chemistry, or any other department of the Physical Sciences, by Prof.*

HADLEY.

*Physical Expectations, Diseases of the Heart and Lungs, by Prof.*

ROCHESTER.

*Physiology, and upon Microscopy in its application to the diagnosis of morbid growths, Urinary Deposites, &c., &c., by Prof. MASON.*

*Annual Report of Saint Vincent's Hospital, corner of Eleventh Street and Seventh Avenue, New York, under the charge of the Sisters of Charity, for the year 1861. By J. J. CONNOLLY, M. D., Resident Physician and Surgeon. New York: D. & J. SADLER & COMPANY, 164 William Street, 1862.*

*College of Physicians and Surgeons, New York; Medical Department of Columbia College. Fifty fifth Annual Catalogue of the Officers and Students of the College. Session of 1861-62.*

*The London Lancet, a Journal of British and Foreign Medicine, Physiology, Surgery, Chemistry, Criticism, Literature, and News; edited by THOMAS WAKLEY, Surgeon, M. P. during eighteen years for the Metropolitan Borough of Finsborough, and Coroner for the County of Middlesex; sub-editors: J. H. BENNET, M. D., T. WAKLEY, JR., M. R. C. S. E.*

This foreign monthly reprint, comes regularly upon our table and always contains much that is new, interesting and valuable. It is a journal which we advise all physicians to read.

*Announcement.—Medical Department of Western Reserve College, Cleveland, Ohio.* The Annual Session will begin on the first Wednesday of November, and continue sixteen weeks. A course of Military Surgery will also be given.

---

## SELECTIONS.

---

The Editor of the *Boston Medical Journal* makes the following remarks in regard to "Surgeons for the New Levy." "The sudden call to arms of six hundred thousand men brings with it a demand for the services of the medical profession, which it needs all the stimulus of patriotism to meet. Six hundred thousand men will, under the present laws, require eighteen



hundred medical men to fill the offices of regimental and assistant surgeons. The fact is somewhat startling to contemplate, and it is important that our brethren should be preparing their minds for the responsibility which it implies. In this State alone over a hundred surgeons will be required to fill the new regiments. We may well ask, where are so many fit men to be found? As a general rule, thus far Massachusetts has done well in its appointments on the medical staff. A careful preliminary examination has had the effect of sifting out very thoroughly the chaff from the wheat, and the urgent need of the time has called into the field some of the best men of the profession. We sincerely hope that the same care will be exercised now, and that the exigency of the moment will not lead to the appointment of men unworthy of the place. Above all, there should be no favoritism; no commission given on personal grounds alone. Such appointments are more than likely to fall upon those who could get them in no other way, and who are therefore the last persons who should have them. Of course it must be a matter of extreme difficulty to find so many men as are wanted who are practically familiar with the most important operations of surgery. This is a serious evil, as novices are only too ready to signalize themselves by daring operations. An extract which we printed last week fully confirms this statement. Operative surgery in reality, as the experience of the past year has proved, constitutes the smallest part of the duty of an army surgeon; his chief duty is to treat disease, and dress rather than make wounds. Such being the fact, there are hundreds of men in Massachusetts competent at this moment to assume the responsibilities which belong to the office. There will always be some among those who obtain appointments, whose special tastes and previous experience fit them particularly for the graver operations likely to be necessary. This fact must come out in the course of their examination, or through the personal knowledge of the State medical commission, and upon such men the duty should be put. The mind shudders at the thought of an amputation taking *an hour and a half* in its accomplishment, commenced by the flap operation and ending by circular incision, such as we are credibly informed has, at least in one instance, within a year, been done by the bungling hands of a novice, whose official position should have been no warrant for such an outrage. As the post of brigade-surgeon has been recently abolished, we know of no way, unless it be through the medical director of a division, by which the responsibility of doing capital operations may be assigned by any medical officer above the rank of regimental surgeon to the men especially fit. If



such authority does exist, we sincerely hope it may be exercised without any undue delicacy. We trust that the spirit which leads so many of our brethren to give up their practice at home, to incur the dangers and the labors of military life, will lead them to abstain from making their position an excuse for undertaking what they ought not to perform, if more competent men are at hand.

With regard to assistant surgeons, we see no reason why, in the present emergency, medical students in the last year of their course may not receive the appointment. The position is subordinate, and does not call for any professional knowledge which is not at the command of many we could name, whose youth and physical vigor also admirably qualify them for the arduous labor which its duties impose."

---

EXTERPATION OF DISEASED EYE TO PRESERVE HEALTHY ONE.—The practice of extirpating a diseased eye to preserve a healthy one is disapproved of by Sichel, the French oculist. The following are stated to be his views:

"With regard to the extirpation of a diseased eye, practiced for the purpose of preserving the sound one, M. Sichel says that it is an operation which has been greatly abused of late. It is undoubtedly true that a disease in one eye may at least effect the healthy eye; but affections of this nature very often depend upon constitutional causes; and, when this is the case, it happens that the healthy eye becomes at last affected as the result of the diseased constitutional conditions. The extirpation of the eye primitively affected cannot in any way cut short the influence of these constitutional causes upon the healthy eye. The general affection of the body was the original cause of the ocular disease, and is also the cause which keeps up the disease; and the right treatment therefore, for the preservation of the healthy one, is to attack by therapeutics the general affections. M. Sichel also remarked, that his observations of the good effects of general treatment in diseases of the eye had often led him to combat the too frequent tendency to surgical operations in these diseases."

---

A case was recently tried in England, involving the question of the proper disposition of the "dissected fragments of humanity, as they pass from the schools to the burial-ground." The law requires that the bodies of dissected persons shall be "decently interred in consecrated ground."—

Counsel contended that "inasmuch as the burial service was intended as a solemn rite for the consolation and benefit of the living, its performance in the absence of all witnesses over the decayed fragments of a dissected body was improper and unbecoming." The judge, however, overruled this opinion, and decided that the remains "should have the burial service read over them."—*Ibid.*

---

APPOINTMENT.—Dr. Mathew F. Regan of Lockport, has been appointed Surgeon of Col. McMahon's Irish Regiment. Dr. Regan has served as Assistant Surgeon of the 28th Regiment, and will bring experience and ability for the discharge of his duties.

---

PRESENTATION TO DR. HUNT.—Dr. S. B. Hunt's friends, medical, editorial and personal, have presented to him, since his departure from the City, a sword, belt, sash and pistol, as a memento of their appreciation of his patriotic devotion to his country, and distinguished ability to discharge the duties of the appointment he has accepted.

---

VOLUNTEER SURGEONS.—The Mayor of Buffalo and District War Committee have asked for ten, or more, Volunteer Surgeons, to leave immediately for the seat of war. The required number have at once volunteered and are ready for immediate service.

---

*Report of Deaths in the City of Buffalo, for the Month of July, 1862:*

Accident, 9; Accident by Drowning, 4; Apoplexy, Cerebral, 1; Concussion of Brain, 1; Cancer of the Stomach, 1; Cancer of the Womb, 1; Cholera Infantum, 8; Consumption, 14; Convulsions, 12; Cyanosis, 1; Debility, 2; Delirium Tremens, 2; Dentition, 1; Diabetes Mellitus, 1; Diarrhœa, 11; Disease of the Brain, 2; Disease of the Heart, 3; Diphtheria, 2; Dropsy, General, 2; Epilepsy, 2; Erysipelas, 1; Fever, 1; Fever, Puerperal, 2; Fever, Scarlet, 18; Fever, Typhoid, 3; Hæmorrhage, 1; Inflammation of Bowels, 3; Inflammation of Brain, 1; Inflammation and Meninges, 4; Inflammation of the Lungs, 6; Inflammation of the Lungs, Typhoid, 1; Inflammation of the Womb, 1; Intemperance, 4; Kidneys, Bright's disease of, 1; Marasmus, 4; Measles, 6; Old Age, 5; Premature Birth, 2; Pyæmia, 1; Scrofula, 2; Suicide, 1; Tabes Mesenterica, 1; Unknown, 3;—Total, 152. Ages: 1 and 30 days, 11; 1 month and 6 months, 18; 6 months and 1 year, 12; 1 to 3 years, 24; 3 to 5 years, 9; 5 to 10 years, 11; 10 to 20 years, 11; 20 to 30 years, 11; 30 to 40 years, 13; 40 to 50 years, 12; 50 to 60 years, 7; 60 to 70 years, 3; 70 to 80 years, 5; 80 to 90 years, 4; Stillborn, 4;—Total, 156. Sex: Males, 85; Females, 71. Color: White, Male, 1; White, Female, 70; Unknown, 3. Nativities: United States, 106; German States, 23; Ireland, 17; England, 4; France, 3; Scotland, 1; Poland, 1; Nova Scotia, 1. Parentage: American, 15; German, 77; Irish, 28; English, 5; Scotch, 5; French, 5; Holland, 1; Canada, 21; Nova Scotia, 1; Unknown, 18. Condition: Married, 25; Single, 104; Widows, 3; Widowers, 3; Unknown, 21. Locality: City at large, 136; Hospital of Sisters of Charity, 8; Buffalo General Hospital, 2; Catholic Foundling Asylum, 5.

BUFFALO

# Medical and Surgical Journal

---

VOL. II.

OCTOBER, 1862.

NO. 3.

---

## ORIGINAL COMMUNICATIONS.

---

ART. I.—*Report of Surgical Cases at the Buffalo General Hospital.*  
*By J. R. LOTHROP, Attending Surgeon.*

14.—The four instances of paralysis were cases of true spinal paralysis or paraplegia, involving a more or less complete loss of power in the lower extremities, with impaired sensation in some, but not in all. One was traumatic, one, as was rather conjectured than positively ascertained, depended upon disease of the bones, and in the others no definite cause could be assigned, though the slow progress and other symptoms led to the suspicion of softening in one of them.

The case of traumatic paralysis was caused by gun-shot wound. Three years before, the patient had been shot in the back by a rifle bullet, it entering about three inches from the spinal column, opposite the lower dorsal region and passing obliquely across the body, leaving no wound of exit. From the result it seemed probable that it lodged in the spinal column. The symptoms in this case were, first, loss of motion not entire, for the patient when recumbent could draw up the legs, but to such an extent that they were powerless for walking, or even sustaining the weight of the body. Sensation was somewhat impaired. There was a flabby state of the abdominal muscles, constipation obstinate and continued, generally great distension of the intestines with flatus, pains in the limbs and loss of power in the sphincter ani, so that liquid matter passed involuntarily, but the solid contents were retained. There was in some degree both inconti-



nence and retention of urine—incontinence was most marked; the urine, moreover, had that marked phosphatic character so often seen in injuries of the spinal cord, the deposit being abundant enough to coat thickly the vessel containing it.

The second case in which it was supposed that the cause was disease of the bones, exhibited mainly loss of motor power in the lower extremities, but with no impairment of sensation, no loss of control of the sphincters, no constipation, and no pains or abnormal sensations in the limbs themselves. The loss of motor power in this case was not entire, as the power of moving the limbs slightly when in the recumbent posture was retained, and also of sustaining the weight of the body for a short time, but no power to move forwards. The patient was therefore enabled to use crutches, dragging the limbs after him.

In one other case the paralysis was of slow development, affecting both motion and sensation; the interference with the latter did not amount to anæsthesia, but rather numbness, or the sense of creeping of ants. There was also a pendulous state of the abdominal muscles, constipation and retention of urine. In this case also the urine was alkaline.

As has been stated these three cases in which the attempt to diagnose the seat and nature of the spinal affection, were thought by the differences in the symptoms to indicate, in the first, an affection of the membranes of the cord in the lower dorsal region, producing pressure, but no interruption of the continuity of the cord; in the second, disease of the bones in the lower part of the spinal column, causing loss of motion as the main symptom, though there was an absence of local symptoms, such as pain, tenderness or prominence in any part of the column; in the third, softening of the cord, evidenced by long continued, slowly progressing loss of power and sensation, with abnormal sensibility, such as numbness and formication.

This attempt at differential diagnosis is always a matter of more or less difficulty. But some aid may be derived from a careful study of the symptoms. The following considerations assist in the determination of the peculiar nature and seat of the disease. Applied to the cases above described, the ground upon which the particular diagnosis was made will be apparent.

As to the seat of the disease or injury, as far as it has any bearing upon the above cases, it is enough to confine our attention to the lower dorsal and lumbar portions of the spinal column. Affections of the lower dorsal



region are attended by a relaxed and flabby condition of the abdominal muscles, so as to render the abdomen pendulous, a state often observed in spinal paralysis. The loss of compressing power in these muscles also favors and causes confirmed constipation, and also the accumulation of flatus to a great extent. This loss of compression is one of the conditions necessary for great accumulation of urine in the paralyzed bladder, which cannot take place as long as they can exert a power to force the urine out.

Injuries to and diseases of the lumbar region, and of the sacrum, besides causing paralysis of the lower extremities affect the pelvic muscles and organs without causing loss of power in the abdominal muscles. Thus the bladder may be affected with both retention and incontinence, a certain accumulation being always present, but incontinence being evident by a constant overflow. This accumulation must be limited as long as the abdominal muscles retain their power of compression.

The symptoms may aid us in determining the nature of the disease. Affections of the bones frequently involve the motor functions, but leave the power of the sphincters unimpaired; thus we may meet with cases in which there is entire motor paralysis of the lower limbs, with perfect control of both the sphincter of the bladder and anus. Apart from the local symptoms which are more distinct in affections of the bones than in any other spinal disease—they afford some aid. Usually there is alteration of shape, or tenderness at the seat of the disease of the bones in spinal paralysis, but it may not always be distinct.

Diseases of the membranes of the cord with thickening, and morbid growths which cause pressure upon it, but do not affect the continuity of its fibres, in addition to the loss of motion and sensation, which may be and often is incomplete, cause pains in the affected limbs and often spasmodic contractions.

Softening of the cord being generally slow in its progress, the paralysis resulting is for a long time incomplete. It may amount to only a slight diminution of power and perverted sensibility rather than pain, numbness being the most common form of impaired sensation, and slight uncertainty or tripping in the gait, of impaired motor conduction. Sudden paraplegia is a very rare result of disease, though frequently of injury. When unconnected with injury, it is caused by hæmorrhage, and attended with great pain in the spinal cord.

In the treatment of spinal paralysis, as the result of disease, the experience of most has probably convinced them of the hopeless nature of many

of the cases which come under notice. Paralysis arising from diseases of the bones admits of the most certain improvement both temporary and permanent. Certain and marked benefits are often observed to follow rest and counter-irritation. But in paralyzed states, known to depend upon some morbid condition of the cord, or its membranes, as softening, chronic inflammation, effusion or exudation, it is hardly necessary to recall to many how often all measures have entirely failed. Counter-irritation, strychnia, electricity, and other means, though in turn to be tried, have proved entirely useless, and any treatment which may be proposed will too often disappoint us in the amount of its benefit. At the same time through the slow restoration of Nature, recovery sometimes takes place. The paralysis of the muscles, which results from atrophy and disuse, after the central affection has disappeared, is more within the reach of curative means. General measures to increase their nutrition, among which are friction and forced use, are attended with success.

15.—The three cases of erysipelas were, one of the head and face, one of the arm, traumatic, and one of the lower extremities and lower part of the body, attended with a fatal result.

The first and last occurred at the same time, and had their origin within the hospital; the third occurred at the same time with the others, but originated without. They all arose during the damp and cold weather of spring. There was nothing in their history or origin to give rise to the idea of contagion. The two arising in the hospital were in different wards.

The first, a case of erysipelas of the head and face, terminated as such cases mostly do in recovery, though it was of great severity. The treatment which appeared of most benefit was the external and internal use of the tinct. ferri muriat. This substance was used early, and the case went on very favorably, but a suspension of its use was followed by an increase in swelling and fever, marked enough to appear as a direct result of its discontinuance.

The second followed a fall upon the elbow, and involved the fore-arm mainly, the swelling being great. As the injured portion sloughed poultices enveloping the whole arm were used. Under their use the slough separated and the erysipelatous inflammation subsided.

The third was more extensive in its range. It began on one foot, at a point where there had been considerable pain for some time previously. This patient had suffered from frost-bite two years before, and had lost parts of both feet, partly by Nature's and partly by the surgeon's amputa-

tion. The feet, however, were painful at times after, and there was an occasional discharge of pus in the tarsal region, indicating a diseased condition of the tarsal bones. The swelling and redness began in the tarsal region, rapidly extended up the leg and thigh to the body, and crossing it, passed down the other limb to the foot. It extended also up the back nearly to the shoulder blades behind, and the epigastrium in front. The swelling was very great, the progress of the affection rapid, and the constitutional depression very severe, so that the case terminated fatally in about a week. In the outset, while the disease was confined to one limb, cold applications were made, consisting of whiskey and cold water, but they did not arrest the progress of the inflammatory swelling. Moreover, as is sometimes observed in similar cases, they caused such an uncomfortable sense of chilliness, that their use was soon abandoned. Tincture of iodine was afterwards employed, but with no apparent influence to check the progress of the disease. Quinine and stimulants were freely given. This case was remarkable for the extent of the disease. When so large a portion of the body was involved, the fatal result is not surprising.

16.—The cases of syphilis were—three primary, three secondary, and five tertiary.

The cases of primary syphilis were not treated by the administration of mercury while in the hospital, though one had taken a full course of the proto-iodide of mercury before admission, at which time the gums gave evidence of its full influence. This patient was a female, and while in the hospital, some five or six weeks, exhibited no signs of secondary affection. The chancre had healed, and there was no glandular induration in the groin. While in the ward this patient having in her possession a box of pills which she brought in, each of which contained one grain of the proto-iodide of mercury, took at one time, of her own will, five of them as a cathartic. They did not produce a cathartic effect, but caused a most violent cramp and pain, recurring at intervals for two days, and followed by well marked peritonitis, which put her life in peril. When she recovered she left the hospital, and was not again under observation.

The other two cases were not treated by mercury, one because the chancre appeared to be of the soft or non-infecting variety—the other because it had given rise to gangrene of the prepuce, most of which was destroyed. The destruction had thoroughly removed the sore, whether infecting or not, and in the absence of any positive sign of constitutional infection mercury was withheld. The probabilities were all on the side of the sore's being a



non-infecting one, as soft chancre is more likely to become gangrenous. The penis at one time exhibited a black encircling band, an inch broad, which upon separation left the gland unaffected, but decidedly uncovered. This young man remained under observation nearly two months, in which time no signs of secondary affection occurred.

The three cases of secondary affection were in the form of mucous tubercle about the anus and scrotum; in two cases the patch of raised granulations about the anus were three inches in diameter. The time from the primary infection varied from six to ten weeks. In these cases mercury was exhibited; in one case the blue mass three grains at night, in the other one grain of proto-iodide of mercury at night. The local treatment was a wash of dilute chlorinated soda, morning and night, and when dry, dusting with calomel. Under this treatment the disease disappeared in about three weeks.

The cases of tertiary presented the varied and usual phenomena, but two were remarkable, one for the extent and severity of the infection, the other for the length of time which had elapsed since the primary infection. The first was a case of ulceration, affecting the body extensively, the sores being some of the deep, sloughy character, and others more superficial, and tending to spread in circles, with a partially healed centre. On some of the sores, when undisturbed, the thick, prominent, black crusts of rupia formed. This case was treated by tonics, various forms of mercury, as the bichloride and the iodides, by the iodide of potash, and by a combination of both, but the course of the disease was disastrous, and seemed likely to terminate in death. Syphilis does not inevitably tend to death, there being a tendency to elimination in many cases which go on without treatment.

The second case continued with intervals of tolerable health during thirteen years. Latterly the health of the patient was more firm. The traces of the disease were evident in cicatrices on various parts of the body. The remaining trouble was exfoliation of the bones of the palate, which was cleft nearly to the upper incisors, the soft parts being ulcerated, and portions of bone appearing in the margin. The whole of the back of the pharynx, with the openings of the Eustachian tubes was exposed to sight. This case was subjected to general tonic treatment, and improved while in the hospital, the ulcerations, being recent, healing, and the throat assuming a more healthy aspect.

It seems appropriate here to remark upon the giving of mercury in primary syphilis. Admitting two species of chancre the infecting and the non-



infecting—the one always and the other never followed by constitutional syphilis—the necessity for the giving of mercury is limited to the infecting species alone. In the case then of an infecting chancre, what is the object aimed at in the use of mercury? Is it to promote the healing of the sore, or to prevent the occurrence of constitutional syphilis? Quite likely it may be given to secure both objects. But it is worth while to consider whether either is attainable by the means, and if not, to consider whether the use of so powerful an agent is advisable for a purpose beyond our power. The question is yet an open one. There seems to be a belief in the efficacy of mercury to promote the healing of the primary sore, and if it does, a careful employment of it is not altogether inadvisable. On the other hand statements are not wanting of careful observers that secondary symptoms appear by a law of disease, as invariable as the law governing the appearance of the eruption in scarlet fever, i. e. that they belong to the essential phenomena of the disease. In this view the giving of mercury is plainly altogether unnecessary and useless. Until more certain observations establish the impossibility of arresting the appearance of secondary symptoms in syphilis by the use of mercury, the practice will probably and wisely favor it. The investigations which have been industriously made by intelligent and honest observers, incline us to consider the question as one yet subjudice. The above remarks apply to the giving of mercury to *prevent* the appearance of constitutional syphilis. When the secondary phenomena have appeared mercury is not only *a* proper, but so far as we know, *the* proper remedy to call to our aid.

17.—The two cases of malignant tumor were, one of schirrous affection of the breast and axilla in a male, with a most remarkable dissemination in the skin of the neighboring parts; the other, one of medullary tumor of the neck, just behind the angle of the jaw.

The first occurred in a man about sixty years of age, and was of several years' duration. He had a most cachectic appearance, as the disease was far advanced, and died a short time after the beginning of my term of service. The right breast was hardened, nodose, and drawn in, and a line of contraction and induration of glands extended to the axilla. In the axilla were several large, rounded, very hard masses, prominent and ulcerated. The largest separate masses were an inch in diameter. In the neighborhood, in the skin of the neck, breast and shoulder, were nodules, distinct and of various sizes, from that of a millet-seed to that of a common sized bean, movable on the texture beneath. The masses in the axilla partly by

pressure and partly by the induration of the tissues, interfered with the circulation of the arm; in consequence it became enormously swollen and œdematous. This patient exhibited that fragility of the bones which is often found in the cancerous cachexia. About two months before his death he had a fracture of the femur, caused by stumbling over a chair. The broken bones had apparently firmly united at the time of his death. Just before death respiration was difficult, either by extension of the disease to the lung, or from effusion into the cavity of the pleura, which was more probable, as a marked dullness existed on the affected side.

The masses in the axilla were considered to belong to the variety of schirrus, as they were fixed, and of stony hardness; the hardened tumors in the breast also were of the same species, being fixed, and the skin drawn in over them, so that they were at the bottom of a depression. But the nodules in the skin being loose and isolated, need not necessarily be classed with the main growths, as medullary secondary formations in the skin are found accompanying large cancerous masses of primary formation.—Rokitansky, in speaking of fibrous cancerous nodules in the skin says, they are very often depressed beneath the surface of the skin, usually single, *firmly fixed*, and hard; and are generally primary cancerous growths, being the first of a series of cancerous formations in different organs of the body. They are generally confined to the face, though they may appear on other parts. Of the medullary secondary formations in the skin, he says, they are associated with large cancerous growths, and are scattered over large tracts of the body, especially the trunk. They grow in isolated nodules, near the primary mass, or they may appear in the skin after cancer has been localized in one or several organs, being then part of an extensive or general cancer production. They mark the general cancerous cachexia. In this case the brittleness of the bone furnished another indication of the extent of the cancerous tendency.

The second case occurred in a woman about thirty-five years of age, mother of several children, the youngest being an infant. The tumor was located in the space behind the angle of the jaw, which it filled, passed very slightly under the anterior border of the sterno-mastoid muscle, and overlapped to a small extent the parotid gland. Its growth had been rapid, and the health had been until shortly before quite good. At the time of admission the patient had the appearance of health, and made complaint only of pain in one of the thighs, and a slight lameness, which did not attract much attention. The tumor was rather larger than a hen's

egg, quite prominent and pointed, movable and of moderate hardness.—The skin had a dark purplish hue over the tumor. As the patient desired the removal of the tumor, it was decided after consultation with my colleagues, to remove it. It appeared to be a loosely attached tumor, perhaps of glandular character, such as are found in that situation, and seemed likely to offer but little trouble in the removal, if indeed it might not be easily turned out. The dark color was the only circumstance which raised any suspicion of its being a malignant growth. The operation for its removal was made about the middle of March, the patient being under the influence of ether. After the first incision it was very evident it could not be turned out, but must be dissected with some care. Its removal by dissection was soon accomplished, and followed by but slight hæmorrhage. A small portion of the parotid was removed with it, as it had pushed into its substance slightly. The wound soon assumed a healthy appearance, and perfectly closed, though the cicatrization was not complete when the patient left the hospital, in about ten days.

The subsequent history of this patient shows most decidedly the tendency to general production of cancer. After her return home, the lameness of which she complained when in the hospital, and which was more important than it seemed, increased to such a degree that she was compelled to keep at rest. After a slight fall the thigh was fractured at the neck, and drawn up on the ilium, and any attempt to move it caused intolerable pain. A tumor at about the same time appeared in the right side of the abdomen, which enlarged rapidly, and occupied a large portion of the cavity of the abdomen, extending as high as the liver. This was found to be a large melanotic tumor, having but slight attachment with the mesentery.

The woman died about four months after the operation for the removal of the tumor from the neck. During the latter part of her life she was seen by Dr. Abbott of White's Corners, from whom the facts relating to her after she left the hospital were obtained.

The tumor, after its removal, was found to have no well defined sac which could be easily separated from the surrounding tissues. Although it might have seemed at first to have grown independently and merely pushed aside the neighboring textures; it in fact had penetrated them to a slight extent at its circumference, as well as pushed them aside. This was evident from the impossibility of dissecting it out clearly without injury to the textures in the vicinity. When divided through its centre its cut sur-



face presented a variegated appearance, being divided into lobules of different colors sharply defined, several being very distinctly melanotic in hue; the others being variously reddish, yellow, or brownish yellow. The tumor was not very hard, and the lobular contents had a cheesy consistence.

The microscopic appearances were, 1st: Large cells, having one large oval nucleus containing several nucleoli. These cells occasionally exhibited a prolongation or process. 2d: Multinuclear cells somewhat misshapen, the nuclei often collected together at one side of the cell. 3d: Cells which appeared to be a mere agglomeration of fat granules, being in a state of fatty degeneration. 4th: Brownish granules of pigment, either enclosed within the cell walls or free. In a specimen of the large abdominal tumor given me by Dr. Abbot, the only distinct appearances were large cells with oval nuclei, and an abundance of brownish pigment granules and blood globules. The secondary formation in this case was not at the wound made by the removal of the primary tumor. It grew with remarkable rapidity in the abdomen. It belonged to the class of cancer melanodes, but the entrance of pigment into any cancer gives it the name of melanosis. Its entrance is most frequent in the medullary cancer. According to Rokitansky, in most cases melanosis is merely medullary carcinoma modified by pigment. The secondary tumor was in this case a rapidly growing medullary tumor, colored by the melanotic matter. In this case as in most whenever medullary cancer recurs, it assumes the most marked form, namely, that which is known as encephaloid. The history of this case adds confirmation to the infrequency of benefit resulting from operative interference with cancerous growths. Rare as is spontaneous cure in such cases, it is unfortunately hardly more rare than cure by surgical means.

---

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

TUESDAY EVENING, September 2, 1862.

Dr. H. M. Congar, Vice President, in the Chair.

*Dr. Miner* presented for examination an arterial tumor, which had been described, as an aneurism by anastomosis, which he had that morning removed, from the head of a child seven months old.—At birth it was observed a very small pimple, hardly perceptible, situated upon the right side of the frontal bone, near the union with the



parietal. It had continued to increase in size, recently growing rapidly, until now, before removal, it measured two inches long by one wide, and was about an inch in thickness, standing up above the surrounding surface. The arteries leading to it were greatly distended and quite numerous, entering it on all sides, and giving distinct pulsation not only over their course, but to the whole tumor. The vessels over that side of the face and scalp were also greatly distended, and when the child cried, or made violent effort of any kind, the increase of venous blood gave a dark livid color to the integument for considerable distance from the tumor. After having brought the child under the influence of sulphuric ether, incision was made about two lines from the tumor, in healthy tissue, extending only so far as to be able to control the hemorrhage by pressure until the vessels were ligated leading to the tumor. The vessels leading from it bled as freely as those leading to it, and this was restrained by grasping the edge as firmly as possible, and holding it until the tumor was surrounded and the supply vessels ligated. The tumor was removed with a loss of not more than two and a half or three ounces of blood. The child was at first faint and depressed from loss of blood and the effects of the ether, but soon rallied and seemed to suffer but little from the operation.

The various plans of operation proposed and practiced by surgeons for removal of these growths were mentioned, and the advantages and disadvantages of each plan briefly reviewed. Strangulation, starvation, compression, injection, excision and amputation, were the general heads under which might be grouped a variety of operations, all more or less efficient in the removal, and all obnoxious to some greater or less serious objections. Injection with persul ferri or perchlor ferri would, in his opinion, be found one of the operations or plans of removal most worthy of trial in cases where excision could not safely be performed, and yet the great objection would seem to be the liability of hemorrhage upon the separation of the slough, an objection which holds in almost all plans of procedure, seton, heated needles, ligature, escharotics, or whatever other means might be suggested. Again the *pain* attending any plan of gradually removing such growths was too great for the endurance of a child of seven months. Excision when it can be performed safely was regarded as beyond all comparison, superior to any other plan yet proposed; less painful, more certain, less liable to be attended by secondary hemorrhage, producing less shock or depression, less liable to be attended by, or to produce

diarrhoea, which he regarded as the most frequent and common cause of depression after all operations upon very young infants.

The tumor removed was found upon examination to consist of enlarged vessels passing through the base of the tumor, while over this layer very few vessels could be seen under the microscope. The mass of the tumor was cellular structure; the cells appearing to communicate with each other. The skin covering it was very thin, and rested upon areola tissue without any intervening structure. The cells were filled with blood, the walls of the cells thin and almost indistinct in some places, leading one to suppose he had only blood corpuscles under examination. The tumor was presented not on account of the rarity of such growths or peculiarity in its character, but to draw attention to the reasons for adopting the excising mode of operation, rather than any of the more recently suggested plans of procedure. Other cases might require, and more properly admit of different mode of removal, but tumors of this character which can safely be removed by excision can perhaps be treated in no other manner with greater satisfaction and success.

*Dr. Gay* was satisfied of one fallacy in surgical teaching. Often read and heard of the impropriety of using the suture in wounds of the scalp. Had been in the habit of drawing together wounds of scalp with suture, not removing the hair, but approximating the integument as nearly as possible, and has never seen any erysipelas or other unpleasant effects.

*Dr. Ring* had dressed hundreds of wounds of the scalp with suture, and had never seen any unpleasant effects. Thought shaving the scalp would be as likely to produce erysipelas as a suture. A very neat way of dressing wounds of the scalp was to lay the hair over each way like the lappings of the many tailed bandage. Had seen tumors like the one presented by *Dr. Miner* removed in New York, by heated needles, but did not know the results.

*Dr. Kempson* remarked that in the district of his former practice, wounds of the scalp were exceedingly common, the chances of such injury with the miners were as great as of being wounded in a battle. Erysipelas was not as common there as here; rare to see erysipelas in that country from injury of the scalp.

*Dr. Gay* spoke of the differences in *actæa racemosa* and *cimicifuga racemosa*, and their frequently being spoken of, as one and the same plant. Would some time prepare a paper upon the distinctions.

*Dr. Kempson* related a case of uterine hemorrhage after labor. Nat-

ural labor at full time; child expelled quickly, and placenta removed, when immediately the largest amount of blood he ever saw discharged at once, came away. To subdue the hemorrhage used opium and ice. Nodules of ice passed directly into the womb was the only thing which seemed to control the bleeding. Said there was no risk in its use, that it was perfectly safe. Patient recovered rapidly. Thought she lost two gallons of blood.

*Dr. Gay* attended a lady in miscarriage who had so profuse hemorrhage that he put pieces of ice upon the mouth of the uterus. Contraction he regarded as the great remedy in post partum hemorrhage, and pressure with the hand over the uterus or compression the most efficient means to produce it. Did not think much of ice externally; had known it seem to do injury.

*Dr. Kempson* would remark that in the case reported, he also used compression; continued it as long as he could himself, and after that, had help.

*Dr. Miner* remarked that whatever was calculated to produce or excite contraction of the uterus was proper in such cases, and that any suppression not attended by contraction was only temporary and unsafe. Thought dashing cold water upon the abdomen sometimes a most useful expedient, but that great quantities of ice, or ice water, long continued might be, and often were injurious, defeating the proper objects of treatment.

Any foreign substance, as for instance the hand introduced into the cavity of the uterus would often prove most efficient in producing contraction. In alarming and severe cases this was a most ready plan, and the hand would often be grasped with great violence, so that the attendant would be glad when liberated. Ice might and probably would act in something the same way. That it would or would not have any advantages over the hand he was unable to say, but had the impression that the hand would be found to answer the same purpose. In regard to compression over the uterus with the view to control hemorrhage or produce contraction, he had no confidence in its efficacy. It was unquestionably proper with the view of supporting the walls of the distended abdomen and uterus, to apply the usual compress and bandage, but to think of shutting up the uterus or preventing hemorrhage by compression of its walls, was in his opinion exceedingly absurd, and he could conceive of no benefit from severe and long continued pressure over the uterus in cases of hemorrhage.

*Dr. Ring* had had many severe cases, and should be glad to learn any thing useful in the treatment. Has found giving large doses of ergot the



most efficient means before the completion of labor, and immediately after making compression. Opium he is theoretically opposed to; has had no experience in its use. Believed in cold water, and said the womb was not exactly muscle. Thought the introduction of ice the very best remedy, and that Dr. Kempson was worthy of great credit in saving his patient. In cases of severe hemorrhage we must let stimulants go, and take care of the bleeding.

*Dr. Kempson* had always been taught to make compression; to always feel for the uterus and make compression upon it; regarded it as of the greatest importance; would mould, and as it were form the uterus as he would have it. Spoke of a case where he threw open the windows, and snow being on the ground sent for snow, and introduced snow balls. The patient was almost moribund. It acted like a charm. Cold acts as a sedative, and in that way is useful; was obliged to Dr. Ring for the suggestion of giving ergot; will give ergot a trial.

*Dr. Gay* said the Secretary had asked the use of pressure over the uterus. He thought it would approximate its sides, and thus have a tendency to suppress bleeding; would support a uterus which had been overworked and debilitated. Introduction of the hand, as suggested by him, before the discharge of the after-birth might stimulate contraction, but after that it was an entirely different case. Had often removed coagula of blood with relief of all the trouble; thought compression the all sufficient remedy. Objected in toto to the introduction of the hand into the uterus after delivery, and said that no woman who had been thus served, would be likely to submit to similar treatment again.

*Dr. Miner* remarked that he was satisfied with the position, that pressure, other than the support he had described, over the unsupported uterus after delivery, could be of no service in arresting hemorrhage; while the hand introduced into the uterine cavity either before or after the delivery of placenta, was one of the most efficient, indeed the most efficient means for inducing contraction of that organ and consequent arrest of hemorrhage. While Dr. Gay objects to the introduction of the hand only as a dernier resort, he still says he has often removed coagula of blood, and thus at once been able to arrest the hemorrhage without further trouble. Now the question is, how can it be known that there is retained coagula of blood without introducing the hand? and how can it be removed without using the same means?



*Dr. Gay* replied that he could tell that coagulated blood was retained in the uterus by feeling through the abdominal walls.

*Dr. Ring* believed that pressure over the uterus made it contract; and that we shall never have hour-glass contractions if we adopt that practice.

*Dr. Congar* would endorse *Dr. Miner*. He was never taught to use pressure such as had been described. Had been learned to feel for the fundus of the uterus to learn if it was contracted and the patient safe from liability to hemorrhage. The only object was stimulation of contraction. Cold water poured from a height was a very useful expedient. Ice, he had used, but always kept the patient warm; also kept the head low and feet elevated.

*Dr. Kempson* thought there was no disagreement, pressure and manipulation being useful, and all agreeing in their use.

*Dr. Gay* thought we agreed sufficiently, but had perhaps misunderstood each other. Liked the familiar way of discussion.

The Secretary inquired if the Society would have the transactions published verbatim, as the discussion had been conducted?

Many of the members expressed the wish to have it so published.

Voted to adjourn to Tuesday evening, Oct. 7, 1862.

JULIUS F. MINER, Secretary.

ART. III.—*Report of a case of Poisoning by Opium—Belladonna used as an antidote.*

Ida Clifford, aged twenty, was admitted into the City Hospital on the 23d of July last, at 5 o'clock P. M. I was informed that she had purchased xl grs. of opium about 9 o'clock A. M. When I arrived at 6 o'clock P. M. I found her quite insensible, breathing heavily, pupils contracted to a point, skin cold and moist; pulse was feeble and scarcely perceptible. Being confident that the time for emetics and the stomach pump had passed, it became necessary to resort to some antidote that would reach the absorbed poison in the circulation; and testimony favoring belladonna, I administered  $\mathfrak{z}$ i of that tinct., and ordered  $\mathfrak{z}$ ss. every two hours. In the morning I found her quite smart,

I am, yours, &c,

IRA D. HOPKINS, M. D.,

Utica, N, Y.

ART. IV.—*Glass in the foot fifteen years.*

STRATHRAY, September 17, 1862.

Dr. Miner—Dear Sir:

Enclosed I send you a bit of glass one inch long by about one-half an inch wide at the base, terminating in a sharp point, which I took from Mrs. Couse's foot two years ago this month, which had been in the bottom of the foot for over fifteen years. The little boys had thrown a play-ball through a window opening in her bedroom; the fragments of glass fell upon the carpet, and upon retiring to bed she walked upon them; some three or four pieces were taken out at the time. After that, at times, she felt sharp pains in the foot, but no great inconvenience ever arose from it, could walk and dance as well as other young ladies. At the time my little girl was ill she was a great deal upon her feet, and then for the first, for about a fortnight, it had made her very lame. The fragment of glass passed in about the head of the metatarsal bone of the great toe, passed across the sole, and made its appearance about an inch back from the head of the metatarsal bone of the little toe, the base or broad end presenting. I extracted it with ease.

I can vouch for the truth of the above, and am aware, or believe that in your extensive field you must have seen similar cases. Hoping to hear from you at your earliest convenience, I subscribe myself

Truly yours,

GEO. COUSE.

---

*Some Observations connected with Measles and the fungi of Wheat Straw.*

By J. H. SALISBURY, M. D., *American Journal Medical Sciences.*

Hon. J. Dille, of Newark, Ohio, came to my office on the evening of the 9th of December last, and stated that he was just recovering from what he believed to be an attack of measles. It was his opinion he had caught them from pitching straw from an old stack. He stated that on December 4th he pitched from an old stack a load of straw, and unloaded it in his table. Portions of the stack had become partially decayed, and was already steaming with the heat of incipient decomposition. In pitching over and picking out the best straw the air became filled with a fine dust, which he freely inhaled. The dust tasted and had the odor of old straw. This took place during the forenoon. His throat soon began to feel dry and irritated. When he returned to dinner, he could still taste and smell the old straw. This taste and smell he could not get rid of. During the

following night he awoke with a very sore throat, which became much worse by morning. After getting up and dressing he was taken with a severe chill, with pains in the head and back, and felt so sick and prostrated that he was compelled to return to bed again, where he remained through the day. The chill was followed by a high fever and severe pains in the head, so much so that a portion of the time he was delirious. He felt a heavy, congested feeling about the chest, his throat and fauces were swollen and inflamed, with severe catarrhal symptoms. An eruption like that of measles appeared on his face and neck, and the *old straw* taste still continued. His fever continued high through the following (Thursday) night, with severe pains in the head.

Friday, December 6th, he felt much better, and was able to be up around the house. The fever and catarrhal symptoms had partially subsided. His eyes were sensitive, watery, and inflamed.

Saturday, December 7th, felt much better. The eruption had passed downward over the whole body, and had begun to disappear from the face. He rapidly recovered, so that on Monday, December 9th, he was moving about the streets. In the evening of the 9th he called at my office. His eyes were still red, inflamed and sensitive; throat sore, dry, and voice hoarse, and had a heavy congested feeling still about the chest. The blotches on his face could be faintly distinguished. He stated that he could still taste the old straw in his throat.

*Measles at Camp Sherman.*—At the military camp—Camp Sherman—Newark, Ohio, the measles first appeared on December 4th, the same day that Mr. Dille exposed himself to the straw dust. From November 23d to 30th, the weather was cool, damp, with considerable sleety rain and snow. During this time (there being between six and seven hundred men in camp,) many of the tents were furnished with ticks, which were filled with straw for the men to sleep on. In the centre of each tent was a fire, built in a hole in the ground, from which the smoke was led off by an underground flue, extending to the outside of the tent. The straw ticks were arranged around the fire, several in a tent, and each tick accommodated two men. On December 1st, the weather became colder and snow fell to the depth of about an inch. On the 2d—which was quite warm—this melted and wet the soil and dampened the straw ticks. December 4th, the measles made their first appearance in Camp Sherman. The men came from different parts of the county, and no one knew that he had been exposed to the disease. Some had been in camp two weeks, and no one supposed to



have that disease had visited the camp. Subsequent inquiries have failed to discover any one who brought them there, or to account for their appearance from the contagion of the disease. On the first day (December 4th) there were eight cases, and within a week after there were forty. The disease then disappeared for ten or twelve days from its first appearance. Between the 14th and 16th the disease again made its appearance, and within a few days there were between forty and fifty cases more, when the disease ceased altogether. These last cases, occurring so near the usual time at which the disease ordinarily makes its appearance after exposure, renders it probable that they were communicated from the first cases.\*

On the 3d of December it became warm and pleasant as growing weather in spring, and continued warm and delightful till December 10th. On the 11th and 12th it was cold and freezing. The 13th and 14th were cool. From the 15th to the 21st the weather was warm and pleasant.

*The following is the Statement of Mr. S.*—“In November, 1842, I returned home from school on a Friday. My father had the threshers, with a machine, threshing wheat. The wheat had been stowed away in the mow and in a couple of stacks outside the barn. It had undergone a slight heating, and some of the straw was mouldy. In threshing, the barn was filled with a fine dust, which tasted and smelled of old straw. I was on the straw stack all Friday afternoon and the whole of Saturday. About 4 P. M., Saturday, I became very chilly; throat and fauces became sore and swollen; a tightness and congested feeling about the chest; eyes inflamed and sensitive; and severe pains through the head and shoulders with a feeling of weariness. Following the chill, came on a high fever with increased pains and throbbing in the head and severe catarrhal symptoms. I do not remember of ever passing a more disagreeable night. The next day (Sunday) had a high fever, with severe pains in head, back and limbs; eyes swollen and sensitive, and considerable thin mucous secretion from the nose and fauces. Towards evening a few blotches made their appearance on my face. The following day (Monday) I felt rather better; the fever and catarrhal symptoms had partially subsided, and my face and neck were completely covered with blotches. My father immediately remarked that I had measles. This surprised us all, as I had not been exposed to the disease, there being none in the town where I was attending school, or in the vicinity. In the course of a couple of days, my whole body and limbs were covered with the eruption. The disease passed off like a case of ordinary measles, leaving no bad effects, save inflammation of the mucous

\* For these facts I am indebted to Hon. J. Dille, and the Assistant Surgeon, Dr. James Hood.



membrane of the eyes. This I did not get rid of till the warm weather of the following spring. In from seven to fourteen days after the eruption commenced in my case, all my brothers and sisters (seven in number) were in bed with the genuine measles. My eldest brother attended school with me, and returned home when I did. These were the only cases of measles anywhere in the vicinity during that fall and winter. In my attack the disease commenced with much greater violence than in either of the others. The fever ran higher and there was greater disturbance about the head chest and throat."

Bearing upon this may be mentioned the circumstance that in almost every instance, where our soldiers have gone into camp, in a short time after—the disease—called *camp measles*, has made its appearance, without any previous exposure—so far as known—to the measles. It should also be stated that their beds have been usually straw.

At the monthly meeting of the "*Farmer's Club*," near Newark, Ohio, last month, several of the farmers stated to Mr. Dille, that it was quite common, after threshing wheat, for persons who had been exposed much to the dust, to be taken with severe chills, followed by a high fever, catarrhal symptoms and an eruption on the face. None of them could state that any one had ever had the attack twice; nor whether they had known any cases to follow the threshing of any other kind of grain than wheat.

It is well known among swine growers, that when they bed their hogs in straw, they are affected with an eruption in the throat, fauces and roof of mouth, accompanied with coughing.

*Microscopical Examination of the Fungi of Wheat and Rye Straw.* With these observations before us, we deemed the subject one worthy of a further and more careful examination; an examination which would afford something more positive. With this view, the fungus growth of wheat straw, and the dust rising from it when disturbed, were carefully examined under the microscope. The straw used for this purpose was taken from the beds at Camp Sherman, from Mr. Dille's stable, and from stacks in the vicinity of Newark.

We then took clean, bright, wheat straw—free from fungi—packed it firmly into a box about one foot square and high, wet it with about four ounces of cold well-water, pressed on and secured the lid, and set the box near the stove in the office, where the temperature ranged from 60° to 75° Fahr. Twenty-four hours afterwards I opened the box, and found the straw in the centre of the box heated and covered with a short, white mould.

As the straw was stirred, a fine dust of spores and cells were disengaged, and rose in the air, which, when inhaled, had the odor and taste of old straw. Examined the fungi under the microscope. The plants were in all stages of development, from those just starting to those with matured sporangia.

Again the straw was moistened, the lid secured as before, and left for forty-eight hours. The box was then opened. Found the mould had extended wider through the mass and more completely covered the straw.

We further varied the experiments in a variety of ways, and found that whenever the straw was exposed to a certain temperature, under the influence of darkness and moisture, fungi were rapidly developed. We also found that wheat or rye straw when stacked out or housed, unless unusually dry, undergoes a greater or less degree of heating, fermentation or decay, during which process a variety of fungi are developed, having the appearance of mould or mildew on the straw. When this straw is disturbed or agitated in any way the surrounding air becomes filled with innumerable spores and cells of the broken and comminuted fungi. The individual cells and spores are too minute to be distinguished by the naked eye. They can only be seen when many are together and the air filled with them; then they appear like a thin smoke or fine dust. Suspended in the air they are freely inhaled, tasting and smelling of old straw. This taste and smell is often quite persistent, lasting for hours. The air may be filled with them though invisible to us; but generally their presence can be discovered by the taste and smell. \* \* \* \* \*

*Inoculation of the Human System with the Spores and Cells of the Fungi of Wheat and Rye Straw.*—CASE I. At 10 o'clock P. M., February 11th, 1862, I inoculated my arm with the spores and cells of the fungi of wheat straw, which I obtained by placing a straw—covered with the plants—on a plate of glass, and hitting it with a few slight taps. On removing the straw, under and both sides of it was a white, cloudy band, about one-third of an inch wide, running across the glass. These spores and cells lay so thick on the glass that, to the naked eye, they seemed to touch each other. The straw from which I obtained these cells came from a stack near this place, and was the same kind of straw as that used for beds at the camp. Under the microscope the fungi presented the same appearance, and the cells disengaged in agitating the straw were precisely similar.

Wednesday, Feb'y 12th, perfectly well. No inflammation or itching around the point of inoculation.

13th.—Slight nausea. A very slight redness and itching at inoculating point.

14th.—Got up with a feeling of lassitude and nausea, which continued all day. The redness and itching of inoculating wound increasing; had difficulty in keeping warm; chilly all day; occasional sneezing; eyes sensitive; had a peculiar feeling about the scalp, as if red pepper or mustard had been rubbed into the pores.

Saturday, Feb. 15. Nausea and lassitude continue; occasional sneezing; flashes of heat over the whole body; itching and inflammation of the wound on the arm increasing; thoughtlessly rubbed off the scab, which was about three lines in diameter. The peculiar smarting, burning, congested sensation over the whole scalp, has increased since yesterday. It extends into the bone, with pains through the forehead and temples. A few blotches have made their appearance on the face and neck. Eyes weak and inflamed, so much so that I could not use them to read over half an hour during the evening. A heavy oppressive feeling about the chest; mucous membrane of fauces and throat dry and irritated; feel as if I had a severe cold.

Sunday, Feb. 16. Had a sensation of weariness and drowsiness, with nausea, all day. Eyes red, inflamed, and sensitive; smart, so that I cannot use them to read by gaslight. Whole scalp feels sore, with a constant congested, burning sensation all through it to the bone. Arm itches; redness as large as a dime. A heavy congested feeling about the chest; have had more or less fever since Saturday morning. Throat and fauces dry and swollen, and voice hoarse. Pains in back and head have been almost constant since Friday last.

Monday, Feb. 17. The burning sensation of the scalp still continues.—Eyes weak and inflamed; cannot use them long at a time, without pain. There is still slight fever and nausea.

Tuesday, Feb. 18. Nausea; face feels as if it had been exposed to the heat of an open fire till it had become inflamed. The peculiar burning soreness of the scalp is somewhat relieved. Eyes still sensitive; catarrhal symptoms and fever less than yesterday.

Wednesday, Feb. 19. Very much better; the soreness of scalp almost entirely relieved: blotches and redness of face disappeared; catarrhal symptoms and fever gone; eyes quite well.

CASE II. Wednesday evening, Feb. 19th. Inoculated myself again in the same place, with the spores and cells of fungi as before.



Thursday, Feb. 20th. Feel perfectly well, except a slight sensitiveness of the eyes.

Friday, Feb. 21. Same as yesterday.

Sunday, March 2d. Have felt perfectly well since Feb., 21st. Eyes completely recovered.

Monday, March 3d. The last inoculation has produced no effect upon the system, that I can discover.

CASE III, Wednesday evening, Feb. 19, 1862, inoculated my wife on her arm, with the spores and cells of the straw fungi. The cells were taken from the same group as those used in the second inoculation of my own arm, on the same evening.

Thursday, Feb. 20. Perfectly well all day.

Friday, Feb. 21st. During the day, a dry constricting feeling of the throat made its appearance, and grew much worse during the following night. Voice hoarse; has felt chilly through the day, with a feeling of lassitude and drowsiness. Nausea; ate no dinner. Throat and fauces inflamed.

Saturday, Feb. 22d. Nausea; but little appetite; severe pains through the forehead and temples; tongue considerably furred; throat feels dry and inflamed, with a very disagreeable constricting feeling, as if it would close up. A tumid appearance of fauces; voice hoarse; slight fever.

Sunday, Feb. 23d. All through last night her throat felt as if it would close up. Rest very much disturbed. In the morning, throat felt better. Occasional sneezing; voice hoarse; some pain in swallowing. Stupid, weary, and inclined to sleep.

Monday, Feb. 24. Throat did not trouble her much last night; still hoarse; head stopped up, as if with a cold; towards evening a fullness and throbbing about the head, which felt sore.

Tuesday, Feb. 25th. Had rather a restless night; head feels sore, swollen and heavy, as with a severe cold; eyes sensitive; catarrhal symptoms severe; heaviness about the chest; slight cough; considerable lassitude and drowsiness; slept from 10 A. M., to 3 P. M.; but little appetite. Had through the day occasional sensations of deafness; slight redness in spots under the skin on the face. During the evening the pains in the head were relieved, and bowels became tender and sore.

Wednesday, Feb. 26th. Had a good night's rest; head relieved; eyes still sensitive; catarrhal symptoms subsiding; chest feels easier; bowels very sore and tender to the touch. Appetite returning; redness on arm nearly gone; slight itching yet.

Thursday, Feb. 27th. Rapidly recovering; head and eyes feel quite well; bowels still slightly tender.

Friday, July 28th, quite well.

It will be seen from this case, that although there was scarcely any perceptible blotches, yet the other symptoms, such as chills, followed by fever, pains in the head, catarrhal symptoms, nausea, lassitude, &c., were all present. The disease commenced in the head, throat and fauces, and passed downward, the bowels being very sore after the head, throat, and chest were relieved.

CASE IV. On Sunday, March 23d, 1862, Chas. B. Pierce, a fine healthy boy, six years of age, was exposed to measles, by contact with the disease.

March 26th, seventy-two hours after the exposure, inoculated him with the fungi of wheat straw. The fungi was grown in my office, and shaken off from the straw on plates of glass, between which the spores and cells were preserved for use. On the second day after the inoculation (March 28,) a redness appeared around the inoculating point, about the size of a dime. This was preceded and accompanied by catarrhal symptoms resembling a slight cold. Did not complain. Played out of doors every day. This redness at the point of inoculation soon disappeared; the catarrhal symptoms subsided, leaving no bad effects; and on April 2d, he was perfectly well.—Forty-two days have passed since this boy was exposed to the disease, and there are no signs of measles yet.

CASE. V to IX. Mr. Bartholomew, of Newark, Ohio, has a family of seven children, ranging from three to seventeen years of age. On Wednesday morning, April 3d, Franklin Bartholomew, the next to the oldest son, broke out with measles. On Saturday evening, April 5th, three days after Franklin came down with the disease, and three days after the exposure of the entire family, I was called upon by Dr. Teller, their family physician, to go with him and inoculate the other six children and the mother, none of whom had ever had the disease. We inoculated the mother, and four of the children, leaving two boys—one thirteen and the other seventeen years of age—without being inoculated. On April 14th, the boy seventeen years of age, and on April 16th, the one thirteen years of age broke out with the disease. It has now been five weeks since the exposure of the mother and the four children inoculated. Although there has been three successive cases of measles in the house, none of those inoculated have had any symptoms of the disease. From twenty-four to thirty-six hours after the inoculation, they all had symptoms, resembling a slight cold, with a

little chilliness, catarrhal symptoms and sneezing. Beyond this they have been perfectly well from the date of the inoculation to the time of this writing, May 4th.

The inoculation does not produce a pustule and scab, like the vaccine virus, but simply a redness, around the wound, like a measles blotch.—There is seldom any soreness, but usually a simple itching sensation for two or three days, extending generally from the second or third to the fifth or sixth day after the inoculation.

CASES X to XIII. April 12th, inoculated with rye straw fungus Mrs. —, and two of her children, none of whom had ever had measles, and who had been exposed to the contagion of the disease from a case of genuine measles in the family, which broke out April 6th. On the evening of the 13th and morning of the 14th, they all had symptoms of chilliness followed by fever, catarrhal symptoms, slight cough and sneezing. The inoculating wound became red over a surface about the size of a dime, presenting the appearance of a measles blotch.

Their symptoms were so slight that the children were not kept in doors, and the mother was not prevented from attending to her ordinary duties.

On the 18th they had all quite recovered. It is now four weeks since the exposure, and no signs of measles in any of the cases inoculated.

From the inoculations so far as they have gone, in from twenty-four to seventy-two hours, the effects begin to show themselves in lassitude, chilliness, catarrhal symptoms and pains through the forehead and temples. It is highly desirable that these experiments should be extended further.—For this reason we publish thus early our observations and experiments (much more limited than we could have desired, on account of the difficulty in this place of obtaining subjects who are willing to sacrifice a few hours' health to such purposes) that others in larger places, who have greater facilities in the way of hospitals, &c., for carrying out more extended series of experiments under the eye of the attending physicians, may take up the matter and aid in its further investigation.

I have not been able to distinguish thus far any difference between the eruption and attendant symptoms of genuine measles and "camp measles," or straw measles. When the disease is communicated to the human subject, however, by inhaling the spores and cells of straw fungi, the eruption appears to follow the exposure or inhalation in from twenty-four to ninety-six hours. While in exposures to the contagion of the disease, the eruption does not usually make its appearance until from eleven to fourteen



days thereafter. It is stated that inoculations made by using matter obtained from the measles blotch, or by using the tears, blood, or saliva secretions of subjects broken out with the disease, the modified type of measles which results makes its appearance generally on the sixth or seventh day after the inoculation. In inoculating, however, with the spores and cells of straw fungi, the symptoms commence usually in about twenty-four hours; though sometimes they do not make their appearance till as late as seventy-two hours thereafter.

This matter, however, requires further investigation before fully reliable statements can be made.

To what extent inoculation with straw fungi may prove effectual in protecting the human system against the contagion of measles can only be settled by careful and extended experiments.

---

## EDITORIAL DEPARTMENT.

---

### OBSERVATIONS UPON MILITARY HOSPITALS AND ARMY MEDICAL PRACTICE.

By appointment from the Mayor of Buffalo and the Senatorial District War Committee, Prof. Sandford Eastman and myself have had confided to us the duty of visiting the wounded soldiers of the 21st Regiment N. Y. V., thus affording us the opportunity of visiting the Army, and Hospitals in Washington, Georgetown and Alexandria, and observing the general condition and practice as adopted in these institutions.

In our mission, we were received by surgeons, and assistant surgeons with a cordiality and politeness which shows the good breeding and gentlemanly manners of the medical profession as a class, and which is so inwrought into their habits of life and manner of thought, as to be undimmed by place, and unchanged by "tape" or "lace." As a body the army practitioners, so far as observed, are noble souls, intelligent, active, untiring, generous and loyal, caring for the wounded and the sick, with a gentleness and ability pleasant to observe, and which formed a relief in one of the saddest and most sorrowful scenes ever gazed upon by human eyes. Not that the sick and the wounded are alone the objects of deepest sympathy; mothers seeking the bed-side of a son, or watching by the dying couch; fathers and brothers inquiring for the wounded and missing, or weeping at the brief history of "wounded and left on the field," these,

and such like scenes form, if not the ground work, at least the shadings of a picture which human language cannot paint.

As is well known, the Capitol has been converted into a hospital. The beds consist of iron bedstead with folding head and foot, good slats supporting a straw or grass mattress, sheets and white cover, making a neat and comfortable bed. These are placed in the Senate Chamber, Hall of Representatives, and through the long, high, well ventilated halls and apartments of the building generally. Some of the floors of this hospital are of the most elaborate Mosaic work, while the walls are ornamented with paintings by the most distinguished artists, and sculpture upon which genius has drawn its finest lines. Everything which National wealth and taste could impart has been expended upon this institution until we do not hesitate to affirm that no where upon this round globe was there ever built so magnificent and princely a hospital.

The other hospitals in Washington require a notice, for though they are built in very different style, and at comparatively *small cost*, yet to physicians they possess an equal interest, indeed also to the army an equal value. It is but the work of a few hours to build a hospital which will accommodate several acres of wounded men, equally well with the Capitol, upon which centuries of labor and millions of money have been expended.

To organize a military hospital, the country residence of some wealthy gentleman is first appropriated; this is used for "*Head Quarters*." Everything in the army must have a "head quarters," and a soldier carrying a musket must walk back and forth, before the door. Since the soldier gave us no trouble or rendered us any assistance, we think perhaps the object is simply to *tend the musket*. "Head Quarters" consists of Surgeon's Office, Apothecary Shop or Hospital Steward's Office, General Office where the clerks keep, or pretend to keep, the register, and various other apartments for the comfort of the attendants generally. Outside are either pavilion tents, or temporary sheds, from twenty feet wide by from thirty to one hundred feet long, and these are numbered or lettered, and called wards, the larger hospitals containing from fifty to one hundred such wards. The ventilation is easy, natural, and usually complete.

The wards are often rather uncomfortably near, and though *out door*, is convenient and plenty, it is not always so agreeable. Direct ventilation is, after all, the cheapest and best. A tent with the sides and ends open, in the warm season, is really an exceedingly good place for cases of fever or any other. The temporary wood buildings are also well aired,

though not quite so fully as the tents, and when placed side by side, in great numbers, it requires some effort to get free and perfect ventilation. These larger hospitals occupy often times from ten to thirty acres of land, and accommodate as many patients as circumstances require. Government I think has about thirty hospitals organized in Washington, some of which are small, containing perhaps not more than one hundred beds, and occupy churches or other large buildings for all purposes; but for the most part they are immensely large, and the physician accustomed only to the wards of our civil hospitals, is struck with amazement that the acres of wounded and sick before him should be said to be in a hospital. The bedding is the same in character as that in the National Palace, clean, white, and uniform. Physicians are attentive, kind and indulgent in a most marked and noticeable degree, thus also ensuring the same conduct from others under their direction. In hospitals and wards supplied with female nurses, there is very decided superiority in the cleanliness and general air of comfort, and no one can fail to observe the beneficial influence they exert, to say nothing of the superiority of their services in many departments. The hospitals in Georgetown and Alexandria are of the same general description, though I think it cannot be truthfully said that in Alexandria they are as well arranged, cleanly and comfortable, as in Washington. Civilians visit these hospitals going from the pure air into the crowded wards and returning again think them offensive in odor, and disgusting in the extreme. This grows out of want of experience in these matters, and a feeling that a hospital ward should be as clear and pure in its atmosphere as a private dwelling. We have heard exaggerated accounts given and very untruthful statements made as to the condition of these apartments. Of all the abuses practiced in the army, in the hospitals there is the least of which to complain.

Practice as observed in these hospitals does not consist in surgical operations, as many are led to suppose. A great mistake would have been avoided had military practitioners been called physicians; a mistake which has had some influence in determining the character of the Army Medical Staff. The great want in this department is experienced physicians, not expert or distinguished surgeons. By this we do not desire to be understood that any deficiency in medical ability was observed in those now practicing, but that the name of surgeon has kept from the army some of the most experienced and capable physicians, who would have been signally useful either in the care of regiments in the field or of military hospitals.



The great mass of wounds require no operative treatment. A good nurse when once instructed how to dress a simple gun-shot wound, can proceed through the ward with little assistance and properly attend to at least three-fourths of the inmates. Indeed the attention required in gun-shot wounds, uncomplicated by injuries of the bones, is exceedingly limited and simple. Cleanliness, tonics, stimulants, abundant and nutritious food will comprise the staples for the successful management of this class of injuries; and this class fortunately will be found to include an astonishingly large proportion of the cases admitted to hospital.

All gun-shot injuries of bone are serious wounds, involving a risk of the part, and if of the larger bones, of life. Bone which has been violently struck by a ball, is not only fractured often times in various directions, but its vitality is destroyed for some distance; it is blackened and necrosed, affected in something the same way as the soft parts, after violent contusion. Fracture by musket ball requires a long time for repair, and in many cases exfoliation of large quantities of dead bone must take place before the processes of union can commence. Fracture of the larger bones will prove fatal in great proportion, but we must wait for statistics to show the fatal numbers. In fracture of the femur, when primary amputation has been neglected, the choice remains of death after secondary operation, or without it; it would be difficult, in many cases to decide, in which direction would be found the fewest chances. In all this vast army of invalids, comparatively few trophies of operative surgery are now seen; and the same may be said of conservative surgery, so far as fracture is concerned, but few, very few cases, in any degree advanced in recovery, can now be observed, though recent cases are sufficiently common.

Fractures of the leg and thigh are dressed generally either upon Smith's Anterior Splint, or laid upon a mattress, and retained in position by sand-bags. With few exceptions fractures are dressed without extension and opportunity will thus be afforded of estimating its advantages provided extension is applied in sufficient frequency to allow comparison. Whatever may be the amount of shortening in these cases, it must not be attributed to neglect of extension; from the nature of the injury to the bone, shortening must necessarily be much greater than usual in fracture from falls, blows, &c. At first we were delighted to think what conclusive evidence we should have of the advantages or disadvantages of extension in treatment of fracture; but a little more observation and reflection convinced us that these results, whatever they might be, would prove nothing

of its value or worthlessness in civil practice. Most surgeons, perhaps, regard its necessity as established, and attribute shortening to its insufficiency; however this may be, it is not so conclusively settled as to make further observation useless in estimating the differences in results obtained from its use, or neglect.

Almost all the wounded admitted to hospital receive their injuries from the fire of musketry; two reasons for which may be assigned, viz: artillery fire does not wound nearly as many, and is much more fatal. It is very surprising how musket balls will pass through important and often apparently vital parts, and yet recovery take place; the escape of important vessels in some cases is almost miraculous.

Soldiers cannot estimate in any degree their chances of recovery; the simplest wounds appear to them of equal importance with the severer.—The ball leaves about the same external evidences of injury, whatever may be the internal destruction, and gun-shot wound of thigh with fracture of the femur, is often looked upon as favorably as if uncomplicated by injury of the bone. This is perhaps a great advantage since hope is not lost, and confident expectation of recovery is generally indulged. Young soldiers are very generally hopeful and confident, ready again to test their bravery and patriotism by the fearful chances of battle.

Military practice must be exceedingly tiresome, monotonous and often unpleasant, though its wild life of adventure possesses an attraction which reconciles the military practitioner to his duty. It is certainly a life of hardship and privation, requiring great physical strength to endure, and besides is not altogether free from the common dangers of war. We were told that army dictation had found way also into the medical department, and that in place of advice which has usually been sufficient to produce change of treatment, when kindly and frankly given, a medical director sends to the physician in charge of a hospital or ward, an *order* for removal of water dressing in given case, and application of poultice, or an *order* to amputate immediately an arm or leg. This order must be immediately obeyed or the physician is *ordered* to report to "head quarters," and answer to the charge of disobedience or neglect. Everything in the army it appears must be done by order, individual opinion altogether ignored. It may be that this is necessary, and on the whole best, but it looks to us as altogether unsuited and unbecoming the dignity of the profession, and certain to weaken and destroy individual interest, effort and responsibility, and breed disgust and contempt for those who practice it.

Abuses and mistakes in the medical, as in all other departments of the army, are no doubt sufficiently common, not only in its general direction, but in the details of every day practice. It is not to be supposed that this immense system of provision for the sick and wounded could be conducted without some errors which time and experience only can correct.

Other topics which we should be glad to introduce to the notice of our readers, we must defer for want of time and space.

---

#### A TRIBUTE OF RESPECT TO JOSIAH TROWBRIDGE, M. D.

A special meeting of the Erie County Medical Society was held September 19th, at 12 M., at its rooms on South Division street. Dr. J. B. Samo, President, in the Chair, and Dr. Wm. Ring, Secretary *pro tem*.

The President said: "Gentlemen of the Erie Co. Medical Society,—It has again become my duty to convene you on the occasion of the death of another of our members—one of the most distinguished and time-honored members of this Society—Dr. Josiah Trowbridge.

If it is proper and becoming that we should meet together to commemorate those of our medical brethren, who are taken from us by death, it is *eminently* so when, as in the present instance, the subject is one who has occupied so prominent a position, both as a citizen and a physician. I do not doubt, fully impressed as we all are with the high character of the deceased, that you will make such remarks and pass such resolutions as will be appropriate to the occasion."

Dr. Moses Bristol remarked that he had been well acquainted with Dr. Trowbridge and entertained a high respect for him as a citizen and physician. The Doctor came to reside in Buffalo in 1810, while Buffalo was yet a small village, and the surrounding country but sparsely settled. He was the last of the early members and founders of this Society. He was long esteemed by the profession and the public as the head of the Faculty in this City and County. His character was well known to us all. Frank in the expression of his opinions, firm in his purposes, a warm friend, plain in his habits and tastes. He was in active practice for fifty years. In the sick room he was kind and dignified, and his unremitting care not only won the confidence of his patients as a physician, but their warmest esteem as friends. He was well versed in all the different phases of disease, and a physician of great resources in difficult and dangerous cases.

Since his retirement from practice his mind was active, though however



feeble in body. His life had been one of great labor and eminent usefulness. The profession had lost one of its best members, the City one of its most honored citizens.

Dr. Charles Winne stated that probably none had known Dr. Trowbridge more intimately than himself; for him as a friend and associate he entertained the highest respect. He became acquainted with him in the year 1833, bearing to him a letter of introduction from the late Hon. A. H. Tracy. Two years after this he formed with him a partnership in business. Not long after Dr. Trowbridge retired from the firm to manage and improve his landed property. Like many others of our best and most enterprising citizens, he was involved by the crash of 1837, and lost all he possessed. Poor, involved in debt, he resumed his practice in 1838.— Their partnership lasted until 1842. One great characteristic of Dr. Trowbridge was his honesty. To his intimate friends it is well known that he might have avoided the payment of a large debt he owed, by the technicalities of the law, and he was advised by many of his friends to do it; but he gave all his property to his assignees. By his exertions he had paid all, and though he had not died rich, he possessed *more*, an unsullied reputation, and a clear conscience. He was an active citizen, and in all public matters his opinion was eagerly sought after, and his advice highly respected. In the early part of his life he was active in politics. By his friends he was induced to become a candidate for the office of Collector of the Port; on this business he repaired to Washington; but after an interview with the authorities and learning the situation of affairs, he became disgusted with the trickery of politicians, and never afterwards could he be induced to take part in party management. In the stirring events on the frontier, during the last war he was an active participant.

He had a good New England Academic education. His medical pupilage was passed in Massachusetts, and his professional education was completed in Boston. He visited and traveled in Europe while a young man. He had a clear and vigorous intellect, and was a scrupulous observer of medical ethics. He was free of attempting to win business by disparaging the merits of his associates; of the good reputation of his brethren he was as careful as of his own. To all, his shining example was worthy of imitation.

Dr. James P. White remarked, that it was with no ordinary emotion that he arose to speak of his venerable friend and most excellent preceptor, Dr. Josiah Trowbridge. For himself he owed him a large debt of grati-

tude. He began the study of medicine in the office of Trowbridge & Marshall, and became a member of his family in the year 1827. What was quite unusual at that time, he received a salary for services in the office, and was also paid for teaching his sons Algebra and Latin. He was recommended by him to his friends; he gave him his confidence, and he had never knowingly violated it. He was thus enabled to complete his education. For many years after they were on intimate terms. He was the first President of the Buffalo Medical Association, and that Society done itself and him the honor of placing his portrait on its walls in the year 1846.

It was known to the public and the Society that causes which he need not mention had led to estrangement. He believed the Doctor honest in all he said or done; he could not doubt but he had been deceived and misled. None could regret more than himself these occurrences; he had made overtures for reconciliation, but they were not acceptable. Notwithstanding, these unfortunate circumstances should not prevent him from bearing testimony to the great moral worth, the scientific attainments, and his just fame as a man, a citizen, a christian and physician, nor lessen the debt of gratitude to him for his assistance in his early professional career.

Dr. White closed by offering the following resolution:

*Resolved*, That a committee of five be appointed to draft resolutions expressive of the views of the Society, and report. Also to prepare a bibliography to be presented at some future meeting of the Society, to be deposited in its archives, and published in the *Buffalo Medical Journal*.

The following gentlemen were appointed such Committee, (Dr. White declining to act as Chairman): Bristol, Winne, Pratt, Barnes and Loomis. The Committee offered the following resolutions, which were unanimously adopted:

WHEREAS, In the death of Doctor Josiah Trowbridge, the Erie County Medical Society has sustained the loss of its eldest and one of its most respected members, it is deemed proper that this afflicting event should be commemorated by such action as will testify to its deep sense of the loss of him, who was one of the founders of its organization, one of the most active in imparting dignity and usefulness to its proceedings, and in promoting medical science by an interchange of thought among its members.

*Resolved*, That this Society will not be unmindful of him, who among others laid its foundation, and sustained its efforts through a long period of professional activity.

*Resolved*, That duly appreciating his intelligence, his acquirements, and the high moral qualities that adorned his character, we regard his example as one worthy of emulation by all the younger members of the medical profession, who are desirous of attaining the highest excellence as men and as physicians.

*Resolved*, That in his death he has been a model of christian fortitude and resignation, bearing his sufferings with equanimity and inimitable patience, looking steadfastly upon the goal with trust and confidence in that God whom he worshiped in sincerity, and to whose providential care, he feared not to trust in his dying hour.

*Resolved*, That the Society proffer to the family of the deceased, its sincere sympathy and condolence in their bereavement.

*Resolved*, That the members of this Society will attend the funeral in a body, and wear the usual badge of mourning.

*Resolved*, That the proceedings of this meeting be published in the daily papers, and in the *Buffalo Medical Journal*.

The following named gentlemen were appointed bearers: Drs. Bristol, Scott, Winne, Wickoff, Mixer, Loomis, Lockwood, Gay, Rochester, Mackay.

## REVIEW.

*The half yearly abstract of the Medical Sciences; Edited by W. H. RANKING, M. D., Physician to the Norfolk and Norwich Hospitals, and C. B. RADCLIFF, M. D., Licenciate of the Royal College of Physicians of London. No. 35, January to July, 1861. Philadelphia: LINDSAY & BLAKESTON.*

Part I. Practical Medicine, Pathology, and Therapeutics.

Part II. Surgery.

Part III. Midwifery and diseases of women and children; Reports on the Progress of the Medical sciences.

Rankin's half-yearly abstract of the Medical Sciences is the compendium of what has been written or discovered in the science or practice of medicine during the six months preceding its publication. This compilation embraces the principal heads, or general principles, of almost all new and valuable suggestions in medicine, surgery, and the collateral sciences; selections being made from the current medical literature of all nations. It is one of the most attractive publications for the physician, from which he may learn, at least in brief, the advances which are being made in his profession; he may almost "gain the rewards of diligence without suffering its fatigues."—Many valuable suggestions will be found in its pages, since it is prepared with especial reference to practical medicine, and contains papers interesting and valuable to every one engaged in the active duties of the profession.

## BOOKS RECEIVED.

*University of the Pacific; fifth Annual Announcement of the Medical Department, Session of 1862-63; also Valedictory Address delivered at the Public Commencement, held March 15th, 1862, by HENRY GIBBONS, M. D., Professor of Materia Medica. San Francisco, 1862.*

*Dislocation of the Femur into the Ischiatic Notch; reduction by Manipulation; Death from Rupture of the Bladder; Dissection of the Hip. By JOSEPH C. HUTCHISON, M. D., Professor of Operative Surgery and Surgical Anatomy, Long Island College Hospital; Surgeon to the Brooklyn City Hospital, etc. Albany: CHARLES VAN BENTHUYSEN, 1862.*

*An Address on the Life and Character of the late CHARLES EDWARD ISAACS, M. D., delivered to the Graduates of Long Island College Hospital, Brooklyn, N. Y., at the Annual Commencement, July 14, 1862. By JOSEPH C. HUTCHISON, M. D., Professor of Operative Surgery and Anatomy. New York, 1862.*

*Report of the Surgeons of the New York Ophthalmic Hospital, for the years 1860-61, with the Anniversary Address, by J. L. KIERNAN, A. M., M. D., with a Catalogue of the Students of the New York Ophthalmic School, from 1852 to 1862.*

*Variola; its Nature and Treatment, with an Addendum. By ANDREW NEBINGER, M. D. Philadelphia, 1862.*

---

APPOINTMENT.—Dr. Edward Stork, of Buffalo, has been appointed Surgeon to the N. Y. S. V., with expectation of service in the new regiment now being raised in Buffalo. We congratulate the regiment upon securing the services of so worthy a surgeon.





B U F F A L O

**Medical and Surgical Journal**

---

---

VOL. II.

NOVEMBER, 1862.

NO. 4.

---

---

ORIGINAL COMMUNICATIONS.

---

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

TUESDAY EVENING, October 7, 1862.

Present—Prof. James P. White, President, in the Chair; Drs. Rochester, Wyckoff, Shaw, Samo, Congar, Cronyn, Miner.

Minutes of the last meeting were read and accepted.

*J. B. Samo*, Treasurer, read his semi-annual report, showing a balance of accounts.

Voted that the report be accepted and placed on file.

*Prof. White* read the following letter:

HORNELLSVILLE, October 1st, 1862.

Prof. J. P. White:

Dear Sir:—I send you the following case of monstrosity, or united twins, which you are at liberty to communicate to the Buffalo Medical Association if you think proper.

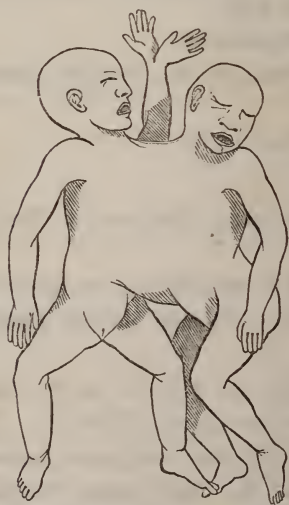
I was called to attend Mrs. B. on Sunday the 21st ult., at 7 o'clock P. M., and found she had been in labor since one o'clock of that day. An examination showed the os-uteri well dilated, and the membranes protruding through it. The waters passed off, and the pains became feeble.—Stimulants and wine of ergot were given without any perceptible effect. She continued to have but little uterine effort until nine o'clock of the next day, when I again resorted to the use of ergot in large and frequent doses,

but without altering the character of the uterine pains. At eleven o'clock I applied the forceps and readily delivered the head, which presented in the first position. I found great difficulty in bringing down the shoulders, but after delivering the one corresponding to the sacrum of the mother, I was totally unable to deliver the other by any force I judged prudent to apply.

Having previously placed my patient under the influence of chloroform, I passed my hand by the side of the head into the vagina, and much to my surprise found a confusion of arms and legs, which appeared to be attached to the body of the child whose head I had already delivered. On further examination I found what appeared to be a second child lying in the transverse diameter of the superior strait, but connected by some, (to me unaccountable manner at the time,) to the body of the child partly delivered. I passed my hand along the body and over the thighs of the second child, and found by bringing down the extremities I could, much to my satisfaction, terminate the labor with safety to the mother.

For a description of the children I refer you to the enclosed statement, which is substantially correct, being taken from notes dictated by me at the time.

The mother, aged twenty-eight, has had one child; suffered much during present pregnancy.



*The children*—external appearance. Heads perfect in all respects, and wholly separate; one measuring twelve, the other eleven inches around the parietal protuberances, and covered with hair. Necks also perfect and separate. Only one body from top of shoulders down to the umbilicus, measuring thirteen inches around the thorax. Two distinct, perfect arms at the sides of the body; a third, large arm, containing the bones of two arms, and terminated by two perfect, separate hands, with palms facing each other, on the back, opposite the sternum. One common cord, and one placenta. Two separate, perfect bodies, below the umbilicus. Legs and

feet well formed, and separate. (Two perfect children from the umbilicus down—both females.) Length of children eighteen and one-half inches. Weight of the two seven and one-half pounds.



Dissection showed one common sternum, with corresponding ribs: two hearts, two sets of lungs, one liver, two gall ducts, and separate intestines to each.

*The Labor.*—Pains commenced on Sunday, September 22, 1862, at one P. M., and increased gradually in intensity until seven P. M., coming on after intervals of about ten minutes. Examination at seven P. M. showed the cervix well dilated, and the bag of waters protruding. Motion on the part of the fœtus was felt up to this time, but not afterwards. At about this time the pains became feebler. Stimulants, hot pepper tea, and diluted alcohol were given without increasing the pains. The presenting head was now at the bottom of the pelvic cavity. Wine of ergot was next given with no other effect than making the pains more continuous. Pains continued at intervals of three to five minutes until nine A. M. of the next day, (Monday.) Wine of ergot, in large and frequent doses, was again given without increasing the expulsive action of the womb. No change occurring up to eleven A. M. the forceps were applied to the presenting head, (which was the smaller,) and it was delivered, as the body and larger head lay directly across the superior strait. Great difficulty was also found in bringing the shoulders down. One of the shoulders was next brought into the world. The other not following as is customary, the hand was inserted by the side of the head and the mass of arms and legs was felt. The hand was passed over the body, and the fingers being curved into the bend of the thigh (at its upper extremity,) the legs of this child with the body were brought out, the larger head behind, which was without difficulty brought away.

The mother was not torn by the operation; rested well the first night; no unfavorable symptoms appearing; slept the whole of the second night, (only one Dover's powder with a little morphine having been given;) promises fair to be up in less than a week.

Respectfully yours,

C. C. ROBINSON.

*Dr. White* remarked, in presenting the foregoing communication, that it possessed considerable interest, as an illustration of the manner in which embryo occupying the same amniotic sac were sometimes united. It is now believed by most physiologists that "monsters" of the kind here described, are produced during the early stage of embryonic existence by

the joining, or welding of two bodies together in such manner as to make but one possessing more or less of the organs of both. In twins contained in the same amniotic sac, the embryo or foetuses having attained a certain size, are brought into co-aptation, the cuticle yet unformed or exceedingly vascular and imperfect, the opposing surfaces adhere, much as the labia majora may be made to agglutinate, if brought into connection with the cuticle removed. All have seen cases of burns or scalds in fingers, which, for want of care in interposing some foreign substance or dressings, during the process of healing, have united and left the fingers webbed. In the same manner do the exterior of the surfaces in utero unite or adhere. Happily when twins are conceived they inhabit, ordinarily, each its own amnion, and in some instances its own chorion, which insulates them, and they float in the liquor amnii and remain separate.

Again, the different sides or parieties of the embryonic body unite, both anteriorly and posteriorly, in the middle line, hence we perceive that the opposite sides of the two fetal trunks might be brought in contact, and thus unite the bodies of different children at this central line. Thus the right side of one would adhere to the left side of its neighbor.

A remarkable case, bearing upon this subject, and which illustrates the position assumed of the mode of production of the deformity in this class of cases, that the opposite halves of bodies united most readily, is often referred to by modern writers, and which was first described by M. Serres. This monster was born in the kingdom of Sardinia, in the year 1829.—There were two heads, a double thorax, with four arms, and one abdomen, with two legs only. They lived to the age of eighteen months, and were christened, the one Rita, the other Christina. When these children were asleep, and the right foot was tickled, Rita would wake and smile; so if the left foot was tickled, Christina was made to laugh, without at all affecting her sister, for this was Christina's leg, and not Rita's, and vice versa. The individuality or duality of bodies similarly constituted might form a curious subject for reflection. Some specimens have one head and two bodies, whilst others have two heads and one body. Some have two sets of superior extremities and one only of inferior; whilst with a double set of inferior extremities and two complete sets of genital organs there is sometimes but one head.



Here is a specimen deposited by himself in the museum of the University of Buffalo, which combines in itself a large number of departures from the natural standard in its external conformation. It weighed ten pounds and was without difficulty delivered from a healthy mother, who had previously been confined with three well developed children. This monster has one head only, which is acephalous, thus illustrating another form of monstrosity from the absence of parts. It has double hair-lip, and split or double tongue. There is but one neck, one body to the hips, two sets of superior and two sets of inferior extremities, having between them two

complete sets of male genital organs. One aspect of the body is abdominal, having an umbilicus to which was attached the single funis; whilst upon the dorsal aspect there are two spinal columns which are perfect. This monster died soon after birth, as indeed is the case with all acephalous formations, being incapable of independent existence involving respiration, &c., &c.

The case described in the contribution furnished by Dr. Robinson, differs from any with which I am familiar in the third superior extremity, or double arms with two hands. The bodies seem here to have united, taking the half of each, whilst the heads and extremities and genitalia remain separate, except the enclosure of the bones of two arms in the same integument, the hands still being perfect and separate.

Intending to be very brief, without referring to any of the other forms or varieties of monstrosity or to their cause, he would submit the account of this case by Dr. Robinson to the consideration of the members of the Society.

The following minutes of dissection were furnished by Prof. Wm. Mason: Upon cutting through anterior abdominal surface and cartilaginous sternum, the thoracic and abdominal cavities were exposed. The former contained heart  $1\frac{1}{2}$  inches in length, and lungs. The latter, a large liver, 3 inches square, filling the whole cavity anteriorly; two kidneys and spleen. Of these, the heart, lungs, liver and kidney at left side, belonged to the foetus upon left side, while the spleen and kidney at right side appertained to the foetus upon right side.



Upon cutting through posterior surface and cartilaginous sternum, the thoracic cavity of the fœtus at right side, in anterior view, was exposed, containing a rudimentary heart and lungs. Abdominal cavity contained small liver, two kidneys, one of which belonged to each fœtus, and also the spleen of the fœtus upon left side in anterior view.

The two thoracic cavities were distinct; no communication between them. Owing to condition of parts I was not able to make out the divisions of the alimentary canal, though judging from its bulk I have no doubt of its being double.

Summary—Two hearts, lungs, livers, spleen, two kidneys, diaphragm.

On motion of Prof. Rochester, *Voted* that the thanks of the Association be presented Dr. Robinson by the President, for his very full and interesting report.

*Dr. Miner* remarked that the physiological explanation of monstrosity referred to by Prof. White, was perhaps the generally received and correct theory concerning it, and that many cases might be satisfactorily accounted for in this way, while other cases might not so well illustrate the correctness of the observation. When children are joined together, or where perfectly formed parts are irregularly attached, and even where one fœtus is enclosed in another, it may be accounted for very plausibly by the welding of parts, or the union which takes place at a certain period of development; while misshapen parts or supernumerary organs are not so fully explained by the theory. That mental impressions made upon a pregnant woman may be, and sometimes are, conveyed to the fœtus in utero, he was unwilling wholly to ignore. Had seen some cases and been well acquainted with the facts which served to illustrate this position, with great force.—Mentioned a case where the imitation of a pig's nose was placed upon a child's face, and said that many remarkable instances are well authenticated where impressions made upon the mind of the mother seem to be communicated to the fœtus. In saying this he did not propose to disprove any observations which have been made accounting for monstrous formations, or intimate any deficiency or incorrectness, but simply suggest that the welding process or other processes may sometimes be influenced by mental emotion. Since Prof. White had avoided all reference to this subject, and cheated us of his opinions, which we should have regarded almost conclusive, he would say that Dr. O'Reilly in his recent work upon the Placenta and Nervous System, had not only attempted to show that these impressions are made, but *how* that they are conveyed through the

inosculation of the organic nerves of the mother and fœtus in the placental lobule.

He did not propose to advocate for O'Reilly's views, attempt any proof of the position, or express any personal opinions, but to speak upon the subject and draw attention to the old fashion way of explaining these remarkable and perhaps inexplicable freaks in nature.

*Dr. Congar* said, Mr. President, I rise hesitatingly in response to the remarks just made; for, being no orator, I greatly fear this interesting subject may, by defective illustration, fail of receiving the appropriate advocacy at my hands, which its importance deserves; and yet, my attachment to the truths involved in the relations to which reference has been made, compels me to take the risk of doing injustice by default to this subject in an endeavor to show most briefly the great probability, if not the certainty, of the falsity of most of the facts, and the crudity, and even the absurdity of the deductions from them by the advocates of these notions, both among the people and in the profession. I feel myself compelled to regard all the attested maternal influences on the *fœtus in utero*, beyond that which the *laws of hereditary descent* assign to the mother at the time of conception; and, beyond that which affects the *health* of the fœtus through the varying characteristics of the nutritive material furnished by the mother through her intimate organic connection with the offspring, as mere fancy; and fancy based also on false facts; and the whole uncorrected by any adequate knowledge of the true laws of the hereditary influence of parents on offspring, or even of the existing relations of the physiological functions which are under the control of these laws. For the physiological reasoning of Prof. Wm. P. Dewees, in the beginning of the present century, has always appeared to me conclusive so far as it went; and I consider it as good now as then, and therefore as immutable as physiological laws. He states, (and the statement has never to my knowledge been disproved,) that there is no *nervous connection* discoverable between the depurative organ of the fœtal blood, the placenta, and the uterus of the mother. That, inasmuch as *nervous connection* with the nervous centres of the brain and spiral cord, in a healthy organism, essential to *any* and *all physical influence to, and over* any and every part of such organism, the *absence* of such nervous connection between the fœtal organization and the nervous system and centers of the mother, forbid the expectation and even the supposition of any direct physical influence from, or through the mother over the fœtal organization after conception. But were these physiological deductions

inconclusive, I here in my place declare, that to my mind, the suppositions (for they are nothing more,) which I oppose, are inconsistent with all the principles of the hereditary descent of character from parents to offspring; for, if, according to its primary general law, "*children are daguerreotypes of parental conditions at the time of conception,*" the popular doctrine of maternal influence cannot be true; because, according to it *external influence*, through the mind and nervous system of the mother, can mar and modify this likeness to any extent; yes, it can even destroy it. Now, if this is true, (and who will deny it?) it must also be true of the several parts of which the general law is composed; that is, the direct and indirect paternal, and the direct maternal influence in the formation of the innate character of offspring, both organic and physical, are alike at the mercy of the external world, through the mother, for integrity, balance, and even existence! The mere statement of the case from this stand point shows the absurdity and falsity of the popular notion. And now, in all candor we ask, is not this notion of the production of marks, monsters, &c., &c., by maternal impressions from without, based entirely on a false interpretation of the ethnological facts from which science derives the evidence of the existence of man's secondary, his indirect influence through the mind of woman in the formation of the innate character of offspring? If this is so, can we be wrong in the assertion that this extravagant extension, and erroneous application of maternal influence, owe their existence entirely to an ignorance of what the true laws of hereditary descent are? and, of the right direction and real extent of their respective relations in the race?

*Dr. Cronyn* said he had bestowed some thought upon the subject which had been thoroughly investigated in England and France, the discussions extending over a period of several years. He thought it settled that these developments were due to physiological processes, uninfluenced by mental emotions. Spoke also of the seminal fluid upon the side of an egg being often streaked with blood, and suggested that it might have some influence in producing a mark upon the chick.

*Dr. White* remarked that he should have said, that *Dr. Congar* had furnished him the best specimen of a fœtus in the process of welding or joining, he had yet seen, the process having been arrested while the union was yet incomplete.

*Dr. Rochester* recalled to the memory of the members of the Association, the interesting report of a case of pelvic hæmatocele, recently made by *Prof. White*, as he had a contribution of a somewhat similar character



to offer. He visited on the sixth day of August, a woman who supposed she was ill from the effects of an early abortion; she was a prostitute, thirty-four years of age, and had not been pregnant for eighteen years. Late in July, after protracted and violent coition, in a most unnatural attitude, she found herself unable to urinate. In the course of a few hours she was seized with violent uterine hæmorrhage, attended with constant hypogastric pain, and paroxysms of tenesmus and strangury. She was attended by a medical gentleman of the City, who treated her very judiciously, but finally discontinued his visits. When Dr. Rochester was called he found that the hæmorrhage had nearly ceased, but the hypogastric pain was constant, and there was entire inability to evacuate either the bladder or the rectum; there was, moreover, always present a sensation of great distension in the lower pelvic region. There was no evidence that abortion had taken place, except the hæmorrhage. The case was regarded as one of metro-cystitis, but no vaginal examination was made on account of intra-vulval chancres of forbidding aspect. No improvement having taken place for ten days, the risk of infection was hazarded, and the touch detected a prominent, tender and painful tumor in the upper part of the posterior vaginal wall. The os-uteri was crowded up behind the pubic arch and by Simpson's sound the uterus was found retroverted and elongated the fundus was carried up by the sound, but the vaginal tumor remained. Examination by the rectum, which caused agonizing pain, and which was attended with difficulty also detected a large, firm mass in the septum.—It was evident that there was present a tumor; was it fibrous, or was it a dislocated ovary, or a collection of pus or blood? Probably one of the two latter. On the day succeeding this discovery, Prof. White, in consultation, expressed the opinion, that from the peculiar elastic sensation or palpation, pus would be found, and passing, by request, an exploring needle, he demonstrated the soundness of his conjecture. On the same afternoon Dr. Rochester made a free incision with a large bistoury, and more than a pint of most offensive pus was immediately discharged. Simpson's sound was carried up seven inches, showing the depth of the abscess. Although the incision was large and cruciform, it was difficult to keep the opening from healing, and it was found that a large tent or bougie must be worn to keep it patulous—large injections of warm water constituted the rest of the local treatment. Quinine, iron, opium and stimulants were given freely for four weeks, and now at the end of two months, the abscess has healed, and the patient has (probably) resumed her avocation.

Dr. Rochester stated that he preferred to make the incision through the vagina rather than the rectum, on account of the facility afforded by the former for local treatment, and also because he thought that an opening through the rectum might be blocked up by fæcal matter, or that the fæces might even pass into the bed of the abscess.

Dr. Rochester called attention to the uterine hæmorrhage, coincident with the formation of this *abscess*, as he had a case of pelvic hæmatocele now two days under his treatment, on which he hoped to report at the next meeting, the formation of which was attended with or preceded by uterine hæmorrhage of two week's duration. He was inclined to believe that these recto-vaginal exudations were the result of direct violence or straining, and that accident or the peculiar condition of the patient caused sometimes pyocele and sometimes hæmatocele, and that their pathology was primarily not essentially diverse.

*Dr. Miner* had recently attended a widow lady in the city, aged forty-five years, who after complaining for a week of some uneasiness in the pelvis, was seized suddenly with violent pain in the lower part of abdomen, while at the market for vegetables; she walked home, the pain continuing very severe, and soon accompanied by protracted chill. Opiates were prescribed and warm fomentations applied, when the severe pain considerably abated. For three or four days she seemed to be improving in many respects, but complained of great fullness in the pelvis, and constant desire to urinate and have passage from the bowels. Upon examination per vagina the os-uteri was high up above reach, and the tumor or accumulation seemed to fill the pelvis completely. Upon rectal examination the accumulation seemed equally extensive, and passed backwards, filling the hollow of the sacrum. Without any hesitation, and indeed without estimating any dangers of mistake, since his attention had not then been called particularly to that form of disease, he introduced through the rectum a large sized trocar and canula, and drew off a common sized bed vessel at least half full of the most intolerably offensive pus he had ever found in any location. The idea of its being anything but pus did not enter his mind since the chill, fever, pain, and all the symptoms which he could not previously explain, seemed to be fully accounted for upon the discovery of the abscess. In regard to the diagnosis, he claimed no credit for his discovery, and only wondered at his stupidity in not finding and opening it sooner. He used a canula for the purpose of cleanliness, expecting to be thus able to convey the pus to the vessel, but should have had no hesi-

tancy in opening it with scalpel, lancet, or other instrument by which opening could be made sufficiently large. Selected the rectum in preference to the vagina, with the view that any subsequent discharge would be retained in the rectum, and only voided when necessary. No further attentions were required in the case; with each discharge from the bowels was large quantities of pus, and no tendency to closure of the opening or re-accumulation was manifest. The evacuation of the bladder and bowels became natural, and all symptoms of the disease disappeared, the woman very soon regaining her usual health and strength.

*Dr. Cronyn* related a similar case in a married woman, whose husband was not at home, but he could not say how it was about sexual intercourse acting as a cause. She complained of severe bearing down pains. The uterus was retroverted. Passed into the uterus a uterine sound, and *Dr. Wyckoff*, who visited the woman with him, held the instrument while he introduced his finger into the rectum to explore more fully the tumor; while thus manipulating, the rectum gave way, giving exit to a large quantity of pus; the odor was awful. Patient soon recovered, and is well.

*Dr. Wyckoff* mentioned a case in his practice where *Dr. White*, while in consultation, passed an exploring trocar without results. It afterwards opened spontaneously into the rectum, and was followed by rapid recovery.

*Dr. White* remarked that in these cases we have not to diagnose whether it is blood or pus, or fundus of uterus only; other tumors might occupy this position. *Dr. Samo* had invited him to see a case where the indications were that it was pelvic hæmatocele or cellulitis. *Dr. Samo* gave chloroform and he introduced an exploring trocar, then a larger, and afterwards a still larger, when no blood escaped, and they had to leave it and acknowledge the operation incomplete. It was probably ovarian or extra mural. He had also another patient who seemed to have a similar condition, but did not; so we must not come to the conclusion that it is either pus or blood. In the case of *Dr. Samo's* it seemed certain to be one or the other, but proved to be otherwise.

*Dr. Cronyn* said that *Mr. Hilton* in his lectures upon conservative surgery says, nature often points to the proper place for operation. He also recommends the lancet to any other instrument for opening such accumulations. Nature seems to point to the rectum; both his own and *Dr. Wyckoff's* case, with numerous others, would illustrate that nature chooses the rectum.

*Dr. White* replied that he thought nature quite as often chose the vagina; that they were quite as apt to open into the vagina.



*Dr. White* would mention a case of hæmatamesis. A young farmer, twenty-eight years old, healthy and vigorous, had been engaged haying. Sunday evening while milking he vomited two quarts of blood. Monday about the same quantity. Wednesday and Thursday each day, about another quart; the ordinary results of so great loss of blood were produced. *Dr. Potter*, who was in attendance, had used all the common remedies in such cases. *Dr. White* suggested solution per sulphate of iron, since which time he has had no hemorrhage. It was remarkable that so healthy a young man should have so severe hemorrhage from the stomach. Its suppression seemed to be due to the iron, still it might have been mere coincidence.

*Dr. Cronyn* related a case of similar character. After trying various remedies it was controlled by five grain doses, every two hours, of perchloride of iron; no more hemorrhage after the second day. There was present great tenderness of the stomach, as if from active congestion. The patient rallied and was soon well.

*Dr. Rochester* had used per sulphate of iron in menorrhagia; thinks it does not constipate the bowels, but perhaps acts also as a tonic. Has used it also in other affections, but not in hæmatamesis.

*Dr. Wyckoff* had recently been called to see a young child with fractured clavicle. It had received no fall or injury. Inquired if fracture of the clavicle could occur during labor, or be produced by it; there was no other known mode of inquiry.

*Dr. Wyckoff* also mentioned a well marked case of cholera, which he had treated recently; it was as clear a case of cholera as he had ever seen. The ejections from the stomach were of a peculiar briney fluid, while the discharges were rice water. The case occurred on Mechanic street.

Voted to adjourn to the first Tuesday evening in November.

J. F. MINER, Secretary.

---

ART. II.—*A Case of Pelvic Haematocele.* By J. R. LOTHROP, M. D.

September 22d, Mrs. W. was admitted to the hospital of the Sisters of Charity. She was about thirty-five years of age, had borne seven living children, and had miscarried twice. She stated that her illness had begun about two weeks previously, and had continued with intervals of seeming improvement to the time of her admission. At that time she complained of great pain in the lower part of the abdomen, bearing down of the rec-

tum, difficulty in urinating, with a burning pain upon the passage of the urine; chills and sweating. Her pulse was 108 per minute, tongue heavily coated, face flushed and expressive of great suffering. Her pains she described as more severe than the pains of labor, and being as she supposed pregnant, having passed two menstrual periods, she thought she was about to miscarry. Upon examination of the abdomen, externally, a tumor was plainly perceptible above the pubes, centrally situated, while the uterus could be distinctly felt lying in front, and pushed forward upon the pubes. By examination per vaginam, a large tumor was found occupying the posterior pelvic space, and pressing forward so much that the finger was with difficulty passed in front between it and the pubes to reach the os-uteri. The tumor was plainly felt through the rectum. The bowels were constipated. For several days nothing was attempted beyond measures to allay pain and procure a free evacuation of the bowels. For this purpose morphia was given quite freely at first, and enemata of water employed. These seeming not to act with sufficient energy, laxative medicine was administered with satisfactory result. These measures had the effect to diminish the pain, almost entirely remove the pain and difficulty in urinating, and brought about a much more comfortable condition of the patient, as the pulse became less frequent, and she had much more sleep. But although her appearance improved and her suffering was much lessened, she still had at times, often at night, severe bearing down pains.

This state of things continued till September 30th, on which day, after a careful examination both by the vagina and rectum, fluctuation, which had hitherto not been perceived, was very evident by the introduction of a finger into the rectum and vagina at the same time. At this time also the tumor had descended, and was prominent in the vagina. Under these circumstances it was deemed advisable to puncture the tumor and let out the fluid contents, whether pus or blood. Accordingly a large sized trocar was passed into the vagina, the finger having been introduced as a guide, and passed into the tumor, which gave but a slight resistance. Withdrawing the trocar a stream of liquid blood, having no unpleasant odor, followed. The quantity which flowed through the canula was about ten ounces, but it flowed quite freely after its removal, during the night, so that in all it amounted to at least a pint. Great relief followed the operation, and the night following the patient enjoyed for the first time almost for weeks, most refreshing sleep. The next day the patient passed to the care of my successor, Dr. Rochester, therefore I am unable to give the subsequent history.

The history of this case, previously to its admission to the hospital, may be briefly given. Mrs. W. had been traveling, and on her return home, while at Detroit, experienced a severe pain in the pelvic region when stooping suddenly to pick up something. Soon after she took passage on a steamboat for Buffalo. On the passage, the next day after this experience of pain, she had flowing, not however very great. This recurred at intervals ever after her arrival at Buffalo. About two weeks before she came to the hospital, and while she was flowing, she took cold by wetting her feet. She was soon after attacked by severe bearing down pains in the pelvis, which continued with intervals of more or less severity while she remained at home. During this time she had nausea and vomiting following soon after the attack of pain, chill, followed by heat, constipation and pain in passing urine. She had for the greater part of the time kept her bed.

In this case it is observable that the patient was thirty-five years of age, within the period of life when pelvic hæmatocele is most likely to occur. She had passed one or two menstrual periods. The access of pain, as far as can be gathered from her relation, though somewhat sudden, does not appear to have been attended with marked collapse, or if any, not by one which persisted. From this we infer that the extravasation was subperitoneal, rather than intra-peritoneal; that it was a pouring out of blood into the cellular tissue between the rectum and vagina, beneath the peritoneum.

The puncture was made through the vaginal walls in this case, because the tumor had pushed down lower into the vagina than into the rectum; in fact had the appearance of pointing in that direction, so that had spontaneous rupture taken place, appearances indicated that it would have opened into the vagina rather than the rectum. The selection of the vaginal surface is not to be taken as evidence of the preference of that to the rectal surface in all cases. There seem to be very good reasons for preferring the puncture through the rectum, viz: that spontaneous opening in the majority of cases is into it; that the discharge is more under control, and therefore less annoying, and that the most dependent portion of the tumor is usually there situated. There can be no danger of inflicting a wound upon the peritoneum, in a case of sub-peritoneal hæmatocele, because it is pushed upward out of reach, i. e. no danger which appertains to the one method more than the other. In a case of intra-peritoneal hæmatocele a puncture or incision either through the rectum or vagina, must equally wound the peritoneum, since it forms part of the sac of the tumor. So that any prefer-



ence for one method over the other based upon a greater or less liability to wound the peritoneum, is practically without foundation, since it will wholly escape injury by either method, or be subjected to a wound, according as the extravasation has taken place above or beneath it.

Some writers speak of the probability of absorption in these cases. An extravasation to a limited amount, is probably absorbed, and this will account for the disappearance of tumors which have been discovered in the lower part of the abdomen. Obscure cases of sudden pain, resembling cramp in the pelvic region, accompanied by coldness and even collapse, in which no tumor has been observed and only some tenderness or sense of fullness, are capable of this explanation, that a hæmorrhage to a limited amount has taken place from the uterus or its appendages which has subsequently undergone absorption. Is it proper then to delay interference, trusting to absorption for the removal of the tumor? In delaying we must be governed by the probabilities of absorption and by the dangers arising from making an opening. The former, in a large tumor, must be uncertain, even improbable, while the latter have not appeared to be specially great.

It seems certainly far better to make a free opening by which the contents of the tumor may be wholly evacuated, as then the continuance of the discharge is lessened, and of course will be less offensive in character. If a large sized trocar is sufficient to evacuate the tumor it is by far the most easily employed. The main object is to evacuate the contents of the tumor, and this object being secured it matters little whether it is by means of a trocar or an incision. There is no need of assuming that the trocar will fail to accomplish this, as instances prove the contrary, and that therefore an incision is in all cases preferable and necessary. The puncture by trocar is likely to secure the desired end, and if so, most men would probably think it most easy and simple, in the outset; should it not, an incision is then necessary. But it does not appear that peculiar advantages can be claimed for either proceeding, in the beginning.

---

CONSERVATIVE MEDICINE.—BY AUSTIN FLINT, M. D.

From the American Medical Monthly.

“What does the writer mean by *Conservative Medicine*?” This will be the mental inquiry of the reader when the caption of this article meets his eye. It is desirable, first of all, for the writer to explain the subject

which he ventures to hope will appear to possess interest enough to lead to a perusal of the pages which are to follow.

The meaning of *Conservative Surgery* is well understood. This phrase has been sufficiently common of late years. The conservative surgeon aims to preserve the integrity of the body. He spares diseased or wounded members whenever there are good grounds for believing that by skillful management they may be saved. He resorts to mutilations only when they are clearly necessary. He weighs carefully the dangers of operations, so as not to incur too much risk of shortening life by resorting to the scalpel. By conservative medicine, I mean an analogous line of conduct in the management of maladies which are not surgical. The conservative physician shrinks from employing potential remedies whenever there are good grounds for believing that disease will pursue a favorable course without active interference. He resorts to therapeutical measures which must be hurtful if not useful, only when they are clearly indicated. He appreciates injurious medication, and hence does not run a risk of shortening life by adding dangers of treatment to those of disease. Such, in brief, is an explanation of the subject of this article. For the phrase, *conservative medicine*, I am indebted to a distinguished friend and colleague, well known as eminently a conservative surgeon.\*

During the last quarter of a century a change has taken place in medical sentiment as regards surgical operations. New and grand achievements in surgery seemed formerly to be the leading objects of personal ambition. To borrow a fashionable expression, they were decidedly the rage. Boldness in the use of the knife was the trait in the character of the surgeon which was most highly admired. The history of surgery during the first third of the present century is characterized by the introduction and frequent performance of numerous formidable operations. It was customary to speak of them as brilliant, and the daring surgeon enjoyed somewhat of the *eclat* which belongs to the hero of the battle-field. This analogy was implied when one of the greatest of our American surgeons, wishing to distinguish his most brilliant exploit, styled it his Waterloo operation. The change that has taken place is marked. We hear now comparatively little of terrible operations, and of that sort of heroism which is associated with bloody deeds. What would once have been considered as a degree of courage to be admired, is now stigmatized as rashness. It is an equivocal compliment to say of a practitioner that he is a

---

[\*Prof. Hamilton.

bold surgeon. The change, it may be said, is in a measure due to the fact that the great number of new operations which have been introduced since the beginning of the present century leaves but a limited range for further explorations in that direction; but this explanation will go only a little way. The change is one of sentiment. The desire is to preserve the integrity of the body, to avoid mutilations, to incur the dangers of capital operations only when they are imperatively called for—in a word, conservatism has become the ruling principle in surgery. The most important of the most recent improvements in surgery exemplify the influence of this principle on the medical mind.

An analogous change, within the same period, has taken place in medical practice. Formerly, boldness was a distinction coveted by the medical, as well as by the surgical practitioner. "Heroic practice" was a favorite expression, consisting in the employment of powerful remedies, or in pushing them to an enormous extent. The physicians emulated the surgeons in daring. The change is not less marked in medicine than in surgery. We hear now oftener of diseases managed with little or no medication, than of cases illustrating the abuse of remedies. In the treatment of many affections it is not considered necessary to employ measures which, but a few years ago, it would have been considered culpable to withhold. The change, too, is here one of sentiment. We desire to preserve the vital forces, to avoid the perturbations and damaging effects of potential therapeutic agencies—in short, conservatism has become a leading principle in medicine as well as in surgery. The improved method of managing a host of affections will be found to illustrate this fact.

Before proceeding further, let us inquire how the contrast between medical practice at the present moment and a quarter of a century ago, should affect our estimation of medicine. Is medicine disparaged by the changes which have actually taken place? It is not enough to answer this question in the negative. Mutations, when they denote progress, are, of course, desirable. In so far as the contrast shows improvement, medicine at the present moment is deserving of esteem, the more, as the changes are great. It redounds to the glory of medicine that it admits of illimitable progressive changes. In this fact lies the distinctive feature of legitimate medicine as contrasted with illegitimate systems of practice. But, some one may say, is there to be no stability in medicine, no traditional authority, and is reverence for the past to have no influence? If not, where is our ground of confidence in the practice of the present day? And is it not probable



that at the end of another quarter of a century mutations will have occurred twice as great as those which have taken place during the last twenty-five years? These questions are to be met fairly and squarely; let us endeavor so to meet them.

Waiving the consideration of what constitutes perfectibility in the *ars medendi*, and whether it be obtainable or not, no one will assert that medicine is now, or ever has been, in a condition not to admit of indefinite improvement. Improvement in its practical applications and results is the great end of the labors devoted, now and hitherto, to the different departments of medical knowledge, viz: anatomy, physiology, animal chemistry, *matèria medica*, pathology, and clinical medicine. We may assume that these labors, thus far, have not been profitless, and, accordingly, that practical medicine has improved. We may assume, also, that there is abundant encouragement to continue these labors, and, hence, that further improvement is to be expected—to what extent it is vain to speculate. It necessarily follows that stability in medicine is not to be counted upon; that the doctrines of to-day have no intrinsic claim to perpetuity; that because they are now in vogue is not a sufficient reason why they should not hereafter be modified or rejected, and that there is, to say the least, no ground to deny the possibility of the changes which are to take place hereafter being a whit less than those which have already taken place.—What then? There are skeptics and scoffers with regard to medicine, and there are many persons who live and thrive by promoting popular distrust of it. It may seem to be giving aid and comfort to the enemies of medicine to concede that its past history abounds in errors, that present errors doubtless abound, leaving ample scope for future improvement. Be it so. We have nothing to do with skeptics, scoffers and charlatans. We are not called upon to repel attacks prompted by ignorance, selfishness and deceit. Yet it is desirable, with regard not only to the interests of the medical profession, but to the welfare of humanity, that medicine should hold its proper place in popular estimation. What, then, is the attitude to be taken as regards the just claims of medicine to public consideration and confidence? A body of men in every generation, from the time of Hippocrates to the present day, in all civilized countries, have conscientiously and industriously labored to acquire knowledge of diseases with reference to the relief of suffering and the prolongation of life. Under a host of difficulties and obstructions, many inherent in the pursuits themselves, and others proceeding from various extrinsic sources, the labors of physicians

and their collaborators have continued and still continue. Now, granting that they have advanced slowly and often been led astray, where else can society ever seek for aid in the necessities of illness with a better prospect of success? Granting that they have failed, and still fail, in conferring all the benefit that is to be desired, and that, with the purest intentions, their efforts have been sometimes not only without avail, but hurtful, should the preponderating good be therefore overlooked, and is there any rational alternative but to accept good and submit to the limitations and errors incident to existing knowledge? All that society can claim of medicine in any generation is, the capabilities of the medical science in that generation. All that society can claim of physicians is, that these capabilities shall be understood and judiciously applied. But we are opening up trains of thought which will lead us a long way from our subject, and we must abruptly return to the consideration of conservative medicine.

It is an interesting point of inquiry, whence came the influences leading to conservatism as a principle of medical practice? The answer to this inquiry would not be the same in all countries and sections. It must be admitted that in our country the earliest and fullest development of the principle was in New England. Our New England brethren are fond of dating a new order of medical ideas from the publication of an address, more than twenty years ago, by Jacob Bigelow, on the self-limited character of certain diseases. Not underrating the importance of that publication, the spirit of the oral teachings of James Jackson and John Ware has exerted on the medical mind of New England an influence which can only be appreciated by those who have experienced it. To those who have experimentally the value of their teachings, it is a source of deep regret that the influence of these admirable professors has not been more widely diffused by means of larger contributions to medical literature. British conservatists attribute much to the writings of Dr. Forbes. Among the non-medical observers of the change in practice which has taken place some have been persuaded that it is due to the disciples of Hahnemann, an idea too preposterous to need refutation. The truth is, we are not to look for the causes of the change exclusively in the views emanating from particular persons. It is rather a legitimate result of scientific researches in different directions. If we were to specify circumstances which have more especially been instrumental in leading to the principles of conservatism, we would mention, *first*, the abandonment of the attempt to found a system or theory of medicine after the decline and fall of Brunonianism and Brous-

saisism; and *second*, the study of diseases after the numerical method with reference to their natural history and laws.

Strange as it appears, the importance of determining by clinical observation the intrinsic tendencies of different diseases as the basis of therapeutics, seems to have been heretofore overlooked. Physicians have acted on the presumption that most diseases do not pursue a favorable course without treatment more or less efficient. This has been, to a still greater extent, the popular belief. The apparent proof of the success of the Hahnemannian treatment rests on this belief. What are the facts already ascertained with respect to the intrinsic tendencies of different diseases? We know that diseases in the management of which, but a few years ago, the physician would not dare to omit potent therapeutical measures, almost invariably end in recovery without any active treatment. Take, as examples, pneumonia limited to a single lobe, and acute pleurisy. It is sufficiently settled that these diseases involve very little danger in themselves, proving fatal only in consequence of complications. The practitioner, therefore, no longer feels obliged to employ blood-letting, mercurialization, cathartics, blisters, etc., in these diseases, with reference to the saving of life. The only question is, do patients pass through these diseases as well without as with such measures of treatment? Clinical observation, following up this inquiry, arrives at results which exemplify conservative medicine.

Our acquaintance with the natural history of the great majority of diseases is, as yet, very incomplete. Knowledge of the tendencies of diseases allowed to pursue their course without active treatment, is not readily acquired. We cannot conscientiously withhold remedies which we have reason to believe may prove useful. Cases are therefore to be slowly accumulated in which, from circumstances not under our control, diseases have been uninfluenced by therapeutic interference. This knowledge, it is evident, is the true point of departure for the study of the effects of remedies as regards the termination and duration of diseases. The information already obtained has rendered the use of powerful therapeutic agencies far less than they were but a few years since. It remains to be seen hereafter what will be the further effect on medical practice of continued researches in this direction.

Conservative medicine assumes that remedial measures, according to their potency, must either do harm or good; that they can never be neither hurtful nor useful. Prior to the advent of conservatism, this important fact was not duly appreciated. Blows were leveled at diseases, but the



patient was not enough considered. It did not enter sufficiently into the calculations of practitioners that if successive blows dealt at a disease were misdirected, the effect was not lost, but injury was inflicted in proportion to their force. Hence, it must needs follow that the sick man sometimes encountered, in addition to his malady, assaults not less real because well meant. In this respect, certainly, we have evidence of progress. We are satisfied that we do not err in saying that the most judicious practitioners of the present day accept the following maxims of that eminently conservative physician, Chomel: *first*, that we are not so much to treat diseases, as patients affected with disease; and *second*, that not to do harm, is no less an object of treatment than to do good.

In defining conservative medicine, we have seen that it expresses a characteristic of the improvements in medical practice during the last twenty-five years. Let us now direct our attention to illustrations afforded by some of the different classes of remedial measures. And, first of all, blood-letting suggests itself. How great the change as regards this remedy! Twenty-five years ago it was employed as if it were an innocuous remedy. Practitioners thought much more of the risk of not resorting to it when it was needed, than of the evils of its being needlessly resorted to. Hence, they often acted on the rule inculcated by a medical writer, viz: when in doubt use the lancet. How different the rule of treatment now! Few practitioners of the present day would resort to this remedy in any case in which its appropriateness seemed to them questionable. Why not? Because it has been ascertained to be a spoliative remedy. It causes a disproportionate loss of the corpuscular elements of the blood, which are slowly regenerated. These corpuscular elements are already deficient in many diseases. In short, anæmia and its pathological relations were very imperfectly understood a quarter of a century ago. It is clear now to every one that, if not indicated, blood-letting should never be employed. This simple statement explains, in a great measure, the comparative disuse of blood-letting. The great question now is, whether it is a remedy called for more or less frequently in the management of certain diseases, chiefly the acute inflammations. I do not propose to enter here into a discussion of this question. This much may be said: Clinical observation, which is alone competent to settle the question, has shown that it is a remedy not called for so often or to so great an extent in acute inflammations as was supposed but a few years ago.

## EDITORIAL DEPARTMENT.

## LINT AND OAKUM IN GUN-SHOT AND OTHER SUPPURATING WOUNDS.

The only object of lint or oakum applied to a suppurating wound, is to absorb the discharge; and when made of cotton or linen, and pressed upon the opening, is more likely to prevent the free escape of pus, than to absorb it. It is claimed by those having extensive opportunity of observation that oakum is much superior to lint for this purpose, and free from the objection of restraining or obstructing the discharge, while the cost is comparatively nothing. In cases where extensive suppuration is taking place, oakum, old worn linen, bran, saw dust, or other material may be convenient and necessary in large quantity, to absorb the pus and lessen the necessary care of attendants, the material being best for the purpose which will most readily absorb the discharge. The Surgeon-General recently issued a call for lint, and directions for its preparation, since which time the whole female and juvenile population have been engaged in scraping or separating the threads of worn cotton and linen, and packing it in boxes for the supply of the army. Little bundles of single threads, the size of a finger in length and thickness, have been made with great outlay of vital force and most commendable exhibition of patience.

In our recent visit to the hospitals in the District of Columbia, we made diligent effort to discover if there was really reason for scraping and picking in shreds, pieces of worn linen, and nowhere in a single instance did we observe any use of the scraped lint or bundles of threads. Oakum was applied in very few instances, but in quite small amount, and apparently without any definite object.

The small, square pieces of old cloth, such as are being subjected to the picking process, are in constant use, and are very indispensable in the care of the thousands of simple gun-shot wounds; but the boxes of lint as it is prepared, look more like a recently imported box of millinery goods, than anything for the use of the army.

It appears to us that lint as called for by the Surgeon-General, must have had reference mainly to the worn cotton or linen, cut in pieces suitable for dressing the gun-shot wounds, and that no part be thrown away, it was requested that the threads, &c., be saved, and sent also. However this may be, we hold to the private opinion that the unscraped cloth is vastly

more useful than what is popularly regarded as lint. Lint, surgically speaking, is loose, soft cloth, used for absorbing the discharge in suppurating wounds. Old worn cloth is lint, or may be used as lint in place of that manufactured for surgical purposes, at a cost of about \$1.50 per pound. This is not so much a matter of interest to physicians as to the public generally, and from the repeated enquiries made of us by ladies and others, we have no doubt that a little explanation would be acceptable. The first military rule we believe is, to "obey orders," whatever that may be; this we sufficiently approve, and have only hoped, if not ourselves mistaken, to aid in properly understanding them.

---

CORRESPONDENCE.

CAMP BELGER, NEAR BALTIMORE, }  
 September 27, 1862. }

Dear Doctor:—I give you the particulars of an interesting though sad affair. This morning at about 12½ o'clock, just as I had returned from the tent of Capts. Gardner and Francis, a corporal called me, stating that a man was stabbed, but when I arrived at the place I found him dead. The particulars are the following: A man named Storey, from Williamsville, belonging to Capt. Kinney's company, attempted to run the guard, (returning to the camp, having previously run it,) the sentinel, Robert Wood, from Evans, belonging to Company A, Capt. Ayres, hailed him, but he did not stop, and ran against the projected bayonet three times, receiving one wound in the left arm, piercing it to the humerus, a second on the crest of the left ilium, and a fatal wound through the heart. The bayonet entered at the fourth rib, shattering it about an inch behind the insertion of the cartilage, passing through the left lung and piercing the left ventricle of the heart from below upwards, impinging somewhat upon the structures behind the heart. After he had received these wounds he managed to escape the guard and ran about fifty paces into camp, where he laid down in one of the tents, from which he was carried to the guard house where he died, ten minutes after the last wound.

The most remarkable facts presented in this case, are his continued efforts to pass the guard, and his running that distance while yet his heart had been completely pierced by a large bayonet. Perhaps some of the readers of the Journal may be interested in the facts, and be able to explain this remarkable feature of the case.

CHARLES NICHELL, (Medical Student.)



## BOOKS REVIEWED.

*Variola; its Nature and Treatment, with an Addendum.* By ANDREW NEBINGER, M. D. Philadelphia, 1862.

This is a well written pamphlet, containing many practical suggestions of value to physicians. It commences by giving the practice as adopted by Sydenham, and saying that it is essentially the treatment of the present time; that little if any improvement or change has been made in the general or constitutional treatment of small pox since his time. The treatment of small pox of that time, was, that the initiatory or febrile stage of the disease should be treated with purgatives, cool drinks, neutral mixtures and light farinaceous diet; that at the introduction of the papular stage, the neutral mixture may be withdrawn, the purgatives and farinaceous diet continued; and this treatment must be pursued through the papular, vesicular, pustular and desiccating stages, unless the so-called secondary fever should spring up, when the use of the neutral mixtures must be resumed, a tapioca and gruel diet given, and the whole treatment, medicinal and dietetic, must be decidedly antiphlogistic, unless, however, typhus symptoms present themselves, when a little beef-tea or small quantity of milk and a little wine- whey and some tonic may be administered. This is the Sydenham treatment—the treatment, as he claims, of the present time, taught by the schools, adopted in small pox hospitals, and set forth in all books which contain articles upon variola. Our author finds no fault with this treatment so far as it relates to the initiatory or febrile stage, beyond that deems the treatment defective, inefficient, pernicious, and finally, does not refuse to say, destructive. He reviews the ground for this treatment, and says it has been developed out of the idea that small pox is an inflammatory affection, and hence demands in all its stages a marked and decidedly antiphlogistic or anti-inflammatory medicinal and dietetic treatment. This view of the nature of small pox he regards as an error, that any inflammatory action which may spring up is accidental, and not an inherent part of small pox; but that it is a *suppurative disease*, and that the arythema or inflammation produced in the tissues involved, is *necessary* and *required* to the safe development and passage of the disease through all its varied and oft-times severe and exhausting stages; that small pox is not an inflammatory disease. This point is dwelt upon at considerable length, and very fully illustrated and demonstrated.

Dr. Neibinger's practice has been in all cases of small pox, during the

initiatory or febrile and papular stages of the disease, to prescribe an anti-phlogistic medicinal and dietetic treatment; but to abandon this form of treatment as soon as the papules begin to take upon themselves the vesicular form, and then to commence a treatment which in all its essentials shall be supporting. For food recommends a combination of eggs, milk, sugar and ice; for stimulus, Monongahela whiskey. Has frequently had patients take twelve eggs, three quarts new milk and eight ounces of whiskey daily, for several consecutive days, and then some of his patients barely escaped sinking into their graves. In the treatment of these severe cases he also urges the use of meats, poultry, in short, any food abounding largely in the protein elements.

We cannot follow further in detail our author, and will close by saying that his views are correct and well sustained. And we can find no objection to the paper except that he charges physicians generally with following the practice of the authors of books, which we hope and believe is not true, particularly in treating small pox, as well as many other diseases of similar character. Such papers, with experience and time, will correct the books. We think practitioners are vastly in advance of many books in their practice.

---

#### BOOKS RECEIVED.

*Transactions of the New York Academy of Medicine from June to July, 1862, containing valuable papers upon the following subjects, and the discussions thereon:*

Discussion of Dr. Conant's Paper on the science, causes and anatomical peculiarities of Human Monstrosities; Dr. J. Byrne on Pelvic Hæmatocele; Dr. M. H. Ranney upon Epilepsy; Dr. Noiggerath on Inversion of the Uterus; Dr. J. Marion Sims on Vaginismus; Dr. A. K. Gardner on Amputation of the Cervix Uteri; Dr. Alonzo Clark on Albuminuria.

*A Clinical Treatise on Diseases of the Liver; by DR. FRIED. THEOD. FRERICHS, Professor of Clinical Medicine in the University of Berlin, etc.; Medical Privy-Counsellor and Medical Adviser to the Ministry of Public Instruction and Medicine at Berlin, in two volumes, volume 2d. Translated by CHARLES MURCHISON, M. D., F. R. C. P., Physician to the London Fever Hospital, Lecturer on Pathological Anatomy, and Assistant Physician at the Middlesex Hospital. The New Sydenham Society, London, 1861.*

*A Year-Book of Medicine, Surgery, and their allied Sciences, for 1861. Edited by DR. HARLEY, DR. HANDFIELD JONES, MR. HULKE, DR. GRAILY HEWITT, and DR. SANDERSON, for the New Sydenham Society. London, 1862.*

*Health: its Friends and its Foes; by R. D. MUSSEY, M. D., LL. D., late Professor of Anatomy and Surgery at Dartmouth College, N. H., and of Surgery in the Medical College of Ohio; Fellow of the American Academy of Arts and Sciences, etc., etc. Boston: GOULD & LINCOLN, 1862.*

*The Hospital Steward's Manual, for the instruction of Hospital Stewards, Ward-Masters, and Attendants, in their several duties; prepared in strict accordance with existing regulations and the customs of service in the Armies of the United States of America, and rendered authoritative by order of the Surgeon-General; by JOSEPH JANVIER WOODWARD, M. D., Assistant Surgeon U. S. A., Member of the Academy of Natural Sciences of Philadelphia, etc. Philadelphia: J. B. LIPPINCOTT & Co., 1862.*

*Anatomy of the Arteries of the Human Body, Descriptive and Surgical, with the Descriptive Anatomy of the Heart; by JOHN HATCH POWER, M. D., Fellow, and Member of Council, of the Royal College of Surgeons; Professor of Descriptive and Practical Anatomy in the Royal College of Surgeons; Surgeon to the City of Dublin Hospital, etc. Authorized and adopted by the Surgeon-General of the United States Army for use in Field and General Hospitals. Philadelphia: J. B. LIPPINCOTT & Co., 1862.*

*The Action of Medicines in the System; or, "on the mode in which Therapeutic agents introduced into the Stomach produce their peculiar effects on the Animal Economy." Being the Prize Essay to which the Medical Society of London awarded the Fothergillian Medal for 1862; by FREDERICK WILLIAM HEADLAND, M. D., B. A., F. L. S., Licentiate of the Royal College of Physicians, etc., etc. Fourth American Edition. Philadelphia: LINDSAY & BLAKISTON, 1863.*

For sale by BREED, BUTLER & Co. Price \$2.

#### DIPHThERIA IN BOSTON, ERIE COUNTY, N. Y.

We learn from Dr. S. S. Davis that diphtheria is now, and has been for some time, prevailing quite extensively, and in very severe and fatal form in Boston, Erie County, in the very district where typhoid fever was first recognized in western New York, by Prof. Austin Flint, formerly of this City. This was nearly twenty years ago, previous to which time continued fever was generally, perhaps universally regarded and treated as typhus; the antiphlogistic plan of treatment was adopted. Mercurials, emetics, cathartics and sometimes venesection employed. Prof. Flint recommended and introduced the rational and universally adopted treatment of the present day, though not without considerable opposition. Dr. Davis regarded it as worthy of note that diphtheria should prevail so extensively, in low



typhoid form, in the same locality, where a few years since, typhoid fever first made its appearance, or was first recognized in western New York.

---

#### DR. DAVIS' INSTITUTE.

It will be observed by reference to our advertising sheet that Dr. Henry G. Davis has opened an Institution in New York for the treatment of diseases of the Joints, including dislocations and deformities. The well known reputation of Dr. Davis and his untiring efforts to advance and improve this branch of medical practice, will insure for him and his institution a favorable recommendation by all physicians who have a knowledge of the principles upon which many diseases of the joints are so successfully treated by extension and other mechanical means. Every one will see the advantages of a special home for such invalids, and few surgeons but will gladly concede that great improvements in treatment have been made in this department of surgery within the last few years. By properly applied mechanical treatment, results are constantly obtained which would be regarded as perfectly impossible by those not familiar with its benefits. We have no doubt Dr. Davis' Institution will fully sustain the claims it makes, and offer superior advantages for this class of invalids.

---

*Dr. Charles K. Winne*, U. S. A., son of Dr. Charles Winne of this City, has been appointed Medical Director, with the duty of inspector of five large hospitals, containing 1500 sick and wounded men. Dr. Winne, though yet a young man in the profession, has thus been promoted to one of the most responsible positions in the army, which shows an appreciation on the part of the Government of real merit. This position gives the Doctor a fine opportunity to practice surgery, his favorite department of the profession, where we have no doubt he will gain many fresh laurels, and not only command the respect of the profession, but make many friends by his gentlemanly and highly professional bearing.

---

PROMOTED.—Dr. A. J. Steele, formerly resident physician and surgeon to the Buffalo General Hospital, and more recently, assistant surgeon to the 26th Regt., N. Y. V., has been appointed surgeon to the 38th Regt., N. Y. V.

Dr. Steele has been in active service since the commencement of the war, and will bring to the discharge of his duty a very ripe experience for a young surgeon. We most heartily congratulate the doctor upon his ad-

vancement and also the 38th regiment, in obtaining the services of one of the most energetic, intelligent and experienced surgeons.

---

**SURGEON C. H. WILCOX ON SICK LEAVE.**—We are sorry to learn that Dr. Wilcox has been compelled to return home for the purpose of regaining his health. With his ripe experience he has served his country faithfully, indeed, with too untiring devotion since the commencement of the war, until at length, worn out with labor and fatigue, he has returned home where we hope soon to see him again restored to his former health and strength. As Surgeon of the 21st Reg't N. Y. S. V., and as acting Brigade Surgeon and Medical Director, he has been able to render the most valuable service; and perhaps we are not saying too much when we publish the opinion we have so often heard expressed by his medical associates in the army, "that no physician in the service enjoys more fully than Dr. Wilcox, the confidence and respect of the medical staff, officers and men."

---

**BOOK ON THE WAR**—*The History of the Civil War in America*, comprising a full and impartial account of the origin and progress of the rebellion; of the various naval and military engagements; of the heroic deeds performed by armies and individuals, and of touching scenes in the field, the camp, the hospital, and in the cabin, by J. S. C. ABBOTT, author of the "Life of Napoleon," "History of the French Revolution," "Monarchies of Continental Europe," &c., &c. Illustrated with maps, diagrams and numerous steel engravings of battle scenes from original designs, by Darley and other eminent artists, and portraits of distinguished men, in two volumes. Vol. 1, containing over 450 pages, is to be delivered in a few weeks. We have seen specimens of this work, and think it must meet with extensive encouragement, as every one is highly interested in the matter it contains. The illustrations and portraits of distinguished men are worth vastly more than the cost of the book. To the student and the politician it will be invaluable as a work of reference, and of all the histories of this war, now being written, will be every way the most desirable.

---

**U. S. STAMP DUTIES AND TAXES.**—Messrs. T. B. Peterson & Brothers, 306 Chestnut Street, Philadelphia, have just issued a neat card, containing a list of "Stamp Duties" imposed by the Act of 1862, which Act went

into effect on the 1st of October. The card will be found very convenient for reference by all, and should be at the side of every storekeeper, merchant, manufacturer, broker, banker, attorney, or any man of business, as it shows at a glance the amount of stamp duty or tax to be paid on everything in every-day business, as well as the penalties of the law, and fines for trying to evade each and every one of the Stamp Taxes imposed by Congress. It will save a world of trouble to every storekeeper and business man to have a copy for reference at their side. It has been carefully prepared from the Official Documents at Washington, and copyrighted by a noted member of the Philadelphia Bar. Copies will be sent per mail everywhere by the publishers, on receipt of the price.

---

*Lloyd's Maps.*—We have received Lloyd's Map of Virginia, Lloyd's Map of the United States, or rather of the *un*-United States, and also his Map of the Mississippi from St. Louis to the Gulf of Mexico, showing every bend in the river, every island, sand bar, landing, town, city, bluff, sugar and cotton plantation, and the name of the owners. It shows also the counties bordering on the river on each side ten miles back from the river, with the towns, villages and post offices, and the roads leading to them. Also all the streams emptying into the Mississippi. It is engraved in six sections of five feet each, in length, and printed upon linen paper, so as to be conveniently folded and sent by mail like a newspaper. One of the most remarkable features of all, it is sold for one dollar per copy.

Lloyd's Map of Virginia is also the best possible map of the war, and we find that it is the standard authority in the army. The locations of the towns made historic by the recent battles and all other objects of interest in the geography of that State are represented, together with the District of Columbia, Maryland, Delaware, and a part of Pennsylvania and New Jersey.

The Map of the United States is a most magnificent map of all the States; the counties distinguished by different colors. Towns, railroads, rivers, mountains, distances and indeed everything which can go to make up the perfection of a map will be found included. It is on strong, fine paper, four feet in length and width, and in every respect a very complete map. What seems to us the most remarkable of all is, its price. It is sold for fifty cents, and all the other maps by Mr. Lloyd in about the same



proportion. That it can be made so complete is quite remarkable; that it is so cheap is to us inexplicable.

These maps may be obtained of the publishers through the Post Office, by addressing J. T. Lloyd, 164 Broadway, N. Y.

---

*The Physician's Hand-Book of Practice, for 1863. By WILLIAM ELMER, M. D. New York: W. A. Townsend, Publisher, No. 39 Walker street, 1863.*

Contents.—Calendar for 1863, Preface, Classification of Diseases, Fevers, Eruptive Fevers, Constitutional Diseases, Diseases of Blood and Blood-Vessels, Diseases of the Brain, Spinal Cord and Nerves, Diseases of Respiratory Organs, Diseases of Circulatory Organs, Diseases of Digestive and Absorbent Systems, Diseases of Internal Organs of Secretion, Cutaneous Diseases, Diseases of Reproductive Organs, Diseases of the Breast, Dr. Marshall Hall's Ready Method, Medicinal Weights and Measures, Abbreviations of Medical Properties of Remedies, List of Remedial Agents, Appendix to the List of Remedies, List of Incompatibles, Balnea Medicata, Remarks on the Writing of Prescriptions, Examples of Extemporaneous Prescriptions, Poisons and their Antidotes, Diagnostic Examination of the Urine, The Pulse—Table of, and other Characters, Explanation of Signs, etc., to be used in the Record, Names and Addresses, Bills and Accounts, Record of Practice and Treatment, Obstetric Calendar, Obstetric Record, Blanks Wants and General Memoranda, Nurses.

This *Hand-Book of Practice* comes to us bound in the highest style of the art, and is an exceedingly attractive pocket companion and memorandum book. It is unsurpassed in its arrangements.

---

*The Physician's Visiting List, Diary, and Book of Engagements, for 1863. Philadelphia: LINDSAY & BLAKISTON, 25 South Sixth street, above Chestnut.*

Contents.—Almanac, Table of Signs, Marshall Hall's Ready Method in Asphyxia, Poisons and their Antidotes, Table for calculating the period of Utero-Gestation, Blank leaves for Visiting List, do. for Memoranda, etc., etc., do. Addresses of Patients and others, do. Addresses of Nurses, their reference, etc., do. for Accounts asked for, do. for Memoranda of Wants, do. for Obstetric Engagements, do. for Vaccination Engagements, do. for General Memoranda, etc.

The *Physician's Visiting List* is what it claims to be in every respect. It is of convenient pocket size, is plainly but substantially bound, contains exceedingly well arranged blank pages, and is almost a necessity for physicians.

---

*The Physician's Pocket Memorandum, for 1863.* By C. H. CLEVELAND, M. D. Cincinnati: Bradley & Webb, Printers.

Contents.—Preface to first edition, Preface to second and third edition, List of Medicines—classification, Class I, Hæmética, Class II, Neurotica, Class III, Myonotica, Class IV, Adenotica, Medicine not Classified, Abbreviations used in Prescriptions, Accidents and Emergencies, Poisons and Antidotes, Post-Mortems, etc., Preservation and Embalming, Prescription of Medicines, Signs used in Record of Practice, Memoranda of Practice, General Memoranda.

The *Physician's Memorandum* has been greatly improved in its present issue. It is of generous size, has a full table of contents, is plainly and substantially bound, and is a good blank book, besides containing much valuable matter.

---

DIED—At the residence of his father, Dr. Edward Mackay, in this City, on the evening of the 13th ult., Lieut. JAMES C. MACKAY, 63d Regiment N. Y. S. V., aged 23 years.

Lieut. Mackay, with a thorough academic education, had also nearly completed his medical course under the instruction of his father, when he volunteered into the 21st Regiment N. Y. S. V., and served in that capacity until 26th of February, 1862, when he was transferred and promoted to a first Lieutenancy in the 63d N. Y. S. V. He was soon selected by General Meagher as one of his staff, and at the battle of Antietam was struck with a rifle-ball in the hip, while carrying an order from General Meagher to the Colonel of the 63d, and immediately fell from his horse. His father, on learning of his wound, visited him, and again returned with *great difficulty* and effort, bringing his son with him to Buffalo, to die in the quiet of home. His noble qualities of head and heart had won him many friends who will deeply mourn his death. General Meagher speaks of his bravery in terms of highest praise, and also of the regard entertained for him by every officer of the brigade.

*Informal Meeting of Physicians.*—At an informal meeting of the physicians of Buffalo, held at the rooms of the Medical Association, Dr. T. T. Lockwood was called to the Chair and Julius F. Miner appointed Secretary.

After a brief explanation of the objects of the meeting by Dr. Wyckoff, Dr. Eastman presented the following resolutions, which were unanimously adopted:

*Resolved,* That, for the purpose of showing our estimation of the worth and respect for the memory of Lieut. Mackay, and of extending our sympathy to the family and friends of the deceased, we attend the funeral in a body and wear the usual badge of mourning.

*Resolved,* That the Secretary communicate this action to Dr. Mackay and family, and make such other notice of it as he may think proper.

*Commencement of Lectures in University of Buffalo.*—Last evening, (Nov. 5th.) the Lecture introductory to the Course, was given by Prof. James P. White, to a large class of students. The occasion was also graced by the attendance of many friends of the College. Of the Lecture we hope to be able to speak hereafter.

*Report of Deaths in the City of Buffalo, for the month of August, 1862.*

Abscess 1, Accident 4, Accident by drowning 7, Apoplexy 2, Brain, softening of, 1, Cancer 1, Cholera infantum 27, Cholera morbus 3, Consumption 16, Convulsions 23, Cyanosis 1, Debility 1, Delirium tremens 2, Diabetes melitus 2, Diarrhoea 10, Disease of the brain 1, Disease of the heart 1, Disease of the spine 1, Diphtheria 1, Dropsy, general, 2, Dysentery 2, Epilepsy 1, Fever 3, Fever, puerperal 1, Fever, scarlet 10, Fever, typhoid 5, Fever, typhus 1, Hæmorrhage from uterus 1, Inflammation of bowels 1, Inflammation of brain 4, Inflammation and meninges 16, Inflammation of the liver 2, Inflammation of the lungs 2, Inflammation of the lungs, typhoid 1, Inflammation of the stomach 1, Intemperance 2, Jaundice 1, Kidneys, Bright's disease of, 1, Marasmus 8, Measles 6, Neglect 1, Premature birth 2, Purpura hemorrhagica 1, Pyæmia 1, Scrofula 1, Syphilis 2, Unknown 5, Whooping cough 1. Total, 220. In addition to the above, 5 still-born were reported in this City.

*By whom certified.*—By regular physicians at public institutions, 15; by regular physicians in city at large, 97; by irregular practitioners, 43; coroner, 10; undertaker, 60. SANDFORD EASTMAN, Health Physician.

*Report of Deaths in the City of Buffalo for the month of Sept. 1862.*

Accident 4, Accident by drowning 4, Aneurism 1, Apoplexy, cerebral, 3, Asthma 1, Brain, softening of, 1, Cancer 2, Cancer of the mouth 1, Cancer of the breast 1, Cholera, Asiatic, 1, Cholera infantum 11, Consumption 24, Convulsions 15, Croup 9, Delirium tremens 4, Dentition 5, Diarrhoea 25, Disease of the heart 5, Disease of the liver 3, Diphtheria 3, Dropsy of the ovarian 1, Dysentery 6, Epilepsy 1, Fever 1, Fever, scarlet 6, Fever, typhoid 6, Gangrene 1, Hæmorrhage 1, Hæmorrhage from lungs 1, Inflammation of the bowels 2, Inflammation of the brain 5, Inflammation and meninges 4, Inflammation of the lungs 6, Inflammation of the lungs, typhoid 1, Inflammation of the peritoneum 1, Insanity 1, Intemperance 1, Marasmus 4, Measles 1, Necrosis of femur 1, Old age 7, Paralysis I, Premature birth 2, Pyæmia 1, Scrofula 1, Syphilis 1, Tabes mesenterica 2, Thrush infantile 1, Ulcer 1, Unknown 5, Whooping cough 1. Total 197. Still-born 7.

*By whom certified.*—By regular physicians at public institutions, 26; by regular physicians in city at large, 65; by irregular practitioners, 39; by coroner, 11; by undertakers, 63. Total 204:

SANDFORD EASTMAN, Health Physician.



BUFFALO

# Medical and Surgical Journal

---

---

VOL. II.

DECEMBER, 1862.

NO. 5.

---

---

## ORIGINAL COMMUNICATIONS.

---

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

TUESDAY EVENING, November 4th, 1862.

Prof. James P. White, President, in the Chair.

*Dr. Miner* presented a uterine polypus which he had the day before removed from the uterus of a patient twenty-eight years old, married for four years, but absent from her husband until the last two years. Had never had children, but for the last three months the menstrual secretion had not appeared, and she mistrusted that she was now pregnant. A few days since she presented herself for advice on account of slight hemorrhage from the vagina, and somewhat profuse leucorrhœal discharge. Upon examination, the tumor was distinctly in view, occupying the cervical canal, which was greatly dilated, and the neck of the uterus enlarged and flaccid. It was the size of a large grape, somewhat elongated and flattened, and attached to the posterior surface of the cervical canal, near the upper portion, its body and neck reaching to the vagina. The tumor was removed by torsion, and the surface penciled by the crayon of nitrate of silver, to arrest hemorrhage and guard against reproduction.—The tumor consisted largely of cellular tissue, was covered by mucous membrane, and supplied with delicate vessels. It was surrounded by, or imbedded in, a large amount of tenacious transparent albuminous matter, which might be still seen, adhering to the pedicel in considerable quantity. This is a representative specimen of this form of polypus, which is by no means of infrequent appearance, and described by authors as mucous polypus.

The only question of especial interest in connection with the removal, is, should such operation be made while there is reason to suppose the patient pregnant? Or, should it be delayed until after parturition from fear of the disturbance producing abortion? His own opinions were sufficiently manifested by the action he had taken. Others, holding to different views, were at liberty to answer the inquiry.

Dr. M. also related the case of a young married woman, mother of three children, who had always enjoyed most perfect health until quite recently. She commenced to have some leucorrhœal discharge, and soon blood mixed with the mucus, and at last profuse hemorrhage from the vagina, which did not much intermit, but had continued constant with occasional exacerbations, when a pint of blood would be discharged in a few minutes. This greatly reduced the strength, and when applying for advice the patient was sufficiently alarmed to allow vaginal examination without objection. The cervical canal was enlarged and patulous, and a great number of cysts were plainly visible, both within the canal and also around the os-uteri. These vesicles varied in size from one line in diameter to three or four, and could be easily broken down and made to disappear by pressure with an instrument having a roughened surface; some were broken down by the uterine forceps used to dilate the os-uteri for the purpose of better observation.—The uterus was found to be considerably enlarged, the uterine sound passing readily some four and a half or five inches, and turning freely in all directions, showing great dilation of the uterine cavity. The only symptoms which induced the patient to seek for medical aid were the leucorrhœa and hemorrhage; other general indications of uterine disease were mostly wanting. Solid nitrate of silver was applied to the surface upon which the vesicles rested, every five days for three or four applications, when all hemorrhage ceased, the leucorrhœal discharge yet continued, the same application was made at longer intervals until all discharge abated. The cervical canal contracted to its natural diameter; the uterus also greatly diminished in the length of its internal cavity, and the patient was dismissed after five or six weeks' treatment, apparently well. The perfect success of this treatment is perhaps worthy of note, since it is generally regarded as inefficient in the removal of the disease. To increase its efficacy scarification has been suggested and adopted with the view of emptying the vesicles of their albuminous contents, and allowing the better application of the nitrate of silver upon the secreting surface; this plan, it is claimed, has been attended by marked success.

Deep scarifications were objected to as unnecessary, since the vesicles are generally very easily broken down, and when broken and the contents discharged, the abundant application of the solid nitrate of silver to the secreting membrane appeared to be quite efficacious.

Having spoken of these two forms of what are called mucous polypi he would also in this connection speak of a case which came under his care a few months since allied to these in the symptoms to which it gave rise, yet differing quite widely in its essential nature. A married lady, thirty-five years of age, the mother of four children, had ceased to menstruate for three months; the lower abdomen commenced to enlarge, breasts to swell, and she regarded herself pregnant. At about the fourth month she was slightly "unwell," that is, had slight discharge of blood from the vagina and after this she had similar attacks at irregular intervals, the abdomen continuing to increase, and the motions of the child thought to be felt.— Bearing down pains were now constant and hemorrhage very frequently profuse; the natural period of labor approaching, as she supposed. Her family physician was consulted, and opium and gum kino prescribed with the encouragement that he should soon be called to attend her in labor.— The expected period came and passed; pains were annoying, but not severe enough to require attendance of physician or to certainly indicate labor; contractions of the uterus were distinctly felt. Family physician was again consulted and prescribed something as before, evidently supposing that it was only a little miscalculation as to the period of gestation. Patient became nervous and anxious, was greatly reduced in blood and strength, and obliged to remain in bed, suffering with constant hemorrhage and considerable pain; motions of child or feelings as of the motions of child abated. At this period, ten months after first indications of derangement of the health Dr. M. was invited to visit the patient. Examination per vagina by the touch, detected tumor of the uterus partly projecting into vagina, attached by a pedicle to the uterus, or high<sup>u</sup>p in the cervical canal. It was an inch and a half in its short, and two inches in its long diameter, rounded, rough and hard. A large speculum was introduced, and with long uterine forceps the neck was grasped, and after giving it a few turns separated and removed. The hemorrhage was considerable, but not dangerously profuse, and for five or six days tenderness and pain were present in the lower abdomen; after this the patient made rapid recovery. Upon examining the tumor it was found to be made up of distinct layers, differing in density and color, the outer being stronger and lighter color, while



the center was deep red and granular. These outgrowths or productions of the uterus he mistrusted were quite rare, and at the time he removed it, he was unable to decide its character. So far as he has been able to learn, the first complete description of this affection was made by the late Prof. Kiwisch, in 1846. And they are now recognized and described under the name of fibrinous polypi, though this epithet is regarded as inappropriate. In certain conditions, independent, as Prof. Kiwisch believes, of impregnation; consequent, as others think, upon previous abortion, the walls of the uterus may be so soft and yielding as to allow of the gradual accumulation of effused blood in the cavity of the organ. In course of time the clot may not only pass through those changes by which the coloring matter is removed from its exterior, which assumes a dirty white or greyish aspect, while portions of a dark red hue are to be found within, but may also be the seat of the same kind of imperfect organization as has been observed in cases of hemorrhages into the arachnoid or of blood effused in other situations. Like cardiac polypi, so these become firmly adherent to the walls of the cavity, within which they form." These growths resemble in structure the contents of an old aneurismal sac; and the one removed possessed this appearance in very marked degree.

There are many questions connected with the conditions under which such hemorrhage occurs, and differences of opinion as to the causes which may produce it, but the object of all treatment would be the same, namely, to empty the uterus and remove the product, and afterwards to maintain the contracted state of the organ.

These cases had been stated in connection and at considerable length, and at once opened up many points of inquiry which are worthy of investigation. The histories of these cases are also of some interest, suggestive of the importance of thorough investigation previous to entering upon the treatment of uterine affections, and should put us upon our guard so that we do not lose our reputations and at the same time our patients by neglecting the common available means of correct diagnosis, and contenting ourselves by the most superficial examination.

There can be no special difficulty in the diagnosis of these larger outgrowths, since we have only to look, when their presence and character can be sufficiently known. The vesicular, or cystic growths, require a more careful observation, and when new and small might escape detection, especially if only present in the cervical canal. Tumors while retained within the uterine cavity are much more difficult to detect, and in some cases, previous

to expulsion their presence cannot be positively ascertained, but will be very strongly inferred from the general symptoms; with persevering effort, such growths may almost always be diagnosed while occupying the uterine cavity.

*Prof. White* remarked that he was very much obliged to the Secretary, Dr. Miner, for introducing the subject of uterine polypi, and also for presenting the pathological specimen he had exhibited. He had covered a wide field, and suggested many questions of interest. Yet, it would be impossible to speak of all, or indeed, of but very few of the many topics which the broad subject of uterine polypi at once suggested. To speak briefly of ordinary mucous polypi he would say that they were quite common, and that he had often found them as had been described, imbedded in mucous or albuminous fluid. As to the propriety of removal during pregnancy, he would say that the only danger of their remaining is from hemorrhage, and this is considerable, and is greatly increased by the pregnancy. Ordinarily, the danger is less to remove them, and it is generally proper, while if there is hemorrhage, it is imperative; they must be removed. The removal is not a formidable operation; had done so in pregnancy without disturbing the process. The manner of removal he regarded of not much importance since any of the various methods would be successful. The pedicle being divided in these growths, it is fully demonstrated that the removal is complete; the remaining portion of pedicle is absorbed and the operation successful.

The other form of disease, the vesicular or cystic growths, he had also often observed. He had applied nitrate of silver and sponge dipped in solution of persulphate of iron. The best plan is to remove with the curved curett and afterwards apply the nitrate of silver. They usually accompany endo-metritis, and the secretion is serous, sero-sanguinolent, or sanguinolent, and sometimes very profuse.

He was sent for to see a woman in Canada, who thought she would die from the hemorrhage. She had been under the care of several physicians without relief. The bleeding was so profuse he thought best to plug the vagina, and a kite-tailed tampon was introduced through the speculum. The tampon was not removed, and the patient came to Buffalo for his constant attendance. When on the second day the tampon was removed the hemorrhage had ceased in great degree, and great numbers of these vesicular growths were removed, scraped off with the curved curett, the surface penciled with persulphate of iron. The patient was fully restored after losing great quantities of blood.

*Dr. White* also related the following case: Mrs. B., mother of four children, thought that one year since she had abortion. She had violent pains, very much like first stage of labor, which had continued for some days, and profuse mucous leucorrhœa. Her attendant, a Homœopathist, informed her that there was "something the matter." Came next day, but made no investigations and told her nothing more definite. Oct. 19th, pains continuing, Dr. W. was invited to visit the patient. Found that from the uterus had been expelled a firm fibrous tumor. Assisted by Drs. Eastman, Mason and Whitmore, the ecraseur was applied and tumor removed. The next day she was examined; the neck of uterus was not very large, and another tumor was not suspected. The pains did not abate, and two days after removal of the first, a second tumor, larger than the first, was found and removed in like manner. It was as large as the egg plant. After this, had no farther pain or discharge; the uterus contracted, and on the 23d and 24th she felt pretty well; on the 25th she complained that her face felt numb, and had pain in her lip. Evening—she could not open her mouth; pulse not disturbed. Anodynes were given. She had spasms which he yet hoped were hysterical. 26th—head drawn back, mouth closely shut—in a word—had tetanus which he had never before seen follow any operation upon the uterus; died that evening in tetanic spasm.

This condition might have been induced by the protracted labor, and the irritation of the system, caused by so much pain.

*Dr. Cronyn* spoke of a case of menorrhagia; patient had passed two months without menstruation, and thought herself pregnant, when hemorrhage commenced. Prescribed persulphate of iron and ergot. In two weeks she was taken again with profuse bleeding, and after two weeks more she regained her strength so as to go to New York, when she was taken ill again and visited by Dr. Flint, who prescribed persulphate of iron also; she came home and he again made the same prescription. Digital examination satisfied him of the patulous and roughened condition of the neck of the uterus. He now refused all further care of the case without vaginal examination, which was allowed, and showed a roughened and abraded surface; the bleeding surface was distinctly seen; made free application of nitrate of silver and she soon after recovered.

*Dr. Samo* desired to suggest the propriety of physicians advancing upon usual charges in view of the depressed value of the paper dollar—one dollar per visit not being, in reality, more than sixty-two cents. Only wished to suggest this for the consideration of the society.



A short discussion upon this subject was participated in by the physicians present, and its further consideration postponed for future action.

Adjourned to the first Tuesday evening in December.

J. F. MINER, Secretary.

NOTE.—Mr. Editor:—In your report of the proceedings of the Buffalo Medical Association for October, you say that “Dr. Cronyn spoke of the seminal fluid upon the side of the egg being often streaked with blood,” &c.; it should have been that he was struck with the fact of frequently observing a spot of blood upon said fluid, and whether or no there might not occasionally be a like spot upon human spermatozoa, and be developed *pari passu* with the fœtus in utero, and thus nevi &c. be readily accounted for. Again, when speaking of pelvic abscesses you say, “Dr. Cronyn said that Mr. Hilton in his lectures upon conservative surgery,” &c., when it should be that the said Mr. Hilton in his lectures before the College of Surgery, England, when speaking of abscesses, advocated the making of a small incision through the skin with the lancet in the most dependent part, and then with a pair of dressing forceps passed into the wound tear open the sac of the abscess, and thereby save the accidents that frequently happen where a cutting instrument is used. By making the above corrections you will oblige

Yours, &c.

JNO. CRONYN, M. D.

---

ART. II.—*Summary and Extracts from a Report of the Lecture delivered introductory to the Course in the University of Buffalo, by JAMES P. WHITE, M. D., Professor of Obstetrics and Diseases of Women and Children.*

‘GENTLEMEN:

In advanced periods of the cultivation of some of the more important arts of life, the principle of division of labor, has been recognized as useful, and *necessary* towards their *further* improvement and perfection. In the pursuit of medical science the same principle has been acknowledged and made available to the best purposes of medical education. Without neglecting any branch of study, essential to the acquisition of competent medical knowledge, in all its departments; it seems proper that individual members of the profession should undertake to teach particular portions of the general science. On this principle are founded in most of the universities and other great schools, both of Europe and America, certain established

arrangements, for assigning to different professors or lecturers, different allotments of duty, corresponding with the various branches of science or literature to be taught. In the greater number of such schools and universities, one of the branches regarded as essential to all aspiring to the honors of the profession is that of midwifery, or obstetric medicine, in its most comprehensive sense.

Thus understood, obstetric medicine may be said to be identified with all the scientific principles and rules of art that can be made applicable, not only to the practice merely of midwifery, as synonymous with the professional services usually rendered the female during parturition, but also to the medical superintendence and treatment of their peculiar functions and diseases. Accordingly, in all the best appointed schools of medicine in modern times, it is made the duty of the professors of midwifery to deliver lectures on the peculiar organs, functions, and diseases of the human female.

Influenced by the considerations just alluded to, the Council of this University, in the organization of the medical department, have created a separate chair, and assigned to me the duty and honor of its occupation. Of the co-ordinate departments in this University and the able manner in which the duties devolving upon my colleagues will be discharged, I can speak without hesitation. Yes, gentlemen, I am happy in being able to assure you that should you not become fully acquainted with the subjects taught by these able men, the responsibility of the failure will rest with you. And on the part of this Institution he assured that it has ever been the deliberate determination of the Faculty of this University to maintain a position second to none in the country. In many things essential to an elevated standard of medical education the founders of this College claim to have *led* the way in reform and improvement. It has ever been also the desire of those to whom the interest of this Institution have been confided to send forth such alumni only as would do honor to that profession to which its credentials might form the passport. We prefer to be judged by the *quality* rather than the amount of fruit annually furnished, relying upon the ultimate and permanent attainment of success in this way, rather than temporarily enjoy the ephemeral reputation of cheap lectures, and indiscriminate graduations, and can even now, after a brief existence of fifteen years, with pride point to a long list of honorable names as the representatives of these principles, and with the Roman matron exclaim, "these are our jewels," convinced that by increasing the facilities for a more thorough and efficient course of instruction, as well as by making a high

standard of attainment requisite to the reception of its honors, the true interests of the student and school are alike consulted, our course now, as heretofore, shall be onward and upward. Satisfied that our success should be measured by our merits, we court impartial comparison with our much respected sister institutions. With unfeigned pleasure do we point to the fact that, of the many applicants for admission to the several departments of the service, not a single rejection of a recipient of the honors of this Institution has come to the knowledge of its Faculty.

But I am digressing, and must return from these more general questions to consideration of the importance of one of the departments—Obstetrics, and the means for its successful prosecution. In the outset then, gentlemen, permit me to say that in the humble effort to lead your minds in the pursuit of obstetric science, and faithfully to conduct you into the rudimental principles of this important province, I would bespeak your generous sympathies, your careful attention, and your untiring industry.

The first is solicited for myself, conscious that with my best efforts much that is imperfect can be detected. Relying rather upon your cordial cooperation than upon any surpassing ability on the part of your teacher; promising to hold myself at all times in readiness, diligently to impart instruction to all who may have the patience or desire to listen, relying mainly upon *your* assiduity, I can have no hesitation in predicting that success must crown our labors. Nor can I entertain any fears that you, gentlemen, can be so blind to your interests, your comfort, or your honors, as not to bestow your careful attention, your utmost diligence in the acquisition of a competent knowledge of a subject which, to you, is of vital importance.

In view of the importance of the subjects which it will become my duty to bring under your consideration, I have thought it might be useful for us to bestow a short time to the preliminary question as to the *manner* in which it could be most profitably pursued. Not that I suppose the manner of acquiring a knowledge of midwifery differs essentially from the best method of making yourselves general practitioners of medicine. Indeed most of the suggestions will be equally applicable in advancing you in any of the departments of medical *science*. All the studies which you are about to commence are attractive in character, affording the amplest range for the exercise of the highest intellectual powers, and are also calculated to develop the best feelings of our nature. Their object contemplates the



well-being of our fellow creatures, the lessening of human suffering, and the extension of human existence.

To the full accomplishment of this end, it becomes necessary not only that the student familiarize himself with medicine in its more restricted sense; but the intelligent physician should be acquainted with the various relations of man, with nature, with society, and all external agencies, and with himself; should ascertain their respective influences, trace their actions and define their laws. With so extensive a field for intellectual exertion, can it be a matter of surprise that medicine, in its more liberal acceptation, should be accounted one of the most difficult of studies, so much so indeed that long life will hardly suffice for its complete mastery? Under these circumstances it certainly behooves us to call to our aid all the means and appliances which can further our progress, and sustain us during the labors incident thereto.

In the first place allow me then to say, that in my candid opinion, every student will consult his best interests by pursuing such a preliminary course of studies as will give aptness to his mental faculties, render his perceptions vivid, cultivate his memory, mature his judgment, and discipline his mind to the acquisition of knowledge, and enable him to digest and arrange what he learns. And here permit me to cite in proof of this position, the opinion of the assembled wisdom of the National Medical Association, as repeatedly pronounced, and recommended to your careful consideration the suggestions of that learned body upon this subject. I do not design to be understood as saying that no man *can* become both useful and eminent without this preliminary course of mental training. Experience abundantly proves that industry has often triumphed over all these obstacles with many others superadded. Nor should these studies ever be pursued as ends, but as means, as lights which can illumine the paths on which you are about to enter. When thus disciplined, the mind is better prepared for *intelligent observation*.

And here I would call your attention more particularly to this most difficult of processes, *correct observation*. The facts submitted to the *medical* observer are peculiarly complex, and often difficult satisfactorily to analyze. Besides, what an infinite number of sources of deception. A theory previously formed, with a foregone, but unconscious determination to support it; long established habits, sustained perhaps by the so-called *experience* of our seniors, and ourselves; fondness for, or a determination to resist, the introduction of novelties; these, and many other sources of error may be

mentioned, as likely to lead the judgment of the honest observer from the truth. It is clear that there is a right and a wrong method of observing or studying disease. Physicians may be said always to have observed, yet how seldom have they discovered. A question of primary importance to the practitioner of medicine consists then in ascertaining the *true* method of inquiry. It is obvious that simple experience—merely witnessing many cases of the same disease—is by no means certain to conduct us to correct results. One practitioner will treat hundreds of consecutive cases of puerperal fever by copious venesection; whilst his neighbor, seeing an equal number of cases, and being equally conscientious, will as invariably give stimulants or opiates, in the firm conviction that in so doing alone can he save his patients. Our purpose or object in observing should be to make use of facts; and we can be said to possess the power of *using a fact, only* when we ascertain its *cause*, and *what*, in *its* turn, it will produce. If the fact observed be recognized by the mind as forming a link of a consecutive series, we are said to be in possession of *science*, or *scientific knowledge*. We can there trace its emanation, and its product; in short, we can avail ourselves of it; we can use it.

Again, we must arrange and digest what we observe. It would be easy to show from the consideration of facts, taken in any of the other departments of human knowledge that science, or scientific acquirement can exist *only* where we observe a series of consecutive and connected facts, so that, by having one of them we are enabled to trace its connection, bearing, and effect upon the whole chain.

Our first object and purpose then being the collection of consecutive and connected facts, the best method of its accomplishment will be secured by following the directions of the immortal Bacon. "Man," says this original thinker, "the servant and interpreter of nature, understands and can effect just so much as he has actually experienced—more he can neither know nor achieve." In a word, then, the medical practitioner must *interpret*—not theorize or conjecture. And it is essential here, in limine, in taking the incipient steps in your profession, as well as in your after practice, that you eschew theories, else you will find a constant tendency in the mind to accommodate the *facts* observed to preconceived opinions, instead of forming the judgment, or deducing conclusions from a fair and legitimate analysis, of impartial observation. Can we not in this way account for the difference between the practice of English and continental obstetricians, in the employment of the forceps and the crotchet? Indeed, will not this resolute

determination to establish a darling fancy, account for *all* the exclusive theories which have pervaded medicine, and doubtless retarded the progress of medical science?"

Minute and definite instruction was here given the students as to the method and time of making observations and of preserving facts for future analogy. The magnitude of the field they have to cultivate was briefly referred to, and the usual apology, *want of time*, made by medical men, for neglecting records of important facts and cases, was shown to be incompetent excuse, by the example of Prof. Simpson of Edinburgh, who economized fragments of time in a wonderful degree, and accomplished more professional business than any other man in Europe. Proper methods of investigation and observation with directions for systematic record were introduced and enforced, with the assurance, that if it is ever advantageous to think rightly and observe correctly, it must be so while young, and the mind not preoccupied with theories, but fresh and ductile.

Upon the point of the importance of midwifery and its claims to primary attention, with its rank in the departments of medical science it was freely admitted that chemistry, animal and vegetable; anatomy, special, general and morbid, with physiology, do claim in point of time, the first attention. "These special sciences lay the foundation, the groundwork of practical medicine. They form the basis upon which the fabric is to be created; indeed they are the material of which the superstructure is composed; yet it is apprehended that those only who form their opinions without reflection will deem obstetric science easily acquired or of slight moment. Midwifery has become a science, as well as an art, and it is a laborious task, to thoroughly and satisfactorily learn this branch of medical science,"

"During the last century Smellie, the most celebrated London Obstetrician of his day, kept suspended from his office a sign with these words: 'Midwifery taught here for five shillings.' From this fact, some idea may be formed of the amount of learning which he considered requisite for the practice of this, the most important of all the departments of medicine. How changed at the present day. It now comprises within its limits a vast amount of anatomical and physiological acquisition, and requires familiarity with an immense range of therapeutical applications; embraces much of what might be called pure surgery, of a most delicate and difficult character, and is a superstructure on the general base of the other medical sciences. It demands all that the general practitioner



ever attains to, and beyond that, much which is peculiar to its own sphere. The important researches made by physiologists and microscopists within the last few years, have completely revolutionized this department of medicine, and lead to the detection of the nature and causes of those affections and diseases which it is necessary for us to comprehend, that we may the better exercise upon them the high ministry of our art."

"Again, there is another branch of this department which has been greatly enriched within the last few years, and which demands your studious consideration. The diseases incident to female organization are becoming more and more numerous; and more and more complicated in their pathology and diagnosis, as well as difficult in treatment, with the advancement of civilization and the extension of luxurious habits, and I hesitate not to assert the belief, that more progress has been made in the diagnosis, pathology and treatment of the affections of the organs connected with the generative functions of the female, during the last ten or fifteen years than in any other department of medical practice."

We must not continue longer our abstract or extracts, but must conclude by quoting the closing paragraph of the Lecture,

"Finally, gentlemen, what do we ascertain to be the science, and what the practice of midwifery that it should be the last on the long list of medical and chirurgical attainments? Whom doth it concern? Can it be of little import to one-half the race that their peculiar nature should be investigated and their diseases especially considered? Is it a small matter to mitigate the pains and agonies of the parturient female? Is it a matter of trifling moment to perform the most *delicate* operations, where the lives of *two* human beings are dependent upon the skill with which it is executed? Is it a small matter, even though life be saved, that the surviving female should not be left in so lacerated and mutilated a state through ignorance or unskillfulness that relief by death itself were a boon? And in the language of another I would add, is it a small matter to deal with the most deadly of epidemics—and to deal skillfully and successfully—to baffle the activity of the most subtle poisons, to keep alive the hearth-fire, to uphold the family altar, which but for us is abandoned and broken down, leaving only the monuments of its beauty and holiness in hearts that are broken, and tears that flow unceasingly?

No, gentlemen, the response is ready from every heart; the resolution is already formed; the solemn purpose taken; that your whole duty shall be

performed in this important department, both in the preparation whilst within these halls, and in its faithful execution throughout your future career, when the temporal welfare of whole families shall be entrusted to your care and depend upon your skill.

And though I cannot promise you pecuniary riches, or luxurious ease, I have no hesitation in saying that a far richer reward awaits you, in an approving consciousness of duties deliberately assumed, and honestly discharged; in the gratitude of those whose lives you have saved, or whose sufferings you have alleviated; or, who regard you as the happy instrument in the hands of an overruling Providence of preserving the lives of offspring more precious than their own; and, if pursued with right motives, and a religious trust, a fadeless inheritance.

---

ART. III.—*Tumor in the Lumbar Region.* BY J. F. NORTON, M. D.

FORT EDWARD, October 20th, 1862.

I submit the following case, believing it of sufficient interest to communicate, from the fact that I have never before seen a case, nor do I now recollect of having read of a case in any of our journals.

Some time since I was called to see an Irish laboring man, who complained that he was losing the use of his lower limbs. He referred the cause of his difficulty to an injury of the back, caused from lifting a heavy weight, "feeling something give way at the time," as he expressed it; he was able however to walk home from the iron furnace where he labored. He contented himself by using liniments and such like treatment until I saw him, some ten days after the injury. I directed him to get upon his feet and walk, which he did with some difficulty, and the assistance of a cane. He assumed a stooping position, and his walk was tottering, with a twitching of the legs. He complained that his legs were cold and numb; pain in the back and head, with deranged vision, while in an erect position; while recumbent, he remained comparatively easy. Upon examination I found a soft, puffy tumor, or rather fullness, upon the left side of the spinal column, and between the last dorsal and first lumbar vertebræ; the tumor was not tender to the touch, neither was the skin discolored. I placed him in a prone position, and upon passing my hand upon the tumor, was surprised to see it disappear, but not without an aggravation of the symptoms complained of while standing, there was severe nausea, with a tendency to

cramping of the legs while continuing the pressure. There evidently appeared to be a space between the vertebræ at this point, in which I could place the end of my finger. The tumor readily re-appeared upon assuming an erect posture. I placed him upon tonics, with the arsenicalis liquor, and then directed my attention to confining the tumor, after reduction; this was a somewhat difficult task, and I had not fully succeeded when he was obliged to be removed to the County-House, thus losing sight of him before I could mature my plan of treatment; this, however, the attending physician promised to do, and report accordingly. I intend to visit the case soon, and will communicate the result.

P. S.—I should be grateful to know your opinion, and any remark you may think proper to make, if you have had experience in such cases.

A tumor receding upon taking the horizontal position and applying pressure, which would again re-appear when erect, and attended by the other circumstances and symptoms described, would make us mistrust a hernia. Its very unusual location, if of this character, would at once reflect some doubt, and the most careful examination only, could render the diagnosis satisfactory. Ruptures have been met with in almost all situations in the walls of the abdomen; and Colquet, describes a case occurring in the lumbar region. These different protrusions at various unusual locations are met with, as the result of injuries, and could hardly be believed, to take place without arising from direct traumatic cause; the lifting, might possibly have been adequate for its production. If the tumor is of this nature, it is of great interest, and we hope that its character will not be left in doubt.—ED.

---

## EDITORIAL DEPARTMENT.

---

### DEATH OF DR. CHARLES H. WILCOX.

In our last issue we noticed the sickness and we are now pained to announce the death of a most worthy and estimable physician of our City, Dr. Charles H. Wilcox.

At a meeting of the Buffalo Medical Association and Erie County Medical Society, held Nov. 7th, on the occasion of his death, his friends made extended remarks, giving history of his early life, professional standing, and faithful service to his country,

While we regret our inability to publish in full all the remarks made upon that occasion, we shall take the liberty to extract from the addresses of two



or three of his most intimate friends, enough to show our readers the prominent characteristics of his life and the feeling of sorrow and sadness which pervaded the profession at the announcement of his death.

Prof. White, as President of the meeting, after announcing his death, gave a brief history of his life, while a student of medicine in his office and member of his family, and also of his professional life and services, from which we extract the following:

"In the spring of 1861, when Buffalo sent her first regiment to the war, he was induced by his patriotic impulses, urged as he was by myself and others, to accept the appointment of surgeon, and immediately assumed its duties. From that time forward, whether in camp or in battle, he has been untiring in his labors for the welfare of those under his charge.

Indeed his camp was held up by those in authority as a model in all its hygienic arrangements. Unparing of himself, his first care was to see that all his men were properly provided with every means for the preservation of health, or with everything which could contribute to their comfort or restoration of the sick. He soon secured the confidence of the medical authorities, which brought increased labors as well as honors. Without solicitation he was promoted from Regimental to Brigadier Surgeon, in which more extended sphere the concurrent testimony of all, from general to private is, that his duties were so faithfully and satisfactorily discharged as to command universal respect, confidence and admiration. Finally, after the battle of Antietam, when already exhausted with care of the wounded of his regiment, he was charged with the organization of a new hospital, which should hold five hundred beds. Never shrinking from any labor which might be demanded of him, he resolutely entered upon the undertaking. To those who knew his determined spirit, I need scarcely add it was accomplished, although his own life has paid the penalty of his unceasing toil and care. Exhausted, he was attacked with the disease which has found so many victims among our Northern heroes, and after a fortnight of severe suffering there, he was enabled to return and die in the bosom of his family and surrounded by his friends. Long will his memory be cherished by those who have been relieved by his ministrations, whether in civil or military practice, and by the many friends who knew and appreciated his large hearted and generous spirit. To his family, to the Regiment to whom he has been a father, and to the sick poor, his loss is irreparable.

Dr. Wilcox possessed a mind of great strength and clearness, and those who knew him best respected him most, his good sense and sound judgment.

His language sometimes failed adequately to convey a just idea of sound conclusions, at which he had arrived by a severe analysis of facts. This was the misfortune of a deficient early classical education, against which he was ever compelled to struggle, and which to the superficial observer, might diminish the weight of his opinions.

In all associate efforts for professional improvement and intercourse, he was prompt in his attendance, unselfish in his efforts to promote their success, and generous in his contributions. His conduct with his professional brethren, wherever he met them, was eminently distinguished by candor and liberality, and the total absence of professional trick. He never attempted to make himself of importance, but was ever ready to give the strongest commendation to the course of conduct pursued by others when he thought it judicious, and ever manifested an utter detestation of all those professional arts by which the favor of the public is sometimes too successfully propitiated. Never wanting in professional zeal or integrity, warm and steadfast in his attachments, of a generous disposition—bordering on profusion, instinctively shrinking from any proceeding liable to the slightest imputation of meanness, selfishness or duplicity, he was a noble competitor and an unflinching friend.”

We quote also the closing remarks of Prof. Rochester:

“On an occasion like the present, words fail to express the emotions of the heart. Charles H. Wilcox is dead. When this sad event was announced, although long anticipated and dreaded, it came as a shock upon all, and deep grief welled up in the heart and burst from the lip of each one who knew him. He was one of my earliest and truest friends in Buffalo, honest tender and affectionate, a rough diamond, uncut and unpolished, but, a gem of the purest water. He died as we should all wish to die, from disease induced by the earnest and faithful practice of his profession. He died, not as the warrior, in his cloak of martial glory, with Fame ready to sound his praises over the land, but quietly, at home, surrounded by his family and friends, remote from the scenes of his labors and his dangers. His name will not be bruited far and wide, but it will be remembered and cherished through life, by those who were fortunate enough to have been worthy of his friendship.

I move, Mr. President, that a committee be appointed to draft resolutions expressive of our respect and of our grief.”

Dr. T. T. Lockwood closed his remarks by the following truthful and graphic account of the last efforts of his life:

"During and after the battle of Antietam, he was unwearied, both by night and day, in his exertions to alleviate the sufferings of the wounded.— He furnished a model to his brother surgeons of tenderness, skill and unflagging faithfulness. It is known that his death is attributed to over exertion in his almost superhuman efforts to alleviate the horrors of that last dreadful field.

His regiment will mourn for him with a sorrow sharpened by the consciousness that its loss can scarcely be repaired. Our city may well mourn, for it has not many citizens who are more useful, more respected, more widely beloved than was Dr. Wilcox. The tribute of respect which we pay to his memory is interwoven with the more eloquent testimony that comes up from the bloody fields of Maryland and Virginia. Soldier and civilian unite with us in deploring the death of a brave, good man, an able physician, a true christian hero."

After remarks by Drs. Eastman, Gay, Storck, Miner and others, a committee, consisting of Drs. Rochester, Eastman and Lockwood, presented the following resolutions which were unanimously adopted.

Our friend, associate, and professional brother, DR. CHARLES H. WILCOX, is *dead*—self-immolated upon the altar of our country, and a victim to his untiring and self-sacrificing devotion to the sick and wounded champions of our liberty and national unity. We, the physicians of Buffalo, and the members of the City and County Medical Societies, are convened, on account of this afflictive event, to do honor to the memory of one who, by his honesty, integrity and earnestness of purpose, was endeared to one and all of us, and, as a record and testimonial of our esteem and of our loss, it is by us

*Resolved*, That, as medical men and members of the aforesaid medical Societies, we have lost one of our most valued and cherished associates, and that, as Americans and citizens, we mourn the death of one of the purest of patriots and one of the best of men.

*Resolved*, That we tender to his family our warmest sympathy in this their deep bereavement.

*Resolved*, That we will employ our best endeavors to secure a suitable maintenance to his widow and orphans, left desolate and dependent by his devoted death.

*Resolved*, That we will attend the funeral of Dr. Wilcox, and wear the customary badge of mourning.

*Resolved*, That a copy of this preamble and resolutions be sent to the family of the deceased, and to the *Buffalo Medical Journal*, and to the City papers for publication.

---

The Old Medical College, in Woodstock, Vermont, has been sold at auction. It brought, with the appurtenances, the sum of seven hundred and fifty dollars.



## LETTER FROM DR. P. H. STRONG.

FREDERICK CITY HOSPITAL, }  
 November 10, 1862. }

DR. MINER, Sec'y Buffalo Medical Association:

*Dear Sir:*—I much regret my inability to be present with the Society as it meets to do honor to the memory of the lamented Wilcox. But I must not be denied the sad privilege of furnishing a few items pertaining to the last two or three months of his life, as my feeble tribute. While others will better descant upon his earlier history, perhaps no other member of the Society has had quite so good opportunities for observation, as regards the closing months of his life, as the undersigned. I feel his loss all the more keenly, for the two-fold reason—1st, that it was his almost affecting representation of the overwhelming duties thrown upon him by the disastrous battles and retreats in front of the Capital, indicating my name, among others, as one who ought to come to his relief—that fixed my purpose, and precipitated my departure to join the service; and 2d, his was the last face, among my old-time medical friends, that my eyes have rested on.

With your leave, I will present what I have to say of him in the form of a brief sketch of that eventful period of his life. In the early days of September, when on my way to join the army, I providentially met his associate of the 21st Regiment, my friend Dr. Peters, in Washington. He was to re-join his Regiment, then a few miles north of the City, that very day. And within a few hours after arriving in W. we were in saddle and en route to join his command. We did not catch up with it till the next morning, and when we did, I have a very vivid remembrance of the sorrowful impression which Dr. Wilcox's look gave me. I had never seen him look so emaciated, jaded and care-worn. The army for two or three weeks preceding that date, had had an unintermitted succession of battles by day and retreats by night. The constant tension upon the energies, mental and physical, by this series of defeats, retreats, night vigils and apprehensions, combined with the deprivation of food, had wrought its work upon the army, rank and file; and upon none, that I saw, was it quite so evident as upon Dr. W. I found the Surgeons' tent, and endeavored to relieve the Doctor as much as I could, but I had to insist upon it very urgently, before he would consent to be relieved to any appreciable extent.

It will be remembered that the object of the campaign, then in progress,

was the annihilation or the expulsion of the rebel hordes from this State, (Md.) and our route lay generally toward this City in western Maryland. For four or five days nothing eventful occurred. The weather was fine; the army marched very leisurely; food was abundant and eaten regularly; sleeping in camp was delicious, and all were exhilarated with hope, begotten by *McClellan's* newly assuming command. Methought those few days, with perhaps some relief from duty, wrought an agreeable change in the Doctor's appearance. His old cheerfulness and powers of joking and railery seemed to return, and it seemed quite like old times to be with him. Five days' march brought us to within five miles of this city, and to Saturday night. Sunday morning (14th Sept.) we were aroused at 3 o'clock, and on the march by earliest light. Our route lay through this city westward; and very early in the morning the booming artillery, estimated to be fifteen or twenty miles distant, told us that there was work at hand. Eight miles west of this, a little after noon, we came to *McClellan's* head quarters, which were some three miles east of the South Mountain range, where the battle was even then in progress.

I had stipulated at the Surgeon-General to serve in the field. But on arriving at head quarters the Medical Director, in view of the results from the coming conflicts, said I would much oblige him by reporting myself back to this city for hospital duty. It was a sore disappointment to me, but its reasonableness was apparent, and I consented to give up my long cherished wish to aid Dr. Wilcox, and to go to the hospital. The Doctor saw my disappointment, but said "*I should see and assist in one battle, any how.*" He very kindly agreed to ride with me ahead of our corps, (*Hooker's*), to where the artillery duel was then in full blast. In two or three hours our corps came up and took its position in line of battle, and when near sundown, it had reached the woods some three-fourths of a mile up the mountain side, (under cover of which the rebels were waiting to receive us,) Dr. Wilcox proposed to me to ride up on the battle-field to superintend the removal of our brave fellows as they fell. We did so. I confess to being satisfied with a proximity of some twenty-five rods to our line of battle, when the rattle of the musketry and the whistling of the minnies was quite terrific enough for my civic senses. But not so with the Doctor, who rode clear up to the line, dismounted and stood there, and walked about as unconcernedly as if it were a sham-fight, at a military training. I called to him not to expose himself so recklessly, and as it seemed so needlessly; but it was of no avail. He remained there some

half an hour, and until the firing had slackened somewhat just there, when he as deliberately walked down, leading his horse. I chided him somewhat for his presumption, whilst I could not but admire his imperturbable coolness and bravery. Upon his giving direction to the stretcher-bearers, we went down some one-fourth of a mile to a farm house, where our wounded began to accumulate in great numbers. Four or five of us were engaged there till near midnight, when we made our way through pitchy darkness down to our ambulance, and got a few hours of sleep. At next dawn the Doctor again very obligingly offered to accompany me on to the top of the mountain, to give me a sight of a battle-field after a conflict and victory, and before its awful products were removed or interred. Soon thereafter, that forenoon, the army moved on to the still sterner fight of Antietam, on the next Wednesday, and I reported myself back to this city. That morning was the last time I saw Dr. Wilcox.

I learn from others of his Regiment that after that sanguinary battle he had duty enough put on him for *three* men, and that for a time, he bravely performed it. In his worn-out condition, with the continuous breathing of fetid air incident to the circumstances, and with his disposition never to spare himself, of course the result could be easily foreseen. He must soon give up, or soon give out. Any one who knew the man could predicate that he would never surrender the post of duty except under the direst necessity, and then, all too late to save himself. Alas! alas! so it has proved.

I have little time, and less ability, to give a true portraiture of Dr. Wilcox. I am not sure that I can properly express my own estimate of him. What strikes me as a prominent characteristic was his whole-souled *manliness*. He had his peculiarities; nay, his foibles; we all have such, or similar. But one could count on him *sure*, in a trying pinch, such as is apt to test friendship. Destitute of many early advantages, he accomplished much of self-culture, and was a physician of rare good judgment. He was a man with whom, though it was pleasant to agree, it was almost as agreeable to differ. He could *take* as well as give strictures and jokes, (so-called,) a quality none too common. Though in some respects a *rough* diamond, he was a diamond of rare excellence, nevertheless. We shall miss him in the profession, the interests of which he was ever ready to serve, and the honor and advancement of which he ever strove to promote. Our Association will miss him as one of its earliest and most constant friends. Overlooked



though it be, Buffalo General Hospital is more indebted to him for its first breath of life, than to any other one man.

But to return to his more recent life. I speak from the right standpoint, and of what I do know when I say that since he joined the army he has done honor to himself, and honor to our noble profession. *No* surgeon has labored *more* indefatigably and successfully to promote the comfort and health of the army than he, and I believe *few* have *done so much*. But enough—alas! he has gone from us forever. Let us lay the lesson of the brevity and utter uncertainty of life to heart—cherish his memory—and strive to emulate his many excellent traits, and to imitate his many good works.

Respectfully,

P. H. STRONG.

---

#### PROVIDENCE INSANE ASYLUM.

We have before called the attention of physicians to this Institution, its organization, location and general arrangements. It has now been in successful operation for something over one year, and received into its wards and private rooms quite a large number of patients, many of whom have been dismissed either entirely recovered, or more or less benefited, while other more obstinate or chronic cases remain, or have been dismissed, without important change. Among the list of entirely recovered, are some very interesting and important cases, the favorable termination of which has been a great gratification to all concerned. Of these cases it would be pleasant to speak in detail, but for obvious reasons we are at present unable to do so.

We have never been more favorably impressed with the internal condition and arrangement of any similar institution than with this. In a recent visit, we found some forty private rooms nicely furnished, containing all the comforts and luxuries of a desirable private residence, while the home-like appearance of the apartments at once impressed us with the conviction that it cannot be surpassed as a place of resort for the care and treatment of the unfortunate class of invalids it is designed to accommodate.

In Western New York and vicinity, it has so long been necessary to send insane patients to Eastern Asylums, that both the friends of such patients and their physicians had come to regard it as desirable, and even now, it may be supposed by some, not fully acquainted with the facts, that better accommodations can be obtained in the older or larger institutions.

If this is so, we desire as far as possible to correct this error, and assure any who may be interested, that nowhere can there be found an Asylum containing all the advantages of the larger and older institutions in greater degree than in the Providence Insane Asylum of Buffalo, while at the same time many objections which must necessarily pertain to crowded and over-patronized institutions are completely excluded.

Much is here done for the entertainment of the inmates, their tastes and fancies are gratified. The parlor is supplied with piano and the latest style of music for the amusement of those who have cultivation to enjoy it; and it is astonishing to see how much many insane patients will do for their own or other's entertainment. There is no appearance of restraint; patients mingle with, and become companions for each other, and it is quite amusing to hear one patient give the history and condition of another, telling you "she is a poor, crazy creature, and has been so for a long time," not once mistrusting that they are also "in the same boat."

There are other things which some of our readers may possibly desire to know concerning this Asylum, and so far as we are informed, it would be very pleasant to have all who desire it, made fully acquainted with every feature of the institution. It is in the care of the Sisters of Charity, whose constant and kindly ministrations are extended to all alike, regardless of rank or creed, and though God is worshipped by them through the forms of the Catholic Church, in their little private chapel, we give the assurance that this does in no way interfere with the fullest freedom of religious thought and opinion by any of the inmates, or detract in the slightest degree from its usefulness by making it sectarian in character. It is not a "Catholic Insane Asylum," as it is sometimes denominated by the uninformed, but an Insane Asylum in the care of the Sisters of Charity, whose attendance upon these patients has been abundantly demonstrated as superior in its influence upon the disordered mind, oftentimes calming the most violent, and subduing the hitherto unmanageable maniac. The gentle ministrations of a lady are often received with submission and thankfulness when the care of the best male attendant would be resisted with the greatest violence.

The proper management of the insane both hygienic and medicinal, is a subject with which, as physicians, we are too little familiar, and though much has been written and great improvements made in this direction within the last few years, still much remains to be learned and much of what is known has not yet been made, familiar to the general practitioner.

We hope to be able to gratify our readers with an occasional chapter upon these interesting subjects from some of our profession who have devoted time and study to the cultivation, and who are practically acquainted with all the more important phenomena attending the development and care of insanity.

---

DR. H. G. DAVIS' SPLINT FOR TREATMENT OF MORBUS COXARIUS.

We have received from Dr. Davis a very beautifully constructed instrument for making extension and counter-extension in cases of morbus coxarius, also in disease of the knee joint. It consists of a hollow rod adapted to the side of the limb, at the upper extremity of which counter-extension is made by means of two perineal bands, one of which is elastic, and the other non-elastic, the former to yield to pressure, while the latter limits the extent of stretching. At the lower extremity of this rod is an ingenious arrangement for attaching it to bands of adhesive plaster, in such a manner that active extension can be made upon it. In the centre is an extending screw passing within the tube, by which any lengthening of the splint may be made which is desired, and thus extension and counter-extension fully accomplished, and at the same time the patient need not be confined, but can sit, walk and ride, with great convenience.

Dr. Davis claims the honor of originating the mode of treating joint disease by *continued elastic extension*, and there is no question that he is fully and clearly entitled to the credit of having introduced this method of treatment to the profession. It appears that the English have not yet said a word in reference to the originator, although some have adopted the principle. Barwell appropriates the credit of originating it, although Davis' instrument and its application had been known for months in England. We do not by this mean to be understood that he has *intentionally* failed to render honor where honor is due, but to claim the acknowledgment as an act of justice to American surgery, no less than to Dr. Henry G. Davis, of New York. In our own country we think his claims are almost unanimously conceded. As showing this fact we make a few extracts from remarks made by Dr. Alfred C. Post, chairman of a committee appointed by the section of surgery of the New York Academy of Medicine, for the purpose of examining into this subject, the other members, of which were Dr. Gurdon Buck and Prof. Willard Parker. After describing the instrument, he says:



“As long ago as 1850, Sir Benj. Brodie spoke of a means of treating morbus coxarius in an advanced stage, when shortening had taken place, by means of a cord attached to a band passing around the lower part of the thigh above the condyles. This passed over a pully at the foot of the bed, and had a weight attached to it for the purpose of keeping up continuous extension. This is the first instance of the application of what Dr. Davis calls *elastic extension* in the treatment of this disease. It is a principle, however, that has been known in the treatment of other diseases than the one under consideration, previous to this time. This mode of treatment differs, as can easily be seen, from the inelastic force which is applied to the limb when the ordinary straight splint is used. Brodie did not recommend this as a mode of treatment adapted to the disease in its different stages, or as the ordinary mode of treatment, but as a means of overcoming deformity; that which consists in shortening in its third stage. He spoke of it as a remedy of some value, but one which had disappointed him in most cases. Sir Benj. Brodie of course was not acquainted at that time with the mode of applying force in the extension of the limbs which has since been introduced by the use of adhesive plaster, which has proved itself so much superior to all other methods. All other methods for making extension are very faulty compared with this, and I have very little doubt that the obstacles which Brodie encountered were in consequence of the want of means.

During the last year a paper appeared in the *American Medical Monthly*, by Dr. H. G. Davis, giving an account of a method of treating morbus coxarius, which he had been in the habit of using for several years past, and his method is undoubtedly a very great improvement upon all others which have preceded it. We have, in the method described by Dr. Davis, the first intimation of extension being carried out in the treatment of this disease, *through all its stages*, in a manner which was calculated to relieve the sufferings of the patient, to arrest the progress of the disease, and at the same time to allow active exercise in the open air.” \* \* \*

“There is no question, Mr. President, that Dr. Davis is entitled to the credit of having introduced this method of treatment to the profession. It is true, at different periods, some one of these means has been employed by different surgeons; extension and counter-extension have been known; even the elastic extension has been applied by Brodie, but the methodical application of the treatment is due to Dr. Davis, and were it not for him the profession would have known nothing about it.”—*American Medical Times*, Vol. 2, No. 17, page 278.

## INSPECTION OF HOSPITALS BY THE SANITARY COMMISSION.

The Sanitary Commission has commenced a special inspection of the General Hospitals of the Army. There are forty-seven in number in the District of Columbia alone, and perhaps as many more in all other parts of the country; containing at this time not less than 50,000 sick and wounded. The Commission propose to keep six Inspectors constantly employed, east and west, and to secure the assistance of the best medical and surgical ability in the country for the work. The Commission express anxiety that this duty be undertaken with the earnest and unselfish purpose of securing for our sick and wounded soldiers thorough and able hospital treatment, by the detection and removal of all defects in administration or professional care susceptible of remedy or improvement. Prof. James P. White and Prof. Thomas F. Rochester of this City have been invited to serve for two terms of a fortnight each, and to designate the time when they can most conveniently render this service.

## DIPHTHERIA IN COLLINS AND CONCORD.

Dear Sir:—I notice in the last Journal an account of diphtheria prevailing in the town of Boston as reported by Dr. Davis. It has also prevailed in other sections to a very great extent, and equally severe, taking a typhoid form. It has prevailed to an alarming extent in some portions of Collins and Concord. It is not confined to the low lands or villages, but appears upon the hills and uplands, seeking its victims among the wealthy and poor alike.

H. B. HORTON, M. D.

EDEN, November 17th, 1862.

## REVIEWS.

*Health: its Friends and its Foes; by R. D. MUSSEY, M. D., LL. D., late Professor of Anatomy and Surgery at Dartmouth College, N. H., and of Surgery in the Medical College of Ohio; Fellow of the American Academy of Arts and Sciences, etc., etc. Boston: GOULD & LINCOLN, 1862.*

It appears from the preface of this book that more than thirty years since Dr. Mussey began to take a special interest in the subject of Hygiene. His professional intercourse with different classes of men, in private and hospital practice at home, as well as observations in extensive sanitary insti-

tutions abroad, brought under his notice so much suffering from what he regarded as errors in *diet*, *regimen* and *medication*, that he adopted the practice of making notes of facts and cases, and preserving them for future examination, with the hope that, at some time, he should be able to put them in such form as to justify his presenting them to the public, and thus discharge an obligation to his profession, and at the same time do something to promote the welfare of his fellow men. The facts and cases thus gathered form the basis of this volume. While it has been his object to meet the comprehension of the general reader, he has at the same time endeavored to present suggestions which the physician would not regard as beneath his notice. Many truthful and valuable suggestions are made, and yet it must be confessed that the Doctor, learned and impartial as he has generally been considered, has yet some hobbies left. A large number of chapters in this book are devoted to the consideration of the following and similar subjects, and we mistrust that our author establishes his theories by his facts, as far as possible, but does not always form his theories from their natural and conclusive teachings.

Chapter VIII: Man by nature a vegetable-eater—vegetarianism. Chapter X: Man omniverous by practice—gluttony, sickness and corpulency, &c., &c. Chapter XII: Vegetable food sufficient for man, favorable to health—moral and intellectual effects of a vegetable diet—the Prophet Daniel, &c., &c. He says: "The case of the Prophet Daniel and his companions illustrates some of the foregoing propositions. An experiment of only ten days' duration proved that vegetable food and water promoted both health and beauty; their countenances appeared fairer and fatter in flesh than all the children who did eat the portion of the king's meat."

We must not attempt to quote the argument, but will say that a great deal of persuasion is employed and considerable scripture to convince us that vegetable diet is a much more healthy, moral and religious food than flesh, while those who eat meats are often found to be cruel, inhospitable, brutal and degraded. We shall try to excuse whatever does not seem so conclusive evidence as physicians demand, when we remember the difficulty of making a popular and at the same time a medical book; and yet it seems to us that there is no need of teaching the masses any errors in diet since the popular mind is now overcrowded with most absurd and irrational notions concerning the healthfulness of various articles of food. It seems the principal object of the author to show how very injurious to health is strong drink, narcotics, and flesh-eating. The injurious effects of strong



drink and narcotics are sufficiently obvious, but when we come to the beef steak, it would require the whole of the Old and New Testament (which by the way is the fountain of proof in this book) to convince us that a man who eats it, is not as good a Christian as his neighbor, who has been made to believe that "man is by nature a vegetable-eater." This book is written in fine style, and is very entertaining and instructive. By the general reader it will be regarded as exceedingly full of important hints and facts, and well worthy their perusal and consideration.

---

THE NEW SYDENHAM SOCIETY'S PUBLICATIONS.

*A Clinical Treatise on Diseases of the Liver; wood cuts and lithographs by DR. FRIED. THEOD. FRERICHS, Professor of Clinical Medicine in the University of Berlin, etc.; Medical Privy-Counsellor and Medical Adviser to the Ministry of Public Instruction and Medicine at Berlin, in two volumes, volume 2d. Translated by CHARLES MURCHISON, M. D., F. R. C. P., Physician to the London Fever Hospital, Lecturer on Pathological Anatomy, and Assistant Physician at the Middlesex Hospital. The New Sydenham Society, London, 1861.*

*A Year-Book of Medicine, Surgery, and their allied Sciences, for 1861. Edited by DR. HARLEY, DR. HANDFIELD JONES, MR. HULKE, DR. GRAILY HEWITT, and DR. SANDERSON, for the New Sydenham Society. London, 1862.*

We have received these books from the American Secretary, C. F. Heywood, 66 West 20th Street, New York City. They are exceedingly valuable works which we cannot attempt to review and give any idea of the contents or character in the space our Journal affords. Suffice it to say that the yearly publications of the Society are richly worth the yearly subscription of one guinea; indeed it is the best investment a physician can make who desires the most valuable books, and we advise all physicians who can afford the luxury to make subscription to the New Sydenham Society, which can be done through the American agent, Dr. C. F. Heywood, 66 West 20th Street, New York City.

The Society has just entered upon its fourth year. During the first three years it has issued thirteen works, comprising two Fasciculi of an Atlas of Skin Diseases, and eleven octavo volumes. It has been the especial aim of the Council to select for the Society works of a practical character and sterling value, representing the opinions of the highest authorities of the present day. The works have been very varied as regards the departments of medical science to which they relate.

The Society issues annually a *Year-book of Medicine and Surgery*, comprising reports in abstract of the more important contributions to professional literature of the year.

Two Fasciculi of an *Atlas of Skin Diseases* (life size) have already appeared, and the members will receive an additional one each year.

The Society already numbers about 3,500 members, but the Council trusts that when the great advantages which it offers becomes more widely known, a large accession may be yet obtained.

All the works for the three past years have been reprinted, and the whole series may be obtained on payment of three guineas.

The subscription is one guinea annually, to be paid in advance.

---

*The Hospital Steward's Manual, for the instruction of Hospital Stewards, Ward-Masters, and Attendants, in their several duties; prepared in strict accordance with existing regulations and the customs of service in the Armies of the United States of America, and rendered authoritative by order of the Surgeon-General; by JOSEPH JANVIER WOODWARD, M. D., Assistant Surgeon U. S. A., Member of the Academy of Natural Sciences of Philadelphia, etc. Philadelphia: J. B. LIPPINCOTT & Co., 1862.*

Every hospital steward in the United States Army, should either provide himself or be provided with this volume. It contains the minute detail of his whole duty, and will suggest to him many things highly proper for him to know, which will otherwise be likely to escape his observation. If possessed and carefully studied it will make its value apparent in the system, efficiency, intelligence and capacity with which a hospital steward will discharge the duties of his office. And we again repeat, no such officer should be without it, or ignorant of its contents.

---

*Anatomy of the Arteries of the Human Body, Descriptive and Surgical, with the Descriptive Anatomy of the Heart; by JOHN HATCH POWER, M. D., Fellow, and Member of Council, of the Royal College of Surgeons; Professor of Descriptive and Practical Anatomy in the Royal College of Surgeons; Surgeon to the City of Dublin Hospital, etc. Authorized and adopted by the Surgeon-General of the United States Army for use in Field and General Hospitals. Philadelphia: J. B. LIPPINCOTT & Co., 1862.*

The importance to the surgeon of a correct knowledge of the position and relation of the arteries, is too apparent to require comment; and a book which by precept and illustration enforces upon the mind these conditions will not fail of appreciation by intelligent surgeons. We have rarely,

if ever, received a work of this character which so favorably impressed us, and we most earnestly recommend it to all who desire an accurate and definite understanding of the arteries and the operations which may be made upon them, as well as the mode of making such operations. The illustrative drawings are truthful to nature, and exceedingly well executed; the parts are shown with the distinctness almost of actual dissection. For those physicians so situated as to be unable to resort at pleasure to the cadaver, and who are yet practicing surgery, to some extent at least, nothing can in so small compass exceed the value of this book. We have carefully read and compared it with actual dissection, and we find it plain, simple, truthful, complete, and altogether indispensable as a reference and guide.

---

PAMPHLETS RECEIVED.

*The Atlantic for December.*—By Messrs. Ticknor & Fields, Boston.—The following is a list of the articles and the contributors:

The Procession of the Flowers, by T. W. Higginson; One of my Clients; The Cumberland, by H. W. Longfellow; The Fossil Man, by Charles L. Brace; Life in Open Air, by Theodore Winthrop; A Woman, by Rose Terry; About Warwick, by Nathaniel Hawthorne; Lyrics of the Street, by Julia Ward Howe; Mr. Axtell; My Hunt after "The Captain," by O. W. Holmes; Waiting.

*Peterson's Magazine.*—We are in receipt of this popular Lady's Magazine for December. It is a splendid number. The title page for 1863, containing portraits of the chief contributors, is very handsome. We are requested to give the following notice of it:

"'Peterson' will be greatly improved in 1863. It will contain 1000 pages of double column reading matter; 14 steel plates; 12 colored steel fashion plates; 12 colored patterns in Berlin work, embroidery or crotchet, and 900 wood engravings—*proportionately more than any other periodical gives*. Its stories and novelettes are by the best writers. In 1863, four Original Copyright Novelettes will be given. *Its Fashions are always the Latest and Prettiest!* Every neighborhood ought to make up a club.—Its price is but *two dollars* a year, or a dollar less than Magazines of its class. *It is the Magazine for the times!* To clubs, it is cheaper still, viz: three copies for \$5, five for \$7.50, or eight for \$10. To every person getting up a club, the Publisher will send *an extra copy gratis, as a premium, or a large sized mezzotint for framing, "Bunyan Parting from his*



*Blind Child in Prison.*" Specimens sent (if written for) to those wishing to get up clubs."

Address, post-paid, CHARLES J. PETERSON, 306 Chestnut street, Philadelphia:

---

*Catalogue of the Trustees, Overseers, Faculty and Students of the Berkshire Medical Institution, for the year 1862, and of the Graduates and Honorary Graduates, since its incorporation in 1823. Pittsfield, Mass., October, 1862.*

The Winter Reading Term of this Institution will commence on the first Wednesday of January, 1863, and continue sixteen weeks.

Thorough instruction will be given by Profs. Childs and Greene in the theoretical and practical branches of Medicine and Surgery.

---

*Godey's Lady's Book for December; published by L. A. GODEY, 323 Chestnut Street, Philadelphia.*

This is one of the oldest and most deservedly popular magazines of the day. It comes to us beautifully illustrated, with a very interesting table of contents.

---

*Harper's New Monthly Magazine for December*—Table of Contents. Waiting for the Children; Poland Over-Ground and Under-Ground; A Withered Flower; Gas and Gas-Making; A Man's Life; The Stamp Act Congress; Love by Mishap; Roll-Call; Romola, by the author of "Adam Bede;" Random Recollections of a Life; Orley Farm, by Anthony Trollope; A Camp-Meeting in Tennessee; Mistress and Maid, a Household Story, by Miss Mulock; A Fairy in Search of a Place; The Small House at Allington; My First Sermon; Monthly Record of Current Events; Literary Notices; Editor's Easy Chair; Editor's Drawer; Fashions for December.

---

DEATH OF SIR BENJAMIN C. BRODIE.—We regret to announce the death of Benjamin Collins Brodie, one of the most distinguished names in the annals of British surgery. He was born at Winterboro', in 1783, educated in a London free school and at St. George's Hospital, where he became the successor of Sir Everard Home as surgeon. In 1811 he received for his admirable physiological papers the Copley medal of the Royal Society. In 1819 he was appointed Professor of Anatomy in the Royal College of Surgeons, and in 1827, on the death of Sir Astley Cooper, became sur-

geon to the royal family, and attended King George IV. in his last illness.

In 1850 he received the Degree of D. C. L. from Oxford. His baronetcy, bestowed upon him by William IV., dates from 1834. On the accession of Queen Victoria to the throne he was retained as "Sergeant Surgeon" to the royal family, and was till his death, October 21st, a personal friend of the Queen's. His last official appointment was the Presidency of the Royal Society, to which he was elevated in 1858. He was married in 1818, and leaves a widow and two sons—Benjamin Collins Brodie, Professor of Chemistry in the University of Oxford, and Rev. William Brodie, a clergyman of the Established Church.—*Boston Medical and Surgical Journal*.

---

DEATH OF PROFESSOR COOPER.—Our readers will hear with regret of the death of Dr. E. S. Cooper, late editor of the *Medical Press*, and Professor of Anatomy and Surgery in the University of the Pacific. Dr. Cooper was a bold operator, devoted to his profession, and of untiring energy. The medical faculty, of which he was a prominent member, has, by his untimely demise, sustained a severe loss. He died on the 13th ult., at 20 minutes before 9 A. M., in the fortieth year of his age. His funeral was attended by a large concourse of mourning friends.—*Pacific Medical and Surgical Journal*.

---

*Hand-Litters for the Army*.—Medical-Purveyor, Dr. Lamb, advertises proposals for furnishing the Government with five hundred hand-litters, (ambulance pattern,) with the privilege of increasing the number to one thousand, if the needs of the service require it. Five hundred are to be delivered within ten days after the award of the contract.

---

It is announced that Surgeon-General Hammond is engaged in preparing a work on Military Hygiene.

---

*Report of Deaths in the City of Buffalo for the month of October, 1862.*

Abscess of liver 1, Accident 1, do by drowning 2, Apoplexy, cerebral 1, Cancer 1, do of the stomach 1, Cholera infantum 4, Consumption 18, Convulsions 9, Croup 5, Debility 1, Delirium tremens 2, Dentition 2, Diarrhœa 10, Disease of the brain 1, do heart 2, do liver 1, do stomach 1, do spine 1, Diphtheria 4, Dropsy abdominal 2, do chest 1, Dysentery 4, Epilepsy 1, Erysipelas 1, Fever puerperal 1, do scarlet 7, do typhoid 4, Gun-shot wound 1, Hæmorrhage 1, Hæmorrhoids 1, Inflammation of the bowels 1, do brain 2, do and meninges 6, do liver 1, do lungs 3, do peritoneum 1, Insanity 3, Marasmus 3, Measles 2, Old age 10, Paralysis 1, Pyæmia 1, Scrofula 2, Syphilis 1, Unknown 5. Deaths from disease 134. Still-born 4.

SANDFORD EASTMAN, M. D., Health Physician.

BUFFALO  
*Medical and Surgical Journal*

VOL. II.

JANUARY, 1863.

NO. 6.

ORIGINAL COMMUNICATIONS.

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

TUESDAY EVENING, December 2d, 1862.

Prof. James P. White, President, in the Chair.

*Dr. Gay* exhibited seven stones and the handles of two pocket knives taken from the intestines of a man who had died suddenly. Post mortem examination ordered by the Coroner; Drs. Eastman and Fanner present, with *Dr. Gay*. The larger stones were an inch and a half in their long, by an inch in their short diameter, and would weigh from one to two ounces each. It was said that the man had been in the habit of swallowing such articles as stones, knives, swords, &c. for several years, for the amusement and astonishment of spectators and for the purpose of obtaining a living, by contributions. It was supposed, by the stones being found somewhat on the way in passage, that they had been swallowed several days; one large stone was found in the transverse colon. They had produced death by inducing inflammation.

*Dr. White* remarked that the time, they had probably been in the intestinal tube, was interesting, as showing how many similar substances will sometimes pass the bowels with impunity. Recollects seeing a "bull's-eye watch," owned by a very truthful sea captain, who assured him that at one time, being captured in South America, and desiring to save his watch, he swallowed it. After several days it passed, and he washed it clean and swallowed it the second time. Mentioned this as suggestive of a useful



practical lesson—better to pass foreign substances into the stomach, if lodged in the throat or cesophagus, than to make violent effort to extract them. Passage of various articles through the intestinal canal are frequently reported. Dr. Storck had recently reported a case to this Society where large numbers of pins and needles had passed with impunity.—Other physicians had at various times reported such cases to the Society. The proper treatment to adopt was to wait patiently for their passage; active cathartics were very injurious.

*Dr. Eastman* called attention to one important point of interest. The very limited extent of inflammation present in the case examined by Dr. Gay, and that, not of the adhesive character usually seen in such cases. They concluded before finding the stones, and handles, that they had caused inflammation in their passage, but had not been retained. Had never seen a case with so little inflammation where foreign bodies had lodged and produced it. Almost all substances capable of being swallowed may pass the intestinal tube. A few years since he used to give cathartics for removal of such articles as copper cents, buttons, &c., &c., but soon learned that it was wholly unnecessary. In the case reported that evening there was great thickening of the mucus coat of the stomach, and but very little inflammation.

*Dr. Rochester* remarked that Dr. Dayton had not long since sent him a four-bladed knife which had passed the intestinal canal of a patient of his; the sides of the handle were of pearl and had separated from the living; they passed also not long afterwards. Recently Dr. Dayton brought him a patient who had swallowed his teeth, two or three in number, clasped on either side of the mouth; they were pushed down and soon passed from the bowels; it passed readily, without much trouble.

*Dr. Rochester* would, as a matter of record, remind the Association that when recently reporting a case of pyocele he had spoken of a case of hæmatocele, and promised to report the results. It came into his hands from his predecessor in service in the Sisters' Hospital, Dr. Lothrop, who diagnosed the case and made exploration. A few days later, when it came under his care, this opening had healed; a large, free, crucial incision was made, and about eight ounces of thick gumous blood discharged. In about three weeks the case resulted in complete recovery.

*Dr. Miner* called the attention of the Association to the treatment of hip joint disease and deformities by extension and counter extension, and exhibited an elastic extension splint, received from Dr. H. G. Davis of New

York City. He had had, some experience in this manner of treatment and should be only speaking the unanimous sentiment of the profession when he said that it was an efficient means of removing deformity from contracted muscles, and at the same time was often useful in relieving pain and arresting the progress of diseased action. He believed from examination of testimony upon the subject that Dr. H. G. Davis was entitled to the honor of introducing to the profession this manner of treating deformities and diseased joints by what he calls "elastic extension." Drs. Sayre, Andrews, Hamilton, Taylor, E. S. Cooper, Olcott, Vedder and others, had invented modifications of Dr. Davis' splint, while the principles of treatment remained the same. He had seen the statement in a review of Dr. Richard Barwell's *Treatise on Diseases of the Joints*, in the *American Medical Monthly for December*, 1861, that the author of that very valuable book had failed to acknowledge the claims of Dr. Davis, which are now conceded very generally by American Surgeons. The reviewer says: "We are pleased to find Dr. Barwell follows the right path; we are disappointed to find that he is not fully conscious of the principles upon which successful treatment depends; that his appliances are inferior, and that he does not even mention the name of their originator."

The original design of the instrument and the first object of the plan was to relieve or arrest diseased action in morbus coxarius. It has since been extended to the treatment of Potts' disease of the spine, scrofulous disease of the knee, and diseases of the joints generally. It had been claimed by some of the surgeons who had modified Davis' splint that they were entitled to the credit of discovery, and a committee had been appointed by the Section on Surgery of the New York Academy of Medicine, to investigate and make report upon the rival claims. This committee had been unanimous in awarding to Dr. Davis this honor. It consisted of Prof. Alfred Post, Dr. Gurdon Buck and Prof. Willard Parker.

*Dr. White* remarked, that the great object proposed was to make extension, and this was accomplished by the improved splints now in use. The patient could wear it, and yet was not confined; could walk and ride with considerable comfort, while yet the extension was kept constantly applied. Had recently advised in consultation in case of hip disease, Dr. Sayre's splint, which was applied, and answered the indications remarkably well. The greatest difficulty was to prevent excoriation in the groin. This was represented to Dr. Sayer, who replied that he now used a large rubber tube for making elastic counter-extension. This suggestion was adopted with

but partial success; yet the result of the treatment was most satisfactory. The old fashion treatment of applying extension, by means of a weight over a pully was equally good, with the exception that it necessitated confinement. Did not design to say who was the first inventor of the plan; so far as he knew, it was Prof. Moore, who, he did not think had ever made any claims to originating it. Thought that a surgeon of Dr. Sayer's standing and attainment would claim nothing which did not rightfully belong to him. Had the pleasure of a personal acquaintance, and said the profession was indebted to Dr. Sayer for valuable suggestions in the treatment of diseases of the joints and deformities. The object of the treatment in disease of the joint, was to remove pressure, relieve any deformity, and at the same time allow the patient healthful exercise. By continued extension the contraction of muscles and consequent deformity was overcome, pressure was relieved by separating the heads of the bones, and patients could even walk with comparative comfort. By thus relieving the pressure from contraction of muscle and weight of body, diseased surfaces would take on healthy action and pain was often greatly lessened.

*Dr. Miner* desired to express no personal opinions concerning the claims of Drs. Davis and Sayer, and had simply quoted the report of the committee, or remarks of the chairman, who said, in speaking upon this point, that "but for Dr. Davis the profession would have known nothing about it." That such an opinion was correct, or the testimony which was presented to them truthful and satisfactory, he had no means of knowing, but was willing to presume in the absence of any conflicting evidence, that Dr. Post was justified when he tells the Academy of Medicine "that the honor of this discovery belongs wholly to Dr. Davis." In saying this he did not desire in the least to disparage any rightful claims of Dr. Sayer, or others who may have claimed improvements. There were two other points suggested by the remarks of Prof. White which he desired briefly to notice, though he feared some difficulty in making himself clearly understood.

In morbus coxarius the thigh is generally flexed upon the pelvis, and the leg upon the thigh, the knee projecting prominently forward; at least it is so most commonly in the second and third stages of the disease. When in the third stage of the disease if the acetabulum has suffered severely the toes incline inwards, as in dislocation of the thigh-bone upwards upon the dorsal surface of the ilium, and as before remarked the leg is flexed upon the thigh. This is produced by the rigid contraction of the flexor muscles of the thigh and leg. If attempts at extension are made by



extending rod, or other means, the femur becomes the lever, the acetabulum the fulcrum, and the contracted muscles the resisting force; while if the knee is the diseased joint and we extend the leg while the ham-string tendons offer resistance, the tibia is the lever, the articulating surface of the femur the fulcrum, and the contracted muscles the resisting force. These propositions appeared to him so plain and conclusive as not likely to be contested. It had been virtually said by Dr. White, that extension, acting upon these bones relieved the pressure, and thus also afforded relief of pain and often arrested diseased action; whereas he proposed to show on the contrary that the pressure is not only not relieved, but is greatly increased, until such relaxation of the muscles is obtained as to allow the bones a straight position, until the deformity is removed, the muscular contraction overcome; and that, when this is obtained, the articulating surfaces of the bones are not separated by any force of extension which it is practicable to adopt. Whoever has attempted the restoration of the leg after contraction of the flexor muscles, by either gradual or forcible extension, could not have failed to observe the immense pressure brought to bear upon the articulating ends of the femur and tibia. The resistance of the muscles is always very great, and in most cases so great as not to yield, but force the head of the tibia backwards, producing partial dislocation. This condition of the joint and the forces by which it is produced, has been described by John Erichsen, Esq., of England, and published in the London Lancet for July, 1856, and an instrument has been invented by his mechanic, by which this increase of pressure might be avoided by applying an extending force above as well as below the insertion of the ham-string muscles, and thus, as he claims, restore the line of the leg, without producing the backward displacement. He has illustrated the true line of forces active in the restoration of such deformities, but has not told us, in so many words, that without his new power drawing upon the upper end of the bone the pressure was increased by extension, as applied to any one point below the resisting force, but he probably presumed we should know it without being told.

In making extension upon the femur while it is flexed upon the pelvis, the same principle is plainly in action, and the head of the thigh-bone is pressed harder by the extending force until the deformity is removed, that is, until the contracted muscles have so far relaxed as to destroy the action of the lever. Upon this principle is based the mode of reducing dislocation of the head of the femur by manipulation, and when no reasonable force of extension will restore it in place, the thigh is *flexed* strongly upon

the pelvis, and the head of the thigh-bone *lifted* over the edge of the acetabulum. We have very much the same condition of muscular contraction in morbus coxarius, which is often produced in dislocation of the head of the thigh-bone, and extension in either case produces increased pressure upon the head of the bone and the acetabulum or ilium. The almost positive impossibility of reducing this dislocation by extension, in many instances is satisfactorily explained only upon the ground that the muscles offer resistance to all the extending force it is practicable to employ, and thus force the dislocated head closely down upon the ilium, and will not allow its raising over the edge of the articulating cup. When this force of contracting muscle is yielded to by still more complete flexion, the pressure is relieved and the object is readily accomplished. *Flexion* of the thigh then (when the flexor muscles are irritated and contracted,) and not extension, is the only rational method of relieving the pressure.

While the pressure is at first increased upon the articulating surfaces of contracted joints by extension, it is changed to a healthy place of bearing or to a less actively diseased one, and this, together with the perfect rest which is obtained would usually explain the relief from pain which some times follows extension; and much of the benefit which we derive from application of extending splints, was due to placing the limb in more natural position, overcoming muscular contraction and changing the pressure from a diseased to more healthy surface. Upon the point of separating the heads of bones after muscular contraction has been overcome, he would only say, that the anatomical structure of joints, the great power of muscular action in resisting any unnatural traction, and the great difficulty in making any strong continued extension, without painful pressure and unnatural force, constitute sufficient grounds for doubting the position, that bones are separated by extension.

*Dr. White* would like to know how a change of bearing could take place in the cup-like cavity of the acetabulum, which in hip-joint disease is supposed to be affected sooner or later in its whole surface? Did not think the thigh was generally flexed upon the pelvis to the extent represented by *Dr. Miner*, and could not see how gradual extension could produce increase of pressure, but thought that it would overcome muscular contraction and greatly relieve the diseased surfaces from pressure.

Would also inquire how it should be so impossible to separate the bones when at one stage of the disease the leg is elongated, sometimes one or two inches? Thought if the diseased action could lengthen the leg, gradual

extension might do it. Had no doubt gradual extension would lessen the pressure at the articulation.

*Dr. Miner* thought it sufficiently plain, how *any* force brought to bear in a new direction upon the muscles of a diseased hip would change the place of pressure, while if all the structures of the articulation were equally involved in diseased action, such cases would prove exception so far as pressure upon less diseased surfaces formed the ground of relief from pain. It would probably also form an exception to the rule of obtaining freedom from pain by extension.

If at any stage of morbus coxarius the leg was actually lengthened, it was only in slight degree by deposit of inflammatory product, crowding the head of the femur from the cup-like cavity of the articulation. It was however probable that there was rarely if ever any actual lengthening of the leg, and only an apparent elongation from change in the position of the pelvis; but admitting this, it would constitute no evidence that any artificial force could produce similar result.

*Dr. White* could only reply in the language of the ancient woman when informed that St. Paul did not teach such doctrine, who replied, "St. Paul and I disagree upon that subject." The literature of the profession was opposed to *Dr. Miner's* hypothesis.

*Dr. Miner* replied that if the literature of the profession was in opposition, which he did not acknowledge, he had rather be right, and alone, than wrong, supported by Paul and all the Apostles, and was all the more anxious to show the philosophy and soundness of the ground he had taken.

*Dr. Wyckoff* related the case of a young lad of well marked scrofulous habit who, two years since, had taken cold; the thigh became flexed upon the pelvis, and three months after an abscess opened and had discharged ever since. Upon the ilium was a place where the bone is evidently absent, having been carious. For a long time could not walk except with crutch; afterwards the contraction abated, and he had been able to attend to business for the last year, walking as usual without trouble upon the leg.—About one week since he commenced to have pain in the hip, which increased until he was again laid up; no other evidence of hip joint disease. The decayed place on the ilium is plainly to be observed. His object in mentioning the case is to inquire if extension would be beneficial under such circumstances.

*Dr. Miner* replied, that upon the supposition of possible incipient dis-



ease of the joint, which as yet gave no positive symptoms, extension might be useful, preventing deformity, insuring rest, and relieving pain.

*Dr. White* could see no indications for applying extension in the case related by *Dr. Wyckoff*. And since he had once previously recovered the full use of the leg and joint, after similar attack, showing freedom from disease of joint at that time, should regard the application of extension as unnecessary.

*Dr. Gay* remarked that he had been greatly interested in the ingenious theory proposed by *Dr. Miner*. If he is correct, the practice of *Dr. Davis* based upon the idea of relieving pressure by extension necessarily falls; could not conceive of a diseased joint being benefited by increase of pressure. If this theory is correct he could invent a better instrument for diseased joints than *Dr. Davis'*. Seemed to him that *separating* the bones was the only way of properly treating such cases.

The Association adjourned to Tuesday evening, January 7, 1863.

J. F. MINER, Secretary.

---

For the Buffalo Medical and Surgical Journal.

ART. II.—*Perforation of the Intestines by Worms*—BY J. F. NORTON.

It seems yet to be a question of much doubt among most authors, whether worms that are found in the intestines, and particularly the lumbricus, which it is claimed by some, are peculiarly organized for that purpose, are capable of perforating the intestinal coats. The question is certainly one of interest, and of late has been made the subject of much medico-legal discussion. I therefore deem it my duty to throw so much light upon the subject as experience will allow. Some three cases in all, have come under my observation during the last fifteen years, which by many might be called perforation by worms. It would be quite unnecessary for me to detail each successive case, as the last is of recent date, and characterizes the others in all essential particulars.

I was hastily summoned to the residence of a farmer, living in the country. I had just previously visited the mother of the family, who lay ill at the time. I entered the house expecting to witness some untoward change in the patient, but in this I was no less disappointed than surprised, for instead of the mother I was conducted to the bedside of a lad some twelve years of age, the very boy who called me to his mother in the morning, and he, too, in a dying condition. He lay upon his back, with his legs

drawn up, undoubtedly to relieve the tension of the abdominal muscles; skin pale, cold and bedewed with a clammy sweat, his eyes were unusually bright and anxious, with an expressive and solicitous countenance; pulse low, fluctuating, and almost indistinct; breathing hurried and laborious; when questioned he answered hastily; when asked where he suffered from pain, he placed his hand upon the umbilical and right iliac region. In turning down the bedclothes I found the whole abdominal region distended, and intolerant to pressure; his thirst was insatiable; tympanitic symptoms soon presented, with *singultus* and *nausea*. I but partially succeeded in relieving these distressing symptoms, when death closed the scene, having lived about fourteen hours from the attack. I examined the body in the morning following; it was greatly distended with air, fluids, &c., rendering the post mortem extremely unpleasant. I displaced so much of the water as was necessary, and proceeded to examine the small intestines, having a strong suspicion of the nature of the case. Near the lower portion of the ileum my attention was arrested by its blackened appearance. My expectations were now fully realized, when I discovered a large lumbricus, partially within the peritoneal cavity, and partially within the intestines; this black looking portion I tied, and detached some six inches in length. The lower part of this piece of gut, and below the perforation in which the worm was suspended, contained a hard, globular mass, about the size of a hen's egg, which proved to be a knot of worms, and so compact as to be difficult to separate, and completely blocking the channel. This portion of intestine was of a dark blue and velvety appearance, and occasionally interspersed with spots of a yellow red. The perforation occupied the center of one of these ulcerous spots; the base of this sloughing ulcer was near the size of a half dollar, while the aperture through the serous coat was about the size of a dime piece. The mucous, cellular and muscular coats, were badly disorganized, leaving the thin serous coat denuded and bare in several places.

To conclude, I must say that my experience, both practically and theoretically, induce me to believe that perforation of the intestinal coats by worms, is extremely doubtful, if indeed, there exists one well authenticated case, and is it not much more reasonable to adopt the more rational theory, that an accumulation of lumbricæ, in certain portions of the intestinal canal, will give rise to an irritation, which if not removed, must terminate in inflammation, ulceration and sloughing of its tunics, and the worms, with the contents of the bowels escape into the peritoneal cavity!

ART. III.—*Notes of Surgical Cases—Removal of the left half of the Inferior Maxilla.* By S. BARRETT, M. D., of Le Roy, Genesee Co.

Mrs. E. D. C., of this place, aged 57, has suffered since nineteen years of age from disease of the left side of the superior maxillary bone. At the commencement of the disease, and for many years after, she was a resident of Boston, Mass., and under the care of Dr. John Ware; but subsequently removed to this place. The disease commenced near the centre of the left side of the jaw; the pain came on in paroxysms of great severity, and could only be relieved by large doses of anodynes. Some few years after the local pain commenced the bone began to enlarge at the point where the severe pain centered, producing a slight degree of deformity of that side of the face. The pain gradually extended over the side of the face and head; the cutaneous nerves became exceedingly sensitive; so much so that the least current of cool air gave her the most excruciating pain, and several times during the progress of the disease she was reduced very low, her life being quite despaired of; but she would gradually rally, and enjoyed some intervals of more tolerable health. Soon after the bone began to enlarge she found some difficulty in opening the mouth, and had the teeth extracted on that side. The disease gradually extended to the joint, and for more than twenty years there had been complete ankylosis. In June, 1860, she came under my care; she had then been unable to leave the house but very little for the previous year. There was great nervous prostration and general debility; she had become emaciated and worn out with pain, and was mostly confined to her bed. By the use of tonics and nervines, with as good diet as the stomach would bear, she gradually rallied; and on the 18th of July following, assisted by Drs. Chamberlain and Smith of this place, and Dr. Williams of Byron I removed the left half of the jaw.—After bringing her fully under the influence of chloroform, I made an incision from the angle of the jaw to the centre of the chin; then pierced the lip just below its edge so as to avoid the labial artery, carried the incision down to meet the other below the chin; dissected the flaps up from the bone, and tied the facial artery as I divided it; then sawed the bone at its symphysis with a small Hayes saw. I then carried the incision up to the joint; separated the periosteum around the neck of the bone; found it enlarged and perfectly ossified through the joint. The zygomatic process was enlarged, and formed with the jaw one solid bone. I placed the handle of a scalpel so as to protect the ear, and with the small Hayes saw, at the junction of the two bones, sawed into the joint so as to enable me by a little



effort to break it out. It severed the internal maxillary artery, which seemed to be enlarged, and bled pretty freely. From its deep position it gave us some trouble in securing it, but by seizing it with the forceps and then passing a small tenaculum through it beyond, we succeeded in ligating it. The flaps were brought together and secured by a few interrupted sutures and adhesive straps. The wound healed kindly, except some delay occasioned by a pretty smart attack of erysipelas, passing over the entire face and head. Her health has been gradually improving up to this time. There is but little deformity from the operation, and she can use the other side of the jaw to masticate her food tolerably well. The entire bone removed was in an eburnated or ivory condition, and a longitudinal section showed the cancellated structure to be entirely obliterated, which explained the cause of so much suffering, as the dental nerve during the progress of the disease must have suffered continual and increasing pressure. The temporal and malar bones were both involved to some extent in the disease, but little pain however has been felt up to this time in them, and no indications of the disease progressing in other parts.

---

ART. IV.—*A Case in Prof. Moore's Clinic at the Buffalo Hospital, Sisters of Charity; Resection of the Elbow.*

Catharine Haynes, married, aged 34, her youngest child 4 years old, began to have pain in right elbow joint on 5th September, 1860; continued to use her arm for two months; pain all the while growing gradually worse, and swelling being developed; swelling very palpable in March, 1861; was opened by Dr. Wilcox in July following for abscess of joint; from this time it continued to discharge till operated upon before the class November 19, 1862.

The operation was commenced by exploration, in order to detect the exact seat of caries; the line of cut being nearly parallel with the axis of the arm, commencing at the cloaca, and extending over the external condyle for about two inches in length at first. The finger introduced revealed the fact that caries existed on both articular surfaces; the cut was now elongated to about four inches; another parallel incision was made over the internal condyle, having its centre opposite the joint. The two were now connected by a transverse incision, dividing the triceps muscle at its junction with the olecranon, thus performing the operation in "H." The

arm being now forcibly flexed, the olecranon was removed by a saw. The ulnar nerve was carefully dissected from its bed, guarded by the finger nail. Dissection of soft parts for a short distance above the articular surface enabled a narrow blade, with the cutting edge reversed, to be pushed to the anterior surface of humerus. The removal of the whole articular surface was effected by sawing from before backward. The head of radius was removed in a similar manner. But one arterial branch required ligation. The part was now carefully sponged, and interrupted sutures introduced, leaving an opening along the internal cut for the exit of blood or pus; adhesive straps with cold water dressings completed the operation. The patient was placed in bed, with her arm supined and laid on a pillow.-- Two days afterward (November 21st,) no constitutional disturbance whatever--no hemorrhage or other discharge. On 26th still no discharge, apparently union by adhesion over the whole surface. On the 27th slight purulent discharge, (stitches had been removed on the fourth day.) Pus continued to discharge till December 14th. On this day an erysipelatous inflammation appeared in the arm, which was treated by a local application of tinc. ferri chloridi, a cathartic of sulph. magnesia was also administered. December 19th erysipelatous blush almost disappeared. A slightly angular splint, extending from the hand to the shoulder was applied for the purpose of bringing the arm from the extended position in which it was placed after the operation, up to a rectangular position, in order to prevent ankylosis, or failing in this to secure a more useful attitude.

---

ART. V.—*Case of Neuroma.* By JEHIEL STEARNS, M. D., Pompey, N. Y.

I will take the liberty to state to you a case of *Neuroma*, which I think is of rare occurrence, as it is the only case that has come under my observation in an extensive practice of forty-five years. Mr. M. P., aged forty, was afflicted with neuralgic pains in the knee, leg and foot of the right limb. After two years' continuance he discovered a small tumor, about four inches above the ham, on the back side of the thigh, quite sensitive, and producing pain on handling. At this period I examined the case, found a hard, smooth, slightly oval tumor, about the size of a walnut, in the vicinity of the sciatic nerve. It admitted of motion laterally, but not in the direction of the nerve, and I could perceive no pulsation; therefore I

concluded that it was the nerve itself, or attached to it. It increased in size for about one year, and was very painful, when it became about as large as a hen's egg. At this time he consulted Dr. Mott of New York, who advised to have it removed. On his return I operated, making a free incision about six inches in length, exposing the tumor with a bright, smooth covering, on which I discovered a small nerve not divided, which I carefully dissected off and preserved, which I think helped very much to preserve the vitality of the limb. I then divided the main nerve above and below, and removed the tumor, which appeared to be a diseased growth of the nerve, but above and below it was in a normal state. The leg and foot was immediately paralyzed in a great degree; in a few days gangrenous blisters appeared on the foot, and with much difficulty the vitality of the limb was preserved; sensation and vitality gradually returned, and he is now able to walk and perform good business.

Dr. Mott requested me to send him the tumor, and he now has the specimen.

---

ART. VI.—*Exsection of a portion of the right malar bone for removal of Necrosis.* By T. T. LOCKWOOD, M. D., Buffalo, N. Y.

Anton Brizolaro, by birth a Russian, aged 10 years, of healthy parents. When six years old received a severe blow upon the face, the force being received mainly upon the maxillary process of the malar bone. Soon after the injury, the first effects of which were never fully recovered from, the face commenced to swell and inflame, and became very painful; ulcerative action soon produced abundant discharge from an opening on the middle portion of the bone; this had continued in a greater or less degree from that time until the operation for removal of the portion of bone which had been diseased. Various unsuccessful attempts for relief had been made both by physicians in private practice, and also in the hospitals he had visited with the view of removal or partial relief from the attending discharge and constitutional depression, but probably the necrosed portion had not sufficiently separated from the healthy at that time to make removal practicable without cutting it entirely from its attachment, and possibly the extent of disease or the line of demarkation could not be satisfactorily ascertained.

November 1st.—Incision was made down upon the bone along the orbital edge, nearly its whole length, and the diseased portion fully exposed.



After ascertaining its extent and attachments, with strong forceps, the necrosed portion was removed nearly entire, and after smoothing the surface and carefully cutting away all roughened and diseased parts, the integuments were approximated and simple dressings applied. In about six weeks the wound had completely healed, and the general health of the lad greatly improved.

The cicatrix constitutes no great deformity, though the lower eye-lid is slightly depressed, and a cup-like depression remains where the integuments at the base, rest very closely upon the bone. The integuments and bone may be said to have healed by first intention, and this may be considered one of the important features of the case; indeed the interest chiefly attached to it, and the object of presenting it for publication, consists in the rapidity with which the wound healed, when bone structure had been so long involved in disease, and also the great and almost instantaneous improvement which followed in the general health, which had severely suffered for so long period, when the discharge was arrested and the system relieved from this constant source of depression and irritation.

---

REPORT ON EXEMPTION IN ERIE COUNTY.

BUFFALO, December 8th, 1862.

To Surgeon-General S. Oakley Vanderpoel, State of New York:

The undersigned, appointed Examining Surgeons of Erie County, having, by orders of the Adjutant General of the State, concluded their labors, report, that they have examined applicants for exemption from the military draft, and that they have classified complaints, rejections and exemptions, as follows:

Total number of persons applying for certificates of exemption in Erie County at large, is .....	4031
Total number of persons applying for certificates in County at large, and granted, is .....	2848
Total number of persons applying for certificates for County at large, and rejected, is .....	983
Total number applying for certificates in the City of Buffalo at large, is .....	1754
Total number of persons applying for certificates in the City of Buffalo, and rejected, is .....	856
Total number of persons applying for certificates in the City of Buffalo, and granted, is .....	1398

Certificates of exemption were given for the following diseases and disabilities:

Asthma,.....	44	Hernia, left ".....	136
Apoplexy,.....	1	" Umbilicalis,.....	13
Angina Pectoris,.....	1	" Abdominal,.....	3
Abscess,.....	3	" right Crural,.....	20
Aneurism,.....	2	" left ".....	11
Chronic Diarrhœa,.....	8	Hip Disease,.....	16
Castration,.....	3	Hydrocele,.....	9
Convulsions,.....	1	Injury to Limb,.....	141
Cancer,.....	2	" Joint,.....	457
Chronic Cystitis,.....	12	Idiocy,.....	2
" Dysentery,.....	1	Loss of Teeth,.....	4
Disease of Liver,.....	13	Lethargy,.....	1
" Throat and Lungs,.....	179	Masturbation and seminal emissions,.....	7
" Kidneys,.....	21	Myopia,.....	160
" Heart,.....	150	Orchitis,.....	8
" Eyes,.....	41	Obeisity,.....	3
" Skin,.....	11	Paralysis,.....	19
" Bowels,.....	14	Polypus of Nose,.....	1
Habitual Drunkenness,.....	1	Spinal curvature and disease of spine,.....	27
Deafness,.....	102	Splenitis,.....	1
Defective vision and loss of sight,.....	195	Sciatica,.....	2
Defective speech,.....	10	Scrofula,.....	49
Deformity of bones of Sternum,.....	50	Syphilis, constitutional,.....	29
Dropsy,.....	7	Rheumatism,.....	72
Epilepsy,.....	38	Retention of testical within abdominal ring,.....	2
Fistula in Ano,.....	13	Tumors,.....	13
Fractured bones of Cranium,.....	15	Ulcers, indolent,.....	36
Fevers,.....	14	Varicose Veins,.....	105
Fistula Perineum,.....	1	Varicocele, left side,.....	41
Gottre,.....	1	" right side,.....	4
General Debility,.....	36	Vertigo,.....	2
Hemorrhoids,.....	186		
Hernia, right inguinal,.....	145		

The Examining Surgeons would further report, that their labors have been severe, and that in the rush of business the first two days, those examined and rejected were not registered, and that at least two hundred persons examined and rejected as having no claims for exemption, should be added to the total of applicants, making four thousand and thirty-one in all.

In the classification of diseases, as above, we would remark that most of the diseases of the heart were from the effects of acute or inflammatory rheumatism.

Especially in regard to hernia of all kinds and hemorrhoids, we would state that these diseases occurred among all classes of people, from the hard-working laborer and rugged and lusty man, to those engaged in sedentary pursuits: and that the complaints for exemptions on these grounds amounted to one-fifth of all who applied. Many, apparently sound, healthy men, applying for release from military draft, who upon a rigid examination, were discarded as unfit, excited the remarks of friends and acquaint-

ances at their exemption, all of whom, according to the instructions of the Surgeon-General, were incapacitated. At the same time, some persons may have been exempted in the confusion of the crowds who came at the first opening of the Board to declare themselves unfit, who were not really entitled to exemption.

Under the head of injury to limbs and joints, there are 608 applicants—25 per cent. of the whole number. To account for so large a proportion, we can only base it on the ground of the City being so completely commercial and manufacturing in its character, and, therefore, the liability to accidents, by fractures and injuries must be largely in excess of those occurring in the country and agricultural communities.

Under the head of general ill-health and debility, are comprehended those whose constitutions have been broken down by recent or remote disease, those convalescing from fevers, and those suffering from dyspepsia.

Under the head of loss of limbs and joints are put down, and include loss of any limbs or joints, on hands or feet.

Of rheumatism, under which head should properly be denoted nearly all diseases of the heart, we find about eight per cent. of all applicants for exemption. We can only account for this large proportion from the fact that the surface of this county is very low, and that dampness from the lake, with its fogs, are very productive and inducive of these diseases, and are, undoubtedly, their primal cause.

The ratio of those exempted to the whole number of applicants, is as 1 to  $3\frac{1}{4}$ .

Ratio of those rejected to those exempted as one to two and two-fifths.

The examination of the applicants was conducted as carefully and rigidly as time, place and circumstance would allow, with a desire to perform scientifically the commission to which we were appointed, and to give even and exact justice to all.

In reviewing our labors, we think there are very few who were rejected by this Board, but what were fit for military duty, and who would, in case of their being drafted, pass any examining surgeon of the army, as sound and fit for camp.

J. S. TROWBRIDGE, M. D.

JAMES E. KING, M. D.

*Examining Surgeons for Erie County.*



## REPORT ON EXEMPTIONS IN ONEIDA COUNTY.

To the Editor of the Buffalo Medical and Surgical Journal :

You are at liberty to publish in your columns the following report of my examinations. The report is nearly a fac simile of the one I sent to the Surgeon-General :

*Examining Surgeon's Office for Oneida County, }*  
 Utica, December 9th, 1862. }

S. Oakley Vanderpoel, M. D., Surgeon-General, Albany :

Sir:—In obedience to the official instructions accompanying my commission, I have the honor of transmitting to you the subjoined report.

I entered upon the discharge of the duties of the position assigned to me on the 20th day of October, that being as soon as the Commissioner was ready, and continued my examination until the 22d day of November.

By order from the Adjutant General, I have examined some seven hundred affidavits taken by the Commissioner to determine whether or not the complaints stated in said affidavits are sufficient cause for exemption. In six hundred and seventeen of the said affidavits the complaints stated therein, if true, are, in my opinion, sufficient to entitle the applicants to exemption.

In consequence of the large and disorderly crowd awaiting an entrance to my office, I was obliged to secure the services of a police officer. The Chief of the Police detailed three subordinates to prevent the blockading of the street and to secure to the merchants and pedestrians their accustomed privileges unmolested. In compliance with the earnest solicitations of the merchants in the immediate vicinity, his honor the Mayor, ordered me to remove my examining office to the Court House.

Dr. Luther Guiteau having declined to serve, and no other appointment having been made, my labor thereby was considerably more arduous and tedious than it otherwise would have been, and in order to do justice to those wishing examinations, and to complete my mission in the limited time allotted me, I was obliged to examine twelve hours, instead of seven hours a day, as I advertised.

Four thousand and twenty-seven applicants were examined, of which nine hundred and eighty-six were recommended to the Commissioner for exemption, and three thousand and forty-one were rejected. The ratio of exemption is 986-4.027.

*Ages.*—Between the age of 18 and 20, 40; between 20 and 25, 105; between 25 and 30, 183; between 30 and 35, 210; between 35 and 40, 252; between 40 and 45, 190; between 45 and 50, 6.

*Nativity.*—American, 727; Welch, 73; English, 59; German, 55; Irish, 54; French, 10; Scotch, 8.

*Occupations.*—Agents, 8; artists, 2; book-keepers, 9; blacksmiths, 18; bankers, 3; boot and shoe makers, 25; bakers, 4; book binders, 1; butchers, 17; builders, 9; carpenters, 33; clerks, 59; carriage makers, 9; constables, 2; conductors, 3; cigar makers, 9; cabinet makers, 3; coopers, 3; dentists, 5; editors, 2; engineers, 3; engravers, 1; farmers, 410; hotel keepers, 8; harness makers, 8; lawyers, 16; laborers, 57; livery keepers, 2; moulders, 20; merchants, 97; machinists, 29; mechanics, 11; masons, 5; millwrights, 2; manufacturers, 2; millers, 6; oil refiners, 1; photographers, 3; physicians, 13; painters, 9; pedlers, 5; printers, 8; pattern makers, 4; spinners, 7; superintendents, 4; students, 10; saloon keepers, 4; tailors, 12; tinsmiths, 4; teachers, 3; no trade, 8.

Below I give a plain and general report, rather than a scientific classification, of the diseases upon which recommendation for exemption was made:

	Surgeon's.	Com'rs.	Refused.
Asthma.....	26	7	23
Disease of bowels.....	42	6	48
Disease of throat and lungs.....	178	71	249
Disease of heart.....	66	24	90
Disease of kidneys and bladder.....	34	15	49
Disease of testes.....	4	4	8
Defective hearing.....	78	31	109
Defective speech.....	7	5	12
Defective vision and loss of sight.....	82	40	122
Dementia.....	4	..	4
Debility, general ill health.....	34	14	48
Fistula in ano.....	6	..	6
Epilepsy.....	22	11	33
Hemorrhoids and disease of rectum.....	42	40	82
Hernia.....	87	73	160
Injury to joints.....	69	67	136
Injury to limbs.....	26	66	92
Injury to hands and feet.....	34	37	71
Lumbar abscess.....	3	..	3
Paralysis.....	3	..	3
Rheumatism.....	42	45	87
Sciatica.....	1	..	1
Spinal affection.....	24	14	38
Syphilis.....	20	12	32
Varicose veins.....	22	12	34
Varicocele.....	14	12	26
All other causes.....	16	11	27
Total.....	986	617	1603

*Height.*—Five feet 6 inches and under 6 feet, 716; under 5 feet 6 inches, 198; 6 feet and over, 77.

*Weight.*—Between 90 and 100 pounds, 3; between 100 and 110, 12; between 110 and 120, 12; between 120 and 130, 158; between 130 and 140, 220; between 140 and 150, 190; between 150 and 160, 160; between 160 and 170, 113; between 170 and 180, 52; between 180 and 190, 30; between 190 and 200, 18; between 200 and 210, 10; between 220 and 230, 4; between 230 and 240, 4.

*Color of Eyes.*—Blue, 366; grey, 338; black, 158; brown, 90; hazel, 34.

*Color of Hair.*—Brown, 742; black, 190; grey, 22; red, 32.

*Complexion.*—Fair, 616; dark, 370.

My examinations having been thorough and rigid, exercising as I did my best medical ability, and relying almost entirely upon my own judgment, except in cases of obscure disease, not apparent upon a single examination, it is probable that some were rejected during the pressure whose claims for exemption were just, and who ought to have been recommended.

I endeavored to follow your instructions and discharge the duties of the office faithfully.

I am, very respectfully yours,

IRA D. HOPKINS, JR.

---

## EDITORIAL DEPARTMENT.

---

*On Medical Provision for Rail Roads, as a Humanitarian Measure, as well as a source of Economy to the Companies. In two papers, read respectively before the New York State Medical Society, February 5th, 1862, and the Surgical Section of the New York Academy of Medicine, October 28th, 1862. By EDMUND S. F. ARNOLD, M. D., Jefferson College, Philadelphia, Member of the Royal College of Surgeons of England, Resident Fellow of the New York Academy of Medicine, of Yonkers, N. Y. New York: BAILLIERE BROTHERS, 440, Broadway.*

On the 28th of February last, Dr. Arnold was called upon to explain his views, of which the following may be regarded as a summary: "The attachment to our leading stations, at intervals, where practicable, of not



more than ten miles, of a small room kept at all times in readiness for the reception of injured persons, and providing the same with surgical apparatus, carrying also appliances in the cars where the stations were too far apart to enable us to get at such apparatus without great loss of time.—The appointment of competent surgeons to attend to the injured, unpaid, but payable for actual services rendered; such services to extend, however, only to such a period as shall enable sufferers to be removed without risk to the care of their own medical attendant, or be otherwise safely disposed of. The district surgeon would also take authoritative charge in case of any great accident involving injury to a number, seeing to it that all were efficiently cared for, to effect which he would be empowered not only to avail himself of any efficient medical assistance at hand, but also to call in additional aid, if necessary. The appointment, lastly, of a general medical superintendent to supervise the working of the whole.”

By the adoption of such arrangements, with their attendant details, he claims, not only that the loss of much life and limb would be avoided, but that, in cases where thus much could not be accomplished, we should at least be enabled greatly to mitigate the sufferings of the victims of railway casualty.”

“A Bill to provide Compensation to Passengers for personal injury received on the Railroads of the State, and for the establishment of Surgical Stations and Hospital Accommodations on the Railroads of the State,” was introduced by Senator Smith, of Kings County, on the 5th of February last, and on the following day referred to the Insurance Committee. Its main provisions in its present state are as follows:

It provides for an association of the railroad companies of the State, the same to be a “body corporate,” managed by a “Board of Managers,” consisting of the Presidents, or such other officers of the associated companies, as may be designated by the respective companies, and the President of the association, who shall be a citizen of the State of New York, and not an officer of any railroad company.

The association shall make up a guarantee fund of \$100,000, chargeable upon each road as to its passenger traffic; and to enable the association of railroads to meet casualties, the respective companies shall, in their discretion, be allowed to charge four-tenths of a mill per mile to every passenger, or one cent for every twenty-five miles or distance within it, in addition to the usual fare. In return for this, each passenger is guaranteed, in case of death, \$5,000 to his heirs; in case of loss of a limb, or an incurable

injury seriously interfering with usual occupations, \$5,000, and for minor injuries \$25 per week, provided that such payments shall not extend over fifty-two weeks. The association also undertakes to establish surgical stations, at distances of not over ten miles from any one spot, which shall be provided with suitable necessaries, and to appoint competent surgeons to attend them when required. This done, the railroad companies are to be exempted from all liability on account of any accident to passengers.

The bill provides further, that the fund raised by the tax upon passengers, which may be called the "Casualty Fund," shall be employed for no other purpose than to pay compensations with the necessary expenses of management, and that whatever remains over and above shall accumulate, and when the interest on such accumulation shall amount to a sum equal to the tax of one-tenth of a mill, then the tax on the public shall be reduced to three-tenths of a mill, and so on until the passenger tax is abolished altogether. The medical provision will be paid for by other means, to be presently mentioned.

It provides that on an accident occurring on any road, the company shall be fined to the extent of one-third of the amount to which it has rendered the associated fund liable. This fine is to go into a special fund which may be called the "Reward and Penalty Fund." For instance, if five passengers were killed and others injured so as between them to draw for five thousand more on the casualty fund, and the total thereby made \$30,000, the company, on whose line the accident occurred, would pay \$10,000 into the reward and penalty fund. Thus, while whatever comes from the public will go back to the public, on the other hand, the companies are by no means relieved from liability. Owing to the liberal compensations allowed, the penalty would in many cases be greater than that now entailed through the instrumentality of courts of law.

A clause has likewise been introduced by which, when companies send sufferers to hospitals, and pay usual rates for attendance on the same, such action shall not be held to imply any legal liability for damages on the part of the company. The object of this is as follows: when a person is injured and sent by the railroad company to an unendowed hospital, it (the company) is willing to pay the same as others for the attendance, but insists that a paper shall be signed by the injured person to the effect that doing so shall not be held as an admission of culpability on its own part. No sooner are such persons in the hospital than they are surrounded by a low class of lawyers, who persuade them not to sign any such paper, and con-

sequently companies are compelled to refuse payment for their own protection. The difficulty is obviated by the above clause.

Out of the reward and penalty fund all charges of medical provision and general hospital expenses are to be paid, and at the end of the fiscal year whatever remains over and above is to be re-distributed among all the companies pro rata as to their contribution to the casualty fund. Thus, as Mr. Morgan observes, "rewards and penalties are set forth of the highest importance, as securing care and proper equipment on every road of the association." Companies not meeting with any accidents will be absolute gainers, while those with whom they occur will foot all the expenses."

Such are the main provisions of the Bill.

The attention of the State Legislature has been called to this subject, and it seems thus far to have met with general favor both by the medical profession and by all interested. The object mainly seems to be, to provide proper surgical attendance in case of railroad accident, and protect the unfortunate victims of such disaster from the imposition of quacks who often times intrude their services, when total neglect would be comparatively an infinite blessing; and to make suitable provision for payment of expenses and damages, without long, tedious and expensive litigation. It is something upon the principle of our marine regulations, requiring every sailor to pay hospital fees; so this bill proposes that every passenger pay a small per cent., and if injured be immediately and properly attended, and damages cheerfully and promptly paid.

So far as all this goes it is a commendable and praiseworthy object, and every well wisher of the race would favor its adoption. There is only one suggestion which we desire to make in the premises, as the details have been very fully and systematically considered. "Railroad corporations," or "Boards of Managers," are about as liable to employ or appoint incompetent men to places of highest trust and responsibility, upon recommendation of interested parties, as political corporations, and if our railroad accidents are to be directed by men selected as all our political offices are filled, then nothing would be gained, and something might be lost. An energetic and capable man might by accident be called to direct and care for persons thus injured, while if the usual influences were allowed, which control all our political appointments, incompetency and stupidity would constitute the rule, and poor humanity might be well and promptly paid, yet worse treated *after* the accident than *by* it.

We hope to see this subject fairly considered and the details of the plan



matured, so as to make it a great blessing, such as it is designed; and we have no hesitation in saying that if the plan proposed by Dr. Arnold is faithfully adopted and properly carried out, it will prove one of the greatest safeguards to the traveler which can possibly be instituted.

---

REVIEWS.

*The Action of Medicines in the System; or, "on the mode in which Therapeutic agents introduced into the Stomach produce their peculiar effects on the Animal Economy."* Being the Prize Essay to which the Medical Society of London awarded the Fothergillian Medal for 1862; by FREDERICK WILLIAM HEADLAND, M. D., B. A., F. L. S., Licentiate of the Royal College of Physicians, etc., etc. Fourth American Edition. Philadelphia: LINDSAY & BLAKISTON, 1863.

CONTENTS.—Chapter I: Introductory Remarks.

Chapter II: On some of the more important Classifications of Medicines, and Opinions of Authors respecting their Actions.

Chapter III: On the General Modes of Action of Therapeutic Agents introduced into the Stomach; treated of in ten Propositions.

Prop. 1.—That the great majority of medicines must obtain entry into the blood, or internal fluids of the body, before their action can be manifested.

Prop. 2.—That the great majority of medicines are capable of solution in the gastric or intestinal secretions, and pass without material change, by a process of absorption, through the coats of the stomach and intestines, to enter the capillaries of the portal system of veins.

Prop. 3.—That those medicines which are completely insoluble in water, and in the gastric and intestinal juices, cannot gain entrance into circulation.

Prop. 4.—That some few remedial agents act locally on the mucous surface, either before absorption, or without being absorbed at all. That they are chiefly as follows:

*a.* Irritant Emetics. *b.* Irritant Cathartics. *c.* Superficial Stimulants, Sedatives, Astringents.

Prop. 5.—That the medicine, when in the blood, must permeate the mass of the circulation, so far as may be required to reach the parts on which it tends to act. That there are two possible exceptions to this rule:

*a.* The production of sensation or pain at a distant point. *b.* The production of muscular contraction at a distant point.

Prop. 6.—That while in the blood the medicine may undergo changes, which in some cases may, in others may not, affect its influence. That these changes may be—

*a.* Of Combination. *b.* Of Reconstruction. *c.* Of Decomposition.

Prop. 7.—That the first class of medicines, called Hæmatics, act while in the blood, which they influence. That their action is permanent.

1. That of these some, called Restoratives, act by supplying, or causing to be supplied, a material wanting; and may remain in the blood.

2. That others, called Catalytics, act so as to counteract a morbid material or process; and must pass out of the body.

Prop. 8.—That a second class of medicines, called Neurotics, act by passing from the blood to the nerves or nerve-centres, which they influence. That they are transitory in action.

1. That of these some, called Stimulants, act so as to exalt nervous force, in general or in particular.

2. That others, called Narcotics, act so as first to exalt nervous force, and then depress it, and have also special influence on the intellectual part of the brain.

3. That others again, called Sedatives, act so as to depress nervous force, in general or in particular.

Prop. 9.—That a third class of medicines, called Astringents, act by passing from the blood to muscular fibre, which they excite to contraction.

Prop. 10.—That a fourth class of medicines, called Eliminatives, act by passing out of the blood through the glands, which they excite to the performance of their functions.

Chapter IV: On the Action of some of the more important Medicines in particular.

This book is so well known to the profession that we have not felt called upon to speak of its merits at great length. We have copied its general contents that students and practitioners may observe the points it discusses. We earnestly recommend it to the consideration of the profession, and advise its careful perusal. Great differences of opinion have always prevailed as to the positive and comparative value of almost all therapeutic agents; these differences must continue, and perhaps increase, while the faith of some may grow cold as to the value of many of the articles of the materia medica in common use. The theory of the action of medicines and the opinions of authors respecting it, as presented in this book, are full and highly interesting, and the book as a whole, without stopping to particularize, is well worthy the careful perusal of both physicians and students of medicine.

## ANNUAL REPORT OF THE SURGEON-GENERAL U. S. A.

*Surgeon-General's Office, Nov. 10, 1862.*

Sir:—I have the honor to lay before you a statement of the fiscal transactions, and a report upon the operations generally, of the Medical Department of the Army, for the fiscal year ending on the 30th of June, 1862.

The amount of the appropriation for the Medical and Hospital Department on the 30th of June, was:

In the hands of disbursing agents,-----		\$6,006.62
In the Treasury of the United States,-----		41,172.92
Amount appropriated per Act July 17, 1861,		1,271,841.00
Amount appropriated per Act Feb. 25, 1862,		1,000,000.00
Amount appropriated for deficiency to June,		
30, '62, approved Feb. 25, 1862,-----		125,000.00
Amount refunded into the Treasury, on acct		
Medical and Hospital stores sold at auction,		
viz, D. D. Morrison \$330.60, John Moore		
\$950.50, E. H. Abadie \$330.43, I. D. Cot-		
ton \$240.00, Samuel Elliott \$18.32,-----		1,874.35
		<hr/>
Total,-----		2,445,894 89
Of this sum there has been expended on		
account of pay, etc. of private physicians,		
contracted in 1861,-----	35,052.91	
do do 1862,-----	86,597.76	
For medicines, instruments, hospital stores,		
etc. -----	2,249,472.52	2,371,113.18
		<hr/>
Leaving in the hauds of disbursing agents,		74,781.70

It has been usual for a report of the sickness and mortality of the Army to accompany this report, but it is found impracticable, arising from the vast amount of labor incident thereto, and it will be furnished, it is believed, in time for publication as a supplement to the "Surgeon-General's Report for the fiscal year ending June 30, 1862."

The number of General Hospitals is 150, and the total number of patients in them, \$58,715.

During the past year the health of the troops has been remarkably excellent. No epidemics of any severity have appeared among them, and those diseases which affect men in camp have been kept at a low minimum.—Scurvy has been almost entirely prevented, and yellow fever, from which much was feared, has had but few victims. This immunity is due to the excellent hygienic arrangements instituted, and to the cordial manner in which Generals in command have co-operated with the proper authorities.



In an army of the size of that now maintained by the United States, it was of course to be expected that the absolute number of sick would be very large, and the important battles which have been fought have thrown a large number of wounded on the care of the Department. At present the total number under the charge of officers of the Medical Department is not short of 70,000, and immediately after the battle of Antietam it was over 90,000. That this large number could be provided for without some cases of unnecessary suffering occurring, would perhaps be too much to expect; but I must commend the Medical Corps, both of the Regular and Volunteer service, for the faithful and efficient manner in which their duties have been performed. In the discharge of their duties Medical Officers have been very much aided by the contributions of the people of the country, and by the efficient co-operation of the Sanitary Commission and Relief Associations.

In addition to providing the sick and wounded with medical attendance and medicines, much has been done by the Department in furnishing food, clothing, and comforts of various kinds. From much observation, both at home and abroad, and from the concurrent testimony of distinguished foreign medical officers, I am satisfied that never before were the sick and wounded of an army so well cared for as are those who have suffered for their country in the present rebellion. The hospitals, I take pride in saying, are a credit to the nation.

Before the several medical boards in session during the year (from July 1st, 1861, to June 30th, 1862,) a large number of applicants for appointment in the medical staff of the Army were invited by the Secretary of War. Of these sixty-six candidates duly presented themselves. Thirty-three of this number were approved, and five rejected; the remaining twenty-eight withdrew, one on account of physical disqualification. Before the same Boards eleven Assistant Surgeons were examined for promotion, nine of whom were found qualified, and two not considered as coming up to the standard of merit required. In the examination by these Boards, the standard of attainments required for success was much lowered, the Board in New York being ordered to examine two candidates each day for the regular army, while the examination of candidates for the appointment of Surgeon of Brigade became little more than a farce. Since the 1st of June last, however, the standard of examination has been raised, and the gentlemen now entering the Medical Staff have been found fully competent to undertake the important trust with which they are charged.

The breaking out of the rebellion found the United States Army with a Medical Department arranged for a peace establishment of 15,000 men. Experience soon demonstrated the fact, that, however efficient its officers might be, the organization was such as to ill adapt it to the necessities of a large force in time of war. Partial progress in the right direction was made by Congress in increasing the rank of the Surgeon-General, adding a limited Inspecting Corps, and increasing the number of Surgeons, Assistant Surgeons, Medical Cadets, and Hospital Stewards. The Department was also placed on a more independent footing, and its whole status elevated. But there are still other measures, which, if adopted, cannot fail to add to the efficiency of the Department, and these I desire to urge through you on the attention of Congress.

First among these is the establishment of a permanent Hospital and Ambulance Corps, composed of men specially enlisted for duty in the Medical Department, and properly officered, who shall be required to perform the duties of nurses in the hospitals, and to attend to the service of the ambulances in the field. By the establishment of this corps several thousand soldiers, now detached as nurses, cooks, etc., would be returned to duty with their regiments, and the expense now incurred by the necessary employment of contract nurses obviated. A corps formed upon the basis of two men to each company in service, organized into companies of 100 privates, with one Captain, two Lieutenants, four Sergeants, and eight Corporals to each Company, would relieve the line of the Army from all details for the Medical Department, and enable the Department to render far more efficient services to the sick and wounded than it is capable of affording under the present system. The necessity of such a corps has been recognized in all European armies, and I am able to speak from personal observation of the great advantages to be derived from it.

I regard an increase of the Medical Corps, both of the regular and volunteer forces, as absolutely necessary. The law of Congress, approved July 2d, 1862, provides sufficiently, except for Cavalry and Artillery regiments, for the wants of troops in the field, but the service in hospitals has to be filled to a great extent by the employment of contract physicians. I therefore recommend that the Medical Corps of the Regular Army be increased by twenty Surgeons and forty Assistant Surgeons, and the Staff Corps of Volunteer Medical Officers by fifty Surgeons and two hundred and fifty Assistant Surgeons. This last Corps now consists of 200 Surgeons and 120 Assistant Surgeons. The Cavalry and Artillery organiza-

tion requires Medical Officers as much as Infantry. The omission on the part of Congress should be supplied; a Surgeon and two Assistant Surgeons should be authorized for each regiment of Cavalry, and for each regiment of heavy artillery, and an Assistant Surgeon to each light Battery.

Under the first section of the Act of June 30th, 1834, Assistant Surgeons of the regular army must have served five years before being eligible for promotion as Surgeon. On the 1st of November there were but six Assistant Surgeons in the army who had served five years. The effect of this law will be to prevent the filling of vacancies which may occur in the grade of Surgeon, and I therefore recommend that so much of said section as requires Assistant Surgeons to serve five years as such, before being eligible surgencies, be repealed.

The number of Medical Cadets is altogether too small for the necessities of the service. I therefore recommend that authority be given to appoint as many as may be required, in accordance with existing laws on the subject.

The institution of a Medical Inspecting Corps has been productive of excellent results. The number of Inspectors authorized is, however, too limited to enable the service to be as efficiently performed as is desirable. I therefore recommend that two Inspectors General and eight Inspectors be added to the present organization. The authorization of an additional Assistant Surgeon-General would also be a measure of great propriety.

Considerable progress has been made in the establishment of an Army Medical Museum. The advantages to the service and to science from such an institution cannot be over estimated. I respectfully recommend that a small annual appropriation be made for its benefit.

An Army Medical School, in which Medical Cadets and others seeking admission into the Corps, could receive such special instruction as would better fit them for commissions, and which they cannot obtain in the ordinary medical schools, is a great desideratum. Such an institution could be established in connexion with any General Hospital, with but little if any expense to the United States. A hospital of a more permanent character than any now in this city is, I think, necessary, and will be required for years after the present rebellion has ceased. I therefore recommend that suitable buildings be purchased or erected for that purpose. If this is done the Medical School and Museum will be important accessions to it.

Experience has shown that a most useful class of officers was authorized by the Act relative to Medical Storekeepers. The number now author-



ized is too small. They could very properly perform the duties of medical purveyors, now performed by medical officers, and thus officers who have been educated with special reference to service as physicians and surgeons, and who are now acting as medical purveyors, would be enabled to resume their proper duties. I therefore recommend an addition to the medical storekeepers.

At present the washing of clothes in General Hospitals is provided for as follows: One matron is provided for every twenty patients, who receives a compensation of six dollars per month and one ration. Great difficulty is experienced in large General Hospitals in procuring a sufficient number of matrons to perform this duty, and I have the honor to propose that, instead of this now unreliable plan, a sum of money, equivalent to the pay and allowance of a matron, say twelve dollars for every twenty patients, be monthly allowed to every General Hospital, to be appropriated for laundry purposes at the discretion of the Surgeon in charge, whether to the payment of matrons or the payment of bills for washing by steam or otherwise.

The tenth section of the Act approved July 17, 1862, gives additional rank to officers of the Adjutant General's, Quarter Master's, Subsistence and Inspector General's Department, who are serving on the Staff of Commanders of Army Corps. There is, I think, manifest propriety in extending the provisions of this Act to the officers of the medical department who may be on duty with such command as medical directors, and I respectfully ask for such extension.

The Engineer and Ordnance Departments are charged with the erection of buildings which requires special knowledge. The building of hospitals also requires knowledge of a peculiar character, which is not ordinarily possessed by officers out of the medical department. It would therefore appear obviously proper that the medical department should be charged with the duty of building the hospitals which it is their duty to administer.

In the matter of transportation the interests of the service require that the medical department should be independent. Much suffering has been caused by the impossibility of furnishing supplies to the wounded, when those supplies were within a few miles of them in great abundance.

The establishment of a laboratory, from which the medical department could draw its supplies of chemical and pharmaceutical preparations, similar to that now so successfully carried on by the medical department of the Navy, would be a measure of great utility and economy. I therefore respectfully recommend that authority be given for this purpose.

In regard to the age at which recruits are received into service a change is imperatively demanded, both for the interest of the Army and the welfare of individuals. The minimum is now fixed at eighteen years, and it is not uncommon to find soldiers of sixteen years old. Youths of these ages are not developed, and are not fit to endure the fatigues and deprivations of military life. They soon break down, become sick, and are thrown upon the hospitals. As a measure of economy I recommend that the service age of recruits be fixed by law at twenty years.

The present manner of supporting the cartridge-box is productive of hernia or rupture. Many instances in support of this statement have occurred since the commencement of the rebellion, and reports on the subject are frequently received from medical officers. I recommend that, instead of being carried by a belt around the waist, the cartridge-box be supported by a shoulder-strap. This would entirely obviate the evil.

At the last session of Congress the sum of two millions of dollars was appropriated for the relief of discharged soldiers. I recommend that one million of dollars of this sum be set aside for the establishment of a permanent home for those who have been disabled in their country's service. This measure is one of such importance that I forbear entering into details at this early period. An establishment of the kind organized upon an approved plan would be productive of incalculable benefit.

Soon after my appointment I issued circulars to medical officers, inviting them to co-operate in furnishing materials for a Medical and Surgical History of the Rebellion. A large number of memoirs and reports of great interest to medical science, and military surgery especially, have been collected, and are now being systematically arranged. The greatest interest is felt in this labor by the medical officers of the Army and physicians at large.

The reorganization of the Medical Department necessitated a new set of regulations for its guidance. Under your orders a Board has been in session preparing a new code. Their labors have been very much interfered with by the necessity of detailing them, from time to time, for more imperative duties, but I expect to be able to submit to you, in a short time, a complete set of regulations for your approval.

I have deemed it my duty, with your sanction, to visit, from time to time, the hospitals and armies of the eastern portion of the country. I have thus been enabled to make myself acquainted with their sanitary condition and medical wants. I hope, ere long, to be able to extend these inspections to the west.

A uniform diet table for General Hospitals has been prepared with great care, and promises to work advantageously.

Large deposits of medical supplies have been established at New York, Philadelphia, Baltimore, Fortress Monroe, Washington, Cincinnati, Cairo, St. Louis, and Nashville, which have proved of incalculable advantage to the sick and wounded. Moreover, large sums have been saved by the accumulation of stores before the recent advance took place.

In terminating my report, I desire to express the hope that the labors of the the Officers of the Medical Department may be made more and more worthy of the high mission which has been confided to them,

I am, Sir, very respectfully, your obedient servant,

WILLIAM A. HAMMOND,

Surgeon-General.

Hon. E. M. STANTON, Sec'y of War.

BUFFALO CITY DISPENSARY APPOINTMENTS FOR 1863.—*Physicians*: 1st Ward, Dr. E. E. Brownell; 2d Ward, Dr. P. H. Strong; 3d Ward, Dr. J. Boardman; 4th Ward, Dr. J. R. Lothrop; 5th Ward, Dr. J. Hauenstein; 6th Ward, Dr. James B. Samo; 8th Ward, Dr. Sandford Eastman; 9th Ward, Dr. C. C. Wyckoff; 10th Ward, Dr. J. Whittaker; 11th Ward, Dr. L. P. Dayton; 12th Ward, Dr. Henry Nichell; 13th Ward, Dr. Wm. Ring.

*Consulting Physicians*.—Drs. Thomas F. Rochester and George N. Burwell.

*Consulting Surgeons*.—Drs. James P. White and Julius F. Miner.

*Apothecary*.—William H. Peabody, Clarendon Hotel Block, corner Main and South Division streets.

By reference to our advertising columns, it will be seen that D. Clinton Hicks, Esq., announces an important reduction in the price of tuition at his well-established and prosperous Institution, No. 104 Main street, opposite the Metropolitan Theatre. Book keeping complete, in all the different departments of commerce, is now taught by him for twenty-five dollars only. Arrangements have also been consummated for the delivery of a course of Lectures, and it is his determination to render his College worthy in an eminent degree, of the support of the public. Prof. Hicks is a gentleman of fine talents, unceasing industry, and commendable enterprise, and we cordially wish him success.



APPOINTMENT OF DR. HUNT AS SURGEON TO THE U. S. N.—Dr. S. B. Hunt of this City, has recently received appointment as Surgeon to the U. S. N. He has been a resident of Buffalo for the last ten years, and is distinguished for his literary and scientific attainments. He is widely known as a medical scholar and writer; and for several years was editor of the *Buffalo Medical Journal*, and by the able and impartial manner in which he conducted it, as well as by the valuable articles he contributed to its pages, earned imperishable honors, and at the same time made his Journal one of the best and most instructive in this country. He was also Professor of Anatomy in the University of Buffalo, and as a student and teacher in this branch of medical knowledge is unsurpassed.

While we regret that so distinguished a medical and popular author should remove from the City, we yet most heartily congratulate the Doctor, and especially the Naval service upon his appointment.

APPOINTMENT IN THE NAVY.—Dr. J. F. Norton, of Fort Edward, N. Y., a frequent contributor to our pages, has received appointment as Surgeon United States Navy, and is to be detailed upon one of the new Iron-clad Steamers now nearly ready. We hope not to be deprived of his frequent contributions to our pages by this change in his field of observation.

#### RACINE MEDICAL ASSOCIATION.

The Racine Medical Association was organized on Thursday of last week, and the following officers elected:—President, J. L. Page, M. D.; Vice President, W. Wadsworth, M. D.; Secretary, J. G. Meacham, M. D.; Treasurer, P. R. Hay, M. D.; Librarian, O. Peak, M. D.

A tariff of prices was adopted to *match* the high price of living; which is the right and duty of every medical organization in the land.

I will give you a report from time to time of our proceedings, if anything worthy of record comes up.

Racine, Wis., Dec. 19. 1862.

J. G. M.

#### *Report of Deaths in the City of Buffalo for the month of October, 1862.*

Accident 9, do by drowning 3, Apoplexy 2, Bronchitis 1, Cancer 1, do stomach 1, do womb 1, Consumption 14, Convulsions 6, Croup 9, Debility 1, Delirium tremens 4, Diarrhœa 1, Disease of the brain 1, do heart 2, do liver 1, do kidney 1, do spine 1, Diphtheria 4, Dropsy 5, Dysentery 2, Erysipelas 2, Fever 4, do puerperal 2, do scarlet 7, do typhoid 8, Gun-shot wound 1, Hæmorrhage from lungs 1, do uterus 1, Inflammation of the bowels 1, do brain 4, do and meninges 6, do lungs 7, do do typhoid 1, do peritoneum 1, do stomach 1, do womb 1, Insanity 4, Old age 6, Paralysis 1, Premature birth 1, Pyæmia 1, Scrofula 1, Suicide 1, Tetanus 1, Thrush, infantile 1, Unknown 3. Total, 139.

SANDFORD EASTMAN, M. D., Health Physician.

BUFFALO

# Medical and Surgical Journal

---

VOL. II.

FEBRUARY, 1863.

NO. 7.

---

## ORIGINAL COMMUNICATIONS.

---

ART. I.—*Abstract of the Proceedings of the Buffalo Medical Association.*  
TUESDAY EVENING, January 6th, 1863.

Prof. James P. White, President, in the Chair.

The minutes of the last meeting were read, eliciting a spirited discussion, Dr. White objecting to their adoption on the ground that he had been reported in full in a defense of his friend Dr. Sayer, and other physicians, while the attack—the cause of his defense—had been suppressed, thus making him appear in an unfair position.

*Voted*, that the minutes be corrected as suggested by Dr. White, and adopted.

“PREVAILING DISEASES.”—*Dr. Rochester* reported diphtheria, measles and scarlet fever; scarlet fever and measles epidemically. Had no cases of these diseases, of particular interest to report at the present time.

*Dr. Wyckoff* reported scarlet fever as prevailing epidemically, and gave in brief, the circumstances of attack in several instances.

*Dr. Eastman* had seen scarlet fever, and erysipelas, accompanied by high inflammatory action; and also another disease, apt to prevail when erysipelas is prevalent, viz: puerperal fever. Had seen several cases, one of which proved fatal.

*Dr. White* would concur with the view that these diseases prevailed at the present time in the City epidemically; has also seen several cases of croup in connection with the diseases mentioned.

*Dr. Lockwood* had observed scarlet fever in remarkable differences as to severity of attack. A child on North Division street was taken with it in form. Nine days after a neighboring child, living next door, in very malignant type. A sister of this patient had slight attack, without any eruption; while a relative who was visiting them from Boston, had well marked diphtheria. First case, scarlet fever; second, scarlatina maligna; third, simple angina; fourth, diphtheria. Regarded this as a very interesting and instructive complication, showing the different varieties of the disease, and also its apparent relationship with diphtheria. The mild case of simple angina was followed by anasarca, one of the common sequelæ of scarlet fever.

*Dr. Rochester* reported a case of *masked* pericarditis. A vigorous young man, twenty-one years of age, was brought to the Hospital of the Sisters of Charity December 10th, laboring under acute mania. Nothing could be learned of his previous history, except that he had been ill for about a week; was delirious from the first, and had laterly become violent. Failing to discover cerebral disease, the intra-thoracic organs were examined. Marked and extended dullness was found in the precordial region. The impulse of the heart could neither be seen or felt. The heart sounds were distant and muffled, and not distinctly separable. The pulse was slow, feeble and intermitting; the extremities were cold, and the prolabia livid. Physical exploration indicated an absence of pleuritic effusion.—Two grains of opium were ordered to be given, and repeated every four hours, until the patient should become quiet; also iodide of potassium five grains, three times daily, and a blister 4 by 4 over the precordia.

December 11th.—The patient has taken, altogether, six grains of opium, has slept well, and is perfectly calm and rational. He ascribes his illness to a severe "strain in the breast from lifting a barrel of flour." The patient is now convalescent; the pericardial effusion is greatly diminished; the heart sounds are superficial and recognizable, while the pulse has increased in frequency and has entirely lost its intermitting quality. The patient was confined to his bed for twenty days; took two grains of opium every night for one week; had one blister over the precordia, and took iodide of potassium, as at first directed, during the whole period. He is now able to sit up during the greater part of the day, and is taking two grains of quinine every eight hours.

*Dr. Rochester* remarked that he reported the case as illustrating the great importance of examining the precordia in every case of recent insan-



ity, without apparent cause. There was nothing to attract attention to this region, except the lividity of the nails and lips, and the unusual slowness and irregularity of the pulse—phenomena often ascribed to cerebral and hepatic disorders.

*Dr. Strong* remarked: “Mr. President, it has been intimated to me that a report of my doings and observations, while in the Army service, would be acceptable to the Association. With the best disposition to add to the interest of the meeting, I regret that I have kept no such diary or record as would be of great profit or interest to the Association. But, if acceptable, I will make a few extempore observations of what I saw, and heard, and did.

*First, as to the Locality.*—Frederick City, where most of my time was spent, is an old city of some ten or twelve thousand inhabitants. The most remarkable phenomenon which attracted my attention, after getting slightly acquainted in the city, was pertaining to the *personnel* of the profession there. It was the fact, that there are in that small population, two octogenarians, yet in active medical practice, neither of whom, whether regarded physically or mentally, would be taken to be more than sixty years old.

I had the honor, (and I regarded it as not a slight one,) to be called in consultation with one of these veteran practitioners in the case of a very prominent citizen, who was seized suddenly and very severely, with what was regarded by the family attendant (a practitioner of some ten years,) as congestive apoplexy. I regarded the attack as epileptiform in character. The notable feature of the consultation was, that while the family attendant was in favor of the most active depletory measures, venesection, &c., the octogenarian demurred, and advised diffusive stimuli, anodynes, &c. indicating full knowledge of, and accord to, the more recent views of the disease, and its requirements. The latter view prevailed in the consultation, and the resultant recovery justified its correctness.

The younger man had not outgrown the antiquated theory of congestion and what it demands, while the “*ancient*” had kept well abreast, with advancing and error-exploding medicine. It was a rare phenomenon.

In reference to military observations and experience, I suppose I have had about the usual admixture of impressions that were pleasant, and those that were otherwise; usual, I mean for those that have gone into the service, or gone to be observers, with their eyes open to see defects, when existing, and with an earnest desire and purpose to make or suggest improvements.

As regards the *personnel* of the Surgical Staff of the Army, with which I have come in contact, many of them were gentlemen of high professional character—ornaments to the profession and worthy of the noble service to which they are called. Some were men of mediocre capacity. And other some, were distinguished, I judge, by a somewhat violent eruption of gilt buttons and shoulder straps.

The hospitals of Frederick were occupied mainly by three classes of patients. First: Those that were sent from the army, ailing or sick. Second: The products of the battles of South Mountain and Antietam, who were not so severely wounded as to preclude their immediate removal to a point so distant as Frederick, and which constituted a class of primary cases. Third: A class of secondary cases, of a grade of severity generally to forbid immediate removal to Frederick, but not so severe when wounded in limb as to call for early amputation, or other operative means; cases in which the attempt was to be made to save the wounded member. Of these classes I will not remark at this time upon the first class, or those that were sick, farther than to indicate the diseases—which were for the most part diarrhœa, chronic or acute—camp fever, typhoid fever, camp rheumatisms and neuralgias—mostly, by far, the products of the ill-starred Peninsular campaign.

Neither will I remark upon the second class of cases, farther than to say they were generally minnie ball wounds, that for the most part required simple dressing, rest, time and patience, for recovery; cases in which the bone, if struck, was not so severely damaged as to involve the idea of removal or exsection.

Of the third class I would remark, that while I accord to most of the operations which I have witnessed, whether of amputation or exsection, the praise, that they were skilfully, many times beautifully done, and while I accord to the good judgment generally evinced as to the length of time given to the attempt to save the limb and to avoid operative measures, I should not be true to my convictions, did I omit to say that there is far too generally in military surgery, a failure to appreciate the value of certain preliminary treatment in this class of cases.

Whether it arises from old views of the incompatibility of inflammation with tonics or stimulants, or from defective views of the powers and effects of quinine and opium, or from whatever source, in my judgment it is far too common that those articles, with at times alcoholic stimulants, are omitted during the stage of extensive suppuration, which attends this class of injuries.

Not that they are wholly ignored when the vital powers are palpably waning; nor that they are excluded in the immediate prospect of, or immediately subsequent to, operative measures. They are then frequently and assiduously resorted to; but if withheld till then, in these secondary cases, it proves generally wasted ammunition, the suppuration having been unrestrained in degree and unchanged in quality.

It can need no argument, methinks, to prove that an extensive suppuration from bullet wound, in whatever location, furnishes all the conditions which indicate the most potent supporting agencies known to our art. The drain upon the blood and the draft upon the nerve force is just such, it would seem, as to make an *early* and a *constant* administration of quinine and opium and whiskey, or its equivalent, with free alimentation, in any case in which there is *the least doubt of the unaided powers being equal to the shock*, an imperative necessity. It even seems a truism that should not require to be repeated or dwelt upon; and yet my observation, while in army service, impresses me that it is lamentably ignored in practice.

These views were acted upon in the hospital in which I had charge, and that with the happiest effect. Cases which in consultation had been consigned to the operating table have been saved from the necessity. Other cases which had been thought to be almost inevitably fatal, have resulted in recovery. It was quinine 2 grs., and opium 1 gr., every 4 hours, which did the work.

I should much deprecate being thought to arrogate any claim to originality, or to assume any claim to superior knowledge in presenting these views. Theoretically I believe they are almost universally accepted. Nothing but the conviction gained from considerable observation, that they are not sufficiently heeded in practice, could justify the free strictures here made. As illustrative of the views here presented, I was informed of the record at one hospital, being twenty thigh amputations in secondary cases, and not one recovery.

I might take much time in reciting interesting cases of operations that occurred to me. I will now refer to but one. The wound was by ball, which struck the point of the right olecranon, and that of the internal condyle. The resulting disorganization in the course of four or five weeks, involved the whole humero ulnar articulation, denuding the whole articular surface but leaving unaffected the articulation of the radius with the external condyle, and with the ulna. Left to itself it became evident that soon the arm would have to be sacrificed to save life. The patient was kept stead-



ily supported for weeks by quinine and opium, and then nearly the whole humero-ulnar articulation was sawed out, leaving intact the radial articulation. The result was a most agreeable one, leaving the forearm in a semi-flexed position, with good use of the fingers and good supination and pronation.

I may take occasion hereafter, with your leave, Mr. President, to report other cases that may prove of interest, but will occupy no more time at present.

*Prof. White* made remarks upon placenta previa, alluding to the plan of artificial detachment of the placenta, suggested by Dr. Simpson, who inculcates the practice of separating the after-birth from its attachments in cases in which turning cannot be had recourse to. The oldest plan advocated by Dr. Radford, of Manchester, was to retain the fetus and continue the gestation as long as possible; inclined to favor this plan of treatment, as much more safe both for the mother and child; objecting to the plan adopted by Dr. Simpson, that it predetermined the death of the child, while it did not improve the chances of the mother. Dr. W., related the particulars of two cases where a tampon controlled the hemorrhage until dilatibility of os-uteri allowed of turning and delivery with safety to mother and child. Described his manner of making and using a tampon which he insisted upon as important in the treatment of these cases, regarding it as the only means of controlling hemorrhage and thus saving the lives of both parent and offspring. Spoke of the objections which had been made to the use of the tampon and showed them as without good foundation.

The ground of Professor Simpson's plan or the main argument in its support seemed to be, that fewer cases of spontaneous detachment or expulsion of placenta previous to the birth of child, proved fatal to mother than after the operation of turning, and this had suggested the plan of making the separation of placenta a means of treatment. The statistics showing this include turning from all causes, and on this account are objectionable in determining this point. Spoke of the difference in the spontaneous separation of placenta by uterine contraction and consequent closure of vessels, as compared to artificial separation without contraction, and explained the risks of the latter and the comparative safety to the mother of the former.

Dr. White replied to inquiry by Dr. Wyckoff as to the proper time to retain the tampon, that it may be removed the next day if the hemorrhage had been arrested, and that for the time it will suffice, to be renewed when necessary,

*Dr. Wyckoff* spoke of the advantages of a T bandage in retaining the tampon, and the risk of leaving its support to the nurse; also his experience in the use of tampon and former method of introducing it. Regarded it as capable of arresting hemorrhage in almost all cases previous to delivery.

*Dr. Rochester* would enquire of the President his opinion of cotton wadding as material for tampon? Had formerly used the Kite-tail tampon, but has recently been using the wadding and likes it very well. Had treated two cases of urine hemorrhage, using the cotton for a tampon, and was very much pleased with it, for that purpose.

*Dr. White* had used it and was very well pleased with its use: tares it in strips, tying them with tape to facilitate its removal.

*Dr. Wyckoff* announced the death of Dr. Alden S. Sprague, one of the ablest and most distinguished physicians of the city, during his period of active life. He gave a brief account of his life and of his last sickness and death; paying a fitting tribute to his memory.

Moved by Dr. Lockwood, and *voted*, to adjourn to meet with the Erie County Medical Society, to take appropriate action upon the occasion of the Death of Dr. Sprague.

J. F. MINER, Secretary.

---

## ART. II.—*Case of Rupture of Urethra.*

[For the Buffalo Medical and Surgical Journal.]

I send you the following case of rupture of the membranous portion of the urethra. I. U. D., aged 56, farmer, of Pavilion, fell while adjusting a girt in his corn barn, about eight feet, astride an inch board, bringing the membranous portion of the urethra between the square edge of the board and the arch of the pubis. In about an hour after, he felt a desire to urinate; on making the effort, the urine all passed into the cellular tissue of the scrotum and perineum, which soon became filled with extravasated blood and urine. His family physician, Dr. U. Fay was sent for; who on arriving soon discovered the nature of the injury. A messenger was dispatched for me; I arrived at his house about twelve o'clock at night, some five hours after the injury, found him with his scrotum enormously distended, making great effort to void urine every five minutes; I had him placed upon a table in the position for the operation for lithotomy; after bringing him fully under the influence of chloroform, I passed a catheter into the urethra down to the seat of injury, there made an incision about the same extent as for

the lateral operation for lathotomy—laying the parts freely open; on coming to the membranous portion of the urethra the catheter passed freely out showing that portion of it to be entirely severed to the extent of nearly an inch; after removing the coagula, which had formed there so as to leave a free exit to the urine, we had him put to bed with the scrotum elevated to favor the escape of the extravasated urine and blood. We did not introduce a catheter immediately as is commonly directed in such cases, as the contused and lacerated parts would require considerable time to slough off, before the reparative process could commence. He passed his urine freely through the incision, without pain, for some six weeks. When the parts had taken a healthy action, and the space had begun to fill up, I passed a No. 8 silver catheter through the penis into the bladder and retained it there, by tapes and a bandage. The urine all passed through the catheter; the reparative process went on well, the granulation gradually closing up around the catheter, occasionally requiring a slight penciling with the nit. argent. The catheter required to be removed occasionally and cleansed, as it became slightly encrusted with phosphate of lime. In about a year the parts had become nearly sound, and he was enabled to dispense with the catheter; by using occasionally an elastic bougie, we succeeded in maintaining the urethra nearly of its normal size—and now being three years since the injury, he passes his urine freely, without being obliged to resort to any aid, and is in excellent health. The successful result of this case, I think, is very much to be attributed to not retaining the catheter in the bladder until the parts had taken on healthy action and began to granulate, and then of having one of proper size, that the new parts forming around it could not contract so as to leave the canal too small,

Yours Respectfully,

S. BARRETT, M. D.

*Le Roy, Dec. 30, 1862.*

---

### ART. III.—*Case of Ascites.*

[For the Buffalo Medical Journal.]

Mrs. Hubbard, aged fifty, of New Woodstock, N. Y., had, as I was informed, been dropsical a year or more. I operated and discharged from the abdomen, seventy-five pounds of water. She rather sunk after the first painful, I stopped the discharge, gave stimulants and sustained the system well by occasionally taking time for the abdomen to collapse. I found some enlargement of the liver but no ovarian derangement.

J. STEARNS, M. D.,

Pomeroy, Onondaga Co., N. Y.



ART. IV.—*Abstract of the Proceedings of the Racine Medical Association.*

The January meeting was held at the office of the president, Dr. John L. Paige. Members present, Drs. Paige, Hoy, Wadsworth, Thompson, Peak, Nettleton and Meachem.

After the transaction of some preliminary business, Dr. Wadsworth made some remarks on variola. He said as it was reported to be quite prevalent, it would be well for the Association to give the subject some consideration. It was a terribly disgusting disease, and time spent in deriving means for arresting its spread, or ameliorating the sufferings of those unfortunately afflicted with it, was, in his judgment, time *well spent*. If members were treating cases, he hoped they would state to the Association, the number and their character.

Dr. Thompson said he had no case under treatment.

Dr. Hoy was treating one case which was severely confluent. The patient had been almost entirely comatose from the beginning of the suppurative stage. He had been obliged to be liberal in his use of stimulants and nutriment. He was now recovering. He had treated one other of the distinct variety, and three or four cases of varioloid.

Dr. Meachem had treated one case, which was now convalescent, and had seen three of those mentioned by Dr. Hoy.

Dr. Peak asked how early in an attack of variola could the contagion be communicated.

Dr. Hoy thought it could be as early as the eruption began to make its appearance.

Dr. Wadsworth had known two unmistakable cases where it was communicated during the primary fever, and before any eruption appeared.—He wished some member, if he knew, would state the best mode of preserving vaccine virus in a reliable condition.

Dr. Meachem stated, that the scale could be preserved for years, and maintain its specific powers unchanged, if it was thoroughly excluded from the atmosphere, by being thickly encased in wax, and kept in a cellar, where the temperature would vary but little from 40 degrees. A very high or a very low temperature would destroy its specific qualities.

A case of considerable interest had occurred to him recently, where the vaccine virus had remained in operation in the system for a period of sixteen days. The patient had been exposed to measles, but was not taken ill

with the disease, until nine days after the vaccination. The vaccine virus did not begin to work until the rubeolus rash had entirely disappeared.—Scarlatina is known to produce the same delaying effect upon the action of the vaccine matter.

Dr. Page related the particulars of a very remarkable case of dilatation and distension of the rectum, from fæcal accumulations. It filled almost the entire pelvic cavity.

Dr. Hoy was treating a lady for purpura hæmorrhagica, who was near the termination of her period of gestation. There was almost constant oozing of blood from the mucuous surfaces of the mouth and nostrils, and the body was covered with large petechiæ. He would ask the Association the best course of treatment to be pursued in the case.

Dr. Page spoke at some length in answer; said he had seen many similar cases during his long practice, and had found the oil of terebinth, given in emulsion, to be by far the best remedy he had ever used. Concentrated nourishment, tonics and stimulants, constituted our main reliance in these cases. If she remained in this condition at parturition, he had no doubt she would sink immediately after. He hoped Dr. Hoy would report further upon this case at the next meeting.

Dr. Wadsworth concurred with Dr. Page by stating that he had more confidence in the turpentine than any other one remedy.

The Association then adjourned to meet on the evening of the second Tuesday of February, at the office of Dr. Meachem.

JOHN G. MEACHEM, M. D.,  
Secretary.

---

ART.V.—*Diseases of the Army.* By SANFORD B. HUNT, Surgeon U. S. V.

Before my second departure from Buffalo for the field, I intended a series of articles for your pages on the diseases of the army, as I had then met them. In sundry important matters of pathology and treatment, the opinions I then entertained have become convictions.

Especially is this so as to the lavish administration of quinine in fevers. I left New York with a regiment of 1000 men. At Baltimore one of the men came down with genuine Northern typhoid. He was placed in Camden Street Hospital, and there fed quined and stimulated, through a serious illness to a satisfactory and rapid recovery. During his illness two or three

of his family in the healthiest part of Tioga County died of typhoid; of course my man brought the fever from home with him.

Now that case is the only one of typhoid we have had in the regiment; yet we have treated something over a hundred cases of what is called typhoid here, successfully, too. About 120 cases of fever occurred. In four cases measles and consequent congestion of the lungs followed, or became intercurrent. All these died. In a fifth, diphtheria carried off the man during convalescence. This fever, then, if not typhoid, while generally called so, deserves some study; especially as it does not differ, in my opinion, from the fevers I observed upon the Peninsula in July and August last, and were there so fatal.

I am positive that the fever so prevalent in our camp is not typhoid, and, except upon the Peninsula, not remarkably malarial. Its negative signs are quite as important as its positive symptoms in making out the differential diagnosis. For a few days the patient feels weary and stupid while on duty; then has some pain in the back and headache; loses appetite, flushes up with fever, and about this time makes his appearance in hospital. He has a hot, dry skin; a pulse of about 100, frequently running higher, and a dry, brownish tongue. Otherwise he is pretty comfortable. Suffering little pain, he frequently maintains throughout a cheerful temper, and seems rather lazy than sick. As the disease progresses, diarrhoea commonly sets in, the pulse rarely exceeds 120, the teeth become covered with sordes, and the tongue is dry and cracked. Now comes a period of subsidence. The pulse declines in frequency and gains in fullness, the skin grows cool, appetite returns, and last of all the tongue regains its natural condition. A good appetite on a dry tongue was not uncommon. Recovery was complete and after that the man was unusually hardy, and, as we called it, *acclimated*. Such was the history of unmolested cases, in which Nature had her own way.

This fever was not typhoid, because 1st: There was diarrhoea, which was always beneficial to the patient, but never ulceration of Peyer's glands, never tympanitis, and never *exhausting* discharges. 2d: There was never coma or delirium. 3d: There were no rose-colored spots or sudamina. 4th: The treatment adapted to typhoid was positively injurious in this fever.

The treatment consisted of a cathartic, usually blue mass, on entering hospital. After that, the recumbent position and febrifuge drinks. The



acetate of potassa was the favorite remedy of this class, given in doses of five grs. three or four times daily. When the tendency was a little toward depression, carbonate of ammonia was substituted. On this very simple and even insignificant treatment we relied with the utmost confidence. The duration of the disease was usually two or three weeks, sometimes longer. Quinine or cinchonine was only employed after the entire subsidence of the febrile action; then, in one grain doses before meals, it acted very happily, but during the fever, quinine uniformly increased the pulse and the general excitement. One of my assistants watched this phenomenon early in the epidemic with great care and precision. His experiments in a few cases settled the rule, and in more than a hundred fevers that followed, the quinine was only used as an adjuvant in convalescence. Alcoholic stimulants were always injurious.

I am fearful that the distinction I have been endeavoring to enforce between true typhoid, with its regular tendency towards death and its consequent demand for early supporting treatment, and the easy, simple, acclimating fever of the camp, has been badly neglected by many army surgeons. In the former, quinine and brandy are in the best sense of the word remedies; while in the latter they are literally poisons. Yet both are continued fevers, both have diarrhœa, sordes and dry tongue—*ergo*, both are commonly treated alike; while in fact, aside from these few resemblances the two fevers are as widely separated as it is possible to be, in character, pathology, tendency and treatment.

---

### NOTES UPON DIPHTHERIA.

BY W. F. WADE, M. B., M. R. C. P., LONDON.

Senior Physician to the Queen's Hospital, Birmingham, England.

Four years ago I published a fragmentary memoir upon diphtheria, intending to finish it at an early date. But much remains yet to be done before a complete account of this disease shall be possible. The fact that a great majority of cases occur in private practice, where facilities for minute observation during life are scanty, and post-mortem examinations are constantly refused, is one principal cause of our deficient knowledge. Another is, that public attention has not yet been sufficiently attracted to certain points, the determination of which is essential to any satisfactory history of the disease. In the hope of procuring for these points that investigation

which is due to them, and which most assuredly they will eventually obtain, I venture to submit the following propositions to the profession. The style adopted is certainly open to the imputation of curtness; but it seems to me that by divesting the subject as far as possible of extraneous matter and verbiage, those who desire to do so will the more readily arrive at my meaning. I have abstained from particularizing the data on which these conclusions are based. Some of them are received medical dogmas. With regard to the others, the continued prevalence and fatality of diphtheria will enable every one to judge for himself whether or no it presents the features and phenomena here indicated, and whether the practical conclusions here drawn are wholly, partially, or not at all justifiable. I have only to add that, in the hope of concentrating attention upon certain points in the natural history of the disorder, many others of great interest have been entirely omitted.

1.—At the commencement of the present epidemic, being dissatisfied with previous post-mortem examinations, which had been limited to an investigation of those parts whose tissues are continuous with those of the throat, and having noted phenomena which were not thereby explained, I determined, when opportunity should offer, to examine the state of other organs whose tissues were not so continuous.

2.—The first post-mortem furnished me with kidneys (of which I retain a drawing) as much altered in appearance as any that we find after death from scarlatinal dropsy.

3.—Obvious pathological analogies led me then to suspect that such a condition would be attended with albuminuria during life. The examination, next day, of the urine of a patient under the care of Mr. Robins, showed that it contained albumen. The frequent occurrence of albuminuria in diphtheria has since been universally recognized.

4.—Curiously enough, subsequent dissections have but rarely furnished me with kidneys so conspicuously altered as these first ones. The changes are more commonly microscopical; consisting of crowding and opacity of the epithelium, which is most readily detached and rapidly disintegrates.

5.—Casts of various kinds are to be found in some specimens of the albuminous urine of diphtheria.

6.—This albuminuria and these anatomical alterations of the kidney are important as showing—

- (a) That the disease does not spread solely by continuity of tissue, as had been previously believed;

- (b) That in some cases the disorder has a tendency to migrate; and in such there is more reason to apprehend croup and other complications than in cases where this migratory tendency is not apparent.

7.—Albuminaria as a symptom of disease is important from the fact of its being frequently, though not necessarily, connected with and dependent upon conditions which impair the excretory action of the kidneys.

8.—In many cases there are indications of diphtherical albuminuria being so associated.

9.—These indications are: diminution of the urine in quantity; suppression of the lithates; nervous symptoms—as indifference to surrounding objects, somnolence, coma—coincidentally with the commencement of the albuminuria, and not referable to any other known cause but the kidney complication.

10.—The commencement of the albuminuria may be attended by an increase of the pyrexia, unexplained by any increase of the local disorder or other efficient cause.

11.—These symptoms are relieved by increased urinary exertion.

12.—Albuminuria is not necessarily attended by any obvious symptoms of an unfavorable character.

13.—An imperfect elimination of urinary elements may be unattended by albuminuria. In one case, and sudden diminution of the urinary secretion without albuminuria was attended by swelling and pain of the carpal joints (rheumatic?) The symptoms described in No. 9 are developed coincidentally with this imperfect elimination.

14.—I have not observed the early presence of albumen in the urine which, from the concurrent testimony of trustworthy observers, no doubt frequently occurs. Two explanations of this fact offer themselves. In this first place, most of my cases have been seen in consultation, which is demanded in the majority of cases only when fatal symptoms have already supervened. Secondly, my treatment has long been directed to the prevention of kidney complication.

15.—Apart from its early occurrence, there seems to be a special tendency to albuminuria about the seventh or eighth day, at which time the disorder has a natural tendency to terminate. Under such circumstances it is to be looked upon as a critical phenomenon. It may occur at any period.



16.—Kidney affections commonly precedes other complications, such as croup and purpura.

17.—More exact observations upon the amount of urinary excreta before, during, and after intercurrent albuminuria are much wanted. Also in cases where albuminuria does not occur.

18.—If there be retention of urinary elements in the system, it is probable that it tends to induce other complications. (See Dr. Parkes' Lectures upon Pyrexia.)

19.—I have found specimens (of which I retain drawings) of anatomical alterations of the spleen, which has in some instances been found solidified, and of a pinkish-buff color.

20.—The microscope showed that in such spleens there was an unorganized, hyaline, semi-solid material filling the interspaces of the trabeculæ.

21.—I have also found alterations of the spleen, such as Dr. Habershon has described as occurring in cases of purpura.

22.—In no case has manifested alteration of the spleen been found after death where purpura had not been observed during life.

23.—Some cases of purpura have been seen in which I could not undertake to say that the spleen was abnormal.

24.—There is no constant proportion between the severity of the purpuric symptoms and the amount of splenic change.

25.—The vast majority of fatal cases have presented croupy symptoms in the last stage, but many would probably have been fatal without the croup.

26.—In no case that I have dissected was the laryngeal exudation continuous with the faucial.

27.—In no case of croup that I have dissected has the exudation failed to extend beyond the bifurcation of the trachea. In most instances it has extended into the minute ramifications of the bronchi.

28.—The tracheal and bronchial exudation has varied in consistency from a very firm membrane to a pasty granular layer.

29.—In two cases, besides (other?) purpuric symptoms, I found after death nodules of pulmonary apoplexy.

30.—In one case I thought that there was some hyaline exudation in the supra-renal capsules. In that case, and in another, these organs were intensely vascular.

31.—We are justified by the preceding observations, as well as by other well-known symptoms of the disease, in looking upon diphtheria as a zym-

otic disease; not as Bretonneau conceived it to be, a local disease, spreading by continuity of tissue, and only affecting the system in a secondary manner.

32.—I have never stated, and I am not prepared to state, my opinion upon the relation, if any, between diphtheria and scarlatina.

33.—To those who find less difficulty in coming to a positive conclusion upon the point, I beg to recommend the following considerations:

- (a) Scarlatina and diphtheria may be associated.
- (b) Scarlatina is not necessarily accompanied by efflorescence, or by noticeable fever.
- (c) Diphtheria may probably affect the system without producing any throat exudation.
- (d) Scarlatina may recur.
- (e) Certain forms of scarlatina may be *accompanied* by albuminuria.
- (f) Scarlatinal albuminuria does not necessarily produce dropsy; dropsy, in fact, is the exception in albuminuria *accompanying* scarlatina.
- (g) Any occasional form of a specific fever may become the type of an epidemic.
- (h) Granting that scarlatina and diphtheria are both zymotic disorders, we do not know what is the nature of their respective poisons.

34.—Local treatment exerts no known influence upon the general course of specific fevers.

35.—The true rule of practice in such diseases is to obviate the tendency to death.

36.—The tendency to death in diphtheria is sometimes by asthenia, directly induced by the blood-poison; sometimes by complications, of which the earliest is generally a kidney affection, interfering with urinary elimination. We must therefore eliminate the poison, and if possible *prevent* the complications.

37.—In pyrexial disorders, one of the most constant and mysterious phenomena is the quantity of water disposed of by the system. (See Parkes on Pyrexia.)

38.—In diphtheria the quantity of ingesta will be commonly small if the patient be allowed to consult his own convenience.

39.—Water is essentially necessary to the performance of the urinary functions.

- 40.—Concentration of the urine is equivalent to kidney irritation.
- 41.—Diphtheritic albuminuria is often preceded by urine of high specific gravity. The supervention of albuminuria may fail to produce this.
- 42.—It is often preceded by deposit of lithates, showing a comparative paucity of the urinary water.
- 43.—All plans of treatment which have been adopted on the large scale for the treatment of diphtheria have embraced the ingestion, in large quantities, of fluid nutriment as an important if not essential element.
- 44.—By the copious administration of pure water or diluents in diphtheria, the urine may be enormously increased in quantity, often without corresponding diminution of its specific gravity.
- 45.—This seems to indicate that the detritus of interstitial metamorphosis had been previously insufficiently eliminated.
- 46.—I recommend the ingestion of bland fluids in as great quantity as the patient will take; half a pint every hour or two, if possible, in the case of adults.
- 47.—To avoid chills, I recommend that in all cases the patients should be clothed from head to foot in a flannel gown, and kept in bed. I believe that the adoption of this plan would have saved almost innumerable lives.
- 48.—Assuming the presence of a substantive poison in the system we know no drug which will act as a direct eliminant but iodide of potassium. It positively eliminates lead, and we may presume that it positively eliminates syphilis.
- 49.—I employ iodide of potassium in two, three, or four grain doses every two or three hours. I have been in the habit of conjoining with it chlorate of potass in five to ten grain doses.
- 50.—I have known no instance of a fatal termination where this plan of treatment had been carried out. I have known no instance of serious symptoms or of secondary paralysis supervening where this plan had been rigorously carried out. The difficulty, especially with children, is in ensuring a copious supply of fluid.
- 51.—This plan exercises a speedy and salutary influence upon the general symptoms of the disease. The exudation often diminishes with extraordinary rapidity. Essential fevers run a definite course, and can be rarely if ever cut short. Till the disease has gone we cannot be free from the danger of complication. Hence the immense importance of continuing the treatment after immediate relief has been obtained.



52.—Aqueous injections may be employed to supplementalize ingestion by the mouth; but this is a plan of very inferior efficacy. If deficiency of urine be present, bitartrate of potash, sinapisms to the loins, warm bath, and solution of acetate of ammonia help to restore it.

53.—This general plan of treatment does not preclude other remedies in special cases, or to meet special indications.

54.—Where it has been carried out I have not found a necessity for stimulants, nor have I found that these, when administered, have produced that immediate and sensible (even if incomplete) amelioration that we expect to see in cases where they have a beneficial influence.

55.—The same may be said of tonics and iron. I have never met with such marked anatomical alterations as in cases which had been freely treated with a mixture containing muriated tincture of iron and hydrochloric acid. It does not necessarily follow from this that such remedies may never be required; but they should not be used indiscriminately and recklessly.

56.—It is contrary to the ordinary rules of our art to interfere with the local development of blood-poisons, except for special reasons.

57.—The faucial exudation of diphtheria is to be considered as the local manifestation of a general disease.

58.—Interference with it will not prevent its reproduction, nor will it prevent laryngeal complication, nor will it prevent the supervention of grave constitutional disorder. It is exceedingly irksome to young patients.

59.—We are justified in interfering with the throat exudation when there is excessive fetor, or when it is so copious as to interfere with respiration or deglutition—not otherwise.

60.—If the croup always extend below the bifurcation of the trachea, tracheotomy is but a forlorn hope; as such it may be right to resort to it in some cases.\*

61.—I am not satisfied with that explanation of the secondary paralytic affections which attributes them to reflex irritation. Possibly minute dissection might discover some organic change in (a) the nervous centres, (b) the nervous periphery, or (c) the muscular tissue.

62.—Albuminuria may or may not be present in cases of diphtherical paralysis.

63.—Cases of paralysis progress so slowly when treated simply by quinine and other tonics as to lead to the supposition that these drugs exert

---

\* According to M. Roger, twenty per cent. of the children operated upon at the Hospital des Enfants Malades in Paris recover.—*Archives Generales de Médecine*, April, 1862.

no direct influence upon this sequela, which probably in such cases wears itself out.

64.—I believe that I have obtained more speedy results with eliminants—as iodide of potassium, iodide of iron, and bichloride of mercury with bark.

65.—Blisters to the top of the sternum, if applied early, seem to exercise a most beneficial influence upon the paralysis of the palate.

66.—Paralysis may follow, as kidney complication may attend, slight as well as severe cases of diphtheria. In one case I have heard that the paralysis has lasted two years, and may be considered permanent.—*London Lancet.*

*Analysis of one hundred Ophthalmic cases, showing the comparative frequency of the various diseases of the Eye, in Hamilton. Contributed by A. M. ROSEBRUGH, M. D., Hamilton, C. W.*

Thinking it would be interesting to the readers of the *Journal*, I have transcribed from my case book the diagnosis of 100 cases of disease of the eye as they came under my observation during the months of March, April, May, June and July, 1862, in the city of Hamilton.

From observations made during a period of about three years, I am led to believe that the analysis of these 100 cases will give at least an approximate idea of the per centage in which the various diseases of the eye exist in Canada West.

DISEASES OF THE LIDS.		Staphyloma, .....	1
Entropion, .....	1	DISEASES OF THE IRIS.	
Ectropion, .....	1	Iritis—Idiopathic, .....	1
Trichiasis, .....	1	“ Specific, .....	1
Tinea, .....	1	Synechia, .....	2
Lippitudo, .....	4	Occlusion of Pupil, .....	2
Symblepharon, .....	1	Prolapse of the Iris, .....	1
Tumors, .....	3	DISEASE OF THE CHOROID.	
DISEASES OF THE LACHRYMAL ORGANS.		Choroiditis, .....	2
Strictures of the Canalicula, .....	1	Atrophy, (Amaurosis) .....	3
Strictures of the Nasal Duct, .....	1	DISEASE OF THE RETINA.	
Mucocele, .....	3	Retinitis, (Amaurosis) .....	1
DISEASES OF THE EXTERNAL MUSCLES.		Retinitis Pigmentosa, (Amaurosis) .....	1
Strabismus, .....	4	Effusion upon Retina, (Amaurosis) .....	1
Nystagmus, .....	1	DISEASE OF LENS AND CAPSULE.	
Diplopia, .....	1	Soft Cataract, .....	1
Paralysis of External Rectus, .....	1	Hard Cataract, .....	2

DISEASES OF THE COJUNCTIVA.		Traumatic Cataract, .....	1
Conjunctiva	Simplex, .....	DISEASES OF VITREOUS HUMOUR.	
"	Catarrhal, .....	Effusion in .....	1
"	Phlyctenular, .....	DISEASES OF THE OPTIC NERVE.	
"	Granular, .....	Paralysis from cerebral injury.	
"	Graular with ulcers of	(Amaurosis).....	1
	Cornea, .....	DISEASES OF ACCOMMODATION.	
Pterygium, .....	2	Presbyopia, .....	1
DISEASE OF THE CORNEA.		Myopia, .....	2
Nebulæ, (Scrofulous)	.....	Asthenopia, .....	1
"	(Syphilitic), .....	DISEASES OF THE BALL OF THE EYE.	
Central Leucoma, .....	3	Ophthalmitis, .....	1
Pannus, .....	2	Atrophy, .....	4
Keratitis, .....	2		

## SUMMARY.

Diseases of the Lids, .....	12	Disease of the Retina, .....	3
"	"	Lachrymal organs, .....	5
"	"	External muscles, .....	7
"	"	Conjunctiva, .....	35
"	"	Cornea, .....	11
"	"	Sclerotic, .....	0
"	"	Iris, .....	7
"	"	Choroid, .....	5
Total, .....			100

The proportion in which ophthalmic cases exist in proportion to a given population it would be difficult to ascertain; I will, however, venture the statement that they exist in this vicinity to the extent of about one per cent.

Hamilton, C.W., Sept. 12, 1862,

## EDITORIAL DEPARTMENT.

## TREATMENT OF DIPHTHERIA.

How do you treat diphtheria? or how is diphtheria treated in Buffalo? is the daily inquiry of our correspondents, and for the purpose of answering to the best of our ability these questions from our friends, we will publish what we should otherwise very often write. We shall hardly attempt to answer fully the latter inquiry, but we can more easily, and perhaps more properly, speak of what we do ourselves in the treatment of this, to us, somewhat new, and important form of disease.

The *treatment* is the thing mostly inquired about; origin, nature, mode of propagation, diagnosis, natural history, prognosis, complications, &c., &c.



are fortunately for us, sufficiently well understood, and we have only to answer the inquiries, upon the subject of treatment. It may not however be inappropriate for us to say, before writing our prescriptions, that we regard the disease as a general or constitutional one, and benefitted mainly and almost exclusively by remedies addressed to the system generally, rather than by applications to the throat and fauces, which may or may not, manifest the usual exudation.

We are induced to consider this point a little, since it is not infrequent that we are asked, What applications do you make to the throat and fauces, or regard most valuable in the treatment of diphtheria? In some cases where the exudation was very abundant and extended into the larynx and upper portion of the trachea, constituting what is often called diphtheritic croup, we have been seduced into the use of the various topical remedies recommended. The severest case of this character we have seen recover, received no local applications whatever, and if we may be allowed to express our own private views upon a point where so great differences of opinion are entertained, we should give it as our growing conviction, that all applications made locally to the exudation when seen upon the tonsils and fauces, are not only worthless and distressing, but positively injurious, and that if the exudation is removed, nothing whatever is thereby gained towards overcoming the disease or mitigating the distress.

If we were brought to the confession, we should be forced to acknowledge, that previously, we did use local remedies, while at the same time, we should claim in mitigation that we were early in abandoning all caustic and irritating applications and advocating the more rational practice of local, "*non interference.*" We have seen the exudation often extend to the nasal passages and form in great abundance, and yet the amount, or extent of surface covered in no degree indicate the severity of the disease or its removal or disappearance mitigate the severity of the general symptoms; the prostration, frequent and feeble pulse, anorexia, oppressed and rapid respiration, cough, &c., &c. would yet remain unchanged. When by any alteration in the disease the exudation shall disappear, it does not constitute a cure, but simply the subsidence of one of the prominent symptoms of the disease, indicating a favorable termination, but by no means constituting such a result. It may be said, that the applications to the throat are not designed to effect the exudation only, but to overcome the irritation and inflammation of the mucous membrane. This is all very well, being sure

that the irritation is not increased rather than diminished, and bearing in mind the limited surface which can be subjected to local medication.

The severer attacks of diphtheria are often fatal, while the disease in its milder and much more common form almost always terminates in recovery; that these terminations are greatly influenced by medication is by no means established, unless we make exception in favor of unfavorable result, since much may be done which is prejudicial, while less remains to be accomplished which is certainly beneficial. The natural history of this disease has not been, so far as we are informed, carefully noted; most cases have been subjected to some form of medication, and favorable results attributed to its influence.

After observing quite an extensive variety of cases in all forms of severity, and also noticing cases with, and without medication, we should now, if left to follow our own course, unbiased by any influences, recommend very little, and in some instances not any medicine. We should advise stimulants, food, beef essence, milk punch, and support generally, in any available form. Restlessness and pain we should allay with anodynes. We generally prescribe Dover's powder and quinine, but we have never been able to see any differences if the quinine was omitted. This article of the materia medica has grown into so universal favor that, whatever may be the disease, it is quite unsafe to neglect it; if the practitioner would leave nothing important for council to suggest, he must never omit quinine. When it is given in usual quantities, in conditions of debility, none of the common and visible effects of this remedy appear, and the only evidence of the action of the article or of its value, is to be found in subsequent improvement in the symptoms of the disease, which often appear, wholly independent of its influence. It is advised then in this disease upon theoretical belief in its tonic properties, rather than from any practical evidence of its value; it is given in this, as in almost all low forms of disease on account of its reputation as a tonic, while this reputation has been gained by its acknowledged and eminent virtues in controlling and arresting intermitting disease; its virtues as a tonic being much less fully established.

Chlorate of potash is an exceedingly fashionable remedy, and we are in the habit of prescribing it, mostly however from the certainty, that at least it will do no harm. That it exerts a favorable influence upon the urinary secretion is not improbable. Solution of chlorinated soda as a mouth-wash or gargle, affects as pleasantly the throat and fauces as any remedy with which we are acquainted, especially in cases of great fetor of the breath does this remedy appear efficacious.

To answer the question, how is diphtheria treated in Buffalo? giving the bill of fare in items and quantities, would hardly be consistent with our purpose. We have little doubt but all the different articles and plans recommended upon the face of the globe have been more or less faithfully tried, and cases terminating favorably have been regarded by some as cured by the medication and by others as having recovered in "spite" of it.

Alterative doses of calomel are considered as indispensable by a few practitioners, and its neglect or omission regarded as a fatal mistake, though we do not think physicians generally, or to any great extent, adopt this practice.

Local applications are more or less in use. Nitrate of silver, muriatic acid, sulphate of zinc, muriated tinc iron, &c., yet the use of these articles, has of late, greatly lessened.

We shall not regard it necessary to speak of the various complications of this disease, or the treatment they require, and yet we desire to say in passing, that diphtheritic croup, in some cases, so closely resembles membranous croup, that we have no means of differential diagnosis. It often complicates many of the eruptive fevers; it may appear simultaneously with them, and with other diseases. In all cases, however, the general plan of treatment remains unchanged, though the severity and danger of the illness is greatly augmented.

There are a great many questions which suggest themselves without being asked, and we should be glad to consider many of them in this connection, but must defer for future opportunity. If any of our friends desire to answer for themselves the questions which have been so repeatedly proposed to us, our pages are open for the publication. We have only attempted to speak briefly upon the point of *treatment*, and have omitted almost everything which we most desire to say upon the subject of diphtheria.

---

#### TRIBUTE TO THE MEMORY OF DR. SPRAGUE.

At a special meeting of the Erie County Medical Society to take action upon the death of Dr. A. S. Sprague, the meeting was organized by Dr. Samo, the President, taking the chair, and the appointment of Dr. Burwell as Secretary *pro tem*.



Dr. Samo, on calling the Society to order, remarked at some length upon the talents and great worth of the deceased. Drs. Congar, Loomis, Rochester, Burwell and Wyckoff also severally paid their tribute to his energy and success in the practice of his profession as well as to the great kindness and goodness of his heart.

It was then resolved that a Committee of three be appointed to express the sense of the Society upon its loss in the death of Dr. Sprague. Drs. Loomis, Wyckoff and Burwell were appointed such Committee.

*Resolved*, That we hear with deep feeling, of the death of our associate, Dr. Alden S. Sprague, one of the oldest, most active and influential of the members of this Society. Stricken from among us, many years ago in the midst of his greatest usefulness and fame, and still remembering him as he was in the vigor of his professional career, the Society has sympathized with him in his confinement during his long and grievous illness, and now mourns the final separation of those bonds of friendship and professional brotherhood which were so pleasant in the days of his activity and usefulness. His virtues as a man, his enterprise as a citizen, and his great energy, excellence and talent, as a Physician and Surgeon, placed him at all times, among the first of our citizens, and in the front rank of our profession; while his devotion to the interests of his patients and his ready, self-sacrificing attention to the calls of the indigent and needy, endeared him to the hearts of all, the poor as well as the rich, of those so fortunate as to come under his professional care.

*Resolved*, That we tender our sympathy and condolence to the members of his family, and that a copy of these resolutions be given to them.

*Resolved*, That we will attend his funeral to-morrow at 2 o'clock in the afternoon, in a body.

*Resolved*, That these resolutions be inserted in the Buffalo Medical Journal, and a copy of them be given to the press for publication,

Dr. Wyckoff offered a resolution that the Society appoint the following gentlemen as bearers: Drs. Bristol, Pratt, Barnes, Congar, Samo, Mixer, Lockwood and Burwell.

On motion the Society then adjourned.

G. N. BURWELL, *Sec'y pro tem.*

---

*Surgeon-General of New York.*—Gov. Seymour has appointed Dr. John V. P. Quackenbush of Albany, Surgeon-General of New York. Dr. Quackenbush is a professor in the Albany Medical College, and has an established reputation not only for professional ability, but also for courtesy and business capacity.

## SELECTIONS.

*From Braithwaite's Retrospect.*

*Subcutaneous Injection of Quinine.*—Dr. Chasseaud finds from a great number of experiments, that one or two grains of quinine in solution injected into the cellular tissue of the arm, are equally, if not more efficient in arresting fever than the large doses hitherto found necessary. This method is also free from the unpleasant symptoms sometimes produced when a large dose of quinine is taken by the mouth. Make a saturated solution of quinia in alcohol, and of this, inject as much as is equivalent to two grains, under the skin of the arm, avoiding the large veins. One curious effect produced, is that the patients generally fall into a quiet sleep for some hours. The great expense of sulphate of quinine, apart from the merits of the discovery itself, render this of great importance.—DR. J. M'CRAITH.

*Typh Fevers.*—Typhus and typhoid fevers are but different types of the same disease, that is, arising from one common cause. No uniform plan can be adopted in treating fever, each single instance must be treated by itself, and symptoms must be met as they arise. Provided it be seen early the typhoid type is, of the many forms of fever, the one most amenable to treatment. When required by the severity of the local symptoms, never hesitate to have leeches applied over the right iliac region, and, in some cases, a blister over the same part is very useful, and is often followed by the best results. In the diarrhoea of typhoid fever the best remedy is the dilute sulphuric acid, in the proportion of one to three drachms to the eight-ounce mixture. Such medicines as chalk, gallic acid, lead and opium are often unavailingly used. The rule should be to gradually lessen the diarrhoea if too severe, never suddenly to stop it. In mild cases use the acid infusion of roses, and, when there is pain, from two to six drops of laudanum in each dose of the mixture, commonly answers well. When there are signs of irritation in the colon, and more especially when there is tenesmus, an anodyne enema acts like a charm. The use of salines or alkalis in any disease of a lowering type is to be avoided. Even carbonate of ammonia is too indiscriminately used. A very few doses of it will frequently bring on diarrhoea. Perhaps stimulants as a class are too indiscriminately used—brandy, wine, and beef-tea are constantly spoken of as being given to the same patient. Judgment must be exercised, for the effects are not the same. Thus wine may be given with much less risk than beef-tea.—DR. H. KENNEDY.

*Typhoid and Scarlet Fever—Chlorine and Milk.*—From the very commencement of a fever there is a very great loathing of all kinds of nourishment; the bare suggestion of food creates a shudder. Yet milk will always be found grateful. It is the most unirritating and digestible food possible. Dr. Thielman writes that "he had never seen delirium occur during the progress of any fever under the influence of a full diet of milk, as after broth." If the stomach will bear it gruel may be given, made as thick as good cream, and with two-thirds milk. After the first two or three days of antiplogistic treatment, the internal and external use of chloroform and chlorine is most beneficial. Let the chloroform be given in small doses at first, and increased; after each dose a great calmness and inclination to sleep is produced, unattended with any adverse cerebral symptoms. The chlorine may be administered internally either as chlorate of potash or very dilute hydrochloric acid. Chlorine, thus given, at once destroys the putrid effluvia thrown off from the various secretory surfaces of the body, so injurious both to the patient and his attendants. The body may be sponged twice a-day with tepid chlorinated water. Change of linen and of bed, where two beds can be placed in the same room, will contribute greatly to the general welfare and convalescence of the patient. Wines, all soups, and jellies, should be deferred until the termination of the febrile symptoms.—C. T. EDWARDS.

*Chlorine and Chlorine Acids.—Nitric and Nitrous Acids.*—There is a remarkable difference between the action of the chlorine acids and nitric and nitrous acids in scarlatina. The former appears to exercise a direct action upon the morbid poison, while the latter possesses no therapeutical effects. The chlorine acids are to the morbid poison of scarlatina what the nitric and nitrous acids are to typhoid fever. These oxygen acids have proved the most valuable therapeutic agents in typhoid fever. These two sets of acids take precedence of ammonia as therapeutic agents. The mineral acids are, however, quite contraindicated when cerebral symptoms are present. The acids must not be combined with other remedial agents which tend to mask their action, but a few drops of ipecacuanha wine and syrup of poppies may be added to nitric acid, or to the hydrochloric, should bronchial or pulmonary complications require; and where tonic treatment is necessary, they may be combined with bark and quinine. If nitric acid has been given in excess, the tongue becomes very red, and the use of the remedy must be desisted from. The rapidity with which nitric acid clears away the dusky hue, and brightens the countenance, by decomposing the morbid



poison of the blood, is very remarkable in case of typhoid fever. This dusky hue does not depend upon feeble action of the heart, for ammonia is found often to increase the mischief, probably from its having an affinity for the morbid matter contained in the blood.—DR. H. OSBORN.

*Zymotic Diseases.*—Let that be admitted, of which there can be little question, that zymotic diseases depend on the presence and action of specific ferments in the blood, the question arises, is it possible to neutralize them? (Claude Bernard has established the fact that fermentation may arise in the blood and give rise to poisonous principles which may in their turn produce certain grave accidents in the living frame.) We possess in sulphurous acid, when combined with salifiable bases, a means of controlling and neutralizing morbid ferments in the blood of living animals, without in any way vitiating its qualities, so as to render it in any way incapable of maintaining life. Not only sulphurous acid, but also its combinations with earths and alkalies, such as the sulphites of soda, potash, magnesia, and lime, possess in a supreme degree the power of arresting all known organic fermentations, and putrefactive metamorphoses of animal solids and liquids. It never acts as a poison on the living<sup>o</sup> organism as do many other substances well known for their antiseptic properties.—DR. J. POLLI.

*Delirium Tremens.*—The following is Dr. Laycock's rational plan of treating delirium tremens without the use of opiates. Let the patient be put to bed, his hands and face washed, and let the room be kept cool and sweet. No mechanical restraint must be attempted, but the patient governed by a calm, gentle, yet firm and positive manner. Food should be administered in a concentrated form, in small quantities, every two or three hours. If the breath smells of drink, await the elimination of the poison, unless there be reason to suspect an overdose, when a gentle emetic may be prescribed, and the stomach emptied. When food has not been taken for several days, and the hallucinations are of a frightful or distressing kind, and especially when the pulse is very quick and feeble, the first sound of the heart heard indistinctly, the tongue coated, œdematous, and flat or indented at the edges, wine and brandy may be administered medicinally with advantage.—DR. T. LAYCOCK.

A curious case is related in which delirium tremens did *not* result from drink, but from great mental excitement. Forty drops of laudanum with fifteen drops of chloroform, induced sleep within half an hour of administration. This combination is one of much value in the treatment of delirium tremens.—MR. A. MURPHY,

*Croup—Veratrum Viride.*—It is probable that veratrum viride will prove a substantial addition to our means of controlling inflammatory disease. It acts clearly as a depressor of the circulation. Given in croup it causes sickness, less frequent pulse, and general relief to the symptoms. Two minims of the tincture should be given every hour.—DR. C. HANDFIELD JONES.

*Pleurisy.*—Blisters at the commencement of pleurisy invariably protract the duration of the inflammation, and make it more severe. The property of cantharides is to cause and augment that very fibrinous state from which the membrane is already suffering. Exposure to cold and to changes of temperature by baths and the like, makes it worse, as do strained postures of the body and exercise. Opiates also cover up the evil with an anæsthetic mask, and prevent the patient knowing how he really is. Mercury, again, is an unnecessary call upon the whole system to make destructive sacrifices for the sake of a very small and not important member. Purgatives do no good, and expose the patient to catch cold at the water-closet. On the other hand, the application of six to twelve leeches gives immediate relief. After these come off, apply a very large poultice, and continue the use of poultices for several days. Take care not to follow the application of invigorating warmth by the depressing influence of cold. The poultice must be kept on hot until all pain is gone, and the breath can be drawn quite freely and easily.—DR. T. K. CHAMBERS.

---

Dr. H. B. Moore, of Coldwater, Michigan, reports in the *Chicago Medical Journal* for January, a case of strangulated inguinal hernia, in which three and a half inches of mortified intestine were removed by excision, which was accomplished by raising the intestine and dividing the mortified portion entire down to the mesentery. The opposing ends were brought together and secured by four stitches or interrupted sutures. On the fifth day after operation fæcal evacuation occurred, and again the eighth day freely. Upon examination of the bowel removed, it was found to contain, besides some fæcal matter, three desert spoonsfull of blackberry seeds, four plum stones, and several fragments of chicken-bone from one-fourth to five-eighths of an inch in length. Patient said she masticated her food imperfectly on account of defective teeth. Two months after operation, patient considered herself well, the bowels having resumed their natural action,

## BOOKS REVIEWED.

*Consumption in New England, or Locality one of its Causes. An Address delivered before the Massachusetts Medical Society. By HENRY I. BOWDITCH, M. D. Boston: TICKNOR & FIELDS, 1862.*

The two following propositions contain the essential points of this Address:

*First.*—A residence on or near a damp soil, whether that dampness be inherent in the soil itself, or caused by percolation from adjacent ponds, rivers, meadows, marshes or springy soils, is one of the primal causes of consumption in Massachusetts, probably in New England, and possibly in other portions of the globe.

*Second.*—Consumption can be checked in its career, and possibly, nay, probably, prevented in some instances, by attention to this law.”

“I lay down now before you, as among my *medical axioms*, the following statements:

1st—*Consumption is not, as some writers have contended, epidemic equally in every part of New England; but there are some localities where it is very rife, and others where it is vastly less destructive than in the State at large.*

2d—*There is a law, hitherto scarcely noticed, or but vaguely hinted at by one or two individual writers, but (as I believe) never proved until now, which is one of the main causes, if not the sole cause, of this unequal topographical distribution of consumption in New England.*

3d—*This law is intimately connected with, and apparently dependent on, the humidity of the soils, on or near which stand the towns, villages, or even single houses, where consumption prevails.*

4th—*The existence of this law of soil-moisture, as one of prime causes of consumption in New England, can be proved, as I think, by several lines of argument, resting on actual facts obtained either from public or private records, statistical data, or the opinions of physicians, practicing medicine in various parts of New England.”*

The proofs of the above propositions, and the arguments which sustain them, constitute the Address. A map of Massachusetts is made, showing the locations where consumption is rife generally in the town, or in localities or houses, more so, than in the town generally; also where the disease is quite common in every part of the town, and still more so in certain localities, and also where it is more rarely seen in the town as a whole, but in which are found certain localities peculiarly affected by it; and lastly



towns in which consumption is rare. The Address and accompanying explanations and illustrations, make up a book of over one hundred pages, which shows great expenditure of time and thought. The reputation of the author as a physician practically and extensively engaged in the special study and treatment of diseases of the lungs, will insure consideration for the doctrines he advocates; while the ability with which he has presented his facts and arguments, will prove almost irresistible in gaining assent to the propositions he has attempted to prove.

---

*The Retrospect of Practical Medicine and Surgery; being a half-yearly Journal, containing a retrospective view of every discovery and practical improvement in the medical sciences. Edited by W. BRAITHWAITE, M. D., late Lecturer on Midwifery, and the Diseases of Women and Children, at the Leeds School of Medicine, etc, and JAMES BRAITHWAITE, M. D., London. New York: Published by W. A. TOWNSEND.*

Every practicing physician should subscribe for this book. We have no occasion to speak of its practical value, since all physicians are fully aware that every valuable improvement in practice of medicine and surgery will be more or less fully considered in this half yearly abstract. It is our opinion that there is no one in the practice of our art who can afford to neglect subscribing for Braithwaite's Retrospect.

---

#### BOOKS RECEIVED.

*The Principles and Practice of Obstetrics. By GUNNING S. BEDFORD, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; author of "Clinical Lectures on the Diseases of Women and Children." Illustrated by four Colored Lithographic Plates and ninety-nine wood engravings. Third Edition, carefully revised and enlarged. New York: WILLIAM WOOD & Co., 61 Walker street.*

*The Physiology of Reproduction, and Origin of Sex; giving a full and Scientific explanation of the new discovery by which either sex may be procreated at the option of the parents, and being the only correct exposition of the subject ever published. By J. H. SANBORN, M. D. New York: OLIVER TRAMWELL & Co., 1863.*

*Biennial Report of the Board of Trustees of the Michigan Asylum for the Insane, for the years 1861-2. By Authority. Lansing: JOHN A. KERR & Co.*

*Reporter of the New Patent Artificial Leg, published by D. DEFORREST DOUGLASS, Inventor and Manufacturer, Springfield, Mass. Fourth Edition, 1863.*

*The Surgical Adjuvant, and reporter of Surgical Apparatus, Artificial Limbs, etc.,* by E. D. HUDSON, M. D. *New York: Office, Clinton Hall, up stairs.*

*On the Pathological Basis of the Treatment of Joint Diseases.* By HENRY G. DAVIS, M. D. *Read before the New York Academy of Medicine.*

*Sanitary Commission, No. 39. Third Report concerning the Aid and Comfort given by the Sanitary Commission to Sick Soldiers passing through Washington.* By FREDERICK N. KNAPP, *Special Relief Agent.*

*Sanitary Commission, No. 59. Fourth Report concerning the Aid and Comfort given by the Sanitary Commission to Sick Soldiers passing through Washington.* By FREDERICK N. KNAPP, *Special Relief Agent.*

*Bulletin of the New York Academy of Medicine. Nos. 1-4. Subjects: Albuminuria—Vomiting in Pregnancy.* *New York: BAILLIERE BROTHERS, 440 Broadway.*

Subscriptions received for the current year of the Bulletin. Price, \$1.

---

PERSONAL.—Dr. W. W. Potter, formerly Assistant Surgeon 49th N. Y. V. has recently received appointment as *Surgeon* to the 57th N. Y. V. Dr. Potter has served with the 49th N. Y. for the last eighteen months, and will bring a very good and well earned reputation to the field of his new appointment. Dr. P. is from Colesville, and a graduate of the University of Buffalo. He has had a very varied experience during his service; was taken prisoner on the 29th June and retained three weeks, (long enough to get a glimpse of "rebeldom,") and was released with the first prisoners who were exchanged under the cartel.

---

The homœopaths have again appealed to Congress to experiment with infinitesimals in the treatment of sick soldiers, and the Committee to whom their petition was referred has asked to be discharged from its consideration. It was not surprising that homœopathy should clamor for recognition while a homœopathic commanding General was its patron: but now that he is superseded, and the medical staff is being thoroughly purged of all its incompetents, it is remarkable that the advocates of this delusion should presume to ask admission to the medical service. They would, if admitted, meet with a summary dismissal.—*Med. Times.*

Dr. Morton, the alleged discoverer of the application of ether to practice, has again appealed to Congress for Compensation for the use of this agent in the Army. It will be remembered that a similar claim was pressed through both houses several years ago, but failed to obtain the President's signature. Dr. Morton subsequently appealed to the medical profession for relief, and large sums of money were freely subscribed in Boston and New York towards a national testimonial. Recently the patent expired, and a renewal was refused. Dr. M. then instituted a suit against the N. Y. Eye Infirmary, but failed to establish the right of prosecution. He now returns to Congress, and renews his petition for compensation. If he was ever entitled to anything the Government should be the donor.—*Medical Times.*

---

#### ERIE COUNTY MEDICAL SOCIETY.

This Society met Tuesday, January 13, 1863, Dr. J. B. Samo, President, in the Chair. Dr. J. R. Lothrop was appointed Orator for the next meeting, and Dr. Parker of Clarence, as substitute. The annual election resulted as follows:

Dr. Charles Winne, President; Dr. C. C. Wyckoff, Vice President; Dr. Leon F. Harvey, Secretary; Dr. Wm. King, Treasurer; Dr. J. B. Samo, Librarian,

*Primary Board.*—Dr. C. L. Dayton, Dr. George Abbott, Dr. P. P. E. Tobie.

*Censors.*—Dr. J. Boardman, Anatomy, Physiology and Surgery; Dr. J. Cronyn, Practice of Medicine and Obstetrics; Dr. O. K. Parker, Materia Medica and Botany; Dr. J. R. Lothrop, Chemistry and Pharmacy; Dr. H. M. Congar, Medical Jurisprudence and Pathology.

No business of importance was transacted,

LEON F. HARVEY, Secretary.

---

*Discontinuance of the British American Medical Journal.*—It is with deep regret we notice the discontinuance of the *British American Medical Journal* with the issue of December, 1862. This Journal has been one of the most ably conducted of our exchanges, and we are mortified in our feelings of pride in the profession of British America, that this Journal should be allowed a discontinuance because “so large a proportion of subscribers are unwilling to part with the subscription price.”

---

*Typographical Errors.*—Our readers will observe numerous typographical errors in the first sheet of this Journal. The *press-work*, as printers call it, was done first, and proof reading or correction afterwards.



BUFFALO

# Medical and Surgical Journal

---

VOL. II.

MARCH, 1863.

NO. 8.

---

## ORIGINAL COMMUNICATIONS.

---

ART. I.—*The Army Surgeon—An Address to the Graduates of the Medical Department of the University of Buffalo, February 24th, 1863,* by THOMAS F. ROCHESTER, M. D., *Professor of the Principles and Practice of Medicine.*

BUFFALO, Feb. 25, 1863.

DR. J. F. MINER:

Dear Sir—As you, and several of my professional friends, have expressed a desire that the following address should be published in the Buffalo Medical Journal; it is at your service. While my thanks are returned for the compliment, justice to myself and to the subject, requires that I should add, that the address was hurriedly thrown together, within the last ten days, in such time as I could snatch, from extreme professional occupation.

Yours, very truly,

THOS. F. ROCHESTER.

It rarely happens, on an occasion like the present, a quasi-professional epoch of annual recurrence, that a theme, suitable for the customary charge or address to the graduates in medicine, should be afforded by any topic of general and popular interest; such, *unfortunately*, is not the case, in this sad year of war and wicked rebellion, A. D., 1863.

In selecting "The Army Surgeon" as the title of his discourse for this evening, it has seemed to the writer that the subject pertains to the whole audience, directly or remotely, as well as to that small portion of it comprised by those who have just received the Academic honors, to which it is hoped they are fully and honorably entitled.

VOL. 2, NO. 8—29.

When, on the 12th of April, 1861, the lightnings were discharged from the ominous war cloud that had so long darkened the southern horizon, when the reverberations of beleaguered Sumpter's guns woke a responsive echo in every patriot's breast; when the great heart of a wounded and insulted nation—wounded by a most foul and parricidal blow, pulsated with a thrill that vibrated from the shores of each ocean barrier, and extended to the utmost limits of the loyal north; when the proud, strong Mother, America, uttered her cry of sorrow, anguish and anger, how eagerly and earnestly did her sons answer her appeal for succor, and none more promptly than those who had made medicine their profession. What their position, and what their labor and duties, let us now endeavor to describe. According to the Army Register, the grade of the Medical Corps is as follows:—Surgeon General, with the rank of Brigadier General—Assistant Surgeon General, with the rank of Colonel,—Medical Inspector General, with the rank of Colonel,—Medical Inspector, with the rank of Lieut. Colonel,—Surgeon, with the rank of Major,—Assistant Surgeon, with the rank of Captain,—Assistant Surgeon, with the rank of 1st Lieut.,—Surgeon of Volunteers, with the rank of Major. The salary of the Surgeon-General is \$2,740 per annum; that of the others gradually falls to \$1,500. These sums include the allowance made for rations, horse keeping, servants' wages, et cet. It will be seen that the remuneration is less than that of other officers of the same grade; it is not much more than sufficient to pay necessary expenses. The duties of the first four (in grade,) are administrative and supervisory, and involve an immense amount of labor, talent and discretion; but as these services are, to a great extent, bureaucratic, and thus foreign to the illustrative purpose we have in view, while we pay tribute to their worth and indispensability, let us pass to the consideration of those who are in direct personal relation with the rank and file of the army, viz: the hospital, field and regimental Surgeons. Of these, there are about 2200 in the service, besides some 1500 Contract Physicians, engaged by the month for specific duties; a brigade in itself, and yet, in point of numbers, by the last report of Surgeon-General Hammond, entirely inadequate to the work in hand. Through his efforts, a bill was recently introduced into Congress, to increase this force, but through most mistaken notions of economy, failed to pass. "Instead" says the American Medical Times, "of meeting the questions which the measure suggests, fairly and candidly, SENATORS played upon each others sympathies, by relating incidents of the cruelty of medical men to sick soldiers, of their incompetency, and even of their knavery. Not a Surgeon

was spoken of in a complimentary manner; of the large number who have been killed, while caring for the wounded on the field of battle, there was not a breath of praise," and, let us add to this comment upon legislative action, that, while we admit that in so large a number of men, there must, from mere human infirmity, be some fools and some knaves, as a body, the medical corps may safely challenge comparison with any department of the army. Every full regiment is entitled to a Surgeon and two Assistant Surgeons, the second Assistant having been recently allowed as the necessary labors have been found to be more arduous than anticipated, and also to the intent that there should always be two efficient Surgeons, should sickness or casualty befall one medical attendant. The duties of these officers commence with the organization of the regiment; they should, in fact, be preliminary to the enrolment of men enlisted by the Recruiting Officer. Every applicant should be thoroughly examined, and if any of the many infirmities are detected, that *technically* constitute "physical disability," those thus disqualified should be rejected at once. It is true that the examination required by law, is generally formally made by some medical man, appointed by the Government for that purpose, (reference is here made exclusively to Volunteers,) but this duty would be much better performed by the Surgeon of the regiment. Their *amour propre*, respecting the efficiency of their *own* regiment, and the prospective lightening of their necessary professional labors, to say nothing of duty and patriotism, would cause them to be careful and particular in their investigations. One well meant error has often been committed,—the enlistment of boys. It is no longer venial, for we have learned from sad experience, the justice of Napoleon's indignant remonstrance with the Legislature of France; "Shame on you! I demanded a levy of three hundred thousand *men*, but I must have *grown* men. Boys serve only to fill the hospitals and encumber the road sides."

But there are abuses that are little dreamed of in the formation of volunteer regiments, pardon the digression while reference is made to them, in hopes that the exposure may prevent, in some measure, their continuance. Recruiting officers, whose commissions are dependent upon their enlisting a certain number of men, are little scrupulous as to the quality of the material they get together, and noble and patriotic and self-sacrificing as are the motives of a majority of our citizen soldiery, there are many, very many, who enter the hallowed ranks of the champions of Union and Liberty, only to pollute and weaken them. Impelled by destitution, by greed of possible lust and rapine, by large bounty, by fear of draft, by commutation of sen-



tence of imprisonment, hundreds of wretches, some half blind, some deaf, some maimed, some fearfully and incurably diseased, have contrived to pass the medical examiner. They are counted, on the one side, as "good enough to stop a bullet," on the other, (*i. e.* by themselves,) as having no such intention; they never mean to be brought under fire. When they have secured their bounty, they desert, or they go into the hospital and stay in it, or they obtain sick leave and prolong it, indefinitely, still sporting their buttons, or they visit Washington, and when they have staid there long enough, their physical disability is made apparent, and they are sent home, at the expense of the government, to prolong their impostures, exciting the commiseration of many, as patriotic soldiers, worn out by the toils and privations of war. If forced into action, these are the skulkers, the panicists, the stragglers,—Sad as is the avowal, these are no random assertions; the speaker is personally cognisant of blear eyed, of deaf, of lame, of consumptive, of epileptic, and of otherwise diseased persons, who have been admitted into volunteer regiments, either through their own falsehood, or through the aid and connivance of would-be-officers, who, when remonstrated with, replied, "oh, we keep these fellows until we perfect our organization," *i. e.* our commissions, "they will never be mustered in"—but they contrive to be, most of them, and are only mustered *out*, when a fight is imminent. In view of these facts it is easy to understand the deterioration, the demoralisation, and the decimation of which we hear so much. It can scarcely be credited, and yet it is stated, on the best authority, that a single Medical Inspector in New York City has regularly passed two hundred and fifty men, daily, occupying eight hours each day. The examination of each recruit in this case occupied, on an average, less than *two minutes*," (*American Medical Times*, August 30, 1862.)—15 cents each, inspection fee, \$37.50 per diem. The inference is obvious. Were this inspection duty in the hands of the proper surgeons, each for their own regiment, the evil could not attain any magnitude, but the medical officers, usually the very last appointees, take the rank and file as they find them. The newly formed regiment is at its rendezvous in camp or in barracks. At first the medical care is chiefly hygienic—the food is examined as to quantity, quality, and cookery; water as to sufficiency and purity; sleeping and living apartments as to neatness, ventilation, sunlight and miasmatic exposure, dampness, and crowding; clothing as to protection, warmth, and durability; vaccination and re-vaccination, to secure the inestimable boon of Jenner; proper cloacæ for the reception of the waste and debris, engendered of necessity wherever human beings are long congregated

together; the selection and arrangement of suitable hospital accommodations for all who may be ill or injured; and the securing and preparation of proper medical and surgical stores and supplies. Every morning, at a special hour, "sick call" is held, when the orderly sergeant of each company hands in a list of all persons either ill or claiming to be so, those who are able, accompanying him to the surgeon's quarters, where they are prescribed for, the hospital steward dispensing medicines as directed. Those too ill to present themselves, are visited and sent to the hospital or hospital tent—this latter is 14 feet long, 15 feet wide, 11 feet high in the centre, and  $4\frac{1}{2}$  feet high at the sides. It is so constructed that it may be enlarged in length to any extent desired; each hospital tent will accommodate comfortably 8 or 10 patients; three of these and one "Sibley" and one common tent are allotted to each regiment for the use of the sick and their attendants. "Sick call" does not preclude all requisite attention at other hours. The surgeons find it necessary to be extremely particular in their examinations, as men often feign various diseases very adroitly, in order to escape drill, picket duty, and other required service. Too much importance cannot be attached to the location of camps and barracks. The responsibility of the selection of place should rest with the Medical Director, or in his absence with the regimental surgeon. For want of proper surveillance in this respect, an infinity of disease is often engendered, of which one instance, leading to terribly disastrous results, has recently come to the knowledge of the speaker. The 161st Regiment N.Y. Volunteers, composed of able bodied men, mostly farmers' sons were ordered to rendezvous at Elmira, preparatory to being mustered into service. They were placed in barracks, shockingly located, that had been repeatedly occupied, that were not suitably ventilated, and had not been properly cleaned and purified. The walls and the floors were reeking with the typh poison of animal and vegetable effluvia. Like a great vampyre trap, it was thirsting for victims; and they came. Soon these stalwart sons of the soil, types of manhood, began to sicken, a low fever, a blood poison commenced its fatal work. The regiment had met a foe more deadly than the bullet, it was more than decimated. So general and so terrible was the pestilence, that to avoid annihilation, the regiment was disbanded, the men were scattered, but the fever fiends went with them to their homes and seized them there, and not only them, but their friends and attendants. The lesson is a severe one; let us hope it was not lost.

It has been stated above that the responsibility of selection of place should rest with the surgeon; this, however, is not sufficiently recognized

for it often happens that that officer is not even consulted respecting location. "At the home camp or barracks," says Dr. Hunt, "the surgeon is nobody, but away on the march, after a week of camping and bivouacing, he is the real Colonel of the regiment." Making due allowance for this figure of speech, the idea inculcated, is the importance of the position, and the necessity of its being properly filled; and this leads us to say a word as to the appointment of medical officers. In New York, and in most of the other States, the Governor assigns them to their respective regiments, on the certificate of a Board of Medical Examiners, to the effect that they are duly qualified, having passed the requisite examination. This is true in the main, and if strictly adhered to would be the wisest and safest course, but there are some exceptions. A noted politician and a notorious doctor, ambitious of military honors, visited the State capital, ostensibly to be examined, the form even was omitted. "Your reputation has preceded you," said the polite official. Here is your commission." After a year of incompetency he resigned, and returned a debased and degraded sot. A surgeon, a *strong* man, who had undergone triumphantly a rigid examination, had sought the post in vain. This was perhaps a solitary instance, but there is another well intended error, frequently committed. A regiment is formed; there are many aspirants for the surgery. Some of them from social rather than professional qualifications, receive, in caucus, a majority of the officers' votes. The State authorities are advised of the fact, the *elected* ones pay them a visit, with proper credentials, i. e. with commendatory letters from the officers, and from personal friends, given with good intent, but on insufficient grounds, and whatever the result of the medical inquiry, they invariably return with their commissions. Sad mistakes have occurred in this way, and have been sorely visited upon the injudicious officers who have used their influence to secure the appointment of A. B, or C. This is the source of the announcement, "discharged for incompetency," of which there were no less than twelve in the last fortnight of January, 1863. But let no one suppose that these are but exceptions. Generally the medical staff of the volunteer army is composed of good men and true, of men who go not for place or for gain, but from patriotic and philanthropic motives, who abandon the comforts and endearments of home, and not unfrequently a practice, the emolument arising from which is double or treble the salary they are to receive.

Let us follow these officers of war, whose mission is to save, not to destroy life: whose efforts extend equally to friend and foe, and who combat



only against the diseases of camp and the carnage of battle. On the transport and on the railway car, it is their duty to see that there is proper space and ventilation, to warn against excesses of food and drink, and to attend to accident or illness as they may occur. On the march they note all stragglers, all who fall out from real or feigned fatigue or sickness, discriminating between them, giving a written permit or pass, to the one for the following ambulance train, and ordering the other to his place in the ranks. They report to the proper officer the effect of the weather, of the nature of the country, of the length and rapidity of the march, as to its influence upon the health and endurance of the troops, and are always expected to note and report any condition or circumstance that may in any way prove detrimental to the physique of the army. When a halt is made for the night, the surgeon points out the most appropriate ground to be occupied, especially avoiding marshy or malarious exposure. When the troops bivouac, i. e. lay on their arms, at night, before the foe, the same precautions, are as far as possible, observed. When camp is made more or less permanently, either upon friendly or hostile soil, the surgeons have the same hygienic measures to enforce mentioned as necessary to the primary or home encampment; especially do they have to insist upon sufficient bathing of the person and change of undergarments, and to look to the daily opening and ventilation of the tents. Neatness, air and sunshine being wondrous antiseptic agents. It does not do to pitch a tent for more than a single night on a growing wheat, oat or other cereal field, as fevers, diarrhoeas and dysentery emanate from these green couches of nature.— Care must be taken also that straw employed for bedding is neither damp or mouldy, and that however dry and bright, that it is frequently turned and shaken, as it is thought from parasitic or fungoid growths, to originate a disease akin to if not identical with measles. The great prevalence and mortality of rubeolus disease in both armies, at the beginning of war, has, with some show of reason, been attributed to the general and unaccustomed use of straw.

The hospital tent now begins to find its uses, and the Surgeons ample occupation; they have to study the condition of soil, water and climate, and the process, so called, of acclimation. They have to determine who are fit for full, and who for partial duty; and who from temporary indisposition, should, for the time, be excused from long drills and from the exposures of picket and scouting service. A large amount of writing has always to be done; daily and weekly reports are made, stating not only the

number of sick, and their diseases, but also the number and general sanitary condition of those accounted well. These reports are sent to the medical inspector, and by him embodied with others to the Surgeon-General. After a battle, this clerky labor is immense, as a full and minute statement of all casualties is required. There are always to be made out or signed, applications for leave or furloughs, or for discharge from causes connected with injury or ill health, requiring, absolutely, official examination and certification. Then there are the requisitions for stores and supplies, and the acknowledgment of the receipt of the same. Besides all this, especially with Surgeons of Volunteers, there is a great amount of correspondence with the relatives of sick soldiers; they are appealed to as possessing the only reliable knowledge, and should never, if possible, withhold the desired information. It rests mostly with them, also, to give notice to friends at home, of the severe illness or death of those under their professional charge. It seems proper here to allude to an illness peculiar to *absentees*. It is called Nostalgia, or Home sickness, and effects especially the younger soldiers, the lads of 15 to 20, who have left, for the first time, their tender homes, to engage in the dread struggle that demands every attribute of manhood and self-reliance. The disease manifests itself by great depression of spirits, by extreme nervousness, by inaptitude for exertion, and is soon followed by loss of appetite, and derangement of the digestive functions. It is always aggravated by interruption of communication with home, by losses and disasters, and especially by repeated retreats. If not relieved, it terminates in insanity or death. The Surgeon cannot be too gentle with such patients, he must breathe to them words of hope and encouragement, he must secure for them, if possible, relaxation and exemption from the more arduous duties, for they are neither shamming or cowardly, and if a fight is imminent, they will rush to the ranks, and in the contest prove their valor with the best; and now that this allusion has led us to it, let us examine the Surgeons' duties and position on the battle ground. Notice having been given of the coming engagement, the medical directors select certain contiguous buildings, or sheltered places, with temporary structures, as hospitals for the reception of the wounded. These are assigned to the requisite number of surgeons, and it is their business to see that everything that can possibly be required is in readiness. (At the first Bull Run, water, sponges and lights were in very insufficient quantity.) The regimental surgeon, his regiment being drawn up in line of battle, selects a position as near as possible, secures such shelter as is practicable, including, if within his power, spring or running

water and shade, prepares his operating table, generally made of camp stools or barrels and two broad boards, plants his red hospital flag, and displays his green sash, as the official badge of his quasi neutral position. The assistant surgeon, with stretcher bearers, and other detailed men, follows his regiment about one hundred yards in the rear; an orderly, carrying a knapsack, containing instruments, bandages, stimulants, et cet., accompanying him. The medical directors and medical inspectors are stationed here and there, to see that their orders are fully carried out,—that the ambulances are properly stationed and supplied, ready to be brought up whenever and wherever necessary, and, in short, to see that no means are wanting to mitigate the sufferings of the injured. These are the preparations, and how much depends upon their efficiency is needless to insist. There is a moment's stillness, 'tis the hush of the tempest; yon flashes a light; 'tis the gleam of a meteor of death. The quiet is broken. The heavy thud of artillery, the rattling of musketry, the screaming of shells, the shouts and the voices, and the commands of men, the trumpet's brazen note, the bugle's call, and the martial music of drum and fife, are all strangely distinct, yet mingled, and over all, as if to veil these scenes of blood and strife, there rises a dim canopy of dust and sulphurous smoke, and under its shade, here and there, lie prostrate the forms of many, a moment before eager and erect, and now, with these sad evidences of mortal combat before him and around him, the surgeon seeks to lessen its horrors. As each soldier is wounded, he passes to the rear, if able, when not, he is carried thither by the ambulance corps, or by two of his comrades, when so ordered by the proper officer, and not otherwise; "for when this is left with the men" says the Duke of Wellington, "in an hour a whole battalion will tail off after some fifty wounded." The surgeon or assistant on duty, directs those slightly wounded to the regimental hospital position, causes those severely injured to be transported thither, and whenever severe hæmorrhage is going on, uses, on the spot, the appliances for arresting it. Those so seriously wounded, that it is manifest they can live but a short time, are tenderly cared for, but are rarely removed, especially when there is pressing necessity to look after those who yet have a chance of life. Operations other than those for staunching the flow of blood, are rarely made literally upon the field. This was not the case however with the gallant Heintzelman, who, while sitting in the saddle, had a bullet extracted from his arm by surgeon Hooker, and then for hours strove to redeem the failing fortune of the day.



An impression prevails that the surgeon is not exposed to the perils of the battle ground. This is a mistake. Staff surgeons remain with their Generals, and are in as much danger as any of the officers. The surgeons who follow closely in the rear of their regiments, are often thrown, by change of position, directly in the line of fire; three were killed outright at the battle of Antietam. The surgeon of the 6th N. Y. Cavalry, in a letter to the writer says: "I have often been exposed to fire in the discharge of my legitimate duties, for I never had any desire to seek unnecessary danger." The red flag of the field hospital is usually respected, not always however in the madness and rage of strife, and in a spot so near the scene of contest, chance shots must occasionally fall. At this, the post of the senior regimental surgeon, operations are made upon those who cannot safely be trusted to the delay and fatigue of further transportation; here shattered limbs are comfortably arranged with temporary dressing; the ambulances are properly filled, and stimulants and anodynes are given to such as require them; here ready wit and mechanical ingenuity are always called into requisition, The store of the usual appliances is often exhausted, and their place must in some way be supplied. An unsupported fractured limb will cause great suffering and possibly death; barrel staves, bands of straw, and even bayonet sheathes, have been admirably employed as temporary splints. A question of precedence as to the surgeon's services sometimes arises. It is a rule of usage, that when officers and privates are equally injured, to first attend to the former, but where a private has the most serious wound, the officer must give way; but disputes on this point seldom arise. Soldiers of all grades manifest great heroism and self-abnegation, voluntarily urging that assistance be first given to those who most need it.

The strife is over; should the day be lost, what is the duty of the surgeon? It is his privilege to retire, he may be ordered to join in the retreat, and if so, should obey, but it is also his privilege to remain with his poor suffering companions, and what man with a human heart would hesitate which to do, At the commencement of this sad war, this was no common sacrifice, for it entailed hardship, imprisonment and threatened retaliatory death, as in the case of Dr. Slocum, Assistant Surgeon in the Navy, and two years ago a graduate of this College. Yet scores who might have saved themselves without dishonor, refused to leave *their wounded*, and from this magnanimity of the federal surgeons arose the subsequent agreement "that surgeons who remained with those requiring their aid, should not be held as prisoners

of war." Should the day be won, or should the battle be drawn, the surgeon must continue his labors. The dread field is explored by parties detailed for the purpose, and through successive days and nights must he prolog the almost unremitting toil. It is unnecessary to more than allude to the great permanent hospitals, more or less remote, to which ultimately the sufferers are removed, but there are two features in connection with them, that must not be passed over. *First*, there are *women* there, the women of America, not hireling nurses, but delicate, fair, sisterly, motherly women, patriots, philanthropists, Florence Nightingales, pilgrims to a shrine more holy than that of Mecca—kind words, cheerful smiles, the light hand that soothes the aching brow, the sympathising heart that listens to the tale of home, that receives the messages, that writes letters, the gentle step that reveals the feminine presence—these are their true *materia medica*, and more potent, often, than all the drugs and appliances of man's rude contrivance. Then are they indeed the "ministering angels" of whom Byron sung so sweetly, mingling albeit the bitter with the sweet.

*Secondly*, there is the powerful aid of the Sanitary Commission; and not only in the hospitals and camps, but on the battle field itself, is this philanthropic association ever foremost in his herculean labors. At Seven Pines, Antietam, Murfreesboro, everywhere, where the battle storm has raged, physicians, nurses, supplies, transportation, and even food, all best of their class, have, through wise forecast and provision, been close at hand and pressed forward, days in advance of the Government trains. How much suffering has been spared, and how many lives have been saved by this most noble private enterprise, it is almost impossible to conceive, much less to narrate. Let us by voluntary aid associations, and in every possible manner, lend a helping hand to this efficient charity.

We have thus briefly sketched some of the labors of the medical corps. As to its general merit, there can be no question, but it is always gratifying to have the corroborative testimony of disinterested persons, and therefore the following foreign statement is quoted: "The Medical Director of the British Army has expressed the most decided admiration of the United States Army Medical Department. He obtains direct information from an agent of his own department, Inspector-General Muir, who is now on a tour of medical observation in our army. General Muir was present at the battle of Antietam, and remarked that no battle field was ever as quickly and abundantly provided with every necessary for the wounded." Of this medical corps what are its rewards and its stimulants to exertion?—nought, save

the proud consciousness of doing good, and of contributing to humanity and to the profession the knowledge gained by a wide and diversified experience; for there is no promotion, no higher rank to look to, and yet, there *are* exceptions to this almost universal rule. At the battle of Palo Alto, twice had a destructive battery been attacked, and twice had the assaulting party been repelled with loss; a third charge was directed, but the men faltered, most of their line officers had been killed or wounded. A young man with M. S. (Medical Staff) upon his shoulder straps, stepped up to the commanding officer, earnestly entreated him, and at length obtained his assent. Dashing to the front, his eyes sparkling, and cap raised on uplifted sword, he cried: "Come boys, he says *I* may lead you." The effect of his enthusiasm was electric; with a wild shout they rushed forward, and this time carried the battery. Their leader was Assistant Surgeon Brown, afterwards the gallant but ill-starred Col. Brown of our glorious 100th Regiment. Peace to his ashes 'neath mournful seven oaks! For this brave deed he received a captain's commission. Strictly, he should not have been allowed to go, but success makes many a fault venial, and this was one like Alvarado Hunter's happily eventuated. At the siege of Sumter, Surgeon Crawford was assigned to the charge of a gun, and for his good conduct was appointed a Major of infantry. Assistant Surgeon Myer, our townsman, is now the head of the signal corps, the creation of his inventive genius, and has the rank and title of Major.

As in civil practice, so in war, the result of the surgeon's labors is not limited to himself or his own era. The extended and diversified experience of a great campaign, always teaches many useful lessons of disease, its course and treatment and of operations new and variously modified. This very war has proved that many an injured arm, that five years ago would have been condemned to amputation, may be saved by the new process of resection and exsection of bone, as just exemplified in the wound of the brave General Brown, who repulsed the rebels four-fold in strength, in their last attack on Springfield. The Crimean war established the efficacy and comparative safety of the anæsthetic agents, chloroform and ether.

War has given to the world many great lights of medicine, as noble and pious old Ambrose Paré, who, on being complimented for his success, gave a lesson to us all, in his modest and earnest reply, "I dressed the wounds; God healed them;" as Hennen, Percy, Guthrie, Larrey, Armond, Richter, Mann and others. May we not have a galaxy of names of American



Military Surgeons as bright as these? The sad occasion is not wanting. May God in his mercy cut it short. May smiling Peace, with Union restored, and Liberty a *reality* to every human being under the folds of the "Star Spangled Banner," again brighten our land now darkened by the shadow of mourning habiliments, that cover so many desolate hearts within the broad limits that extend from Maine to Texas. But if it is His will, that the flames of the fiery furnace of affliction and purification, foredoomed it would seem to every nation, should continue to rage, let us take comfort in the thought, that the mission of *our* profession in the struggle is one of mercy. The University of Buffalo is well represented in her sons in this respect. The two classes preceding your own have furnished at least twelve medical recruits, and how well they have borne themselves is attested by the fact, that where hundreds of applicants have been rejected by the strict examining boards of the regular army and navy, not one hailing from this University is of the number. Two even of your own class,\* whose names you recognise in this evening's list, are now the honored recipients of their professional title in their Country's service, in anticipation of their Academic degree. One there was, an alumnus of older date, a student of one of my colleagues, known to some of you, known and loved long and tenderly by many of you; (†) known and respected for his manly qualities and professional skill, throughout this great city; one there *was*, alas! that it should be so, the Surgeon of our 21st regiment, who has gone to his last home, and who, "good and faithful servant," if ever human being deserved that title, has entered upon his reward. When he accepted the position, every parent, every brother, every sister, every one interested in those who composed this, our first regiment, experienced a sense of satisfaction, confidence and relief, and well was their trust fulfilled. From first to last he more than did his duty; while he was with it, through his precautionary efforts, the regiment was singularly exempt from the sickness that desolated others. So general and well established was the reputation of this "model army surgeon," that his assistance and counsel were constantly sought by the medical attendants of many of the other regiments. He was soon promoted to the position of Brigade Surgeon, and for a time served in that capacity, but would never abandon his regimental position, for said he, "I promised to take care of the boys, and I will never desert them." Dis-

\* Heman Potter Babcock, Assistant Surgeon, U. S. N.; Fletcher M. Follett, Assistant Surgeon, U. S. N.

† The Audience,

charging fully his proper offices, he often extended them; he would visit the exposed pickets, not to see if the men were doing their duty, but to see if they were able to endure and to perform this hazardous service. To many a weary soldier did he send relief, and many a youthful and delicate lad, was, through his interposition, excused from this perilous watch. On the march, he was frequently seen to dismount, and placing a worn and foot-sore comrade in the saddle, would shoulder his musket and heavy knapsack, and thus burdened, walk miles in the Potomac mud. During a battle, on one occasion, he walked coolly into the line of fire, and stood there as calmly as if no danger were near. This was done, not from bravado, for than this, nothing was more repugnant to his nature, but probably he saw some signs of faltering, and sought by his mere presence to encourage and reassure the men. At last came the sacrifice. The fierce battle of Antietam was fought and won. Five days and nights of incessant toil and anxiety followed. The work of at least three men was imposed upon him, and was accomplished, and then, the physical frame that had been upheld by the indomitable will, and the philanthropic soul; the physical frame, long before shattered by the deadly marsh poison, yielded, and he came back to his Lake Erie home, *to die*. His death was more than a loss, it was a calamity. Attest this! bereaved regiment, deprived of guardian as well as physician. Attest this! citizens of Buffalo, by the aching void that your hearts experience. Attest this! medical men of Erie County, by the cherished remembrance of one, whose honor, probity and rectitude will ever sanctify and endear his memory. It is customary, gentlemen, to point an exemplar to those embarking upon the path of professional life. He of whom we have just spoken, possessed, when in your position, no advantages of place or of education to which you may not lay claim. When the inevitable end, which closes every mortal career, comes to you and to us, may it be gilded with as pure a radiance as that which hallows the name of CHARLES H. WILCOX.

---

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

TUESDAY EVENING, February 3d, 1863.

Dr. T. T. Lockwood, President *pro tem* in the Chair. Minutes of the last meeting read and accepted.

*Dr. Lockwood* reported cases of small pox, and gave the particulars of a case where the eruption was of a peculiar character. Spoke also of the

protective value of vaccination, and gave some interesting cases, in illustration of his remarks.

*Dr. Rochester* expressed his preference for vaccine lymph over the virus as contained in the scale, but said that one great obstacle in the way of its general use was the impossibility of preserving it for any great length of time. Remarked also upon the effect of heat and cold in destroying the specific qualities of vaccine virus. Had recently sent some very nice vaccine virus in the scale to Almira, where forty patients were vaccinated with it, in all of which it failed. The mail bag remaining over night in very exposed and cold place, was assigned as the cause of failure by the physician to whom it was sent.

*Dr. Ring* remarked that the scale would often appear to have lost its specific qualities, when if it was ground upon glass and thoroughly mixed, it would be found perfectly reliable, thus showing that parts of it might not contain virus, while yet other portions retained the specific characters unchanged.

*Dr. Cronyn* had noticed great differences in the results of vaccination so far as obtaining the proper effect is concerned. Vaccinated one day twelve children from ground scale; three only had fine pustules. Again eight vaccinations, with the same virus, six operated finely. Thought the condition of the patient had something to do with the failure. *Dr. C.* spoke also of the protective value of vaccination, and related a case where vaccination seemed to change the natural course of small pox even after the eruption was seen under the skin.

*Dr. Wyckoff* spoke of the value of vaccination, and had no doubt that it would modify small pox when its action was obtained, even though the disease was considerably advanced in its course. Remarked also upon measures for preventing pitting in small pox. Applied cloths smeared with Olive oil.

*Dr. Miner* related the following case of Hæmaturia. Mrs. C., aged 34 years, of robust and healthy appearance, had been subject, for about three years, to occasional attacks of bleeding, the blood issuing from the urethra. She was the mother of one child, about five years of age. Was regular in her menstrual secretion, both in time and quantity; did not suffer any pain either in voiding the bloody urine, or at other times. The quantity of urine was natural, as near as could be judged, and there was an entire absence of all indications of disease, except the single symptom of bloody urine. About one year since, she suffered a very severe attack,



which continued for six weeks, notwithstanding every effort to arrest it, reducing the strength so greatly as to cause anxiety, and even, almost despair of her recovery. At this juncture, the hemorrhage ceased instantly: when she urinated in the morning, she was astonished to find quite healthy urine, and no blood. This sudden interruption of bleeding has been the usual manner of arrest, when she would enjoy, perhaps, some months of uninterrupted good health. Specimens of the urine had been examined by Prof. Wm. Mason, and found to consist of nearly or quite one-fourth part blood. Albumin was also present, which would be derived from the blood. Crystals of the Triple Phosphates, were present in the specimen examined, which had been standing for 48 hours previous to examination. It is, in this case, impossible to say, with any certainty, where, in the long track of mucous membrane which might be its source, the blood arises, though the presumptive evidence will favor the conclusion that it has its origin in the kidney.

Idiopathic hæmaturia must be an exceedingly rare disease; the traumatic variety much more frequently. Cases, where the exact seat of the hæmorrhage cannot be ascertained during life, are sufficiently common; many cases are exceedingly obscure, and it is said, that even fatal hæmorrhage has occurred, the blood discharged from the urethra, and yet, *post mortem* examination fail to reveal any structural change, or even show its exact origin.

This case is in many respects, a most remarkable one, and would seem to be strictly idiopathic, yet the extreme infrequency of such disease, leads to doubt, on that point. The great quantity of blood voided; the fact of no increase in frequency of urination or pain, or other inconvenience attending it, and the usual sudden manner of arrest, together with the absence of all symptoms leading to positive diagnosis, constitute the remarkable features of the case. Dr. Miner replied to inquiries from different members, that the patient was not nervous or hysterical; had no chills after voiding urine; that the blood was thoroughly mixed with the urine, and that the specific gravity of the urine was unchanged in any great degree.

*Dr. Rochester* proposed *Dr. Joseph A. Peters*, (now surgeon in the army,) for membership.

*Voted* on motion of *Dr. Rochester*, that a committee be appointed to consider the propriety of modifying the fee bill to correspond, in a measure, with the present advance in everything else, and to report at the next meeting.

*Drs. Lockwood, White and Burwell.* were appointed such committee.

*Voted* to adjourn to the first Tuesday evening in March.

JULIUS F. MINER, Secretary.

ART. III.—*Abstract of the proceedings of the Racine Medical Association.*

TUESDAY EVENING, February 10th 1863.

Dr. John L. Page, in the chair. Drs. Nettleton, Smith, Thompson, Wadsworth, Hoy, Peak, and Meachem, were also present.

*Dr. Hoy* read a very able paper on vaccination, in which he gave much valuable statistical information. It was his opinion that re-vaccination should be performed, at least, once in five years. Sufficient care was not taken in the selection of pure vaccine virus, and the general prevalence of variola throughout the United States, for the past few years, was attributable to this cause. Many families called a physician, and had one member vaccinated, and to save expense, all the other members were vaccinated from this one, by some person unused to the business, and who could not tell a spurious from a genuine vesicle. They all fancied themselves secure from variola, in any, and all forms, when in fact, perhaps not one of them had had the true vaccine disease.

He believed it necessary in preparing the scab for future use, to scrape off its under surface, as it consisted of nothing but pus, and was consequently worse than useless. The scab should also be well dried before being encased in wax, as it was less likely to become inert by long keeping.

*Dr. Wadsworth* thought it quite unnecessary to re-vaccinate so often. He was quite inclined to the opinion that if the genuine vaccine disease had once been produced in a system, it was for ever a protection; at least as much so as an attack of variola could be to a subsequent attack. He had been vaccinated but once, which was in infancy, and, though he had been exposed to variola many times during the course of his long practice, he had never taken the disease.

*Dr. Smith* thought that if a second vaccination took effect, it was pretty good proof that the first would have been no protection.

*Dr. Thompson* had seen two attacks of variola in the same individual, with several years intervening.

Diphtheria, the subject appointed for discussion, at this meeting, was then taken up.

*Dr. Wadsworth* said that diphtheria was represented by some medical men, and by quacks generally, to be greatly prevalent at this time. Every case of sore throat was so called, creating a panic in community, though in these cases there was no exudation, or other signs of the true disease. This was an attempt to build up a reputation upon a false, and criminal

basis, and should be frowned upon by medical men. He had watched every case of scarlet fever, of late, to see if he could discover the diphtheritic exudation in the anginose affections of that disease, but he had not observed it in a single instance. It might possibly take on this character when diphtheria was prevailing as an epidemic, but otherwise thought it rarely observed.

*Dr. Page* believed diphtheria to be the same disease which has heretofore prevailed as an epidemic, known to the profession by the names of angina, and cynanche maligna, and popularly as "malignant sore throat." The terms angina, from the Latin, signifying to choke; cynanche, from the Greek, to suffocate, and diphtheria, a membrane, convey no correct idea of the nature of the disease, but rather represent symptoms which sometimes attend other diseases—scarlet fever and croup. Diphtheria is not a local, but a constitutional disease, and is, in his opinion, infectious. Local applications, either externally, or to the fauces, by means of the probang or camels hair brush, except in the first stage, usually do but little good, and may do much harm. He here stated a case, where, upon the use of the sponge probang, saturated with a preparation of iron, a portion of the leathery exudation fell into the glottis, and the little patient suffocated.

It is usual in domestic practice, to make a variety of applications to the external throat, much to the discomfort of the patient. He removed all these, and, if he saw the case early, before the exudation, or when it was just commencing, he applied, by means of the pencil, a strong solution of nitrate of silver. In most cases, and especially when much fœtor existed, he prescribed either chlorate of potash, or chlorinated soda in solution, for a gargle; the former also to be taken internally. He relied mainly upon chlorate of potash, ses qui chlo, iron, quinine, iodid potassium and nutrition, *pro re nata*. Some cases yielded readily to simpler, almost *negative* treatment, others required a sustaining positive treatment, *ad initio*.

Scarlatina and diphtheria frequently co-exist, or rather the former puts on the type of the latter. He was then treating a case of scarlatina, in which the exudation was abundant. He cited many cases illustrative of his views.

*Dr. Meachem* regarded diphtheria as contagious, though not as much so as scarlatina, measles or variola. He was then treating a young lady, 16 years of age, who had been residing several miles from the city, where not a case of diphtheria had occurred. She came to town to assist in nursing a young nephew, who was suffering from a severe attack. She contracted it in a week, and passed through a very alarming course of the disease, furnishing throughout an extraordinary amount of the diphtheric exudation.



In relation to treatment he would say a few words. Many cases he had, no doubt, proved fatal, from not sufficiently sustaining them. It is many times difficult to get little patients to take half the nourishment that is really required. This is a point that should be daily inquired into by the attending physician. His plan of treatment was to give an emetic of ipicac, as early as possible, brush the tonsils, palate and fauces, with Squibbs' sol. of persulphate of iron, a suggestion he received from Professor J. P. White, of Buffalo, about two years ago. Give internally the following mixture:

Chlorate Potass, ℥ j

Aqua Pura, ℥ ij

Tr. Ferri Mur, f ℥ j

Acid Mur, gttss v

Misce.

A teaspoonful to be given once in four hours; and after the disease has advanced a day or two, a powder of quinine between each dose. Milk punch, strong beef tea, &c., was not only allowed, but urged upon his patients,

He had used the nitrate of silver as a local application, but regarded the sol. of persulphate of iron as decidedly to be preferred. He had also used Creosote, and liked it very much, when there was much fœtor present. The effect of the emetic in the early stages was very beneficial. It equalized the circulation, and unlocked the secretions generally—important results to be obtained.

He would say that he now never used the sponge probang for making the local applications, but always the camel's hair brush.

*Dr. Peak* had been in the habit of using as a local remedy, Chlo. Potass, Sub. Borate Soda, and Sugar of Milk, of each, equal parts, well triturated together, a few grains of which was allowed to dissolve upon the tongue several times a day.

*Dr. Nettleton* had treated an epidemic many years ago, in Miss., what he and other physicians then called Cynanche Maligna, but which he now knew to have been diphtheria.

He read a very able article on the disease, which should be published entire.

JOHN G. MEACHEM, M. D., Secretary.

Racine, February 28, 1863.

ART. IV.—*Report of Surgical Cases in the Buffalo General Hospital.*

BY J. F. MINER, M. D.

It is proposed to report the cases under treatment during the last four months, and to give in detail some of the more interesting and important ones, grouping and considering in classes others, less rare and instructive. It may not be improper in this connection to observe, that surgical practice in the Buffalo General Hospital, more nearly approaches private surgical practice in its character and conditions, than in most hospitals in this country. This arises from the necessity of compensation, and general rejection of the ordinarily large number of old, hopeless, worn-out, incurable applicants, which go in most cases to swell the number, but add nothing to the real amount of surgical observation.

These patients are for the most part citizens of Buffalo, or neighboring towns, who resort hither, not so much for a home during the cold season, as for surgical operation or treatment. Accidental injuries, fractures, contusions, lacerations, and all other serious injuries, often receive here their first dressings. Under these circumstances as favorable results should be expected as in private surgical practice.

The following list of diseases and operations are copied from the hospital record, and it is proposed to consider them in their order, describing any peculiarities or features of marked clinical interest:

Amputations after injury,	-	2	Paralysis,	-	-	-	1
"    on account of disease,		1	Syphilis and Gonorrhœa,	-	-	-	23
Abscesses,	-	-	Orethritis,	-	-	-	1
Gun-shot wounds,	-	-	Affections of the eye,	-	-	-	5
Fractures,	-	-	Excisions after fracture,	-	-	-	1
Diseases of bones and joints,	-	3	Laceration,	-	-	-	2
Varicose veins,	-	3	Erysipelas,	-	-	-	2
Affections of the uterus,	-	3	Ulcers,	-	-	-	6

*Amputations.*—The first two cases were private patients, taken to the hospital for convenience of operation. The 1st was for injury of the hand, requiring the amputation of one finger, and meriting no attention beyond a notice in the record. The 2d case was on account of most terrible and severe injury caused by the foot being caught in the scoops or bins of an elevator, while revolving rapidly, by which means the foot was torn completely off at the ankle joint, and then again about midway of the leg, drawing the tendons out from a great length, and lacerating the muscles in a most frightful manner. This patient was 45 years old, of intemperate habits, and lived some distance from the place of accident. His employer, after sending a messenger for me, had tied a handkerchief and cord tightly

around the leg to prevent bleeding, and on my arrival a tourniquet was also immediately adjusted upon it. He was removed to the hospital, and amputation was attempted below the knee, but it was found upon dividing the muscles, that they were so greatly injured as to make amputation above the knee necessary. He rallied from the effects of the shock, operation, &c., and appeared very well for two days after, when it became evident that the result would be unfavorable, and he died on the morning of the fourth day. This was to be expected, since amputation of the thigh after injury of this nature, is almost always fatal under favorable circumstances, and with the loss of blood necessary after such accident, the severity of shock incident to it, and debility of system caused by intemperance, nothing but a fatal result could have been for a moment expected. Notwithstanding the hopelessness of the undertaking, nothing remained but to make some dressing, and it could not be properly done in any other way. Amputation was a necessity, though death after it, but not by any means from it, was almost certain.

This resembled in many, nearly in all respects, injury from cannon ball; the shock, loss of blood, effects upon the muscles and bones, indeed all the conditions of cannon-shot removal of foot and leg. McLeod, in his notes of the surgery of the Crimean war, says, that amputation of the upper third of the femur, after gun-shot injury, was fatal in all cases. Eighty per cent. of the cases were fatal when amputation was made at any point of the femur. Other statistics upon this subject, correspond very nearly, and none leave us anything to expect under the circumstances attending the case we have recited.

3d Case. Mr.—, aged 33, of light complexion, light hair, and serofulous appearance, was admitted to the Hospital Nov. 30. The knee was greatly swollen and very painful, and fluctuation was distinct on either side of the lower third of the femur. The disease commenced about six years since, and was supposed to arise from injury; it had not however been so severe as to prevent use until for the last seven months. Puncture allowed the escape of several ounces of pus, but did not effect in any degree the distension of the knee, or abate very much, the severe pain experienced. Tonics, stimulants, and anodynes were freely administered; morphine becoming absolutely necessary to allay the pain, while full diet, stimulants, and tonics seemed to improve the general system in some degree. When first admitted, amputation was suggested as offering the only possible chance for recovery, and yet the uncertainties of the result were not concealed, and



the prospect looked so disheartening as to discourage him from early accepting it.

At length the pain being severe, and the certainty of a fatal termination without operation so apparent, he became very anxious that it be made, and the operation was performed three months after admission, not however with expectation of doing more than relieve him of severe pain, offer him the only remaining hope, and thereby perhaps shorten his life by a few days, or even by a few weeks. His constitutional condition at the time of operation was not decidedly more unfavorable for recovery than on his admission, though the pain had greatly increased and he had grown to regard the removal of the diseased knee absolutely necessary to the continuance of life. The integument over the articulation was greatly distended, and without most careful examination it would have appeared certain to an observer that there was fluid accumulation in the synovial cavity of the joint and distinct fluctuation. This grew out of the infiltration and deposit about the joint, and was not regarded as fluctuation. After removal, dissection of the joint showed great disorganization of the ligaments and cartilages; the articular cartilages were thickened, softened, and easily separated from connection with the bone. The ligaments and tendons about the joint were involved in the disease, and from inflammatory action and deposit of lymph the whole structures had become pulpy, softened, friable, and easily broken down upon slight force. The bone was not very carefully examined, but was softened, roughened and easily cut or penetrated with a knife. The periosteum was thickened and easily separated from the bone. This case presented all the characteristics of strumous disease, and yet no complications were present; the lungs were free from disease, and there was no indication of disease elsewhere. After operation, which was made February 21st, the system rallied completely from the shock, pulse remained firm, countenance cheerful, and in every respect the case looked hopefully as ever until a day or two before death, which took place March 3d, twelfth day after operation.

(To be continued.)

---

*Vermont Hospital for the Insane at Brattleboro*.—A large portion of the building of this institution was, we regret to learn, destroyed by fire on the 21st of December last. The patients were all saved,

## EDITORIAL DEPARTMENT.

COMMENCEMENT EXERCISES OF THE MEDICAL DEPARTMENT OF  
THE UNIVERSITY OF BUFFALO.

The Annual Commencement exercises of the Medical Department of the University of Buffalo were held at the Opera House, and were attended by a large number of citizens.

The following gentlemen received the degree of *Doctor in Medicine*:

Heman Potter Babcock, Buffalo, Erie County, N. Y.  
 Gilbert Birdsall, Butternuts, Otsego County, N. Y.  
 Andrew Thomas Dunn, Brockville, Leeds County, C. W.  
 James Usher Babcock, Elmira, Chemung County, N. Y.  
 Howard Wellington Vickery, Darien, Genesee County, N. Y.  
 George Dean, Sullivan, Chemung County, N. Y.  
 Edwin Booth, Jekoway, Knox County, Ohio.  
 Benjamin Booth Ross, Belleville, Hastings County, C. W.  
 Nehemiah Osborn, Belleville, Hastings County, C. W.  
 Robert Wickliffe Gifford, Ashtabula, Ashtabula County, Ohio.  
 John Henry Tanner, Hartford, Cortland County, N. Y.  
 James Dormid, De Ruyter, Madison County, N. Y.  
 Asa John White, Mecklenberg, Schuyler County, N. Y.  
 Dascomb Allen Farrington, East Aurora, Erie County, N. Y.  
 Andrew Jackson Scott, Loudonville, Ashland County, Ohio.  
 Orlando L. Abbey, Union Mills, Erie County, Pa.  
 John Coventry, Clarkville, Kent County, C. W.  
 Earl Byron Lonusbury, Bethany Mills, Genesee County, N. Y.  
 Fletcher Miller Follett, Machias, Cattaraugus County, N. Y.  
 Daniel Winter, Pekin, Niagara County, N. Y.  
 David Hershey, Fort Erie, C. W.  
 Edwin Parker Moore, Jamestown, Chautauqua County, N. Y.  
 Jeremiah Andrews, Sugar Grove, Warren County, Pa.  
 Edward H. Beaman, Ridgeway, C. W.

The following Theses were deemed by the Faculty as worthy of honorable mention, viz:

A Thesis on the "Uterus and its Appendages," by A. J. Scott, of Loudonville, Ashland County, Ohio, and a Thesis on "Arsenic," by A. T. Dunn, of Brockville, Leeds County, C. W.

The Valedictory Address was delivered by Mr. Benjamin B. Ross, and was very appropriate for the occasion. After referring to the sundering of old connections and the sadness which was felt on separating from college

associates, and also the toils and anxieties of student life, the brighter vision of the future, was portrayed, only claiming for himself and his class, that they had passed the vestibule of the temple of professional knowledge, the temple itself as yet untraversed.

The sincere and heartfelt thanks of the class were extended to the Professors of the College, and the assurance given, that the pathway of life could have no pleasanter recollections, than would be furnished by their connections with the institution from which they graduated.

The Address was closed by very hearty good wishes for all, and a parting farewell.

Professor Rochester delivered the charge to the graduates, which we take pleasure in publishing.

After the public exercises, the Faculty invited the council, curators and graduating class to a supper, which was served at the American Hotel. When the inner man had been satisfied, Prof. Eastman made remarks upon the pride of the Faculty in the yearly fruit of the College, the pleasant associations of the past winter, and the hearty wishes of the Faculty for the success and prosperity of each member of the graduating class.—Excused himself from making a speech, and proposed the Orator of the evening.

Prof. Rochester made brief remarks in response, and called upon Prof. White for a speech.

Prof. White spoke of the necessity of harmony in the Faculty of the College, and said he had noticed that day something which looked like a conspiracy—that he had seen some of the Faculty with a paper they were concealing from the Dean. He then read the following note:

. BUFFALO, February 24, 1863.

Prof. Sanford Eastman, M. D., Dean of the Faculty of the Medical Department of the University of Buffalo:

Dear Sir:—The undersigned, fellow members of the Faculty of the Medical Department of the University of Buffalo, beg to assure you of their high estimate of your efficient and valuable services, in behalf of the interests of the College, during the session now drawing to a close.

As a slight testimonial of our appreciation of your unwearied and self-sacrificing labors, in advancing the welfare of the School in which we are mutually interested, we request your acceptance of the accompanying Case of Instruments, sincerely hoping that you may find them useful in a department of Surgical practice in which you have recently achieved a signal success.

With the best wishes for your future welfare,

We remain very truly,

Your friends and colleagues,

JAMES P. WHITE,

GEORGE HADLEY,

THOMAS F. ROCHESTER,

WILLIAM H. MASON,

J. R. LOTHROP.



Prof. Eastman said, "there are times when silence speaks louder than words. Was never more surprised in my life, and have no language to express my emotions. In the embarrassments of such a surprise can only express my thanks to my colleagues for this very unexpected expression of approval."

Prof. White remarked upon the existence and merits of the *Buffalo Medical and Surgical Journal*, and after recommending it to the graduating class, called upon the Editor for a speech.

Dr. Miner said that he always held himself ready to speak for the Buffalo Medical and Surgical Journal upon all appropriate occasions, being well acquainted with its history and the forces by which it had been instituted and maintained. After saying, that he hoped the graduating class would be able to continue their acquaintance with the Professors of the University of Buffalo, through the columns of the Journal, he had little else which he desired to say of the Buffalo Journal in particular, but by a little extension of privilege would speak upon the power and influence of the Periodical Medical Press in general. He desired to do this for the benefit of the young men who are just entering the field of medical knowledge, that they may not neglect the longest lever of professional power, by which alone they may move the medical world. Medical colleges and their professors are a great power, and wield a wide influence, especially over medical students, and thus also over medical men. We are taught by them however in our pupilage the established and universally acknowledged principles of medicine, surgery, and the collateral sciences, while in actual practice we consult our written guides; then it is, that those only who write, are those who teach. Standard medical books are also a great power in the profession; but they are also dependent in great degree upon the Periodical Medical Press for both the material of which they are composed, and their adoption by the profession. Again, many physicians do not carefully read the voluminous works in medicine, while it is believed that all are more or less acquainted with periodical medical literature.— These suggestions are made that this graduating class may not be unmindful of the importance to them of medical journals. You may be of value to the journals, but the journals are of vastly greater value to you. They are practically the only available medium of communication with the profession; through them you will learn much of what you will know, and whatever of any professional importance is ever known of you, will be through

such medium. Your attention is therefore called to the periodical medical press, as the all-powerful influence in the profession.

Mr. Shepherd, member of the Council, made brief remarks upon the origin, growth, present condition and future prospects of the University. Expected that the University of Buffalo would yet become worthy the name. Spoke of the necessity of time in the growth of such institutions, and the endowment of professorships necessary to the full realization of the expectations of its friends, which comprise especially the older and more influential citizens of Buffalo. Had been a member of the Council from the first, and had watched the progress of the Medical Department with deep interest.

Prof. Lothrop was called upon, and spoke upon the character of the Chair assigned to him, the matter of fact, statistical, and dry subjects he had to deal with. Hoped the young men would remember that stimulants at length became sedatives, and that cathartics were often necessary or useful, after over doses. *Purgation* was not so agreeable as stimulation, but often much more beneficial. Remarked also upon the great amount of teaching they had received without as yet any opportunity for practical application, and regarded the bed-side as, after all, the only true place to learn the value of medicines. Though not himself over credulous as to the value or beneficial influence of medicine over disease, still we could not disregard the accumulated experience of the profession; hoped it would be remembered however that medicines, as the instruments with which we treat disease, are double-edged, and cut both ways.

Sentiments and responses were still sufficiently numerous and varied; many very pleasant and smart speeches were made, but at length the intellectual supply somewhat degenerated, though the exercises for the most part were exceedingly pleasant and interesting.

We have had handed us a copy of the resolutions presented to the Professors of the University, by the graduating class, complimentary of the School, and expressive of thanks for the ability and efficiency with which the duties of each professorship had been discharged. Since these resolutions have been handed the daily press for publication, and since we regard the College and Professors as above requiring any especial recommendation or endorsement; also considering the space already devoted to a report of College commencement, we hope we may be excused for the omission of these resolutions from our pages, not, however, without saying, that these tokens

of appreciation, on the part of the Class, when made to their teachers privately, may be highly appropriate and becoming.

---

BOOKS REVIEWED.

*The Principles and Practice of Obstetrics.* By GUNNING S. BEDFORD, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; author of "Clinical Lectures on the Diseases of Women and Children." Illustrated by four Colored Lithographic Plates and ninety-nine wood engravings. Third Edition, carefully revised and enlarged. New York: WILLIAM WOOD & Co., 61 Walker street.

Gunning S. Bedford's work on Obstetrics has passed to a third edition, and a new chapter been added on *Phlegmasia Dolens*, besides additions to the text throughout. It has been carefully revised and enlarged, and as it now appears has increased claims upon the profession. This book has been adopted as the Text Book on Obstetrics in fourteen of our medical schools, and will soon be adopted by all in this country. Its popularity abroad is equally as great as at home, as shown by its translation into French and German, and by the favorable notices of the foreign journals. We feel a pride in this unparalleled success of an American author; it speaks volumes for the book, since the French and Germans are sufficiently slow in awarding great merit to any foreign author.

Why is it, that this book has obtained so great popularity, and in so short time come to be regarded as indispensable to every practicing physician? The answer to this question becomes apparent upon perusal: on every page may be seen reasons why physicians in obstetrical practice should possess it as a daily guide and reference. It contains such plain practical teaching, is so philosophical in argument, so rational in theory, careful in investigation, and so recent and scientific in the treatment of all the various diseases of which it treats, that physicians cannot neglect its acquaintance. The obscure, deep, and uncertain, as well as the plain, common and established facts and theories are fully considered; no department of obstetrical practice has been neglected, each subject has been fairly treated without bias, or desire to establish or destroy pre-conceived theory or opinion. Previous authors are respected, and their views and opinions are not disregarded, while the governing object in the whole work, is plainly, to establish and teach what is true, and to show clearly whatever is regarded as false.



The style of this work is highly worthy of mention; it is original, peculiar to the author, and highly attractive, imparting an interest which the subjects could otherwise hardly be supposed to possess. In a word, it is the "Book of Books," in obstetrics, and should be the daily companion of the Obstetrician.

---

#### FIFTY-SIXTH ANNUAL MEETING OF THE NEW YORK MEDICAL SOCIETY

The Society met pursuant to Statute, in the room of the Court of Appeals, Capitol, at 11 o'clock Tuesday morning, and was called to order by the President, Dr. THOMAS HUN, of Albany.

Dr. Hun then read his Inaugural Address, as follows:

The By-Laws of the Society make it the duty of the President, at the opening of the session, to speak of the condition of the Medical Profession in the State, and to call attention to such matters as may require the action of the Society. At this time our thoughts naturally turn first of all to the War in which our people are engaged, and to its influence on our profession. The State of New York was suddenly called on to furnish six hundred Surgeons and Assistant-Surgeons for the volunteer regiments, and when we take into account how utterly unprepared we all were by education and experience for such service, it must be admitted that the response to the call was quite as satisfactory as could have been expected. The medical care of the camp and military hospital differs so greatly from the duties of the practitioner in civil life as to demand a special training and discipline; and yet with the versatility of talents characteristic of our countrymen the Surgeons selected have not failed in any marked degree in the beginning, and are now rapidly improving. They certainly have not failed in self-devotion or in courage, and when we read of Surgeons who a few weeks before were going on their peaceful grounds, performing their duties under heavy fire, and remaining with the wounded to share their captivity, we have good right to be proud of our brethren.

They have not been deficient in moral qualities, nor so much in professional skill, as in attention to those regulations by which the health of camps is preserved. There has been too much reliance on the medicine chest and on surgical instruments, and too little care of diet, pure air, cleanliness, and other hygienic conditions. This is the common defect of our profession, both in civil as well as in military practice, but it has been more obvious in the latter because of the larger scale on which its consequences are exhibited.

The transactions of our Society for the last few years bear witness to the interest felt by the members both in public and in private hygiene, a subject which is far from having received all the attention it merits. It is to be hoped that this movement, which has at the foundation a most important reform in medical practice, may be continued.

Our profession is now, I believe, in a more sound condition than at any previous time. The standard of education in our principal medical schools

is higher, and pupils go forth much more thoroughly educated than a few years ago. The war, with all its evils, is exercising a salutary influence in the medical profession. The examinations for admission to the medical service of the army and navy set up a high standard of excellence, and as this service presents a most desirable career for young men a strong inducement is held out to students to strive to come up to it. The benefit of these examinations is thus made to reach not only those who are successful in their application, but also all those who, though they fail, yet have tried to prepare for them. Their influence on the medical colleges is also most excellent, for students wishing to prepare for difficult examinations, will go to those colleges which afford the most instruction, and not to those in which degrees are most easily obtained. They have already led to the establishment of a chair of hygienic and military surgery in some of our Colleges. This serves to illustrate the working of a principle which has been proposed as a basis of reform and improvement in our medical schools, which would consist in the separation of the duties of teaching and examination, so that students might be induced to give preference, not to those Colleges which offer diplomas on the easiest terms, but to those which afford the best opportunities for preparing for examinations.

The American Medical Association has not met for the last two years, on account of the war, and it will be a matter of consideration whether the Society will recommend that a meeting of such members as can assemble under present circumstances shall be held.

I have received from the President of the Massachusetts Medical Society a communication addressed to the State Medical Society, on the subject of "Abuses in the Ambulance Service in the U. S. Army," which I will submit to the Society. I believe, however, this subject has received the attention of the proper authorities, and that the abuses complained of have been corrected.

It only remains for me to welcome you to our city, and to thank you for the honor you have conferred in calling me to preside over your deliberations.

Drs. Blatchford, Saunders and S. D. Willard, were named as a Committee on Credentials.

Drs. Armsby, Deering and Bissell, were appointed a Committee on the President's Address.

Drs. Cobb and Potter were appointed a Committee to invite medical members of the Legislature to a seat.

Dr. L. A. Smith, a delegate from the New Jersey State Medical Society was introduced, and was warmly received.

Dr. Hunt, of Hartford, and Dr. Beckwith, delegates from the State Medical Society of Connecticut, were also introduced to the Society.

The Committee on Credentials presented the names of the following gentlemen, invited to seats as Honorary Members during the sessions:— Benj. D. Carpenter, of Long Island; Cyrus Ramsey, of N. Y.; William Oakes, of Madison Co., N. Y.; Hiram McNutt, Warrensburgh, Warren Co.; J. Flint, Fort Edward, Washington Co.; William Seward, South Worcester, Otsego Co.; A. Grow, Schuylerville, Saratoga Co.; Hiram Watkins, Walpole, N. H.

Dr. Taylor, of the Onondaga Medical Society, presented an address delivered by Dr. Israel Parsons, President of the Onondaga Society, before said Society at its annual meeting, on the subject of "Diphtheria." Referred to Publication Committee. Dr. Guido Furman, of N. Y., presented several communications from the New York County Medical Society, consisting of a "Report of the Meteorological Committee of the State;" also a report of "Case of Procidencia Uteri, of fifteen years' duration, with extreme ulceration of the neck," by Dr. Isaac E. Taylor. Referred to Publication Committee.

Dr. B. P. Staats, Chairman of the Board of Censors of the Eastern District, reported that they had examined and recommended to the President of their Society, for diplomas, the gentlemen whose names follow: J. Dufendorf, Montgomery Co.; Louis Applegate, Herkimer Co.; Wm. W. Squire, W. T. Calland, G. A. Chosley, John H. Burland, and Joseph Lemay, of Montreal, Canada. Dr. Joel Foster, Chairman of the Board of Censors of the Southern District, reported that they had examined and recommended to the President of the Society for diplomas, Dr. Coles.

Dr. Blatchford announced the death of Zenas Cary, a delegate to the Society, and Dr. B. was directed to prepare an obituary notice for publication in the Transactions. Dr. Joseph Bates announced the death of Dr. Robert G. Tracy, of Hudson, Columbia County, and was requested to prepare an obituary notice for publication in the Transactions. Dr. Raphael announced the death of Dr. John C. Cheesman, and was requested to prepare an obituary notice for publication in the Transactions. The death of Dr. John T. Sheldon, a former delegate, was announced, and Dr. Ondinot was announced to prepare an obituary.

Dr. Cyrus Ramsey, Registrar of Records and Statistics, City of New York, presented a paper on the statistics of some of the diseases of New York and London.

Dr. Henry S. Downs, of New York, read a paper entitled "Post-Pharyngeal Abscess." Dr. Thomas C. Finnell presented a Pathological specimen, and made some remarks. Dr. Julius Auebrack read a paper entitled "De Lunatico Inquirendo."

The President announced the following Committee on Nominations: 1st district, Oliver White; 2d district, P. Stewart; 3d district, Thomas W. Blatchford; 4th district, James Ferguson; 5th district, N. H. Deering; 6th district, C. M. Crandall; 7th district, William Taylor; 8th district, H. W. Dean.

Dr. Lewis A. Sayre, of New York, read a paper entitled "A Remarkable Case of Deception." Dr. E. S. Arnold, of New York, presented a paper entitled "On Medical Provision for Railroads," which was referred to the Publication Committee. Dr. S. Barrett read a paper entitled "A Case of Delirium Tremens, treated by large doses of Digitals." Dr. Augustus Willard presented for Dr. Baker, of Chenango, a paper entitled "A Case of Lithotomy." Dr. Oakes presented a Pathological specimen passed from the bladder of a man in Hamilton.

#### AFTERNOON SESSION,

Dr. C. F. Taylor read a paper entitled "Treatment of Potts' Disease of the Spine." Dr. F. Hyde read a paper entitled "Fractures of the Cra-



nium." Dr. B. Raphael gave a brief synopsis of a paper entitled "On the Ligation of Arteries." Dr. Charles A. Lee read a very valuable paper entitled "On Foreign Military Hospitals." Dr. George Cook read a paper entitled "A Case of Insanity." Dr. Case read a brief sketch of a case of disease of the Uterus.

## SECOND DAY—FORENOON.

Dr. J. G. Adams, from the Committee appointed to attend the Connecticut Medical Society, reported. Dr. Squibb reported that the United States Pharmacopœia is now complete, except the preface and index. Dr. S. D. Willard presented a report from Dr. J. G. Orton on Medical and Surgical Statistics. The Committee was continued another year.

Dr. Blatchford reported a case of hydrophobia. Dr. D. G. Thomas read a paper on Ovarian Dropsy.

Dr. Armsby announced the bequest of \$500 by the late Dr. M. H. Cash.

Dr. C. A. Lee offered resolutions approving the appointment of a Commissioner of Lunacy, and moved a Committee to confer with the Legislative Committee.

Dr. Corliss reported a case of enlarged liver. Dr. S. D. Willard presented papers by Dr. Gilfillan, of Brooklyn, on Tracheotomy in Diphtheria, and by Dr. Johnson on Exsection of the Ankle Joint. Dr. Willard presented an additional list of Surgeons in the Army from New York. Dr. Gardner read a paper on Ovariectomy. Dr. Quackenbush read a paper on Pelvic Presentation. Dr. March read a paper on the wound of Garibaldi, and presented an instrument for the removal of balls. Dr. Enos read a paper on Plaster of Paris dressing in club foot.

## SECOND DAY—AFTERNOON.

Dr. Saunders presented a communication from the Madison County Medical Society, being an address delivered before said Society, on Diphtheria, by Dr. Saunders.

Mr. Brinsmade, from the Committee appointed to draft a Sanitary Code for the State of New York, made a partial report, and asked for further time to complete their labors.

Dr. Lee, from the Committee appointed to compare the Code of Medical Ethics adopted by this Society in 1823, with that of the American Medical Association, which has also been adopted (1847,) and present a revised copy to the Society at its next annual meeting, reported that they had carefully compared the two above mentioned, and that they find no essential difference between them, except that, in the Code adopted by the American Medical Association, it is stated to be derogatory to the character of a physician to take out a patent for a surgical instrument. As this subject was fully discussed at the last meeting, the Committee do not enter into its discussion, but present the following resolution:

*Resolved*, That a committee of three be appointed by the President to bring this subject before the next meeting of the American Medical Association, with a view to the re-consideration of this article.

After a brief discussion the resolution was indefinitely postponed.

Dr. Brinsmade, from the Committee appointed to report on Epidemics in the 3d Congressional District, reported that he had been unable to collect from medical gentlemen residing in the district the necessary statistics,

and he, therefore, reported on the subject with reference to his own city, Troy. Referred to Pub. Com.

Dr. Sayre gave a synopsis of a report to be prepared for the Transactions on Hip Disease. Dr. Adams presented a paper prepared by Dr. T. B. Gunning on the "Treatment of Fractures of the Lower Jaw, by a new method."

Dr. Swinburne read a paper on "Exsections." Before concluding he gave way for a motion to adjourn, the conclusion of his paper being made the special order for Thursday morning.

On Wednesday evening the President, Dr. Hun, delivered an eloquent, truthful, and instructive address, a copy of which was solicited for publication in the Society's transactions.

#### THIRD DAY.

Dr. C. W. Crandall offered the following:

*Whereas*, The present civil war has caused the hospitals of the District of Columbia to be filled with sick and wounded soldiers from this State proportionate to the number of volunteers sent out.

*And whereas*, Every safeguard possible should be thrown around those who have perilled their all for us; therefore,

*Resolved*, That the New York State Medical Society respectfully request of our Legislators and Executive to earnestly consider the propriety of appointing an agent to reside at Washington, who shall be a Physician and Surgeon, with clerical assistants, whose only business shall be to look after the interest and welfare of the sick and wounded of the State of New York.

The Secretary read a communication from the Medical Society of Massachusetts, upon the subject of the Ambulance Service of the United States Army, calling attention to the gross abuses existing therein, and requesting sister societies to take action in the matter.

A discussion ensued, participated in by several gentlemen who had been on different battle-fields, showing the necessity for action in the premises.

Drs. Ordonaux, Garrish and Corliss, were appointed such Committee.

The Committee on Nominations presented their report, which was accepted, and the gentlemen named therein were elected:

President, Daniel P. Bissell, of Utica; Vice President, Joel Foster, of New York; Secretary, Sylvester D. Willard; Treasurer, John V. P. Quackenbush.—*Medical Times*.

#### AMERICAN MEDICAL ASSOCIATION.

OFFICE MEDICAL EXAMINER, }  
Chicago, February 20th. 1863. }

The next regular Annual Meeting of the American Medical Association will be held in the City of Chicago, Illinois, on the first Tuesday in June, 1863. Every permanently organized State, County, and Local Medical Society is entitled to send one delegate for every ten members, and one additional delegate for a fraction of more than half of that number. Medical Colleges and Hospitals, containing over 100 beds for the sick, are entitled to two delegates; and all other permanently organized Medical Institutions are entitled to one delegate each.

The Committee earnestly desire a full attendance from all parts of the country.

By order of the Committee of Arrangements,

N. S. DAVIS, Chairman.

B U F F A L O  
**Medical and Surgical Journal**

---

---

VOL. II.

APRIL, 1863.

NO. 9.

---

---

ORIGINAL COMMUNICATIONS.

---

ART. I.—*Report of Surgical Cases in the Buffalo General Hospital.*

By JULIUS F. MINER, M. D.

*Abscess.*—Under this head are placed only those cases which are regarded usually as phlegmonous abscess, since the specific, scrofulous, or other forms, are only considered as part of the general disease with which they occur. The only point to which we desire to call attention in connection with abscesses, is their proper treatment, not desiring to speak of the usual classes into which they are divided, or consider any of the various causes by which they are produced, or diseases with which they are often connected.

It has been regarded by many surgeons, from Abernethy until the present time, that opening of abscess should be so made as to exclude atmospheric air, or at least much has been said and written upon the necessity of this in some cases, psoas, hepatic, scrofulous and some other forms of the disease. When connected with or arising from disease of some of the larger joints, it has been regarded as especially important, if the pus is allowed to escape that air is not allowed to come in contact with the diseased surfaces by which it has been produced. The view has been maintained, that air if admitted to the pyogenic membrane would cause severe constitutional disturbance, or if in contact with purulent matter has a tendency to produce decomposition, and thus the severest consequences. It is not intended to consider at all the various theories which have been pro-



posed, or the arguments by which they have been sustained, but simply to call attention to the subject for the purpose mainly of saying, that so far as yet observed there is really no good reason for believing that atmospheric air when admitted to the lining membrane of an abscess is productive of any injury whatever. Pus, wherever detected may be, indeed should be, allowed free exit; and there is no danger in making opening upon it, the danger is in not allowing its early escape. Pus, when detected during the progress of scrofulous disease of the hip joint, vertebræ, knee, or other structure, should be discharged, and its removal will be attended by relief more or less well marked, in all instances. If there is no danger in these cases, there can hardly be supposed to be any objection to making free opening for the escape of pus under any circumstances, or necessity of attempting to so make it, as to prevent the ingress of air, which if attempted would in almost all cases, sooner or later, result in complete failure. It is sometimes recommended to leave this operation for nature to perform, thus allowing her to accommodate herself to the impressions which are to be made upon her. This is generally error, but it is in the right direction, for it shows greater trust in nature's workings, and less confidence in the benefits of operative interference on the part of the surgeon. A rule, however, admitting of very few, if indeed of any exceptions, may be briefly stated; pus, wherever detected, should be immediately allowed free exit.

*Gun-shot Wounds.*—The two cases presented were both of long standing. One was a soldier wounded some six months previous to admittance by a ball passing through the muscles of the lower part of the thigh, in very near proximity to the femoral artery and sciatic nerve, producing sufficient impression upon the latter to partially paralyze the leg and foot. He had also received injury of the foot by shell, and the first and second toes had been amputated in consequence. The circulation in the foot was exceedingly feeble, and ulcerations were common in the cicatrix, while at one time the third toe turned very dark, and for several days seemed likely to separate and fall from its attachments. Elevating the foot, and application of yeast poultices constituted the treatment, and recovery took place with improved condition of system, though the paralysis remained unchanged.

The second case was that of a soldier wounded in the last battle of Bull Run. This was the private patient of Dr. Storck, and still continued under his care. The wound had been received in the left side, the ball striking the sixth rib and producing necrosis of the middle portion of that bone.

The suppuration was very profuse, the emaciation and debility extreme; probe detected loose and denuded bone; several small fragments had already been discharged. By request of Dr. Storck I assisted in the removal of the diseased portion, with the hope that suppuration would be lessened, and the efforts of nature which had been vigorously instituted would be assisted the earlier to rid itself of the irritation and exhaustion thereby occasioned. The case still remains under treatment, and the probable termination is hardly yet determined. So far as the effect of the removal of the dead bone is concerned, it may be fairly said to have been decidedly beneficial, though the discharge for a few weeks was rather increased, and perhaps the exhaustion augmented. This case has many important features, and would be described more in detail had it been under care as a hospital patient, strictly speaking. It has been referred to thus briefly since it enters the record, and could not be wholly omitted.

*Fractures.*—Two cases only are of importance, the others being simple fracture without unusual features of any kind.

The first of these was fracture of the tibia and fibula about the middle, in a healthy young man, 28 years old, who had never had disease of any kind. He was admitted to the marine ward, under the care of my predecessor, Dr. Eastman, about the first of September, 1862. The leg was dressed in the usual manner with bandage and side splints, which retained the bones in proper position very satisfactorily. There was not much pain or inflammation, and everything seemed to progress in favorable manner, not exciting suspicion of any trouble whatever. Six weeks after the accident when the dressings were removed for examination and re-adjustment it was observed that there was no union, the bones moved freely upon each other, and the leg was nearly as flexible as when first fractured. The leg was now dressed in immovable starch bandage, supported by paste-board splints, and allowed to remain without motion for six weeks more, at which time the dressings were again removed. Motion was the same, and there was no indications of bony union taking place; the ends could be freely moved at the seat of fracture, and the leg bent in all directions.—The general health was good, confinement not having impaired his robust constitution. After much consideration and consultation with my colleagues of the active staff, about the fourteenth week after the fracture, the ends of the bones and the ligamentous structure between their ends were bored with a drill, in as many directions as possible without making puncture through the skin and integuments at but a single point. The

drill was made to pass nearly through the bone, or the distance of an inch in depth, and the drill was about the sixteenth of an inch in diameter.— This manner of operating for ununited fracture was first adopted and advocated by Prof. Brainard of Chicago.

The leg was placed in the starch splint in which it had rested before, which had been made a perfectly fitting case, and opened upon the upper part, allowing its removal when necessary. Inflammatory action now commenced with considerable constitutional sympathy. Pulse increased to 120 per minute; tongue became dry with thirst; chill, heat, and perspiration alternating with each other. Pain was at times quite severe, making anodynes necessary to relieve it, and procure sleep. The disturbance was so great as to convince us that the operation of boring between ununited bones and into their structure, was not so simple and pleasant as we had imagined, and that greater risk attended it than would hardly be supposed until practiced. The object in making this attack upon the bone, was to produce a certain necessary amount of inflammatory action; in this case we produced a seemingly very unnecessary amount of inflammation, and yet there was very little suppuration or other unpleasant effect resulted from it, and it passed off very kindly and gradually. The point, which is however to be especially noticed, may be briefly stated in few words. In six weeks we had the great satisfaction of finding bony union; the operation was signally successful. Extensive deposit had taken place around the fractured ends of the bones, the sharp points being thus smoothed off or concealed, and when the small amount of suppuration had ceased, it was found to our great gratification, that complete bony union had taken place.

The conditions usually regarded as causes of non-union after fracture were in this case wholly absent. The patient was a robust, healthy, young man; had no hereditary or acquired constitutional disease, so far as could be ascertained. He was quiet and free from all disturbing influences.— The fracture was early adjusted and properly retained in place, and there were no causes operating to produce this result other than what were completely concealed from observation; possibly, however, were present and consisted either in separation of the ends of the bone by some muscular or fibrous tissue, or in constitutional causes which were concealed from view. From careful observation of several other cases within the last few months, as well as the one above described, it has appeared almost certain that the causes of non-union after fracture are not known, and that the usual influences supposed to produce such accident are very often absent,



and if present in most unmistakable form, fail to produce such a result.— This opinion can be sustained by some remarkable facts recently under observation, where bones did not unite when every condition seemed most favorable; and again on the other hand where bony union did rapidly take place, while the most potent influences both of local displacement and motion, conjoined with constitutional dyscrasia of malignant and fatal type were in active and manifest operation.

*The second* case of fracture we propose to describe was compound comminuted fracture of tibia and fibula, about the middle portion of these bones, with great destruction of the soft parts. It was caused by being run over by the wheel of a wagon, heavily loaded with stone. The patient was a strong, healthy laborer, aged 35 years. The leg was temporarily dressed by Dr. T. T. Lockwood, and sent by him to the hospital for care.

Five days after admittance the ends of the bones were bare, denuded of periosteum and blackened; very much resembling bones after gun-shot injury. Some small pieces were loose in the wound, and were removed.— The tibia was broken in such manner that the fragments were constantly slipping out of contact with each other and being blackened and necrosed, excision of the lower fragment was made, something like an inch of sharp point removed, thus leaving the bone healthier and more perfectly in contact with the upper fragment. The constitutional disturbance is not great, though at the time our last record was made, the case looked unfavorably since the periosteum was separating and death of bone seemed extending with profuse discharge from the slough. The hope of saving the leg is not yet wholly abandoned.

*Diseases of Bones and Joints.*—The only case worthy of any especial mention and not included in any other class, was that of a young woman twenty-five years old, who had strumous disease of the knee-joint and caries of the ramus of the ischium. It had been of four or five years' standing, and necrosed portions of bone had separated from the ischium and been discharged from the opening, which was situated near the labia, having large and direct communication with the diseased bone. The knee-joint was greatly enlarged, with fistulous openings communicating with the bone and with the structures around the joint. The probe passed down upon the periosteum, but did not detect denuded bone. There was constant discharge from the sinuous openings, but it was not very profuse. The leg was flexed to nearly a right angle with the thigh, but had been in this condition for only six or eight months previous to which she had been able to

walk with more or less facility. The general health was good, considering how long time she had suffered, and there was no pulmonary complication. She had the appearance of comfortable health, and aside from the conditions we have described was very well, suffering but little pain from the knee, and not any from the ischium. There was some motion in the knee-joint, and the flexion of the leg upon the thigh was due to contraction of the ham-string muscles.

The motive for giving this full description is to speak briefly upon the practical question of treatment proper in this and similar cases. It does not appear from the examination that the articulating surfaces of the joint are diseased, yet it is not unreasonable to suppose that more or less inflammation and disease are actually present, and the question of extension involves an estimation of any risk of increasing this inflammation. It seemed to be a very general opinion of the medical men who examined the knee, that there was great risk of increasing the disease by any forcible or gradual extension of the leg, and that if it was extended, little, if anything, would thereby be accomplished towards either relief or cure. It would not be suggested with any expectation of thereby removing any disease of the bone, but simply for the purpose of placing the joint in more natural position, possibly of allowing the better use of the leg, and thus of partially relieving the more important disabilities arising from the disease, trusting to nature for more perfect restoration. Amputation of such joints was formerly quite unhesitatingly advised, but at present it would hardly be considered; the condition does not justify it. More recently exsection would be thought the more feasible method, if indeed any operative interference was justifiable. The caries of the ischium, however, would perhaps prove sufficient objection to any operation for removal of the disease, and we are narrowed down to the general plan of tonic medication, and whatever may be done for the relief of the deformity and improvement in the use of the leg.

From want of fortitude and resolution on the part of the patient, no very successful effort was made to place the leg in natural and useful position; the opportunity for such effort is not yet lost and confidence in its safety and practicability is unabated.

*Varicose Veins.*—The operation practiced for radical cure of varicose veins consisted in injecting into them a dilute solution per sulphate of iron, while pressure was made both above and below the point of injection by ligature or the finger of an assistant. By this means instantaneous coagula-

tion of the blood was produced, and consequent complete obstruction of the vein. The coagulum thus formed remains for several days, and is usually absorbed; sometimes it suppurates, and occasionally when remaining hard for some time, it is well to open down upon and remove it. The operation, if skillfully performed with proper instrument, is nearly painless; the obstruction is certain and instantaneous, and the risk of unpleasant consequences must be very small, though great experience is necessary before it can be pronounced absolutely free from risks. In comparison with the operation of ligating the veins, the chief advantages must consist in less pain, and greater safety. The first we certainly secure, while it appears probable that the much less disturbance of the coats of the vessels would be attended by greatly diminished liability to phlebitis, absorption of purulent secretion, or other accident which has sometimes followed the operation of ligating varicose veins.

The efficiency of this operation in relieving the condition for which it is practiced, is unsurpassed. One of the cases under treatment, included under this head, was very severe, the anterior portion of the leg was completely covered by the vascular tumor thus made, appearing more like an aneurism by anastomosis, than varicose veins. This condition of the vessels disappeared as by magic, and the results of the blocking up of the principal veins was truly remarkable. It is usually recommended to place the leg after operation in a large poultice of flax-seed or slippery elm, and continue this for a week or more. The patient should be placed in horizontal position for a few days, and when walking it is well to support, for a time, the vessels, by applying a bandage or wearing an elastic stocking.

(TO BE CONTINUED.)

---

#### ART. II.—*Abstract of the Proceedings of the Racine Medical Association.*

The Association met at the office of Dr. Thompson on Tuesday evening, March 9th.

Present—Dr. Page in the Chair; Drs. Smith, Nettleton, Hoy, Wadsworth, Thompson and Meachem.

*Dr. Wadsworth* read a very able paper on venereal abuses, masturbation, &c. He said that the first great lesson that should be learned by all, was knowledge of the organic laws. He who conforms to them, and moves in harmony with their purposes, in all his ways, secures health and happiness as his sure reward; but woe to the man who through ignorance or



defiance, contends with, or disobeys these laws. Disease and suffering will meet him on every side, turning all his pleasures into pain, and his strength into weakness, wretchedness, and often premature death.

After the reading of the essay, the Chair proposed Pneumonia as a subject for the evening discussion.

*Dr. Wadsworth* said he should like to hear from *Dr. Meachem* in relation to the treatment of pneumonia, as he had recently seen a case in consultation with him, at the military hospital, that he had treated almost wholly by the use of stimulants and liberal diet.

*Dr. Meachem* stated that his plan of treating pneumonia was very different from that practiced by him a few years ago. In the early part of his professional life, he not unfrequently bled his patients three or four times during the attack of the disease. He now seldom bled, except locally. He would not denounce general bleeding altogether, for he could now imagine cases when he would resort to it, though he believed he had not, in pneumonia, for the last three years. If called to a case early, and cathartics had not previously been administered, (which is not often,) he gave calomel and rhubarb, or some of the salines, sufficient to produce two or three pretty free dejections; after which he prescribed the tincture of *veratrum viride*, in doses large enough to bring the system fully under its influence. He could control the pulse by this remedy, far better than he could by general bleeding, and his patients convalesced more speedily. He had never seen any unpleasant consequences follow its use, for after its full effect had once been produced, it required but very little to keep up the impression as long as desirable. He had great confidence in blistering, if not resorted to, too early in the disease. Many practitioners make a great mistake in this respect. They will apply blisters in the second or third day, which almost invariably aggravate the case. He had a recent conversation with the Chairman, *Dr. Page*, on this subject, who informed him that he had seen simple cases of pneumoia, converted into very severe ones, by the untimely application of even mustard cataplasms.

The old plan of administering calomel and opium, day after day, until the specific effect of the mercury was visible in the mouth, he denounced altogether. Occasional anodynes, are many times very beneficial, and the same may be said of mercury, but he did not believe in its being administered with the view to the constitutional effect. He had heard physicians say that they had never lost patients of pneumonia, in whom salivation was produced. How many they lost in *trying* to produce it, and in whom

they did not succeed, was a matter, he feared, upon which their memories did not care to dwell. Most patients with pneumonia, after the first three or four days, will bear stimulants well, and in many instances with marked benefit.

*Dr. Thompson* had too often seen the good effects of bleeding, to feel safe in neglecting it in severe cases of pneumonia. He thought twenty years ago that it was practiced too much, and he now thinks it is practiced too little. He did not believe in extremes either way. He was quite sure that patients were more perfectly cured, and had less chronic troubles remaining, who had been liberally bled during the early stages of the disease.

*Dr. Wadsworth* remarked, that he thought it very important to make a correct diagnosis, and especially of the different stages of the disease.— This only would be a safe guide to the treatment. In the first stage, that of engorgement, was the time for depletion. The lancet, if used at all, must then be employed. Latterly he had not resorted much to it, but had used the *veratrum viride* instead, and thought it a valuable remedy in the disease. When consolidation or hepatization is present, he avoided direct depletion, and instituted a supporting treatment. Calomel and opium he considered eminently useful. He was aware that it had been said by the *moderns* that the opium was all that was beneficial in the prescription, and of course calomel went by the board. He could not subscribe, but even protested against this doctrine, for in a practice of more than thirty years, he had not seen a single death by pneumonia, when the specific effect of the mercury was obtained. His convictions were therefore strongly in its favor and he could not conscientiously give up the remedy. He had often, in the latter stages of the disease, had recourse to stimulants. The idea of inflammation would not retard him from their use, and especially in the case of children. He was satisfied that he had saved the lives of many children by this means, that otherwise would have been lost. Finally, he urged upon the members of the Association the study of auscultation, as giving precise knowledge that would enable us to adapt our treatment to the different stages, with more accuracy and success.

*Dr. Page* formerly extracted blood, either locally or generally, in the first stage of pneumonia. Of late years he had trusted to *veratrum viride*, except in persons of full habit, or when the congestion threatened sudden lesion of the lungs, in which case he still practiced venesection. He had been in the habit of prescribing mercury cautiously—usually in combina-

tion with opium. After the first stage, when the heat of skin had lessened and the pulse softened, he frequently applied blisters. Sinapisms (usually applied before the physician is called) often do much harm. Quinia is usually indicated in malarial districts; and in adynamic cases stimulants are required—sometimes from the beginning. He had bled to relieve local engorgement, and the next moment prescribed stimulants. The function of the kidneys should be looked after; and diuretics are frequently demanded. He who never bleeds, (although he may do less mischief,) is as much, in error, as he who always bleeds. He considers Bennett's plan of treating pneumonia, as altogether too inefficient, except in mild cases.

*Dr. Nettleton* remarked that the name of this, as well as of other diseases, was too often treated, and not the condition of the patient. The state of the system is of more importance than the name of the malady. It depends upon the judgment of the medical attendant, to decide the existing present state of the system, and stage of the disease, and to direct his remedial means adapted to the condition of the patient at the time.—The most appropriate remedies, in his estimation, in the treatment of pneumonia are—1st, Venesection; 2d, Tartar emetic, not to nauseate; 3d, Opium in large doses; and 4th, Ipecac, Polygala Senega, &c. In all cases warmth and moisture to the chest.

*Dr. Hoy* had used the veratrum in combination with gelseminum, in a recent case of pneumonia, with excellent effect. The patient was a strong robust man, and the attack very severe, but it yielded speedily to the combination of these two remedies.

*Dr. Page* reported a case of syphilitic orchitis, of long standing, and bad management in the hands of quacks. The testicle was removed by *Dr. Meachem*. It had degenerated into a fibrous mass, weighing ten ounces. The spermatic cord being seriously involved, was ligated high up, and the case progressed favorably with no untoward symptoms.

JOHN D. MEACHEM, M. D., Secretary.

*Racine, Wis., March 20, 1863.*

---

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

TUESDAY EVENING, March 3d, 1863.

*Dr. T. T. Lockwood*, President *pro tem*, in the Chair.

The Secretary being absent, and minutes of last meeting not being at



hand, the reading was dispensed with. Dr. J. B. Samo was appointed Secretary *pro tem*.

The election of Dr. Peters was moved. Objection was made by Dr. Strong on the ground of his not having perfected his membership in the County Society, as required by the By-Laws. The objection was waived, however, and Dr. Peters was declared a member of the Association on complying with the By-Laws.

*Dr. Wyckoff* proposed Dr. Smith for membership.

The Committee on Fee Bill, through Dr. Lockwood, Chairman, reported progress, and further time was granted.

*Dr. Rochester* gave an interesting account of his examination of the bodies of the murdered woman, Mrs. Fraser and her three children.

*Dr. Rochester* reported the prevalence of roseola, a disease resembling measles in its eruption, but with milder constitutional symptoms.

*Dr. Lockwood* had seen some cases also.

*Dr. Wyckoff* spoke of a peculiar eruption on the face of an Irishman, spreading through the beard and suppurating.

*Dr. Strong* suggested, whether the disease called measles, and prevailing so extensively in our army, might not be in fact, roseola, it seeming improbable that so many should never have had measles before.

There being nothing of interest before the Association, Dr. Rochester moved to adjourn. Adjourned to first Tuesday in April.

J. B. SAMO, *Secretary pro tem*.

---

#### ART. IV.—*Conservative Medicine*—BY AUSTIN FLINT, M. D.

[From the American Medical Journal.]

Continued from November No.

In defining conservative medicine, we have seen that it expresses a characteristic of the improvements in medical practice during the last twenty-five years. Let us now direct our attention to illustrations afforded by some of the different classes of remedial measures. And, first of all, blood-letting suggests itself. How great the change as regards this remedy! Twenty-five years ago it was employed as if it were an innocuous remedy. Practitioners thought much more of the risk of not resorting to it when it was needed, than of the evils of its being needlessly resorted to. Hence, they often acted on the rule inculcated by a medical writer, viz., when in doubt use the lancet. How different the rule of treatment now! Few

practitioners of the present day would resort to this remedy in any case in which its appropriateness seemed to them questionable. Why not? Because it has been ascertained to be a spoliative remedy. It causes a disproportionate loss of the corpuscular elements of the blood, which are slowly regenerated. These corpuscular elements are already deficient in many diseases. In short, anæmia and its pathological relations were very imperfectly understood a quarter of a century ago. It is clear now to every one that, if not indicated, blood-letting should never be employed. This simple statement explains, in a great measure, the comparative disuse of blood-letting. The great question now is, whether it is a remedy called for more or less frequently in the management of certain diseases, chiefly the acute inflammations. I do not propose to enter here into a discussion of this question. This much may be said: Clinical observation, which is alone competent to settle the question, has shown that it is a remedy not called for so often or to so great an extent in acute inflammations as was supposed but a few years ago. A single incidental remark with respect to blood-letting, and it is one which will apply to other remedies. In determining its influence for good or evil by means of clinical observation, it is not enough to take into account the ratio of recoveries, and the duration of cases of disease. Blood-letting may not increase the mortality from a disease, nor protract its continuance, and, yet, prove injurious. The injury may be manifest only in the slowness of convalescence and the impaired condition of the system after recovery.

Cathartics were prescribed a quarter of a century ago much more generally and to a much greater extent than at the present time. In fact, purgation was considered as rarely out of place, whatever might be the nature or seat of the disease. This harmonized with the notion that very many diseases originated in, and nearly all were liable to be perpetuated by, causes acting within the alimentary canal. Abernethy's views of the constitutional origin of local diseases were generally received and acted upon, and with him the constitution and the bowels were almost convertible terms; constitutional treatment consisting in the nightly blue pill and the morning black draught. The great Sir Astley Cooper quoted with approbation the quaint saying of an old Scotch doctor, who declared that fear of God and keeping the bowels open were the chief requisites of duty for safety in this world and the world to come! The importance of purgation became deeply rooted in popular sentiment. Cathartic pills or potions were considered indispensable in every household, and it would hardly express the frequency

with which they were used, to say that family devotions were far less common. These were the days when, as Stokes remarks, more truly than chastely, doctors seemed to have always in their minds "a cathartic and a potfull of fæces." In this day, when a change has taken place as respects the employment of purgatives, physicians suffer from the fact that it takes a long time to eradicate a firmly-fixed popular notion. Not only do we find it often embarrassing to reconcile patients to a different practice, but are expected to enquire into, and carefully examine daily, by sight and smell, the excretions of patients, when we might otherwise consult our comfort (to say nothing of dignity) by dispensing with this exercise of the senses. The objects for cathartics, as now considered, are comparatively few, consisting chiefly in the removal of constipation, and their hydragogue operation in dropsy. They are no longer given as a matter of course, without definite indications. As perturbatory and debilitating agents, they cannot but do harm if not required, and their frequent repetition conflicts with nutrition, and thereby with sustaining measures of treatment. The change, as respects this class of remedies, thus illustrates the principle of conservatism.

It is needless to remind the reader familiar with the practice current twenty-five years ago, of the frequency with which emetics were employed. Of morbid causes referred to the alimentary canal, a large share were supposed to exist in the *primæ viæ*—an expression then often used by writers and in common parlance. The same notion taken up by the public was conveyed by the homely expression "foulness of the stomach." Emetics were prescribed by physicians to remove saburral matters, and vomiting desired by patients as a cleansing operation. Severe and prolonged vomiting by lobelia, in conjunction with the vapor bath, constituted the Thomsonian practice, which, in certain parts of our country, for several years, was considerably patronized. At the present time, emesis, irrespective of cases of poisoning and over-repletion, is rarely produced, excepting as incidental to the use of remedies not prescribed for that purpose, such as the nauseant sedatives, colchicum, veratrum viride, etc. What would be thought of a practitioner now who treated cases of phthisis with emetics repeated almost daily! Yet, within the memories of physicians of twenty-five years' standing, this practice has been advocated, and, to some extent, adopted. The progress of medical conservatism has led to the abandonment of emetics, as perturbatory and debilitating agents, excepting in the rare instances in which they subserve an explicit purpose.



The practice of the present time presents a striking contrast with that twenty-five years ago, as regards the use of counter-irritant applications. The physician whose professional career has already extended over that period, is sometimes reminded of the severe measures then in vogue, by the exhibition of indelible scars on the bodies of his old patients. He is not likely now to contemplate these traces of his former vigorous practice with lively gratification. Blisters, sometimes applied successively over the same space, and not diminutive in size, tartar-emetiic ointment and plasters, issues, the moxa, etc., were considered as among the most efficient of the means of influencing the cure of a host of local affections. How much less frequently are they now used, and, when counter-irritation is deemed advisable, how much milder are the applications chosen! Physicians were strongly impressed with the belief that local affections were often removed by revulsion. They accepted the doctrine of Hunter, that two diseases rarely concur, and, hence, that an artificial disease is likely to effect a cure by a process of displacement. Not only has this doctrine been disproved by pathological researches, but these have shown a large number of the local diseases formerly regarded as primary, to be the secondary or tertiary effects of morbid conditions then unknown. Bright's disease had not been discovered, and its multitudinous pathological consequences were, of course, unintelligible. In those days solidism prevailed, and hæmatology has been since created. Physicians made no account of blood-poisons, and the old humoral notions of coction and fermentation had not been revived under the modern but equally indefinite garb of catalysis. Mr. Farr had not invented the name Zymosis, a name expressive of our ignorance, rather than conveying any precise knowledge, but, nevertheless, significant of a wide and most important leap from the doctrine of solidism; or, in other words, of a passage backward, guided by the light of modern science, to humoralism, which, as Rokitan'sky remarks, is simply a requisition of common sense. This change in pathological views, in conjunction with clinical observation, has led physicians to distrust, more and more, the value of counter-irritant applications, and, at all events, to conclude that severe revulsive measures are rarely called for; hence, the change in practice is in conformity to the principle of conservatism.

The contrast as regards the use of mercury affords a signal instance of progressive change. The remarkable efficacy of this remedy in certain affections naturally led to the expectation of its utility in many diseases.—Mercurialization being a disease, it accorded with the current belief of the

incompatibility of different affections, to suppose that it displaced other diseases. It was considered as *par excellence* an *alterative* remedy; and what a latitude for imagined results was afforded by that title! Moreover, its supposed special action on the liver accorded with the notion that the secretion of bile had much to do with morbid phenomena. The relief or prevention of portal congestion was incidental to its hepatic effects. It lessened exudations; it promoted the absorption of morbid products; it altered the secretions; it dispelled local engorgements, and, by exciting stomatitis, it acted by way of revulsion. Waiving here, as in the other instances, discussion of the actual value of this remedy, the extravagance of the views formerly entertained is now sufficiently evident. The statements of those who have made war upon this article of the materia medica, and the popular prejudices thereby produced, are equally, or still more, extravagant; but it is a remedy potent for harm when inappropriate, as it is powerful for good when indicated; and, therefore, the great change that has taken place as regards its use exemplifies conservatism.

These examples are sufficient to show how conservative medicine is illustrated by recent improvements as regards the employment of particular therapeutic measures. They furnish evidence of immense progress in practical medicine. Let not this statement be misunderstood. The improvements which have been noticed consist in the restricted use of blood-letting, cathartics, emetics, counter-irritants, and mercurials. Does the restricted use of these measures detract from their real therapeutic value? Not at all. Medicine has, by no means, repudiated them. She employs them with better judgment and discrimination; thus, availing herself of the good they can accomplish, she escapes the evils arising from their injudicious and indiscriminate use.

If we look at the progress of medicine during the last quarter of a century from another point of view, we find additional examples of conservatism. Regarding it exclusively from the point of view already taken, it appears that, in proportion as the practice of medicine has improved, reliance on certain active or heroic measures of treatment has diminished.—This is true, but it is not the whole truth. Some measures are employed with much more freedom now than a few years ago. The use of opium and alcoholic stimulants, in certain diseases, affords the most striking illustrations of this truth. These instances also exemplify the principle of conservatism. Opium and alcohol, in excessive doses, occasion immediate disorder, of more or less gravity, and may destroy life. But given so as

not to incur any risk of these effects, they do not conflict with conservatism, because their operation is transient, and, unless their use be continued, they do not leave behind them damaging effects. Given in quantities which are comfortably borne, they certainly do not impair the vital forces by perturbation, by loss of fluids, by affecting the constitution of the blood, or by inducing local changes, as do the measures previously noticed. This statement, of course, has nothing to do with the ulterior consequences, moral and physical, of intemperance or opium-eating. Here, too, as in other instances, discussion of the *modus operandi* of remedies is waived. Most physicians will agree in the statement that, when indicated as remedies, opium and alcohol sustain the vital forces. In this respect they are positively conservative. But a point of distinction is, when not indicated, if given within certain limits, and not continued, they are neither spoliative, exhausting, disturbing, nor disorganizing, as are various other measures, and, therefore, not, like the latter, even then, antagonistical to conservative medicine.

The contrast between the practice of medicine now and twenty-five years ago is not less marked, as regards the use of opium and alcohol, than as regards the restricted employment of other measures. Let the practitioner, who has seen service for a quarter of a century, consider what a responsibility he would once have taken in treating cases of pneumonia with brandy and opium, to say nothing of the continued fevers. The wonderful tolerance of these remedies in certain cases of disease is a recent discovery.— Let the same practitioner consider whether he would once have ventured on a hundred grains or more of opium *per diem* in a case of peritonitis, or grain doses of the sulphate of morphia hourly, continued for several days, in a case of dysentery. Let him consider whether, at the commencement of his career, with the fulminations of Broussais on incendiary practice resounding in his ears, he ever dreamed of the propriety of giving quarts of spirit daily to fever patients, and of finding the frequency of the pulse diminished, and the mind become more clear under this heavy stimulation!

If we turn from remedial measures to dietetics, we find that the improvement which has taken place in practice contributes to the illustration of conservative medicine. In fact, conservatism is, perhaps, not less conspicuous in the contrast as respects the diet of the sick than in any other point of view. In cases of fever, and all acute diseases, twenty-five years ago, it was generally deemed an essential part of the treatment to withhold alimentary supplies. It was a frequent saying to patients who craved food,



that to allow it would be to nourish the disease. In chronic affections, too the diet was usually much restricted. It was believed that a large majority of diseases were attributable, directly, to dietetic imprudences, and that the over-ingestion of food, during the progress of diseases, was, of all indiscretions, the most prolific of evil. Physicians seemed to lose sight of the plain fact that the vital powers must languish in proportion as the alimentary supplies fall below the wants of the system. and that death may be produced by starvation in disease as well as in health. At the present time, a nutritious diet is considered as highly important to the management of fevers, as well as in diseases which tend to destroy life by exhaustion, and most physicians appreciate the importance of keeping the body well nourished in chronic affections.

Incidentally a point for remark is here suggested. Twenty-five years ago disorders of digestion, grouped under the name dyspepsia, were extremely frequent. Dyspepsia was the popular malady of the day. The number of dyspeptics, of late years, has greatly diminished. The malady is comparatively infrequent. Why is this? I believe it to be explained, in a great measure, by the fact that in the matter of eating, instinct has regained its rightful supremacy. We do not hear so much now, as then, of the liabilities to dietetic errors. Physicians are not so ready to attribute diseases to some imprudence at the table. The subject is not brought to the minds of the people by means of conversation, popular books on diet, public lectures and sermons. The healthy man no longer sits down to dinner with fear and trembling, lest he should eat too much, or indulge in improper articles of food. There are fewer patients who hold to the fanatical notion, that moral and physical health requires the demand of the system for food in sufficient quantity and variety, as expressed by hunger and appetite, to be resisted; and that the welfare of body and mind is promoted by living on a poor and inefficient diet. We rarely, now-a-days, hear the injunction which was once impressed upon all who would preserve health, to adopt the habit of always rising from the table hungry. Nature and common sense have triumphed over these absurd ideas, and, among other advantages, dyspeptic aliments, which formerly tormented so many persons, have wonderfully diminished.

Recurring to the definition of conservatism in medicine, it suffices to say that it means the preservation of the vital forces. It is a principle in medical practice, covering everything which prevents impairment of, or tends to develop and sustain, the powers of life. The terms "vital forces" and

“powers of life,” although they are not readily explained, have a practical meaning, which is well enough understood, and it is unnecessary to enter into an explanation of them. It has been the object, in the foregoing pages, to give an exposition of conservative medicine, and to show that conservatism, in the sense in which the term is now used, is a distinguishing feature of medical practice at the present time, as contrasted with the practice which prevailed twenty-five years ago. The development and adoption of this principle have been seen to be results of the progress of medical knowledge, and the circumstances which seem especially to mark the beginning of the changes illustrating the principle are, abandonment of attempts to reduce the practice of medicine to a system, after the failure of the latest, viz: Broussaisism, and the study of the natural history of diseases, as inaugurated by Louis. It is by no means, however, intended to ignore the fact that the cultivation of all the branches of medical knowledge has powerfully co-operated to the same end. The changes which have taken place during the last quarter of a century have not been due to a prior recognition of the principle of conservatism; but now that the changes have occurred, we find conservatism to be common alike to all, binding them together, and constituting their most striking characteristic. Having reached the principle thus analytically, are we not bound to recognize it as a fixed principle of medical practice, and one possessing great practical importance? Assuming it to be such, the remainder of this article will be devoted to its applications in the management of different forms of disease. And, first, let us consider the application of conservatism to the treatment of patients with inflammatory affections.

Theoretical views led to the measures called *antiphlogistic* in cases of inflammation. These measures, consisting of general and local blood-letting, cathartics, and rigid or restricted diet, were considered as antagonizing the state of inflammation; not unfrequently arresting its progress, and, when not successful in this end, diminishing its severity, limiting its morbid effects, and abridging its duration. As already remarked, the injury which these measures are capable of doing was overlooked; and, on the other hand, all will admit that their efficacy, in effecting the objects just stated, was greatly overestimated. Clinical experience has shown that we cannot rely upon these measures to arrest the progress of inflammation. Admitting the possibility or probability of success in a small proportion of cases, we are not justified in exposing patients to the injury produced if these measures do not succeed, when the chances are few that they will prove

successful. This statement expresses a rule of conservatism applicable to all potent measures employed in any disease as abortive measures of treatment. Measures not impairing the vital forces are allowable, even when the probability of success is small. Opium, for example, is admissible as an abortive remedy when blood-letting is clearly inadmissible. But measures which, if not successful, will do harm, are only to be resorted to when the chances of success preponderate over those of failure. Conservatism, therefore, does not justify the employment of the antiphlogistic treatment with a view to the arrest of inflammation, without taking the ground that they invariably fail.

Clinical experience has rendered it doubtful whether the antiphlogistic treatment exerts much effect on the intensity of inflammation, its results, or its duration. Conservatism, therefore, dictates a careful weighing of the evils of the treatment against the chances of its usefulness as regards these objects.

It is not settled by experience that this treatment, carried to a greater or less extent, is always in no measure efficacious. Hence, there is room for difference of opinion, and the practice of different physicians will differ.—The discriminating practitioner, who, although satisfied of the evils of the indiscriminate employment of antiphlogistic measures, believes in their ability, if judiciously employed, will be guided, in withholding or resorting to them, by the circumstances belonging to individual cases. And here it is that his practical knowledge, judgment, and tact are brought to bear on the management of inflammatory affections. Conservatism will dictate to such a practitioner not to employ blood-letting, etc., when the inflammatory affection, from its seat and degree of intensity, involves no danger, and when there is reason to suppose that it may pass through its course favorably, without active interference. Conservatism will dictate the same policy when all the local results to be expected from the progress of inflammation have already taken place, and the restorative processes only remain—a condition illustrated by the second stage of pneumonia, when all the exudation that is to occur has occurred, and the recovery involves only the absorption of the morbid deposit. Conservatism will dictate the same line of conduct in all cases of disease in which more danger is to be expected from failure of the powers of life, than from lesions incident to the local affection.

The value of therapeutic agencies is, of course, to be determined by experience. Developments in the progress of pathology, however, contrib-



ute to our knowledge of therapeutics, not only by giving direction to clinical observation, but by harmonizing with the conclusions drawn from the latter. It is interesting to note the consistency of the practical views now generally held as regards antiphlogistic measures, with late developments respecting the origin of certain inflammations. Inflammations not traumatic were formerly considered, and are now often called, spontaneous.—We may use this term conventionally as distinguishing a local disease not referable to any obvious local cause, but, strictly, it is an absurdity to say that any disease is spontaneous. Every local affection must involve an adequate morbid agency acting on the part affected. It is true that our present knowledge does not enable us generally to appreciate the nature, and the *modus agendi* of the proximate causes of inflammatory affections, but we have acquired, of late years, some information important in itself as a basis for analogical reasoning. Clinical observation has shown that the accumulation of urea in the blood is apt to lead to inflammation of serous structures. This we know, and it is a rational supposition that urea (or the products of its decomposition) induces inflammation, by acting directly on these structures. There are sufficient grounds for believing that the local inflammations occurring in gout and rheumatism are due to the local action of a *materies morbi* in the blood; perhaps the uric acid in the former, and the lactic acid in the latter of these diseases. Reasoning by analogy, we may expect with considerable confidence that future researches will show the so-called spontaneous inflammations generally to be produced in a similar manner. And with this view of their production, we should rationally expect great results, not so much from the antiphlogistic treatment, as from measures addressed to the morbid conditions of the blood which underlie the local manifestations of disease. To ascertain these morbid conditions in different diseases, to prevent the introduction or accumulation of morbid material in the blood, to neutralize the poisonous properties of this material, by causing the promotion of innocuous combinations, prevent the organico-chemical changes which its presence induces, (catalysis,) or to eliminate it through the emanations of the body—these are the great objects of therapeutics at the present day, which harmonize with the late revelations of pathology. Without stopping to inquire how far these objects have been obtained, it is to be remarked that they are obviously conservative, involving, as they do, protection against internal agencies inimical to life and health.

## EDITORIAL DEPARTMENT.

## MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

In our last number we had space only for the notice of the meeting of the *American Medical Association* to be held in June next. This notice was sent as by the Chairman of the Committee of Arrangements, Dr. N. S. Davis of Chicago. As is well known, this meeting of what has been properly called the National Medical Congress, has been postponed on account of the unhappy political divisions and excitements which were supposed to have separated those who were formerly attached by the interests of a common brotherhood.

If there is important business to be transacted, and the meeting of this Association will in any degree advance the interests of the profession, then we are glad that this call has been made, since we can see no good ground for supposing that delay would in any way restore or promote harmony in the profession in the different sections of the country. For the present, at least, our Southern brothers have withdrawn from us their sympathies, and come to regard with fixed opposition every measure which can promote our real prosperity; in the excitements of political and sectional contest they do not recognize the higher and holier bonds which have, and ever should, unite the members of the medical profession.

If it was possible for them to do so, it is probable that the members of the Association from the South, will not for the present care to participate in the proceedings of the Association; they propose "independence in government, religion, science and medicine," and with their politicians and people generally have grown mad, and desire nothing in common with us.— This, however, constitutes no reason for postponing the meeting of the Association, or any ground for discouragement in the members from the loyal States. Returning peace, with its seasons of calm reflection will not, we trust, fail to restore again the professional fellowship we have so long enjoyed.

So far as we are informed, it does not yet fully appear what is to be the exact order of exercises or business at this proposed meeting of the Association; various topics of interest have however been suggested, prominent among them the consideration of the establishment of a school of Military Surgery, elevation of the rank of the Medical Staff of the Army, and uniform standard of medical education. It is not proper to discuss these

subjects too freely until it appears by what plan of procedure it is proposed to organize such school or obtain uniform and improved standard of medical education, though these questions are of great interest to the profession and to the country. Other governments may have their schools of ~~Medical Surgery~~ in successful and efficient operation, and with them they may be necessary and proper; but with us, where private enterprise is so much more active and powerful than governmental forces, the necessity for such institutions cannot be said to exist, and if we should ever see instituted in this country a Government School for the education of Military Surgeons, we shall also see another political organization, conducted by political men, nourished by political favor, and distinguished upon all occasions by want of everything except political merit. If in the present condition of the country, with our necessity for military surgeons and the great numbers of young physicians who are seeking the army for employment, competent, thorough instruction is not given in all our established medical schools in the minute details of military practice, then they are no longer worthy the confidence and support of the profession, and it will require no prophetic gift to foretell the doom of any institution where this branch is neglected. This is a necessity which will "create a supply," and no anxiety need be entertained upon the subject; while a higher standard of education, more rigid tests of excellence and competency are subjects which will properly engage the attention of all who are interested in the good of the profession or welfare of the country.

Since writing the above, mainly for the purpose of drawing attention to the meeting of the Association, we have received the March number of the *Chicago Medical Journal*, and notice the following editorial remarks upon the proposed meeting, indicating that we have no ground for expecting either co-operation of the members from the South, or harmony of action at home. If the profession of Chicago are not prepared to receive the Association, this will constitute the best possible ground for delay or postponement; of this we shall be hereafter informed. In order to show the case more fully and allow our readers to judge for themselves, we copy the remarks of the editor of the *Chicago Medical Journal*, a distinguished member of the profession in that city:

"PROPOSED MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—We received too late for insertion in the last number, and after the notice which it contained had been written, a call signed by Dr. N. S. Davis, and purporting to be authorized by the "Committee of Arrangements," for a



meeting of the American Medical Association, to take place in Chicago on the first Tuesday in June, 1863. On enquiry of some members of said Committee we find they know nothing about said call. The Committee without any authority adjourned the meeting of 1861-1862; and now some of them, equally without authority, have announced a meeting under circumstances quite as unfavorable as have existed in former years.

If a meeting is desired we conceive it devolved upon the State Societies, and other organized bodies, including teachers in Colleges and Hospitals, to intimate their wishes to that effect. This, as far as we are informed, has not been done in more than one instance.

The Association meeting in June can have no claim to be considered "National," and must if convened but favor the effect of forever perpetuating its sectional character. For ourselves we do not despair of the return of better days, when our brethren now in the army and numerous Union men in the Southern States shall join with their brethren in the North in meetings truly National in their character. We know that some most active in the matter do not share this hope, probably do not desire such a result, but it is a conviction to which we shall cling to the last.

The excitement of civil war is not favorable to the calmness required in scientific meetings. The National Association of Science has thought it wise to suspend its annual assemblage. Several of the State Societies have followed its example. From such no representatives can be expected.

The time appointed is peculiarly unfortunate, being the day on which a great "Canal Convention" is to convene in this city. Citizens will be called upon to open their houses for the accommodation of the members of this latter body. Several eminent medical gentlemen will find it necessary to devote most of their time to it. Many will desire to be present to listen to its proceedings. If, therefore, a general attendance is desired, we would suggest that the second Tuesday of June be substituted for the first Tuesday. We make this suggestion in the interest of the profession of the city who will desire to give to their friends a cordial and hospitable reception whenever they may do us the honor of a visit.

D. B."

---

SMALL POX IN SCOTLAND.—During the past year the small pox was very prevalent at Edinburgh and Leith. In the Report of the Registrar-General, it is stated that the disease was carried from Leith to several parts of Scotland, which raises the important question whether some legislative enactment is not necessary to prevent persons laboring under epidemic disease from travelling by railways, steamboats, or other public conveyances.—*London Lancet.*

## NEW YORK OPHTHALMIC SCHOOL.

The New York Ophthalmic School and Hospital held its Eleventh Anniversary on the 24th ult., in the Medical College in Fourteenth St., before a large and highly intelligent audience. The exercises of the evening were introduced with prayer by the Rev. Edward Thomson, M. D., Editor of the Christian Advocate and Journal. The names of the graduating class were read by Dr. Mark Stephenson, lecturer on the anatomy, pathology and treatment of diseases of the Eye, who remarked to the President that these young gentlemen were students from the different medical colleges in this city; that they have attended his lectures on ophthalmic surgery; been examined every Saturday by Dr. M. P. Stephenson; attended the clinics three days in the week; learned to diagnose diseases of the eye; watched the effect of remedies from day to day, and witnessed the various operations at the hospital, where over one thousand patients are prescribed for every year. And he further remarked he thought they were better qualified to practice this department of their profession than many physicians who have been twenty or thirty years in practice.

The diplomas were presented by Solomon Jenner, A. M., President of the Institution, as follows:

A. E. Jenner, M. D., Ohio; J. M. Waddle, Yates County, N. Y.; J. P. Schenck, jr., Dutchess County, N. Y.; De Witt Webb, Dutchess County, N. Y.; J. H. McCann, M. D., Louisville, Ky.; Robert King, Geneva, N. Y.; H. G. Olmsted, M. D., N. Y. City; James Hutchinson, St. John, N. B.; Charles P. Sanderson, M. D., Ohio; R. J. Mordon, M. D., Canada West; J. H. Chittenden, Binghamton, N. Y.; Thomas Thompson, Delaware Co., N. Y.; G. A. Hayunga, M. D., Canada West; J. H. Hunter, M. D., Concord, N. H.; M. C. Rowland, M. D., Washington County, N. Y.; W. J. Orton, Broome County, N. Y.

The graduates were then addressed in a very forcible and appropriate manner by Dr. Marcus P. Stephenson, one of the attending surgeons, under whose immediate instruction and examination they had been during the past winter. The Valedictory Address was delivered in a very able and pleasing manner by Alexander E. Jenner, M. D., one of the graduating class, and the exercises of the meeting closed with an eloquent address by J. P. Garrish, M. D.

## AMERICAN JOURNAL OF OPHTHALMOLOGY.

We have received the fourth number of this Journal, with the following Table of Contents:

*General Department.*—On Diphtheritic Conjunctivis, by De Graefe; The Anomalies of Mobility of the Human Eye; Art. III—Paralysis of the Abducens, by the editor.

*Special Department—Journalistic Reports.*—Contributions to the Knowledge of Glaucoma; Paper on Military Ophthalmia, read before the Academy of Medicine of Belgium; Analysis of One Hundred Ophthalmic Cases, showing the Comparative Frequency of the Various Diseases of the Eye in Hamilton, C. W.

*Bibliographical Reports.*—New Publications.

*Editorial Department.*—The Periodical International Congress of Ophthalmology; Notes, Queries and Replies.

## BOOKS AND PAMPHLETS RECEIVED.

*Transactions of the Seventeenth Annual Meeting of the Ohio State Medical Society, held at Ohio White Sulphur Springs, June 17th and 18th, 1862.*

*Biennial Report of the Board of Trustees of the Michigan Asylum for the Insane, for the years 1861-2.*

*Complete Record of the Surgery of the Battles fought near Vicksburg, December 27, 28, 29 and 30, 1862.* By E. ANDREWS, late Surgeon of the First Regiment Illinois Light Artillery, and Professor of Surgery in the Medical Department of Lind University.

*The Heritage of Mankind; or, Common Sense the Arbiter of the Medical Profession;* by WILBURN WHITLEY, M. D., Physician and Surgeon, Conneautville, Penn.

*Sanitary Commission, No. 57—Reports of the operations of the Inspectors and Relief Agents of the Sanitary Commission, after the Battle of Fredericksburg, December 13, 1862,* by J. H. DOUGLAS, M. D., Associate Secretary San. Com., and C. W. BRINK, M. D., Inspector Sanitary Commission.

*Significance of a Diploma—a Valedictory Address delivered before the Graduating Class of the Berkshire Medical College, November 19th, 1862,* by WM. WARREN GREENE, M. D.

*Thirty-Ninth Annual Register of the Rensselaer Polytechnic Institute, Troy, N. Y., for the Academic Year, 1862-63.*

*Hints on the Treatment of Strangulated Hernia; the Properties of Opium as Antiphlogistic, Anatomically and Physiologically Explained,* by JOHN O'REILLY, M. D., F. R. C. S. C., read before the Academy of Medicine of New York. New York: Published by WILLIAM WOOD, 61 Walker Street, 1863.



## STATISTICS OF THE GLOBE.

The following curious facts are stated by the *Abeille Medicale*:—The earth is inhabited by about 1,288,000,000 of inhabitants, viz: 369,000,000 of the Caucasian race, 552,000,000 of the Mongolian race, 196,000,000 of the American Indians, and 200,000,000 of the Malay races. All these respectively speak 3064 languages, and profess 1000 different religions.—The amount of deaths per annum is 333,333,333, or 91,954 per day, 3730 per hour, 60 per minute, or 1 per second; so that at every pulsation of our hearts, a human being dies. This loss is compensated by an equal number of births. The average duration of life throughout the globe is 33 years. One-fourth of this population dies before the seventh year, and one-half before the seventeenth. Out of 10,000 persons only one reaches his hundredth year, only one in 500 his eightieth, and only one in 100 his sixty-fifth. Married people live longer than unmarried ones, and a tall man is likely to live longer than a short one. Until the fiftieth year women have a better chance of life than men, but beyond that period the chances are equal. Sixty-five persons out of one thousand marry. The months of June and December are those in which marriages are most frequent.—Children born in spring are generally stronger than those born in other seasons. Births and deaths chiefly occur at night. The number of men able to bear arms is but an eighth of the population. The nature of the profession exercises a great influence on longevity; thus out of 100 of each of the following professions the number of those who attain their seventieth year is—among clergymen, 42; agriculturalists, 40; trades and manufacturers, 33; soldiers, 32; clerks, 32; lawyers, 29; artists, 28; professors, 27; and physicians, 24; so that those who study the art of prolonging the lives of others are most liable to die early, probably on account of the effluvia to which they are constantly exposed. There are in the world 335,000,000 of Christians, 5,000,000 of Jews, 600,000,000 professing some of the Asiatic religions, 160,000,000 of Mahometans, and 200,000,000 of Pagans. Of the Christians, 170,000,000 profess the Roman Catholic, 76,000,000 the Greek, and 80,000,000 the Protestant creeds.—*Boston Medical Journal*.

---

 CIRCULAR FROM THE SURGEON-GENERAL U. S. ARMY.

We take pleasure in calling attention to the following circular, which we take for granted is all that is necessary to secure the cordial and general co-operation of the profession in the collection of the information desired

by the Surgeon-General. The facts thus accumulated cannot fail to contribute to the advancement of our science, and be most useful to the profession :

*Surgeon-General's Office,* }  
*Washington City, D. C., February 20, 1863.* }

The Surgeon-General would remind the medical profession that, some months since, a medical officer was detailed by the department to prepare the surgical history of the rebellion. It is intended that this history shall embrace, among other topics, the collected results of the gun-shot injuries of the war, and of the operations performed for their relief.

Many facts, bearing on these subjects, can be obtained by an examination of the returns of the various military hospitals; and explicit orders have been issued to the surgeons in charge as to the manner of reporting. Yet it is found, practically, that the results of all cases cannot be included in these reports.

In every depot of wounded, and after every action, there exists a large class of injured men, who, in various stages of convalescence, pass from the observation and treatment of the military surgeon, and are lost sight of by the medical department. These patients are those who are either furloughed or discharged the service by military authority before their treatment is essentially terminated. Under such circumstances, all past records of these cases are rendered valueless from the absence of a positive knowledge of their results.

To remedy this evil the Surgeon-General appeals to the profession of the country, and solicits their co-operation. He would ask every physician and surgeon who may be called upon to treat any officer or soldier wounded in service, carefully to note the results of the case, to record his observations, and, when the case shall have terminated, to transmit a copy of his observations to the Surgeon-General's office.

The following form is suggested:—

*Form.*

*Date of Communication.*

*Character of Injury.*

*Name and address of Physician forwarding it.*

	Where wounded and date.	To what hospital trans-ported.	What operations, &c., performed.	By whom per-formed.	Date of furlough or discharge.	Present condition of patients. Acc't of case. Treatm't, &c. Result.
Patient's name and age.						
“ rank.						
“ Reg't & Co.						
“ postal address						

In all cases of recovery after *excisions* of bone, the amount and character of the movements executed by the patient, with the injured limb, should be accurately described. Where amputation has been practiced, the character of the stump should be noted, especially when the operation has been performed through an articulation. In cases of compound fracture the point of fracture should be stated, as also the degree of efficiency of the limb remaining after treatment. In compound fracture of the femur the amount of shortening should be measured, and the strength and usefulness of the limb described. In those patients in whom injuries of the skull have occurred, or upon whom the trephine has been applied, the mental and physical conditions should alike be dwelt upon.

In thus placing before the profession the objects he desires to obtain, the Surgeon-General trusts that he will meet with active co-operation. By the means above indicated much information that is valuable may be collected, and the interests of the science of surgery materially advanced.

W. A. HAMMOND, Surgeon-Gen'l U. S. A.

Medical journals will please copy.

---

#### ON INJECTIONS IN THE TREATMENT OF UTERINE DISEASES.

By Robert Ellis, Esq., Obstetric Surgeon to the Chelsea and Belgrave Dispensary.

[The uses of injections may be learned by their failures. They are insufficient for the cure of ulceration if it has existed some time, and there is no satisfactory evidence that they can cure this condition effectually under any circumstances. In the great majority of cases they are even insufficient to cure leucorrhœa. They are useless for the cure of inflammatory induration and hypertrophy of the cervix, and they are equally ineffectual in the sole treatment of the spongy, indolent, patulous, and ulcerated cervix occasionally met with in obstetric practice.]

They are of great use in their secondary position as adjuvants to a higher class of remedies. For the relief of pain, for the removal of acrid discharges, for the deodorization of offensive, and for the suppression of exhausting fluxes, injections are of value. They are of use for giving tone to a relaxed and weakened organ, and as astringents for the support of the womb having a tendency to prolapse. Conjoined with judicious and appropriate cauterization, they are of the greatest use in hastening the cure of the inflamed and ulcerated womb; and it is of common observation, that patients who are careful in the use of injections, (as in private practice,) get



well very much quicker, and with less pain, than those who (as at public institutions) neglect this means. When the cure is complete, injections are still of much use, but it is most difficult to convince the patient on this point. In married life it ought to be easy to induce the patient to persist in this most heathful duty; yet the reverse is the fact.

The *substances* adapted for injections in commonest use are of the stimulant and astringent kind. Of these, notwithstanding the opinions and practice of others, I consider the sulphate of zinc the most unjustifiable. I think I have seen it the cause of much irritation and mischief, and it is difficult to believe that the constant use of so poisonous a substance over so large a surface of mucous membrane can be other than injurious. The nitrate of silver is another substance most unsuited for injection, yet very frequently ordered for use. The mucus of the vaginal canal instantly decomposes it if used in a weak injection, and if in a stronger form, the excoriation of the external parts, together with the mischief inflicted on the linen, hands, and utensils of the patient, preclude its repeated employment. I have made use of a variety of substances for this purpose, but as simplicity and economy are chiefly of consequence in a daily matter of this sort, the result arrived at is, that a solution of alum, either alone or in decoction of oak bark, is, after all, the best and most effective injection we can prescribe. A mixture of equal parts of tannin and alum forms a more elegant, but also less costly substance as an astringent. For the anodyne injections, solutions of belladonna and of opium are the only serviceable remedies, and to these may be added the liquor plumbi and hydrocyanic acid with occasional good effect. For emollients, milk-and-water, linseed-tea, barley-water, and thin starch or gruel, are very valuable. The injection of gases and vapors is a very uncomfortable proceeding, and is not always free from a certain amount of risk, but considerable relief may sometimes be thus obtained when other means are useless. Of those most valuable are the carbonic acid gas and the vapor of chloroform.

Lastly, of the *instruments* for injection. Gooch's bent pipe instrument is a cumbrous and dangerous apparatus, very apt to get filthy, and to inflict injury on the cervix. The glass "female syringe" is a most absurd contrivance for cleansing a canal so capacious as that for which it is intended. It is also often broken, and sometimes within the canal itself. The ordinary pump, with elastic tube, has the disadvantage of requiring the assistance of a second person for its use. For the use of the poorer classes a simple and excellent instrument was contrived by me some years ago; it consists of a

piece of gutta percha tube, five feet long, fitted at its upper end with an inch or two of elastic tubing; this could be slipped over the mouth of a common kettle, and the other end being placed in its proper position, the inversion of the kettle produced a constant stream of water of sufficient force to well wash out the canal. The same object may be also accomplished (and this method is lately used in France) by the use of a long syphon, the upper end being immersed in a reservoir of water, and the lower end retained in the canal by the patient. The French have an extraordinary variety of instruments for this purpose, amongst the most useful of which is one on the principle of the moderator lamp. Without exception, however, the most commodious and useful of all instruments for uterine injections is the elegant arrangement known as Dr. Kennedy's, and now becoming much used in this country. It may be employed either for gases or for fluids; as a douche or as an enema. An ingenious contrivance, known as the barrel syringe, made of caoutchouc, is also useful for this purpose; but the action of its valves is less to be relied upon than in the former instrument. For general use the douche just named is the best of all the varied forms of instruments for vaginal injections, and it will probably ultimately replace every other kind. Its valves require occasionally a little looking after and cleansing, but this is simple enough, as they merely consist of two metallic peas.—*Lancet*, May 31, 1862, p. 570.

---

#### THE EMPLOYMENT OF TELEGRAPH SUTURES IN CLOSING WOUNDS IN VARIOUS CASES.

[Under the care of Mr. Erichsen.]

Mr. Clover has introduced a new form of suture, which appears to possess many advantages over those ordinarily employed, whether of silk thread, or metal. It consists in the adoption of a very fine copper wire covered with gutta-percha—in fact, a minute telegraph wire, and therefore receiving the name of “telegraph sutures.” We have seen them used in a number of cases at University College Hospital, wherein Mr. Clover was himself allowed to apply them, because, as we heard Mr. Erichsen remark, it was but fair to allow the inventor to show the application of his own invention.

One of the first cases which came under our notice was one in which Mr. Erichsen removed a tumor the size of an orange from the right parotid region of an elderly man on the 22d of October last. The growth, although

movable, was situated in a region requiring care to exercise it, for it lay between the angle of the jaw and mastoid process, and did not dip behind the former. The tumor proved rather hard on making a section, and was fibro-nucleated in character—a form that is considered to be somewhat rare. The incision used was  $\perp$  shaped, and this was closed with a fine telegraph wire, in the continuous or Clover's suture, by Mr. Clover; a small portion being left only to permit of the drain of secretion.

On the 17th inst. the edges of a double hare-lip in an infant were pared by Mr. Erichsen, and evenly brought together by deep, interrupted telegraph sutures by Mr. Clover. These, the former gentleman remarked, leave no scar—nothing at all like the hare-lip pin. He further stated that he had used them on the face of a gentleman from whom he had removed a tumor ten days previously, and no cicatrix was visible. He had also employed them in other cases. The silver wire, he observed, has the disadvantage of being very rigid, and does not tie well. The telegraph wire, on the contrary, is quite soft, and forms a knot like ordinary silk thread; it can be cut like silk, and be as readily taken out; it can, moreover, be used with a fine sewing needle.—*London Lancet.*



#### CONCENTRATED MEDICINES.

By reference to our advertising sheet it will be observed that O. H. P. Champlin is Agent in this City for the well known firm of Jas. R. Nichols & Co., of Boston, Manufacturing Chemists and Wholesale Druggists, who manufacture Nitrate Silver, Chloride Gold, Elixir Bark and Iron, Protoxide of Iron, Citrate of Iron, Iodide of Lime, Iodoform, Propylamin, Proteine, Hypophosphite Salts and Syrups, Ethers, Chloroform, Acids, and all the fine Chemicals used by druggists, artists, manufacturers and experimenters.

We have recently been prescribing some of these preparations, which are exceedingly well made and pure to all appearance. The Iodide of Lime we are using in some cases in place of Iodide of Potassium, and find it much more palatable, and less expensive to the patient. We cannot yet speak of its therapeutic effect, but will be able to speak more positively upon the subject after a little more extended trial. We shall take occasion hereafter to give the results of our experience in the practical use of many of these very beautifully prepared medicines.



AMERICAN MEDICAL MONTHLY.—We regret to see it announced in the December number of this journal that its publication will be suspended. “The sole cause of this suspension is the continued absence of the editor, which prevents him from giving any attention to his editorial duties, or—as he holds the title of the journal—from supervising its business arrangements.”

“With the cessation of hostilities, with retiring war, with returning peace, the editor hopes to resume his labors, and he confidently trusts that the pleasant relations which for many years have existed between himself and the editorial corps of his profession, and the subscribers to the *Monthly*, may be speedily and happily renewed.”

---

*Catalogue of Medical, Surgical, Dental and Scientific Books.* By LINDSAY & BLAKISTON, of Philadelphia.

We have received this Catalogue containing an account of a very full assortment of works in every department of *Medicine, Surgery* and the Collateral Sciences. The prices are also appended to the account of each book, and they are sent by mail, free of postage, upon receipt of the price as annexed.

---

*Editors of Medical Journals and the so-called Dermatobiotikon:*

So far as this instrument being capable of sticking into the skin about a dozen needles at the same time, by means of their attachment to a spring, and thus of introducing some such articles as Croton Oil and Antimony, we have nothing in particular to say; admitting this, we regard it as practically absolutely worthless, since the occasion for such medication is but very rare, and when indicated is better accomplished by the painless plan of simple application. The inventor of this instrument has also invented a book much more remarkable in its construction, setting forth the merits of this medication and the *modus operandi* of cure for a great variety of diseases. This book requires no letters patent to protect it; it could not be imitated or equaled in absurdity. Editors who receive this instrument may know that in Buffalo this machine is used as a *speciality* when all further comment will be unnecessary.

---

*Harvard Medical School.*—At the annual commencement, on the 11th of March, the degree of M. D. was conferred on 42 candidates.

B U F F A L O

**Medical and Surgical Journal**

---

---

VOL. II.

MAY, 1863.

NO. 10.

---

---

ORIGINAL COMMUNICATIONS.

---

ART. I.—*Report of Surgical Cases in the Buffalo General Hospital.*

By J. F. MINER, M. D.

*Affections of the Uterus.*—Under this general head are grouped the various diseases of the os and cervix uteri, more definitely designated and generally known as granulation, ulceration, congestion, inflammation, or hypertrophy. Of these forms of disease we have nothing of especial interest to report; the cases treated were either connected with, or arose from syphilitic disease. The relative frequency of these affections in those who live dissolute lives is not readily determined, though leucorrhœa in some of its forms is believed to be generally present in those who indulge in inordinate and unnatural sexual intercourse. Examination often reveals the abraded, granular or inflamed surface from which it is secreted, though cases are quite common where the vaginal discharge is very profuse, and yet the diseased surface is beyond discovery. When it is furnished from the uterus or upper portion of the cervical canal, the os is usually large and patulous, and occupied by the tenacious stream of constantly escaping discharge, which is not easily detached or wiped away.

This class of patients rarely complain of other inconvenience than the discharge, and regard themselves cured when this is arrested, and diseased while it continues, consequently it is exceedingly difficult in many cases to discharge them satisfied of perfect recovery. The long list of sympathetic affections which are supposed to have their rise in granulations, ulcerations

and congestions of the os and cervix uteri are for the most part entirely wanting. This fact is quite inconsistent with the view, that abrasions, congestions, ulcerations, &c. of the uterus invariably produce the various sympathetic derangements attributed to this cause, since the neck of the uterus is often extensively involved in disease, furnishing abundant secretion, and yet complaint is not made of any inconvenience other than the leucorrhœa.

Slight disease of the os or cervix uteri however often appears to exert a powerful influence upon the nervous system and a great variety of sympathetic affections will sometimes disappear when this irritation is removed. That this influence has been greatly over-estimated by some authors and practitioners, and as largely undervalued and depreciated by others, there can be no doubt. On the one hand, uterine irritation, granulation, congestion, &c. has been regarded as the ever-present, all-controlling source of disease and pain, and a deviation from the standard of perfect health regarded as uninvestigated, and its causes undiscovered until speculation had revealed its hidden source; while on the other, the more stupid and insensible position has been maintained, that uterine disease of this character is rare, its influence unimportant, and its careful investigation indecent and immoral. While the former view is to be avoided and guarded against, the latter is only to be regarded as the fruit of ignorance and jealousy.

Perhaps we should not dismiss this subject without a remark upon treatment, though we have only to confess to the adoption of a, perhaps, too common practice of cauterization. Irritable granulations upon the os or cervix uteri appear uniformly benefited by the application of the stick of nitrate of silver, provided it is not too frequently repeated. In the cases treated during the term of which report is made, no other local remedy was employed. In many cases of disease of the neck of the uterus, especially those of syphilitic origin, this practice seems attended by favorable results, if associated with proper constitutional treatment; yet universal and indiscriminate adoption of cauterization for all real and supposed disease of the neck of the uterus, is believed to be unnecessary, and often injurious; and though recovery may, and often does take place, it by no means indicates the usefulness of the medication. Reform of habits, rest, regulation of diet, and other circumstances of cleanliness and comfort, with proper general or specific treatment would prove curative in the same time, in many instances, without local medication.



*Paralysis.*—The single case of paralysis in the surgical ward was of long standing and produced by curvature of the spine. The patient when admitted was pale, thin and anæmic, but had at length gained his usual flesh and the appearance of general good health. The paralysis is so complete as to prevent the patient from walking except with the greatest difficulty, supported by two crutches. The attempt to relieve the pressure upon the spinal cord upon which the loss of power in the lower part of the body depends, has not yet been made. The case is still retained and offers opportunity for trial, but very little ground of expectation for favorable results.

*Syphilis and Gonorrhœa.*—The number under treatment for these diseases was proportionably large, since this is the only public institution in the city, where such disease is received for treatment. As it is not consistent with our purpose to describe cases so much singly, as in groups, we will only remark of the gonorrhœa that the rest, diet, and treatment of the hospital was successful in curing all cases in the shortest time consistent with the nature of the disease, cubeb and copaiba, constituting the staples of treatment. The single case of infecting chancre received treatment only in the hospital, while every patient with chancroid disease had been treated either by regular physician or quack, and by both alike so far as the administration of mercury is concerned; every case on admittance suffered more from mercurial ptyalism than from other cause. Many of the profession appear to be yet ignorant of the fact, that the simple chancre, which has for a long time been regarded as true syphilis, is now known to be an entirely distinct affection, completely local in its manifestations, and not requiring mercury in its treatment; those members of the profession who oftenest prescribe for these diseases in private practice are ignorant of this or hold to other and erroneous views. This fact has been demonstrated perhaps first by Bassereau, who by comparison of patients having venereal ulcers with the persons who infected them, has shown that when the disease remains local in the former, it was likewise so in the latter; and that if it affects the general system in the one, it has done so in the other; this result has also been confirmed by numerous observers. Besides this, clinical experience has as fully demonstrated it, and shown a wide difference between one class of cases, in which without the administration of mercury the disease forever disappears upon the healing of the ulcer, while in the other constitutional symptoms are sure to make their appearance, and often to re-appear during the life of the individual even under the best

directed treatment. The soft chancre will generally heal spontaneously—certainly it cannot be hastened by administering mercury. The best treatment when seen early, is the destruction of the local sore by powerful caustic. Nitric acid is the agent most highly recommended. Nitrate of silver was used in the cases under treatment, since it was late before they came to the hospital, and the specific character of the sore was often changed before any application was made. Our treatment then consisted mainly in omitting medication, in these cases a very desirable measure, since the local sore and all other specific disease was absent, oftentimes before the mouth recovered from salivation.

These simple chancres gave rise to inflammatory bubo, a majority of which, terminated in suppuration. The abscesses were opened as soon as fluctuation could be detected, and tinct iodine, (where great indolence and inactivity was manifested,) injected into the cavity, compression being made, to hasten adhesion of the walls. In one case of great induration of the edges of the sore after opening the bubo, the whole hardened, indolent, unhealthy mass, was pared with a scalpel, which operation was attended by the best results, and an indolent, unhealthy sore of several weeks' standing was by this means immediately converted into a healthy granulating surface, which soon cicatrized completely.

Orchitis, iritis, and various secondary and tertiary forms of the disease were under treatment, and included with this class in our record, but since we desire to be brief in our report, and have nothing peculiar or unusual to note, we will omit both description and comment, except in cases included also under other diseases.

*Affections of the Eye.*—Syphilitic iritis, opaque cornea, and granulated lids with opacity, comprise the list of diseases of the eye. The iritis had been under treatment for several weeks, disappearing and returning at irregular intervals. The treatment adopted for the inflammation of the iris consisted in dilatation of the pupil with atropia. The patient suffering at the same time from secondary symptoms required special medication, but for the relief of the iris nothing was required in addition to the atropia. Formerly, mercury was regarded essential in the management of this disease, and its influence supposed to be *plainly seen* through the "window open for the purpose," but it is now sufficiently demonstrated that this inflammation will subside spontaneously, and that if the curtain is drawn back to prevent adhesion, no injury to vision need be apprehended, certainly not in the great majority of instances, and if such result is feared from

the severity of the inflammation, mercury will probably afford no protection whatever.

Several cases of granular lids and opacity of cornea were under treatment; they were old long-standing cases, which had been subject to violent medication for several years. Cupping, leeching, mercury, low diet, nitrate of silver, in strong solution and in solid stick, sulphate of copper, sulphate of zinc, scarification, &c., &c. had been tried until intolerance of light and almost total blindness was the condition to be remedied. Iodide of potassium in five grain doses, three times daily; generous diet, cleanliness, and *omission of all local medication* was followed by the most remarkable results. One patient who had been blind for two years was soon able to assist as dresser, and in others the improvement was not less, well marked. It may admit of some doubt which was most useful to these patients, the iodide of potassium or the omission of the local treatment, which had been conducted by various physicians and in different places, whither these patients had resorted for cure. Of the permanency of this improvement we cannot now speak positively, but from abundant observation, both in hospital and private practice, we have little hesitancy in opposing the long-continued application to the conjunctiva of concentrated solutions of nitrate of silver, sulphate of zinc, &c., &c. for the purpose of removing this granular condition, and of expressing confidence in the action of iodide of potassium, with generous diet, moderate use, and scrupulous cleanliness and attention to the general health; though we are not yet prepared to give a definite estimate of the separate value of the potassium.

*Laceration.*—The severest laceration was produced in one case by the Street Railroad Car passing over the leg and thigh; vessels were injured to such a degree that the cellular tissue soon filled with extravasated blood, and produced an immense slough of the integument extending around the thigh and nearly its whole length. Treatment consisted in allowing early and free escape of the extravasated blood, protection of the exposed surface by soft, warm poultice, relieving the pain when necessary with anodynes and sustaining the strength. Being a strong healthy man, he rallied from the shock, and is making progress towards recovery. If the view is correct that the skin loses its power of extending beyond certain limits, and that in consequence of this deficiency large ulcers cannot and do not heal without transplanting healthy skin to their centre from which it may extend, then in this case, skin will never cover the exposed surface without being re-enforced, for it is exceedingly large, and if the integument will



ever in any case, cease to extend from failure of vital reproductive force this will almost certainly prove an example.

The second case under treatment was that of a young lad who was caught between a boat and the dock, removing integument and muscle from the outer portion of the leg. Granulations had supplied the place of the muscular tissue, and the skin had partly covered the surface, but gave no evidence of a disposition to extend and completely do so. At this stage of the treatment his friends removed him to his home, before we had opportunity to know positively what the result might prove.

*Erysipelas.*—Only two cases of this disease appeared during the term of this report; these were in the ordinary form, appearing upon the face and scalp, and were not very severe in character. No effort was made to remove them from the ward, and no tendency was manifest to extend, both cases appeared to be idiopathic, and not a single case of traumatic erysipelas made its appearance.

The treatment recommended, was opium to relieve pain and procure sleep. Beef essence, and stimulants were administered, but the reliance was upon time, and the natural tendency of the disease to recovery.—Local applications were made by the house physician, Dr. Smith; but they were not very long continued, or regarded by him as more useful than flannel wrung from warm water and often applied. The disease is believed to be little influenced in duration or severity by medication, either general or local, and the principal objects of treatment to be, to allay pain, and support the strength, while the disease passes its usual period, which is not very uniform, or definitely fixed, and terminates in recovery.

Other classes of disease were recorded, but cases have been included often under different heads and considered sufficiently in connection with the associate affection, so that our brief report of groups of cases may be consistently completed without further consideration.

---

ART. II.—*Electro Therapeutics*—BY H. LASSING, M. D., of New York.

This much neglected, yet valuable therapeutic agent, seems to be but little understood by the profession generally. I am quite accustomed, when suggesting this remedy, to be asked, how many shocks I would give, and similar questions, showing that most commonly electricity is associated with ideas of shocks, pain and indefinite and confused effects. This is not so; these feelings have created prejudices which have paved the way for quacks

and mountebanks under the cloak of specialists, to gull the public. People as a general thing look upon electricity with favor, when they are afflicted with any disease they think electricity will cure; they inquire of their physician about it; he, as a general thing, unfortunately, knowing perhaps but little about it, discourages them, and the result most always is, that they are thus stimulated to apply to some quack for an application of the remedy their physician advised them against.

I flatter myself in the belief that I have to some extent succeeded in removing this professional prejudice, by frequent appeals of this kind through the medical press, and reports of the successful application of electricity in various diseases, and would beg the indulgence of your readers, that I may elucidate my ideas of, and experience with electricity.

The form in which electricity is most useful, medicinally, is that of electro-magnetism, which science was created a separate branch by the discoveries of *Ørsted*, and is based upon the fact that when an electric current, from a single battery, is passed through a long conductor, as a spiral of copper ribbon, or a long wire, it will be found, at the moment of breaking the contact between the conductor and the battery, that vivid sparks will appear, and a feeble shock will be felt, if the moistened fingers grasp the naked conductors, showing that a long conductor supplies the place of an increased number of plates in a voltaic series, and to some degree imparts the quality and intensity to a current of quantity. A secondary current can be induced from this by bringing a long coil of fine, insulated wire within a short distance of the coil already spoken of. By combining and modifying the results thus briefly glanced over a great number of ingenious and beautiful electro-magnetic apparatuses have been produced, founded on these principles, but one of which, however, possesses any value for medical or dental use. To make such an apparatus valuable, for several reasons, some of which are self-evident, and others which I will explain, it must possess a primary or direct current, and this must be sensational. Many possess such a current, but having no intensity, give no sensation, hence is perfectly useless. The only machine I have ever seen in this country, manufactured here, possessing such a current, is that made upon the principle of a patented and very ingenious contrivance by Dr. S. B. Smith, of New York, and I will therefore, briefly describe it. A galvanic current from a zinc and platina battery (which are always clean) is made to pass through two different coils of insulated copper wire, some thousands of feet in length, and is broken by an armature. It is furnished in two ways. One, as pow-

erful primary or direct current at one end, and otherwise as a still more powerful to-and-fro or secondary current at the other end of the stand, on which the helix rests. These are the only ways in which electro-magnetism can be made useful to the physician and dentist. Some have even claimed that they furnished six currents. This is too ridiculous an idea to necessitate even a refutation. No matter in what shape you find it, there is but one electro-magnetic current, and this is modified into a strong sensational current, running continually in one direction, owing to the polarity of the induced magnetism, and a stronger sensational current running to-and-fro, owing to the alternate magnetic attraction and repulsion.

The direct current, as proved by Duchenne, has very different properties from the to-and-fro or secondary current, the first being always in one uniform direction; the latter having a to-and-fro direction; the former in many cases, having more influence upon the muscular and nervous systems, the latter upon the skin and internal organs. Much of the value of the current depends upon the number of vibrations of the armature, and for this reason rotary machines are of little or no value medicinally.

Electricity in this form stimulates the heart and arteries to increased muscular contraction, causing an increased flow of blood, having the same effect upon the venous system; thus enabling us rapidly to remove the tendency to venous congestion.

Many have the erroneous impression that an electric current passes through the body as it would through a wire in a very small shape, but experiments with an accurate galvanometer have shown me that an electro-magnetic current, if the primary or direct modification is used, passes in a wave, from the positive to the negative pole, wherever applied to the human body, in the most direct way, along the best conducting tissues, and does not single out the nerves as its conductors, though it can be made to do so by appropriate conductors. This wave averages about twelve inches in width.

The most simple way of applying electro-magnetism is in the case of torpid ulcers, where, through the want of vitality in the part, the ulcer will not heal—in fact, slowly spreads. Nothing is so useful as an application of the direct current through the ulcer, the parts being placed in apposition, and a uniform support given. A new character is given to the flabby granulations, which now spring up red and healthy, and the ulcer quickly heals.

I can only add that I have used electro-magnetism with the greatest



success in several cases of paralysis induced by eccentric irritation, infantile and central or cerebral paralysis, neuralgia in its various forms, muscular contractions resulting in deformities, particularly in talipes, slight curvatures of the spine arising from a debility of a muscle or muscles, stiff joints, aphonia, epilepsy, asthma, and many other diseases too varied and multi-form to mention, and shall be happy, if acceptable, to give the readers of this Journal an opportunity to judge of the remedy by a synopsis of my method of treatment and reports of cases in some future number.

In conclusion I would say that I do not wish to be understood as advocating electro-magnetism as a cure-all, but that it is a therapeutic agent of the greatest value, and well adapted to very general and successful use.

238 Ninth Avenue, New York. April, 1863.

---

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

TUESDAY EVENING, April 7th, 1863.

This being the Annual Meeting, choice of officers resulted in the election of

Dr. H. M. CONGAR,	-	-	-	-	President.
Dr. J. B. SAMO,	-	-	-	-	Vice President.
Dr. J. F. Miner,	-	-	-	-	Secretary.
Dr. C. C. WYCKOFF,	-	-	-	-	Treasurer.
Dr. J. B. SAMO,	-	-	-	-	Librarian.

*For Primary Board*—Dr. SANDFORD EASTMAN, Dr. HENRY NICHELL, Dr. M. SHAW.

*Voted*, that the President be authorized to give credentials to any members of the Association who might signify a willingness to attend and represent the Society in the American Medical Association to meet in Chicago in June next.

*Voted*, James S. Smith, M. D., (House Physician and Surgeon of the Buffalo General Hospital,) a member of the Association, on compliance with the by-laws.

*Dr. Lockwood*, Chairman of the Committee appointed to revise the fee-bill for medical purposes, read the following report:

Your Committee to whom was entrusted the subject of changing the medical fee-bill, after a careful consideration of the question, have concluded to report in favor of changing the fee for each visit from \$1 to \$1.50, and

for office prescription from 50 cents to \$1.00. This advance the committee deem abundantly justified by the present depreciation of the currency and proportionate rise in all the necessaries of life. In other respects we are of opinion that the present fee-bill allows sufficient limit for advance in like proportion without making any essential change.

T. T. LOCKWOOD,  
JAMES P. WHITE.

This report was very fully and thoroughly discussed, most of the members present speaking to the points of interest, and all agreeing as to the propriety and necessity of increase of charge to meet the depreciated value of money or the increased value of every necessary of life. The importance of some uniform standard, below which it shall be regarded as dishonorable for a physician to make charge, to those who are able to pay, was lengthily insisted upon, and the practice, said to be common with some practitioners, of accepting business with the distinct understanding by the patient that not more than one-half the usual charge was to be made, was denounced as unprofessional and unfair.

The propriety of attending the poor, at such prices as their circumstances would require, was also admitted and advocated, and the unanimous opinion expressed, that this class of patients should not be distressed by physician's bills during his life or by their collection after his death.

The following resolution was offered by Dr. Strong and adopted:

*Resolved*, as the sense of this Society, that its members are in honor bound not to charge less than the minimum of the fee-bill.

*Voted*, that visits, examination with speculum, and applications, be charged from three to five dollars; office attendance of the same, from two to five dollars.

*Dr. Boardman* thought it wrong to enter charges upon our books greater in amount than would be right to have collected, since we might not be able to control our books. When physicians know the circumstances of patients, charge should be made of *only* the amount which he regarded proper to receive or have collected; the uncertainty of life rendered this important.

*Dr. Rochester*, at the suggestion of Dr. Nichell, spoke of the impossibility of the German physicians living strictly to the fee-bill, Dr. Nichell suggesting that the effect would be, to drive many families to the irregular German practitioners who are so numerous; and that at present it would

be impossible for them to adhere strictly to the prices of the Society's fee-bill. Dr. Rochester admitting the force of Dr. Nichell's suggestion, yet held that much could be done for their advantage, if they were united in their efforts, and resolutely insisted upon proper remuneration for their services.

*Voted*, that the Treasurer at the next meeting furnish the names of the members who have paid their dues, and of all actual members of the Association.

The Treasurer's Report was read, accepted, and voted to be placed on file.

*Dr. Miner* presented a diseased knee-joint for which he had the day previous made amputation. The patient was a young man, 19 years old, without any hereditary tendency to disease. Four years since, after a fall, his knee commenced to enlarge, and became very painful; for some months its use was suspended, and he was nearly or quite confined to his bed.— After this it grew gradually better, and he again regained the use of his knee nearly as perfect as ever. About two years since, while yet able to walk, run and jump, without apparent lameness, Dr. M. was consulted by the young man with view of operative interference to relieve the occasional pain, stiffness of the joint and enlargement of the knee. The case at that time was dismissed with advice "to let it alone." This was quite faithfully followed and he afterwards enjoyed great freedom from pain and complete use of his leg.

About six months since he fell in attempting to get upon a wagon, striking his knee upon the sharp edge of a board. After this accident he suffered great pain, the leg became strongly flexed upon the thigh, and the pain on the slightest motion was intolerable; emaciation became extreme, with loss of appetite and great prostration. With anodynes to allay the pain, stimulants and tonics, the boy rallied somewhat, and not being able to move a particle from his position in bed, and seeing no way of relief other than from amputation, he became very anxious to take its dangers and uncertainties, with full knowledge of all the facts.\*

The sense of fluctuation was not distinct, and there was some reason to doubt that suppuration had taken place in the joint; yet there appeared no ground of expectation that recovery would take place, or that life even could be continued for any great length of time without amputation.

---

\* This patient has recovered without accident of any sort, and is out upon his crutches.



The reason of presenting the morbid specimen to the Society was partly to show how at least in this instance, the disease was at the point of greatest pressure, the lower articulating surfaces being deeply ulcerated, apparently from the severe pressure induced by the flexion; and also to show how that extension of the leg while it would not relieve the amount of pressure would yet have placed two healthy surfaces in contact with each other, and might in this way have relieved the pain, while pressure might have been increased.

It will be observed that the under surface of the patella is also ulcerated and roughened, as is believed from the great pressure induced by the strong flexion of the leg. The specimen is an interesting one as showing the character and progress of scrofulous ulceration of cartilage and bone, in disease of the knee joint.

*Dr. Miner* also presented a specimen of rare disease as found in the testicle, which he had removed a few days since. It consisted of fibrous degeneration with cystic formation. It had been removed from a young man 19 years of age, and had been noticed by him for four or five years, producing no pain, but gradually increasing in size, until when removed it would weigh from twelve ounces to a pound. The different cysts contained fluid of different colors and density, the larger being filled with serous fluid containing a great amount of pigment, giving it a very black color, while others contained thick gelatinous substance, in some cases clear and transparent, in others yellow or opaque. The distension of these fibrous cysts was very great; before puncture the cyst was hard and unyielding, distended to its utmost capacity. The walls of the cysts in some cases when distended, did not exceed a line in thickness, but when relieved of the contents contracted down, leaving no appearance of a cavity, and the walls three-fourths of an inch in thickness, showing the fibrous layers of the cyst, which were numerous and exceedingly elastic.

This form of disease must be much more rare in the testicle than ovary. Unilocular and multilocular—simple or compound cystic growth of the ovary being much more frequently met in practice than similar disease of the testicle. This patient had been under the care or been advised by three of the most experienced and capable physicians of Western New York, Drs. Poole, Emmons and Colegrove, the two former assisting in its removal and subsequent examination, who regarded its appearance in the testicle as rare.

There can be little if any danger of a return of the disease, and the patient as he had since learned from Dr. Poole, had recovered rapidly from the operation. Dr. Poole had also informed him that "the patient at birth had a twin sister; had always himself been delicate; and had breasts developed as fully as a girl at puberty; this accounting possibly for lack of development in the other testicle and in the penis, or at least completing more perfectly the history of the disease." The nature of this disease could hardly be regarded doubtful. It could only be confounded with cystic sarcoma, and does not resemble it when the history and complications of malignant disease are remembered.

*Dr. Eastman* presented a small growth which he thought was an epithelial cancer, which he had removed from the temporal region, including with the growth, the neighboring tissue, and hoped by this means to prevent its re-appearance. It first attracted attention about six months previous to removal.

*Voted*, to adjourn to the first Tuesday evening in May.

J. F. MINER, *Secretary*.

---

## ON THE DETECTION AND USE OF ALCOHOL.

BY EDWARD SMITH, M. D.

From the *British Medical Journal*, November 2d and 16th.

The following is a summary of the author's views on the action of alcohol upon the system:

1. It increases the force of the heart's action, as proved by the fulness and sharpness of the pulse, and by the pulsation at the temples, and in the small arteries of the hands as they lie upon the table, and the height to which the foot is jerked when, after taking a glass of spirit and water, we sit with the legs crossed.
2. It determines the blood to the extremities and to the surface, the latter fact being proved by the increased redness of the hands and face, with which all are familiar. This we presume to be due to the first action.
3. It lessens, or tends to lessen, the action of the skin, as proved by the effects of rum and alcohol in the experiments, by the state of skin in those with whom it has disagreed, whether in health or disease, and by the ordinary condition of the skin in persons who habitually drink much alcohol. The action of the skin *par excellence* is the elimination of vapor, and when this action is lessened the skin becomes dry. It is not affirmed that the

skin always becomes dry under the influence of alcohol; but that it commonly does so, and that as such is its action, when taken in excess, such will necessarily be the direction of its action when taken in a less degree.

4. It increases the heat of the skin. This will follow from the three former statements; for if more warm blood be sent to a surface in contact with air, and which, therefore, must, at ordinary temperatures, be cooler than the blood, there will be an addition to its heat; and also, if the vaporization by the skin be lessened, and by it the abstraction of heat from the surface in the supply of the latent heat when a fluid is converted into vapor, as in the perpetual action of the skin, be lessened, it follows that, with a less dispersion of heat and an increased supply of heat, the skin will become hotter. This is based upon physical laws which cannot be controverted, and accounts for the sense of increased heat, without in any way affecting the question of increased production of heat, by the metamorphosis of the alcohol.

5. That alcohol renders the hands and face red, hot, and swollen, is matter of common observation.

6. When alcohol is taken in a moderate state of dilution, it produces a sensation of heat in the mouth, throat, and stomach; and, from what we know of the action of various stimulants to the mucous surface, it will increase the action of the surface if diluted, or it will arrest the action if it be concentrated, and in this respect its action is doubtless analogous to that of warm or hot water.

7. It lessens excretion of water by the kidneys. This has been asserted by all experimenters, as Vierordt, Böcker, Hammond, and Smith; and in the author's recent experiments in prisons, he found the urine was reduced twenty ounces per day on the average of three days by two ounces of alcohol daily, in four prisoners working the treadmill, and who for months had not taken alcohol. Some alcohols, as gin, increase the action of the kidneys, at least, for a time; but that action is not due to the alcohol.—When alcohol *appears* to do so, it is by lessening the powers of the sphincters.

8. It lessens the excretion of urea by the kidneys. This also has been universally admitted, and will follow from the diminished excretion of urine.

9. It lessens the excretion of chloride of sodium in proportion to the diminution in the quantity of urine.



10. It lessens the excretion of fæces, as has been observed by all experimenters, and particularly by Hammond and the author; and this is apparently due to the withdrawal of fluid from the bowel; for when the fæces are passed, they are unusually hard, and passed with some difficulty.

11. If there be less fluid emitted under the action of alcohol by the skin, kidneys and bowels, and the quantity of fluid introduced into the body be not lessened, does it not follow that alcohol has the power of causing the secretion of an increased quantity of fluid in the tissues, and thus of increased bulk and weight? What is meant by the popular observation that a person rapidly fed up and bloated by alcohol has not sound fat, but that the rapidity with which it often passes away proves that the bulk is chiefly due to fluid?

12. These effects occur during a limited period, since the period of the duration of all actions is limited; and after one hour and a half the force of the heart subsides; in less than an hour the sensation of heat diminishes; after several hours, the skin regains its normal degree of action; and after one or more days, the normal excretion by the kidneys and bowels is re-established.

13. We need not refer to the action of alcohol in lessening consciousness, the perception of light and sound, and the diminution of muscular power; for when a full ordinary dose is taken, they may be perceived in every half-drunken man; and Smith has already minutely described the period of this occurrence in experiments upon himself and others. In less doses, these effects are either less evident or they are not at all perceptible; but in whatever dose, the direction of the action of the alcohol must be the same. It is impossible that a small dose of alcohol shall *directly* increase muscular power, for example, whilst a greater yet an ordinary dose decreases it; and if men half drunk have sometimes exerted unusual strength, it has been from the same cause as is seen in the efforts of a madman, not from increase of muscular power, but from increase of the effort of the will.

---

#### ON THE ACTION OF OPIUM ON THE GENITO-URINARY ORGANS.

The *Medical Times and Gazette*, of the 30th November, gives the following extract from Dr. Woodward's paper:—The author states that an accident led him to notice in his own person the incorrectness of the asser-

tion so generally made, that opium arrests the urinary secretion. On the contrary, he found, by repeated experiments, that his urine, while taking small doses of sulphate of morphia, doubled in quantity and decreased in specific gravity from 1014 to 1003. Five young men were also experimented upon, and in four a large increase in quantity and a lower specific gravity were observed. In the other the quantity remained the same, but the specific gravity was markedly lessened. He did not obtain the same results when he used opium itself, but they followed whether he employed the muriate or sulphate of morphia. Acting upon this hint, he has several times used morphia in irritable conditions of the nervous system, where a diuretic was required, and with good effect. "I think it will be found, says he, in many cases of disease, the urinary secretion is arrested by the state of nervous tension which has been superinduced, and that, instead of a resort to stimulant diuretics, sedatives will relax the tension and allow the secretion to be restored." Another marked action of opium, Dr. Woodward observes, is as an anaphrodisiac. He has found that among opium eaters, both male and female, the sexual desire becomes almost extinct; while he has prescribed it with good effect in persons suffering from lustful propensities.

---

## EDITORIAL DEPARTMENT.

---

### EXAMINING RECRUITS IN BUFFALO.

Great complaints have been made in times past that recruits for the volunteer service were examined and passed by incompetent surgeons, and hence that the service suffered by having its hospitals filled by men who should never have been received into it. Men with infirmities which were disqualifying and which should have been discovered, were passed only to break down at the first trial of endurance. In these cases however, even at that early period, such incompetency or negligence was for the most part brought to the doors of *medical* men. We rejoice to believe that in these early days of want of proper care, it was to no great extent the habit to go out of the profession and take up irregulars and quacks to sit in judgment upon the physical qualifications necessary to make a man a good soldier and fit for enlistment. Even officers anxious to secure their commissions by getting the requisite number of recruits, without being

scrupulous as to their physical soundness, for the most part, sought *medical* men, if not of the first quality. At this time, to the honor of the service, and of those most anxious to swell its numbers merely, a due sense of the importance of examinations by competent surgeons, has become almost universal, especially among those who have been in service and have seen the evils of careless or ignorant inspection.

The latter, particularly, have been actuated by a high and honorable sense of duty to the service, deeming any want of precaution in the nature of a breach of trust. What shall we say then when we find the mustering officer in this City, swearing men into the service upon the certificate as to their physical soundness, of a man not only, not a regular physician, but, if we are correctly informed, not a physician at all, i. e. not a Doctor of Medicine, and besides a practitioner of homœopathy? We can call it by no other name than laxity in the discharge of a duty to which he was assigned by the military authorities with, no doubt, full confidence that he would be guided by a strict regard to the interests of the government and the efficiency of our army. It certainly seems very much like preferring his own convenience to the Nation's good. If it is not a forgetfulness of obligation and indifference to duty, the most charitable view we can take of the matter is, that it is an inability to appreciate the importance of the trust committed to him. It is mortifying to our pride that, here in Buffalo, where there are so many men in the profession competent for such thorough examination of enlisted men, as the regulations of the army require, it should be left to one, who is not recognized as one of its members. We certainly never expected at this late day of the war, and after the experience of needless expense and crippled strength which has been so painfully manifest heretofore, arising from laxity, to call it by no harder name, similar to that of which we now complain; we repeat, we certainly never expected to find the necessity which we now find, for calling attention to an abuse so deserving of censure and so damaging to the efficiency of the military service. We regret also to hear that an agent of the State of Massachusetts—a State which has in this war been distinguished for sending into the service medical men of great excellence—employs the same man to act as examining surgeon for recruits forwarded from this City to the 54th (black) regiment now in camp at Readville, Mass. We are not interested to save the State of Massachusetts the expense of returning to Buffalo men who, though passed here, will be found unfit for service when



they arrive at camp, but we are interested that whatever pertains to the medical or surgical service of our army, should be entrusted to competent, regular physicians and surgeons. Probably the course taken was due to the fact that the aforesaid homœopathist was found charged with the examination of recruits by the mustering officer here, and that fact alone, without special enquiry being taken, was sufficient guaranty that he was a competent and proper person for the service required. The surgeon of the regiment would, however, have saved himself from a liability of being charged with not exercising due diligence in the matter, had he put himself in communication with some one or more members of the regular profession, who would have willingly given him such information as would have enabled him to decide whom not to employ, as well as whom to employ.

---

#### APPOINTMENT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Buffalo Medical Association, Erie County Medical Society, Hospital of the Sisters of Charity, Buffalo General Hospital, the Medical Department of the University of Buffalo, Lying-in Asylum, and Insane Asylum are each entitled to representation in the American Medical Association. We trust the profession here will take action in this matter sufficiently early to insure a full attendance. Many subjects of importance will be presented, in which physicians of the whole country should be deeply interested, and early appointment of suitable delegates should be made.

This National Medical Association has thus far, received the respect and confidence of the profession, and to insure its continuance, the organization itself must be guarded upon all sides from the dangers to which it is exposed. Its action must be above all sectional, political, or personal influences, the interests of the profession—its elevation, protection, and advancement—the only objects of its endeavor. Should it from neglect and inattention, degenerate into a medium of personal advancement or sectional strife, the power of its influence will soon be lost and itself forgotten; while with high purposes and properly conducted efforts, the true interests of the profession will be promoted and confidence and regard continued.

The membership of this Society has been of the most worthy of the profession, and election to office in it regarded as distinguished honor; and whatever action may be taken upon the exciting topics to be presented we

hope every attention may be bestowed upon maintaining the integrity of the Society itself. Aspirants for its chief honors are already quite numerous, and we hope that it may be bestowed upon those only who are true to themselves, the profession, and the country; that they may be at least *loya to the country beyond suspicion*. Though we should most heartily oppose all action of a decidedly political bearing, yet we should regard it a disgrace to the profession and to the country, if the chief honors of the Society should be bestowed upon any one *suspected* even, of disloyalty. That such an idea should be suggested will appear strange, that any physician of the North should be suspected disloyal *is very strange*. We have our reasons for calling attention to it.

---

#### PUBLICATION OF MEDICAL BOOKS.

The activity and enterprise of our medical book publishers is quite astonishing, who, notwithstanding the vastly augmented expense of publication are yet sending out to the medical public the most elaborate and expensive works. For a few months after the outbreak of the rebellion and the advance in all the materials of book manufacture, we were not favored with the larger and more valuable works or with new editions of the same. It appeared that the physicians had many of them "gone to the war," and those remaining were not in situation to patronize book merchants. The commercial interests of the country temporarily suffered great oppression, and this interest of all others, seemed likely to suffer most. We call attention to this subject since it indicates so much for the medical profession; shows the prosperity of physicians and general advance of medical science, telling plainly and unmistakably the true condition of the medical pocket as well as medical mind; and indicating the general prosperity of the North while yet bearing the burdens of war. It will be observed that we have received within the last few days valuable new books, and new editions of books, which have been standard works, and are widely known and highly appreciated by the profession. These books are from the publishing houses of *Lindsay & Blakiston*, *Blanchard & Lea*, *J. B. Lippencott & Co.*, *Harper & Brothers*, and *William Wood*, and will be noticed at length as soon as time will permit; since all our readers will be interested to know something of their character.

## SANITARY COMMISSION.

This Commission has been doing an excellent work in the Army of the Potomac. A correspondent of the Philadelphia *Inquirer* writes as follows:

“Attached to the Commission are Medical Inspectors, highly educated physicians, whose duty it is to visit the several regiments and inspect the hospital, the camp, and the surroundings of each regiment, and report as to its healthfulness and general condition for cleanliness and good order.

In addition to these Inspectors are Relief Agents, who dispense to the hospitals, and sick soldiers in quarters, articles of clothing, delicacies, &c., not furnished by the Government, but really necessary for the sick and convalescent.

The General Superintendent of the operations of the Commission in the Army is Dr. Isaac N. Kerlin, formerly connected with the Pennsylvania Training School for Feeble-Minded Children, at Media, Delaware County, Pa. The doctor is a most active and energetic officer, and the affairs of the Commission could not have been entrusted to more able hands. The Inspector for the First and Sixth Corps is Dr. A. McDonald, and Mr. W. Murray, Relief Agent. For Second, Third and Fifth Corps, Dr. F. W. Johnston is the Inspector, and Rev. Wm. Harris and Mr. Edward Abbott the Relief Agents. For Eleventh and Twelfth Corps, Dr. W. F. Swalm is the Inspector, and James Gall, jr., the Relief Agent. These gentlemen make daily visits in the several corps, and promptly respond to all requisitions made upon them for supplies for the sick and suffering.

The Commission has two store tents at Falmouth depot, and a storehouse at Aquia Creek, and their goods are brought down from Washington in a steamboat of their own, thus putting the Government to no expense for transportation. At Aquia Creek they have a Lodge, superintended by Mr. E. Fay, where sick and discharged soldiers are accommodated with meals and lodgings when detained at Aquia waiting to take the boat for Washington. In Washington the Commission have also “Lodges,” where sick and discharged soldiers are accommodated free of charge until they receive their pay from the Government, and the officers of the Commission also afford the poor soldier every facility and advice to secure his pay without resorting to sharpers and claim agents.

Besides these works of active benevolence, the Commission have secured through the labors of their inspecting officers an immense mass of inform-



ation of the greatest value to the scientific world, relating to sickness and mortality incident to camp life—the character, arrangement, cleanliness and condition of camps and their sites; the source and quality of the water used by the men, and its effect upon their health; the rations and cooking, and the general discipline of each body inspected. The Commission is invested with a semi-official authority, having the power to report violations or neglect of duty on the part of surgeons; and when a hospital is found in bad condition, a report of the fact by the Inspectors of the Sanitary Commission is sure to have the evil remedied immediately by the Surgeon-General or the Medical Director of the corps to which the regiment may be attached.”—*Surgical Reporter*.

---

#### MEDICAL REGULATIONS DURING BATTLE.

SURGEON-GENERAL'S OFFICE. }  
WASHINGTON, D. C., March 25, 1863. }

In order that the wounded may receive prompt and skillful attention during and immediately after a battle, the following instructions, compiled in part from a circular issued by the Chief Medical Director of the Army of the Potomac, October 30, 1862, are published for the information and guidance of medical officers:

1. Before a battle, the Chief Medical Director, and the Medical Directors of Army Corps, will consult and co-operate with the officers of the Quartermaster's Department in making the necessary arrangements for the transportation of the wounded, and in instructing the drivers and assistants in the service of the ambulances and litters.

2. The Chief Medical Director will have the general superintendence of the whole ambulance and hospital service, and will give such orders for the removal, accommodation, and surgical treatment of the wounded as may be necessary. After a battle, he will cause the wounded to be removed to the permanent general hospitals, as soon as it is proper to do so, and no wounded man will be sent away from a field hospital without his authority.

3. As soon as practicable after a battle, the Chief Medical Director will transmit to the Surgeon-General a report of the action, describing the nature of the battle, the number engaged, the character and range of the enemy's fire, and the period and mode of removal of the wounded. He will state the number and location of the division hospitals, their organization and supplies, and also whether the wounded were promptly provided

with food and blankets. He will transmit with this report a consolidated tabular statement of wounds received and operations performed. (See tabular statements, monthly report of sick and wounded.) Should deaths occur from anæsthetics, they will be reported in detail.

4. Medical Directors of army corps will apply to their commanders, on the eve of a battle, for the necessary guards, and men for fatigue duty.— These guards will be particularly careful that no stragglers be allowed about the field hospitals, using the food and comforts prepared for the wounded.

5. Previous to an engagement, each Medical Director of an army corps will detail a proper number of medical officers to remain and take care of the wounded, should a retreat be necessary. This detail he will request the corps commanders to announce in orders.

6. Medical Directors of army corps, acting under the orders of the Chief Medical Director, will exercise a general superintendence over, and direction of, the medical service of their respective corps. They will establish division field hospitals in the most convenient and secure positions, with ready access to water and fuel, and in buildings, where suitable ones can be obtained.

7. Medical Directors of corps will see that the division hospitals are properly organized and provided with the necessary medicines, instruments, stores, and furniture.

8. They will see that the ambulances which follow the troops to succor the wounded and remove them from the field, have the necessary attendants, litters, and litter bearers, so that soldiers have no excuse to leave the ranks for that object.

9. The Surgeon-in-Chief of each division will exercise general supervision, under the Medical Director of the corps, over the medical service of his division. He will see that the officers and attendants are faithful and efficient in the discharge of their duties in the hospital, and upon the field, and that the wounded are removed from the field carefully, and with despatch.

10. He will organize the division hospital as follows:

1st. A surgeon in charge; one assistant surgeon to provide food, fuel and water, and one assistant-surgeon to keep the records.

2d. Three medical officers, to constitute the operating staff of the hospital; three medical officers as assistants to each of these officers.

3d. Additional medical officers, hospital stewards, cooks and nurses of the division.

11. The surgeon in charge will have the general superintendence, and be responsible to the division surgeon for the administration of the hospital.— It will be his duty to have the hospital tents properly pitched, and when houses are used, to have them put in proper order for the reception of wounded. He is to provide the necessary medical and hospital supplies, operating tables, straw or hay for bedding, blankets, and rations.

12. The assistant-surgeons, who are under the immediate orders of the surgeon-in-charge, will aid that officer in preparing the hospital for the reception of the wounded. That duty performed, one assistant surgeon will organize and take charge of a kitchen, using for this purpose the hospital mess-chests, and the kettles, tins, etc., in the ambulances. The supplies of beef-extract and bread in the ambulances, and of extract of coffee, tea, condensed milk, and other hospital stores in the hospital supply wagons, will enable him to prepare quickly a sufficient quantity of palatable and nourishing food to meet the demands, until fresh beef and other subsistence stores can be provided. All the cooks, and such of the hospital stewards and nurses as may be necessary, will be placed under the orders of this assistant-surgeon.

13. The other assistant-surgeon will keep a complete record of every case brought to the hospital, giving the name, rank, company, and regiment; the seat and character of the injury; the treatment; the operation, if any performed; the name of the operator, and the result. This record will be transmitted by the division surgeon to the Medical Director of the corps, and by him sent to the Chief Medical Director.

14. The assistant surgeon will make out two "Tabular statements of wounded," one of which the division surgeon will transmit, within forty-eight hours after a battle, to the Chief Medical Director, and the other to the Medical Director of the corps.

15. He will also see to the proper interment of those who die, and that each grave is marked with a headboard, with the name, rank, company and regiment legibly inscribed upon it.

16. The three medical officers composing the operating staff, will be selected by the division surgeon, without regard to rank, but solely on account of their known prudence, judgment, and skill. The immediate responsibility of the performance of all important operations will rest with



them. In all doubtful cases they will consult together, and a majority of them shall decide upon the expediency and character of the operation.

17. Each of these officers will have the aid of three medical officers, who, acting under his orders, will assist him in his operations.

18. The remaining medical officers of the division, except one to each regiment, will be ordered to the hospitals to act as dressers and assistants generally. Those who follow the regiments to the field will establish themselves, each at a temporary depot, at such a distance or situation in the rear of his regiment as will insure safety to the wounded, where they will give such aid as is immediately required; and they are here reminded that whilst no personal consideration should interfere with their duty to the wounded, the grave responsibilities resting upon them render any unnecessary exposure improper.

19. The division surgeon will order to the hospital, as soon as it is located all the hospital supply wagons, hospital tents and furniture, and all the hospital stewards, cooks, and nurses belonging to the division. He will notify the officer commanding the division ambulance of the position of the hospital. When his duties permit, he will give his professional services at the hospital.

20. No medical officer will leave the position to which he has been assigned without permission; and any officer so doing is to be reported to the Medical Director of the corps, and to the Chief Medical Director.

21. Medical Directors of corps and division surgeons are required to have the following articles carried in the box of each ambulance, under the drivers seat:

Beef, extract, in 2-lb. tins, .....	lbs. 6.
Buckets, leather, .....	No. 1.
Kettles, camp, .....	No. 1.
Latern and candle, .....	No. 1.
Spoons, table, .....	No. 6.
Tumblers, tin, .....	No. 6.
Hard bread, .....	lbs. 10.

The boxes will be kept locked. The surgeon-in-charge of the Brigade will keep the keys, and by weekly inspections ascertain that each ambulance has its full supply. In addition to the above, each ambulance is to be furnished with two litters, and one keg filled with water.

WILLIAM A. HAMMOND,  
*Surgeon-General U. S. Army.*

## RESIGNATION OF PROF. H. H. CHILDS.

At a meeting of the Trustees of the Berkshire Medical College, held last Thursday, Hon. Henry H. Childs, the President of the Institution, as well as its founder and father, resigned the Professorship of "Obstetrics and the Diseases of Women and Children," which he has held so many years. Dr. Childs' advanced age rendered it necessary that he should seek some relief—although a hale and hearty old age is his, which we trust will enable him to hold for years the Presidency of the College, which he still retains. In accepting the resignation the Board adopted unanimously the following resolutions:

*Resolved*, That the resignation of Dr. Childs requires from us more than a passing notice. For nearly forty years he has been the active head of the Berkshire Medical College—his usefulness having extended to a period almost unprecedented. During these years, by his energy, zeal and enthusiasm, he has achieved a wide-spread reputation as a medical man, and by his kindness of heart, and courtesy of manner, a no less deserved name as a Christian gentleman. He has ever maintained a high standard of medical honor, and his pupils must forget or ignore his teachings before they could stoop to anything ignoble or ungenerous. With a quick appreciation of merit, however modest, and ever ready with the kindly word of needed encouragement, his pupils learned to love him, and thousands, through the length and breadth of our land, affectionately look back to him as a kindly foster-father.

While we regret the infirmities which compel the retirement of our venerable President, as an active instructor, we earnestly hope that his interest in the institution, which is so identified with his life and name, may not abate, and that he may long be spared to speak words of cheer to the new generation of students, and to give the benefit of his advice and counsel to the Faculty and Trustees.

---

PERMANENT ROOMS FOR THE BUFFALO MEDICAL ASSOCIATION.—We are informed by Prof. White, the delegate appointed to procure assignment of permanent rooms for the Buffalo Medical Association, in the new building proposed to be erected for the Young Men's Association, Grosvenor Library, Law Library, and various Historical and Scientific associations, that the application was very favorably received, and no doubt could be entertained that the wishes of the Association would be gratified. Especially was this proposition regarded with favor, when the Committees were reminded that this society was the oldest scientific association in the City, and for years the only living, active organization having for its object the promotion of any science or profession; that its transactions had been published monthly for many years, and regarded by the profession everywhere as exceedingly interesting and valuable.

## BOOKS REVIEWED.

*Clinical Lectures on the Diseases of Women and Children; By GUNNING S. BEDFORD, A. M., M. D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; Author of the Principles and Practice of Obstetrics. Eighth edition, carefully revised and enlarged. New York: WILLIAM WOOD & Co., 61, Walker Street, 1863.*

This book has now passed to the eighth edition, and we have previously had occasion to make quite extended mention of its merits, but have always felt that the book far surpassed in excellence any compliments which its admirers could bestow. As our readers are all well aware, it has been translated into German and French, and has received the admiration and unqualified approbation of the profession, both in this country and in Europe. This last edition contains an additional chapter upon Carcinoma of the Uterus, and in this chapter we find some facts which, though perhaps not new, are yet so well stated and so full of interest that we propose giving some brief extracts, since it will be instructive, and at the same time give a truthful idea of the book we have under notice.

“While it cannot be said that cancer is a new malady, yet it may be affirmed that its true nature has been satisfactorily developed only within the last few years. For this development we are indebted to the researches of the Pathologist and the revelations of the Micrographist. What was formerly regarded as carcinoma has been shown through these agencies to have been an entirely different affection. No longer will the medical man, if he move within the progress of scientific research, mistake, as was heretofore done, induration, engorgement, chronic inflammation, and other affections of the uterine organs for carcinomatous disease.”

“Of all the organic lesions to which the uterus is liable, carcinoma is not only the most frequent, but beyond all comparison the most fatal.—Again, it has been shown by that able Pathologist, Rokitansky, that there is no organ in female economy which so often becomes the seat of this scourge of the sex as the uterus; and if, as it were, to make full the measures of woman’s woes, next in the order of frequency are the mammæ.”

“*Fatality of Cancer.*—Truly has it been remarked that death is the ordinary termination of cancer of the uterus; and we shall see, when discussing the treatment of this unrelenting malady, that the therapeutics of the practitioner will, unhappily, be more or less limited to the mitiga-



*A Theoretical and Practical Treatise on Midwifery, including the diseases of Pregnancy and parturition, and the attentions required by the Child from birth to the period of weaning.* By T. CAZEACX, Member of the Imperial Academy of Medicines; Adjunct Professor in the faculty of Medicine of Paris; Chevalier of the Legion of Honor, and of the supplementary number of the order of Charles III; Member of the Surgical Society; of the Biological Society; of the Medical Society of Emulation; of the Anatomical Society; non-resident Associate of the Medical Society of Bordeaux; Correspondent of the Society of Ac-

ing the diseases themselves in all their various appearances. Skin disease is truly an important branch of general medicine, and demands for its thorough comprehension a most complete knowledge of general medicine, as well as particular and definite knowledge of the diseases which have their seat in the dermal textures. It requires careful observation of the phenomena presented, and thorough acquaintance with the symptoms, natural history, complications, causes and general appearance of skin disease, to be able to positively diagnose some of the most important of these maladies. This book by Erasmus Wilson is decidedly superior both in pictorial and typographic representation, and we most earnestly recommend it to the attention of our readers.

This fifth edition comes to us greatly improved and illustrated by colored plates, representing the various skin diseases with unsurpassed accuracy. This mode of illustration is more important and perhaps more necessary in affections of the skin than in any other class of diseases, and with this improvement the book is really a great and almost indispensable addition to the library of every practitioner. The colored plates represent *urticaria, roseola, erythema, pemphigus, rupia, herpes, exzema, impetigo, ecchyma, tichen, strophulus, prurigo, lepra, pityriasis, psoriasis, lupus non exedens, acne, lycosis, trichosis, favus, exanthematous and papular syphilitic eruptions, tubercular syphilitic eruptions, diseases of the sebiparous organs, and numerous wood illustrations.* The value and importance of these representations of disease will become obvious to every physician, especially will physicians appreciate this who have not opportunity of seeing the diseases themselves in all their various appearances.

illustration more full and complete than elsewhere found.

tion of symptoms as they develop themselves during the progress of this

affection."

"In what portion of the uterus does cancer usually commence and develop? I think there is no fact more conclusively demonstrated than that the vaginal portion of the cervix of the organ is the ordinary seat of invasion."

"At what age does cancer of the uterus most frequently occur? There is a very general consent among authors that uterine cancer is a disease of advanced life, occurring most frequently between the fortieth and fiftieth years of age, or, in other words, about that climacteric of female existence, the cessation of the menstrual function."

"Varieties of Cancer.—There are four varieties of this disease. 1st—Scirrhus; 2d—Medullary, or Encephaloid; 3d—Colloid, or Alveola; 4th—Epithelioid: I propose, very briefly, to examine some of the peculiarities of each of these forms of carcinoma." These varieties are very fully described, this section being very interesting and instructive, full and complete, and cannot be quoted in isolated portions, with fairness to the author; we therefore pass to the simple headings of the remaining portions of this lecture. "Does cancer of the uterus involve adjacent structures?" "Duration of cancer of the uterus;" "The cause of cancer;" "Symptoms: 1st, Hemorrhage; 2d, Pain; 3d, Vaginal Discharge; Constitutional changes. Treatment.—There are in the palliative management of carcinoma of the uterus three phenomena, which should especially attract the attention of the medical man, and call for his best efforts. They are as follows:—1st, Hemorrhage; 2d, Pain; 3d, The vaginal discharge. This chapter which has been added to the last edition of this book is a very valuable and important one, and fully completes the work. We have spoken particularly of this—not that it is more interesting than many others—but rather because it is a new one, and added to a book we have so often reviewed, so greatly admired, and heartily recommended.

*On Diseases of the Skin.* By ERASMUS WILSON, F. R. S. Fifth American from the fifth and revised London edition, with plates and illustrations on wood. Philadelphia: BLANCHARD & LEA, 1863. The high authority of this book upon the diseases of the skin is well known by all intelligent physicians. It has long been regarded as a text

*Sanitary Commission—Supplement to Fourth Report, concerning the Aid and Comfort given by the Sanitary Commission to sick soldiers passing through Washington.* BY FREDERICK N. KNAPP, Special Relief Agent.

---

*The Chicago Medical Examiner*, the editor of which, Prof. Davis, is Chairman of the Committee of Arrangements of the American Medical Association, speaks most encouragingly of the prospects of a large gathering at the next meeting. It thus alludes to the efforts to discourage the meeting:—

“Let no one, outside of Chicago, imagine that the course taken by the *Chicago Medical Journal*, and its senior editor, Prof. D. Brainard, in opposing the meeting of the Association, indicates any division of sentiment or action in the profession here, or that it represents the wishes or feelings of any one here but himself. On the contrary, the profession here are united, and earnestly preparing to give their brethren as cordial and pleasant a reception as they have met with in any other city in our country. Our hotels are of the best character, and amply sufficient to accommodate half a dozen ‘Canal Conventions’ and Medical Associations at the same time. We have full confidence that the coming annual meeting will be well attended; that its members will transact the legitimate business of the Association with dignity, harmony, and profit; that they will revive and extend past associations and friendships, and by their liberality of sentiment, and their strict adherence to the proper objects of the Association, they will set an example worthy of imitation by all other conventional organizations, whether religious, political, or scientific.”

---

#### OBITUARY.

DIED—In Angelica, Allegany County, April 24th, 1863, of erysipelas RICHARD CHARLES, M. D., aged 65 years and 5 months.

Dr. Charles was born in the County of Tyrone, Ireland; he received his medical education at Dublin, Glasgow and New York; he emigrated to America in 1821, and commenced the practice of his profession in the town of Angelica in 1825, where he continued to reside until the time of his death. As a medical practitioner Dr. Charles occupied a high and prominent position. His sound sense, his acknowledged skill as a physician, his uncompromising hostility to all forms of quackery, his sterling integrity as a man, his genial disposition and gentle manners will long continue to be held in grateful remembrance.



*Washington City*, the National Capital, is undoubtedly in the most insanitary condition of any city in the United States. The principal sources of uncleanness are thus given by Dr. Henry G. Glark, of the Sanitary Commission, in a letter to the military authorities, recommending the adoption of appropriate measures:—

“1st. The accumulation of large numbers of men and animals in confined locations. 2d. The accumulations of filth, such as vegetable and animal offal, consequent on the above. 3d. The entire neglect of cleansing operations in the yards, lanes, and streets of the city, especially the very deficient drainage. 4th. The nuisance of a shallow, and neglected, and filthy canal in the heart of the city, a receptacle of the sewers, and a place of deposit for dead horses, etc. 5th. The marshy and stagnant water in many vacant lots, some of them—as in North Capitol street—near large hospitals, the want of drainage of which has rendered many parts of the city, as that near the President’s House, malarious spots, producing intermittent and remittent fevers, jaundice, etc. 6th. The accumulation of the sick in large numbers is a very powerful means, unless proper sanitary measures are taken, of intensifying all the ordinary and extraordinary causes of disease.”

The recommendations of Dr. Clark embrace a rigid system of sanitary police, which the nation is interested in seeing enforced.—*Medical Times*.

---

CANADA LANCET.—We are most happy to place upon our exchange list the *Canada Lancet*, published in Montreal, and edited by William Edward Bowman, M. D. The *British American Journal* has just suspended for lack of support. This could not, and did not, grow out of any defect in the journal itself, but was rather on account of the high appreciation of the value of a dollar entertained by the physicians of Canada. We hope this new enterprise by Dr. Bowman may be more fortunate, and though the *Lancet* is as yet young and small, it is vigorous and smart, and we think cannot fail for want of support.

---

AMERICAN WINE.—We have to acknowledge the receipt of bottles of Williams’ Domestic Port Wine, which so far as we are able to judge, is equal to any wine of American manufacture, and it no doubt possesses one advantage at least over most wines sold for *imported*, viz: it is wine, and not a mixture of molasses, whiskey, logwood, alkanet, aloes, etc.

As a medicine, wine was formerly regarded very valuable; but its adulterations, its high price and other causes have lessened its general use.—Possibly the manufacture of pure, choice American wines may lead to a revival of the use of wine more generally as a tonic and stimulant; obviating the more serious obstacles to its general adoption for these purposes.

B U F F A L O

# Medical and Surgical Journal

---

---

VOL. II.

JUNE, 1863.

NO. 11.

---

---

## ORIGINAL COMMUNICATIONS.

---

ART. I.—*Report of Medical Cases at the Hospital of the Sisters of Charity.* BY J. R. LOTHROP.

The following cases were under observation during an attendance of three months. This period is too short for the presentation of statistical information of much value in chronic cases, which in their results necessarily extend over long periods. In such cases the statistics of hospitals are frequently too favorable; the more so the shorter the time of observation. This is owing to the fact that in many instances persons afflicted with chronic diseases such as are from their nature, in the end, fatal, from want of means or disappointed in the amount of benefit received, leave the hospital; and hence are not entered on its mortuary record to swell its percentage of mortality. For long periods, however, the results of treatment in hospitals will not perhaps differ materially from the average in cases which are treated outside of the hospital. For, if in acute cases, by removal at a critical period of disease a fatal result is sometimes produced, on the other hand the improved hygienic conditions which the hospital affords, contribute largely towards a favorable result when removal has not been too long delayed—so that perhaps one is a fair offset to the other. It must be borne in mind in considering the ratio of mortality for a short period, that acute cases are more fatal at one season than another, and it may happen that for the period chosen, cases of unusual gravity fell under treatment. This is familiar to all in such diseases as scarlatina and dysentery, which are not only more fatal one year than another, but have this character at particular times in the year.

The exact results of treatment, in cases not fatal, cannot be stated except in a general way, without minute observation and report of individual cases. A general statement only can be made. Some remarks will be made upon classes of diseases after the statistical statement. One is prepared to expect recoveries or deaths in a certain proportion of such acute cases as have a termination one way or the other, in a comparatively short period. With ut particular statement, recovery is to be presumed in typhoid fever, pneumonia, delirium tremens, and dysentery, if the fatal termination is not recorded. On the other hand, in phthisis, epilepsy, organic lesions of the heart, and cirrhosis, with the same reservation, the probability of improvement would be generally considered slight indeed. The cases which receive no benefit, which are in other words *not improved* by treatment, belong to the above and kindred diseases in their nature largely incurable. The numbers under the head of not improved will always be relatively large in hospitals, in which incurables are likely to accumulate.

With these observations as to their value and the inferences to be drawn from them, the following statistics and remarks are presented:

CASES RECEIVED FOR TREATMENT AND DEATHS.

DISEASE.	MALE.	FEMALE.	TOTAL.	DIED.		TOTAL.
				M.	F.	
Phthisis, .....	11	3	14	1	1	2
Typhoid Fever, .....	10	1	11	3	1	4
Intermittent " .....	1	2	3			
Remittent, " .....	2	1	3			
Scarlatina, .....	4	1	5	3		3
Measles, .....	1		1			
Delirium Tremens, .....	11		11	4		4
Pneumonia, .....	1	1	2			
Chronic Bronchitis, .....	1		1			
Disease of Heart, .....		3	3			
Gastric Disturbance, .....		3	3			
Cirrhosis, .....	2		2	1		1
Jaundice, .....		1	1			
Diarrhœa, .....	6	5	11		1	1
Dysentery, .....	2		2	1		1
Rheumatism, .....	3	3	6			
Constipation, .....	2	1	3			
Neuralgia, .....		1	1			
Menorrhagia, .....		2	2			
Amenorrhœa, .....		3	3			
Hysteria, .....		2	2			
Anæmia, .....		1	1			
Pelvic Hæmatocele, .....		1	1			
Epilepsy, .....		1	1			
Hydrocephalus Chronic, .....			1			
Psoriasis, .....	1		1			
Spinal Paralysis, .....	1		1			
Syphilis, secondary, .....	2		2			
Unknown, .....	1		1	1		1
	63	36	99	14	3	17



The summary of results is as follows:

	Males.	Females.	Total.	
Cases admitted,.....	63	36	99	
Died,.....	14	3	17	ratio nearly 1 in 6
Recovered,.....			44	" " $1\frac{1}{2}$
Improved,.....			16	" " 1 in $6\frac{1}{2}$
Not improved,.....			22	" " 1 in $4\frac{1}{2}$

If we look at some of the most important diseases we find the ratio to be very nearly as follows:

Disease	Cases	Deaths	Ratio
Phthisis,.....	14	2	or 1 in 7
Typhoid Fever,.....	11	4	" or 1 in 3
Scarlatina,.....	5	3	" or more than $\frac{1}{2}$
Delirium Tremens,.....	11	4	" or 1 in 3
Dysentery,.....	2	1	" or 1 in 2
Diarrhoea,.....	11	1	" or 1 in 11

It will naturally occur that the period of observation was too brief for positive inferences in cases of phthisis, the ratio being by far too favorable. Again, the ratio in scarlet fever is far above the average; the cases, as will be seen, being of great severity—in fact mostly cases of scarlatinal dropsy. As a standard of comparison of results for a long period, the following statistics of St. George's Hospital, London, are given.

During six years the report of the medical wards of St. George's Hospital gives the ratio in

Disease	whole number of cases	per cent. of mortality	Ratio
Phthisis,.....	794	33	or 1 in 3
Typhoid Fever,.....	911	"	" 11, or 1 in 9
Scarlatina,.....	79	"	" 12, or 1 in 8
Delir. Tremens,.....	93	"	" 18, or 1 in $5\frac{1}{2}$
Dysentery,.....	21	"	" 42, or 1 in 2
Diarrhoea,.....	219	"	" 7, or 1 in 14

To this may be added the writer's experience in another hospital, in which, during four years the number of cases under observation of the diseases mentioned above, is stated below. The list is made to include, in addition, cases of typhus or ship fever, which came under observation at the same time:

Disease	cases,	deaths,	ratio,
Phthisis,.....	93	59	ratio, more than $\frac{1}{2}$
Typhoid Fever,.....	84	14	" 1 in 6
Typhus ".....	123	19	" nearly 1 in $6\frac{1}{2}$
Scarlatina,.....	13	0	"
Delirium Tremens,.....	64	1	" 1 in 64
Dysentery,.....	40	16	" nearly 1 in $2\frac{1}{2}$
Diarrhoea,.....	45	5	" 1 in 9

It is necessary to add that as the hospital was for the poor, few were discharged, unless well improved. There were fewer changes. This is evident in the ratio of mortality in phthisis. Typhus fever has about the same ratio as typhoid under equally favorable hygienic conditions. The

fact that no death is set down to scarlatina is due probably to the occurrence of a few cases of light type, at different periods, among the children resident in the hospital. The light mortality in delirium tremens will be spoken of further on.

COMPARISON OF MORTALITY.

	Sisters.	St. George.	Writer's cases.
Phthisis,.....	1 in 7	1 in 3	more than $\frac{1}{2}$
Typhoid Fever.....	1 in 3	1 in 9	1 in 6
Scarlatina,.....	more than $\frac{1}{2}$	1 in 8	
Delirium Tremens,.....	1 in 3	1 in $5\frac{1}{2}$	1 in 64
Dysentery, .....	1 in 2	1 in 2	1 in $2\frac{1}{2}$
Diarrhoea, .....	1 in 11	1 in 14	1 in 9

*Phthisis.*—The occurrence of two deaths in fourteen cases gives a result far more favorable than the average. Eleven of the cases left the hospital after a stay of a longer or shorter time, and one only remained under treatment at the end of three months. This statement will explain the apparently small ratio of deaths. In only one case was the tubercular deposit in the lower part of the lung, the left lung; in the others it was at the apex of the lung, two in the right and the others in the left apex. No case of hæmoptysis.

*Typhoid Fever.*—Of the four fatal cases two were moribund when received. Two were complicated with purpura, and were both fatal. In these cases large blue spots resembling ecchymoses appeared on various parts of the body. There was, in addition, bleeding from all the mucous surfaces. Two were complicated with pneumonia. In all, diarrhoea occurred early. One died from perforation of intestine, attended in the last hours with vomiting of copious dark greenish fluid. The treatment was mainly supporting—nutritious diet, mostly milk and beef essence, and alcoholic stimulants, whiskey being the form selected usually. Opium was used to restrain diarrhoea, and also as an anodyne in cases in which nervous irritation was considerable. Quinine is highly recommended, and much given in this disease, directly to hasten convalescence. The belief is very general that it not only improves symptoms, but abbreviates the disease.—This belief does not rest on very certain grounds, and it seems clear from a summary of results as put forth by its advocates, that it is, at any rate, if of any value, only secondary. It may be of use to alleviate symptoms in certain forms of the disease, or in particular epidemics perhaps. The symptoms which may be benefited are headache, delirium, and somewhat, the agitation or twitching when they indicate disordered nervous action, rather than great prostration. In the latter state in which there is stupor, sliding

down in bed, picking at imaginary objects and muttering, it is more likely to embarrass the stomach and aggravate the symptoms just spoken of. All effects claimed for it are those arising from large doses; in small doses no peculiar benefits are claimed for it. Large doses are certainly not free from a liability to redden the tongue, increase thirst, cause vomiting, and even to increase intestinal irritation, while they may aggravate certain symptoms, such as stupor and tendency to coma, especially in adynamic forms of the disease.

For cutting short the disease in its early stages, or even producing a slightly earlier convalescence, it ought not to be given with any expectation that the end can be accomplished. In cases in which there is a blending of remittent and typhoid fever, it may be more successful. In malarious districts, diseases may be so influenced by miasma, as to call for the specific action of quinia, but many practitioners are prone to assume the necessity when no indications exist. Quinine is probably more valuable for its anti-miasmatic powers, than simply as a tonic, for which it is hardly as valuable as the bark itself. In the small doses in which it is often given, as a tonic, it is probably inferior to an equivalent amount of the bark. A small quantity given in the combination with its associated principles, which exists in the natural drug, is more efficacious as a mere tonic, than when used alone. In large doses it has an undoubted sedative action on the nervous system, as well as the pulse. Hence the benefit which is sometimes perceived, when the nervous symptoms are ataxic. But even in these cases, it should be employed with discrimination, and not as a mere matter of routine.

*Intermittent Fever.*—The single case was one of return of the paroxysms of intermittent after an interval of three weeks. The administration of quinine breaks up the regular succession of chills and fever, when it has accomplished so much its further use is not indicated. In many cases, as in this one, there is a return of the paroxysm in two or three weeks, when a second administration of quinine effectually averts the pyrexia. The quantity required is seldom less than 15 grains, in divided doses, a few hours apart, and often more. The time of giving is any time during the apyrexia, provided an interval of 8 or 10 hours is allowed between the last dose and the time of the expected attack. Many prefer to begin in the sweating stage, and there is probably no valid objection to it.

*Remittent Fever.*—Three mild cases were under treatment. In this as in intermittent, quinine has peculiar curative power, though less marked.—



It is to be given in the remission. But it will often occur that while the gastric irritability so often observed in the beginning continues, quinine produces no benefit, and often seems to increase the fever and gastric disturbance. A brisk cathartic, especially as there is usually constipation, of colocynth combined with blue pill, is an excellent preparative for quinia. This, of course, applies to the milder forms; malignant cases admit of but little preparation.

In this disease preparative treatment is more useful than in intermittent, but even in the latter, time enough is often afforded in the early part of the intermission, for the action of a cathartic before commencing with quinine, though this should be subordinate to interrupting the periodical succession of the paroxysms.

*Scarlatina*.—Of this disease five cases are reported and three deaths. Of the five, four should be classed under the head of sequelæ of scarlet fever. These four cases were of one family, of ages varying from 12 to 2 years. The youngest had the dropsy, which follows the primary disease but recovered. The other three died—one, the oldest, from exhaustive suppuration of the throat—the two others from dropsy and the accompanying suppression of urine.

The treatment adopted in the cases of dropsy was first, cathartic doses of calomel; secondly, tannin, and persulphate of iron successively. Calomel produced catharsis, but the other remedies were not always retained, vomiting being one of the symptoms present. The warm bath was also employed, and is in such cases always a remedy productive of benefit. No inferences as to the effects of the other remedies can be made. The case of recovery took place during the use of the iron. In cases of albuminuria connected with that change in the kidney known as Bright's disease, both remedies have been found useful in diminishing the amount of albumen in the urine; but the latter, viz: the iron in such cases, particularly when anæmia is marked often exerts a decided benefit, if not competent to effect a cure. Cases reported by Dr. White in this Journal, in which this remedy was employed, are of great interest. Scarlatinal dropsy is usually of short duration, and would often disappear without treatment. There is always an uncertainty as to the effect of remedies in diseases which tend to recovery in a very short time. It may be found that this form of iron is a useful medicine in this affection.

*Delirium Tremens*.—The fatal cases were not all uncomplicated delirium tremens. One was complicated with epilepsy, or epileptiform convulsions—

one with severe diarrhoea, one was moribund when received, so that the diagnosis was that stated by his attendants. One only could be said to have died from nervous exhaustion after prolonged violent delirium, i. e. of uncomplicated delirium tremens. But in this case there may have been organic disease with it, and at any rate there was a constitution shaken by excessive intemperance and previous attacks of delirium tremens. The violence of the delirium, without marked tremor, might give rise to a suspicion of cerebral disease, aggravated by stimulants.

One can hardly speak of delirium tremens as a disease, meaning thereby to indicate a definite order of phenomena always to be met with, any more than he can direct a course of treatment always to be adopted. Under the name are included various forms of mental disorder which require different methods of treatment. The true form of the disease, that in which there is tremor, sweating and delirium, in which there is seldom violence, but restlessness and fear, in which the illusions are tinged with gloom and apprehension, is confounded with that in which there is more violence, often almost maniacal excitement. The last is more likely to be the direct exciting effect of alcohol on the brain, and is usually accompanied by signs of recent and excessive use, the patient having a strong smell of alcohol. The first results from deprivation of the usual amount of stimulus from some cause, which may be inability to procure it, as in prisoners, locked up after a prolonged debauch; or restriction imposed by friends; or, and this is the most common cause, the rejection of the liquor by the stomach, so that the customary amount is not absorbed. The brain equally falls into disorder if the amount of alcohol in contact is too large or too small, but the symptoms are different, and so must be the management. If there is evidence of recent and excessive drinking, a strong smell of alcohol about the patient, and violent delirium without marked tremor, sweating or alarm at all about him, no course can be more proper and rational than to await the elimination of the poison, aiding by a cathartic, or even emptying the stomach if a large quantity has been recently taken. For here the mental disorder is the direct toxic effect of alcohol. In many cases this suffices. But it is not to be supposed a resort to stimulants may not be afterwards necessary to prevent the patient's falling into the true delirium, especially if he has been drinking for some time, or has used alcohol habitually. This is to be left to the good sense of the physician; but primarily the expectant course is the proper one. Setting aside now

such cases, in which the error is often committed of giving opium and alcohol, the true delirium requires to be noticed.

In this the symptoms are of the ataxic character, arising from the deprivation of an habitual stimulus to the nervous system, hence the muscular movements, the impressions upon the senses, and the mental operations are all disordered, causing trembling, illusions, and delirium. The most rational course in treatment in such cases is, to restore the accustomed stimulus in moderate quantities. Some other interference by drugs may occasionally relieve certain symptoms, as for instance vomiting, but the essential curative agent is one which affords to the nervous system the stimulation it needs. Various substances may have this effect—alcohol, ether, chloroform, and in certain doses opium. The erroneous idea which is at the foundation of treatment in these cases, is that sleep, which is the natural termination of the disease, should be procured as early and as directly as possible, i. e. by measures tending to bring about this end immediately. Hence the strong tendency to interfere by narcotics. Opium may cause a sleep from which the patient will not waken. It is true that large doses often will have no perceptible influence, but in these instances the cause is probably rather in deficient absorbing power of the stomach, than a want of susceptibility to the action of the drug. The object of treatment should be to favor early recovery, not merely to procure sleep as the only object, for it may be the sleep of death. Our measures should have this ultimate aim to correct disordered nervous action by the necessary amount of stimulation, and to accomplish this opium in proper doses, not large, is as efficient perhaps as the alcoholic stimulants. When its effect passes beyond its prime action, namely, nervous stimulation, its benefit is questionable. Given in this way it relieves the intensity of certain symptoms, quiets the alarm and restlessness, though its immediate influence is not to cause sleep. In the natural course of things there is a tendency to termination in sleep at the end of a few days, usually three days, or seventy-two hours, if the vigilance has been constant; if broken by snatches of sleep the period may be prolonged. The method of treatment above mentioned favors this tendency, it cannot be said to do more, and in fact it will in practice be found difficult to do more; it being by no means easy to shorten the duration of an attack.

In the cases reported the treatment adopted consisted of stimulants, whiskey being the form mostly employed, though Hoffman's Anodyne in some cases, in dram doses, at intervals of a few hours, was sometimes either substituted for it, or combined with it; and opium in doses of one or two



grains, repeated twice or three times at intervals at night. Cathartics if used at all were always employed at the outset, but then according to the indications. There is often irritability of stomach and constipation which a cathartic overcomes, and after it food is better retained and digested.—Ten or fifteen grains of comp. ext. of colocynth and five grains of blue pill combined with a grain or two of hyosciamus or conium was as satisfactory as any cathartic. Podophyllin was tried, but from some cause did not act well. The diet consisted largely of concentrated animal essences and milk. The patient was urged to take as freely as possible of beef essence, especially if not much food had been taken for several days.—Restraint was avoided as far as was consistent with the peace of the ward. The amount of stimulation to be employed must depend upon the nature of the case, asthenic cases requiring most, while young men in tolerable vigor require least. A patient in whom the disease appears for the first time needs less than one who has suffered from repeated attacks.

It is difficult to estimate the benefit of remedies and to determine how far the result in a favorable case is due to nature, but if we resort to treatment it seems most rational to look upon the disease, true delirium tremens, as a depression of the nervous system from deprivation of an habitual stimulus.

When the plan of leaving the attack to pursue its course to its natural termination has been adopted, results have been attained which compare very favorably with those observed when stimulants or drugs have been used. But the plan can only be adopted in public institutions. In private a physician is in a measure forced to employ remedies. The friends are anxious, and could not be kept quiet during several days and nights of unceasing vigilance and delirium on the part of the patient. The expectant plan will not answer for them.

It will be observed that in the cases reported by the writer the mortality was 1 in 64. It should be stated in explanation that the death was set down to delirium tremens only when the case was uncomplicated. There may have been among the 64 cases other fatal cases, in which acute diseases, or organic lesion had the principal agency in causing death, though delirium was present; but on this point the writer has no distinct remembrance, as the notes were made a number of years since. So small a proportion of fatal cases is not contrary to the experience of others. Dr. Gerhard states that in the Blockley Hospital, the mortality in successive years was 1 in 26, 1 in 34, and 1 in 160. The above result of 1 in 64

may be almost entirely claimed as the result of the expectant plan of treatment. The course pursued and rarely departed from, was to give food as freely as it could be taken, and keep the patient in a well lighted room, with the least restraint possible. As to medication nothing except a cathartic was usually employed, and stimulation by alcohol or opium very seldom resorted to, i. e. there was little active medication. This was the usual plan, but it is not to be understood that there was never a variation. It cannot be claimed that an expectant plan can be always followed, for the course of the disease may call for interference, but it can be with good results, in many cases which are indiscriminately subjected to a routine treatment of alcohol and opium. The results in cases in which either opium or stimulants were the principal remedies, are given in the following statements of Dr. Ware and Dr. Gerhard. The former states, that of 15 cases treated mainly by opium 6 died, while of 45 cases treated mainly without opium and without active remedies, only 2 were fatal. Dr. Gerhard advocates the use of alcoholic stimulants, and abandonment of opium as a principal remedy. His statement is, that while under the full use of opium the mortality was about 1 in 10; after its disuse it fell to the figures quoted above, or from ten to less than one per cent.

*Diseases of the Heart.*—Three cases are recorded, all occurring in females, between the ages of 17 and 21, and all of rheumatic origin; confirmatory of the observation that metastasis of rheumatism to the heart is more frequent in young persons. In two cases the lesion was insufficiency of the mitral valves in the third aortic obstruction, in each with more or less hypertrophy.

*Gastric Disturbance.*—Under this indefinite heading are included three cases of vomiting and irritability of stomach, the result of the rather free use of alcoholic stimulants, occurring in females.

*Cirrhosis.*—One fatal case, and one discharged from the hospital, of course unimproved. In the fatal case dropsy and jaundice were associated. In this case the effect of the retained bile elements to cause passive hæmorrhage was well marked. Bleeding took place from all the mucous surfaces, and wherever the skin was broken. This was arrested very effectually by the persulphate of iron in doses of 10 drops a few times daily.

*Diarrhœa.*—Of the cases mentioned one was complicated with delirium tremens, and contributed largely to the fatal issue. One was chiefly interesting as having been contracted in the "swamps of the Chickahomany,"

and though not treated as were our soldiers in that noted campaign, on the expectant plan, it received but little benefit from any treatment.

*Rheumatism.*—Three acute and three chronic cases were received. In two the smaller joints were affected, the variety being rheumatic gout.—Two were complicated with phthisis. In one, the case of a young woman, there was cardiac metastasis, resulting in mitral lesion. In one case Tr. of aconite was given, and with much relief to the pain. In two, scruple doses of nitrate of potash three times daily, combined with twenty drops of the Tr. of digitalis, were attended with benefit, i. e. with sweating, allaying of pain and decrease of redness and swelling about the affected joints. This last combination even in large doses is often productive of decided benefit. It is in fact alkaline treatment, but probably no better if as good, as the alkaline carbonates or acetates or tartrate of soda and potash, which have proved highly serviceable.

*Constipation.*—One case, arose probably from cancerous constriction of the descending colon, as the dilated and distended intestine could be felt through the abdominal walls. The stricture is usually in or near the sigmoid flexure. In these cases as in cases of ileus, the intestine becomes paralyzed by distention with the gradually accumulating contents, so that the most active cathartics fail to produce an expulsion of the accumulated matter, though they cause pain and griping in the intestines above. In this case there was vomiting, and the patient stated that there had been constipation for six weeks. Repeated enemata succeeded in removing the accumulation, but the most active cathartics failed. The patient was a woman of fifty, of most cachectic appearance. She did not remain long in the hospital.

For habitual constipation various trials have proved the value of podophyllin in small doses of one-half to one grain, in some cases combined with ext. of nux vomica  $\frac{1}{2}$  grain and ext. of conium  $\frac{1}{2}$  to 1 grain, once, twice or thrice daily, as the case demands.

*Pelvic Hematocoele.*—This case was reported in a past number of this Journal. Perfect recovery took place. The pathology of the disease is yet in uncertainty. It is a question whether the peritoneum forms part of the sac, or whether the extravasation is beneath it. In all fatal cases which have been examined the peritoneum has been found to form a part of the sac, the extravasation being then above it. From this it might be inferred that it was so in all cases. But it is more probable that those in



which the extravasation is above the peritoneum are alone fatal, while those in which it is beneath, recover.

*Epilepsy.*—The single case of epilepsy was in a young girl 17 years of age. There was an interval of one or two weeks between the epileptic seizures, then several convulsions succeeded each other at short intervals, during which the tongue was bitten, and the face became spotted by ecchymoses, especially about the outer angle of the eyes. The fits were succeeded by prolonged sleep. During the interval the health was apparently good, though there was an evident loss of memory. Epilepsy coming on about the time of puberty is generally considered most favorable, i. e. if not associated with some evident centric or eccentric cause. While under treatment the case received no benefit, though subjected to various medication. Most practitioners look upon a cure by medical means as almost hopeless, though there has been considerable testimony in favor of several medicines. An entire abstinence from animal diet, i. e. flesh, is a measure almost always advisable, unless the state of health renders it obviously improper. The testimony in favor of stramonium as a remedy in this disease, renders its claims worthy of attention, though they are not, we must confess, as positive as could be desired. One would hardly look for *curative* action, but when used for any length of time, and in sufficient doses to slightly affect vision, by dilating the pupil, it will in many cases prevent the frequent recurrence of convulsions. The cases suited to it are those in which the cause is hereditary, or those in which if no hereditary predisposition can be made out it cannot be traced to injury of any part of the nervous system, to any disease which by reflex action could act as a cause of nervous irritation, or even to great or sudden mental excitement; cases in fact, belonging to the so-called idiopathic epilepsy.

*Chronic Hydrocephalus.*—This case was benefited in so marked a manner by the iodide of potash, that there seemed to be good reason for believing that, as has been claimed, it is of use in such cases. The case had been under treatment three months, and probably mercury had been given; but improvement followed soon after the iodide was given, and complete recovery took place after two months' use.

---

The report of the death of Dr. George Suckley, Medical Director of the Eleventh Army Corps, is incorrect; Dr. S. remained with the wounded, and is a prisoner.

ART. II.—*Proceedings of the Racine Medical Association.*

The Association met at the office of Dr. Hoy, on Tuesday evening the 14th of April—Dr. Page in the Chair.

*Dr. Meachem* read a paper on Albuminuria. He said that Dr. Bright first presented his views to the profession in his "Reports of Medical Cases," published in 1827. His investigations led him boldly to affirm that dropsy depended in almost every instance upon a peculiar degeneration of the structure of the kidneys, which he pleased to call granular, and that these granulations could positively be diagnosticated by the presence of albumen in the urine. It was not necessary for him to enter into a minute description of the symptoms. The bloated body, the waxy skin, the scanty, albuminous and sometimes bloody urine, the pyrexia, the nephritic pains, &c. are generally sufficient to inform us with what we have to contend. There exists, he said, a great tendency for certain inflammatory diseases to supervene, upon an attack of Bright's disease. Pericarditis, pleuritis, bronchitis, arachnitis, pneumonia and rheumatism, he considered the most liable. For treatment he relied mainly upon the hot air bath, sup. tart. potass, iodid potass, digitalis, squills, &c. He had recently treated a case in which he had been enabled to increase the urinary secretion from 16 to 60 ounces in 24 hours, by the use Tr. digitalis and Tr. squills, equal parts.

After the reading of the essay, the President proposed Rheumatism as a subject for the evening's discussion, and called upon Dr. Wadsworth to open.

*Dr. Wadsworth* said that the few remarks he had to offer would be upon the treatment of the disease. He had treated it by a variety of means, and generally with satisfactory results. In the first, and febrile stage of acute rheumatism, he had used the Tr. veratrum viride, with sol. acetate of ammonia and spirits nitre dul. After controlling the pulse and subduing the fever to a considerable extent, by these means, he employed the Tr. colchicum sem. with iodid potass, with marked success. He had also in some cases tried the calomel and opium treatment. After the slightest perceptible effect of the mercury had appeared, he omitted the calomel and substituted quinia with the opium, and in this way had brought severe cases to a favorable termination. He had no experience in the treatment by large doses of nitre, but could readily believe it might be useful, on the same principle that veratrum acted, by controlling the circu-

lation and the fever. He had seen one case recently, recover under Homœopathic treatment, which led him to believe that there might be something in what Watson found to be the *very best remedy*, namely, *six weeks*.— In the chronic form of the disease, he had often found benefit from the following: ℞ Sulphur ʒij, Pulv. G. Guaiac, Pulv. Rad. Cochi, aa grs. xx. Divide into eight equal parts, and give one powder every four hours, until the bowels are thoroughly moved. The above, with an ounce of serpentaria, may be added to a pint of gin, and a table spoonful given three times daily, with good effect. He had known many patients greatly relieved by using this remedy.

*Dr. Hoy* did not think rheumatism a very formidable disease to manage. He had treated it in a great variety of ways, and found results about the same under them all, and therefore he was not wedded, like some practitioners, to any one particular mode of treatment. He believed it should be treated on general principles, and not with the idea that there were any specifics for the disease, for he did not believe there were any. If the fever was high, it should be moderated. If the secretions were suppressed, in any way, they should be freely opened. If the patient suffered much pain, anodynes should be freely administered. Where the rheumatic inflammation was confined to large joints, it was his practice to blister extensively.

*Dr. Meachem* asked him if he had not seen metastasis produced by applying blisters too early?

*Dr. Hoy* did not remember that he had. He did not usually apply them until the active stage of the disease had passed.

*Dr. Meachem* said this was the point he wished to bring out. He did not think it good practice to blister *early* in rheumatism. He had seen translation produced by it in more than one instance.

*Dr. Wadsworth* had also seen the same.

*Dr. Thompson* was quite sure that he had cured many severe cases by liberally bleeding them in the beginning, and then putting them under the full influence of calomel and opium. This, for many years, was the treatment upon which he relied, and he was not willing now to own that there was a much better plan in use.

*Dr. Meachem* thought that our success in managing rheumatism depended very much upon the amount of vigilance we exercise in looking after cardiac complications that occur during its progress. That they are much more frequent than is generally supposed, he had no doubt, and are



often times overlooked. He believed them to exist in nearly one-half of the cases. Endo carditis he had found more often than peri carditis, and very frequently both existed together. He did not think these complications resulted so much from metastasis as *by extension*, as he had found very few cases relieved elsewhere when the cardiac disease had manifested itself. Children he thought more liable to these conditions than adults. He had never known an uncomplicated case of rheumatism prove fatal. Its danger always consists in the substitution of some local inflammation, as of the heart, pleura, brain, &c. He had seen cases of simple rheumatism treated in the Bellevue Hospital, entirely on the *placeboic* plan, recover as rapidly as those put under a more active treatment. He had tried the alkaline treatment, and also that by large doses of nit. potass, and of the two he preferred the latter. Anodynes he considered as imperatively demanded in most cases, for the comfort of the patient, and he believed they did as much towards controlling the disease as any other remedy.

*Dr. Nettleton* had great confidence in the alkaline treatment, and he thought the name of Fuller should be placed along side with that of Jenner as a benefactor of our race.

*Dr. Page* said he had been making some trials with the prophylamin. He had selected three excellent cases in which to test the value of the remedy. He had used the article prepared by Nichols of Boston, and also that from a reliable Philadelphia house. No good effect followed the use of either article, in any of his cases. He had given the full dose advised, and had continued it for days together. He was satisfied that it was over-estimated as a remedy in rheumatism. He had no confidence in it, from the trials he had made with it, and he believed he had given it every possible chance to act favorably if it possessed any specific powers over the disease. In a recent case that he had treated, where he prescribed the iodid potass rather freely, an erythema of the face was produced, attended with considerable tumefaction. It subsided on omitting the medicine, and re-appeared when it was resumed.

JOHN G. MEACHEM, M. D., Secretary.

---

Dr. R. J. Levis has retired from the editorship and proprietorship of the Philadelphia *Reporter*, and entered the army as a Surgeon of Volunteers.

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

TUESDAY EVENING, May 5th, 1863.

*Dr. White* presented a specimen of extra uterine pregnancy which had been sent him by *Dr. Lauderdale*. The uterus and appendages, together with the child placenta and cord had all been carefully removed and forwarded entire. The history of the case had not yet been fully furnished, and therefore could not at this time be presented in detail. The child weighed thirteen pounds, the whole uterus, placenta and foetus seventeen pounds, and the mother regarded her term of gestation as having been prolonged nearly or quite two months, making it eleven months from the time of her last menstrual secretion until the time of the rupture of the membranes and sac, and death of both mother and child. The uterus was enlarged to the usual size of that organ at the third month of pregnancy. One fallopian tube was attached nearer the fundus than the other, and the one lowest upon the side of the organ had the immense dilatation which had been caused by the gradual development of the foetus, the fimbriated extremity remaining perfectly distinct; the point of development being from within the fallopian tube, constituting what is usually denominated tubal pregnancy. The specimen had been preserved some time in alcohol, and the minute anatomical structure of the membranes or coverings of the foetal cyst could not be accurately determined, though that it was tubal, rather than tubo-ovarian or tubo-abdominal, was quite evident. Tubal pregnancy continuing up to the full period of gestation, was so far as he was informed exceedingly rare; on this account the specimen presented was of great interest. This was perhaps the most frequent of all the varieties of extra-uterine pregnancy, and very rarely continued beyond the second or third month, before rupture of the tube was produced, and fatal peritonitis.

*Dr. Ring* remarked upon the treatment proper in such cases as had been presented by *Dr. White*. Thought also that in cases of rupture of the uterus, cæsarean section should be made and the child immediately removed, certainly if delivery could not be otherwise effected, and was not sure but it would be better to perform this operation in many cases even if the delivery could be effected, for the purpose of removing the blood, &c. from the abdominal cavity. Hæmorrhage might perhaps be arrested by ligating the vessels. Some way should be devised of saving women after this accident.

*Dr. Samo* inquired about the symptoms of extra-uterine pregnancy; if there was usually plain evidences of anything abnormal, especially during the early months; also if the location of the tumor could lead to any opinion of the development being extra-uterine.

*Dr. White* replied at length to these inquiries, and thought it could not throw much light upon it, the tumor being so different in different cases. *Dr. W.* thought that by use of sound and all the means of diagnosis at our command, the condition of the female from which this child was removed could have been quite certainly determined, sufficiently so to have justified operation for removal of the child at the moment of rupture or pain indicating rupture. Still physicians would act wisely in using great care in making diagnosis before resorting to operative interference.

*Drs. Wyckoff and Rochester* spoke of cases of pregnancy, where the abdominal tumor fell over so much in front as to necessitate its being held up out of the way by assistants; this showing that the location of abdominal tumor in pregnancy could throw little if any light upon its being extra-uterine or otherwise.

*Dr. Rochester* wished to mention a matter which should go on record; hoped *Dr. Gould* would have been present to have presented the subject; had been invited to see the case by *Dr. G.* A man styling himself *Dr. Walter Crandall* of Alden, had attempted abortion upon the woman by introducing sponge far up into the os uteri. The woman was three or four months pregnant, and had heard that this man gave medicine to procure abortion. She wrote to him for the medicine, but instead of this he visited her. Told her in hearing of a lady friend that he had often relieved women by use of an instrument, and finally persuaded her to allow the operation. She said his operation hurt her greatly. The woman grew severely sick, and *Dr. Gould* was called; the sponge was removed the third or fourth day. She was properly treated and was recovering. The uterus had not yet thrown off its contents.

This case was referred to with the view that something should be done to bring this crime to punishment. The probabilities were that since the woman had recovered no farther action would be taken in the matter, and the villain practicing such rascality would be left to procure another victim. Had introduced the subject knowing that something should be, and thinking that possibly something might be done to prevent such crime.

*Dr. White* said he had formerly, in connection with *Drs. Flint and*



others, attempted to influence legislation upon this subject, hoping to lessen this crime. Thought that it was not so much the want of proper legislation, as lack of perception upon the part of the people of the aggravated character of this sin. All the influences had been directed and brought to bear upon men styling themselves physicians, while we want the public educated to regard producing abortion, as they now regard infanticide and murder. The men who now do it, would do it, if hanging was the legal penalty; they are below all moral influences, and ready to commit the most revolting crimes. Is not able to know where or how to commence the reform. The evil is a growing one, and has thus far resisted all efforts to control it.

*Dr. Wyckoff* remarked upon the frequency of application for having abortion produced, and the apparent feeling that it was proper and desirable, not once thinking it was a crime. He thought females generally regarded it as quite innocent in themselves, even though it might be a misdemeanor in their estimation in any one assisting them; still it rarely occurred to them, that it was a crime to procure abortion, and certainly not if done at an early period of gestation.

*Dr. Ring* wished to relate how he treated these applications. He takes time and pains to tell these patients the true character of this crime; and does not unceremoniously dismiss them, but tries to give them correct notions concerning it.

*Dr. Rochester* spoke of the prevalence of roseola, and thought the Secretary would recollect some time since, about the first appearance of the disease in Buffalo, how he expressed doubts about the communicability and diagnosis of the disease, and would like to know if his opinions had in any way changed since that time, or if his experience since had led to the belief of its communicability? Spoke also of measles, and of the symptoms and means of differential diagnosis between these two diseases. Had seen several cases in those who had previously had measles. *Dr. R.* further stated that he presumed the affection is the same as described under the title of Rubeola sine Catarrho, but that it was not properly a rubeolus disease, inasmuch as it did not protect against subsequent attacks of measles, nor did an attack of severe true rubeola, afford any immunity against the disorder under consideration.

*Dr. Miner* remarked that he had since seen considerable many cases of the disease referred to by *Dr. Rochester*, and that in many cases it certainly appeared to be communicable; that it was or was not, he had no opportu-

nity of determining, but many cases seemed to have been contracted by exposure to the disease. At the time referred to by Dr. Rochester, he took the definition of roseola to be correct as generally given by authors upon skin diseases, "A rose-colored efflorescence, variously figured, without wheals or pimples, and not contagious." All authors appear to regard the disease in its various forms as non-contagious and non-infectious, and he had no proof that they were incorrect. The disease which has been so prevalent in Buffalo has appeared in many instances to be communicable, and physicians and families have no doubt upon this point. Many physicians have called this disease measles, and seemingly observed nothing unusual in the form of it. If it is established to be contagious, it will then appear highly probable that the disease is not properly speaking roseola, but the mild form of rubeola, denominated by Wilson and others "*Rubeola sine catarrho*," which is spoken of as identical with rubeola vulgaris, with the exception of the catarrhal and febrile symptoms, which are either exceedingly mild or wholly absent. This disease also prevails during epidemics of measles and children affected with this form are more liable to a second attack of measles than those who have experienced an attack of the ordinary kind.

*Dr. White* proposed for membership *Dr. Charles Winne*.

*Voted*, on motion of *Dr. Rochester*, that *Dr. Ross*, House Physician and Surgeon to the Buffalo General Hospital, be invited to participate in the transactions of the Society.

*Voted* to adjourn to the first Tuesday evening in June.

J. F. MINER, Secretary.

---

ART. IV.—*Operation for Strangulated Hernia; removal of hernial sac, followed by radical cure.* BY J. F. MINER, M. D.

March 17, 1863, was called to visit *Mr. J. Bumm*, by his medical attendant, *Dr. L. Krombein*, who had failed to reduce a strangulated oblique inguinal hernia, after protracted but very judicious effort. The strangulation had been of three days standing, but the symptoms were not severe, the protrusion consisting mostly of omentum. The hernia was old, and had been neglected; the patient had not worn a truss, though he had suffered from rupture for ten or twelve years. Patient was 62 years old, and usually vigorous. *Dr. Krombein* being professionally engaged *Dr. J.*

R. Lothrop was kind enough to visit the patient and assist in the operation. After obtaining the full effects of sulphuric ether, the attempt was made to reduce the hernia, but failing in this, the usual operation for hernia was made. On opening down upon the sac, it was found to be large and unusually thickened; the walls were from one-half to three-quarters of an inch in thickness, dense and firm. The inner surface was red and granular, and no difficulty presented in obtaining reduction of the intestinal protrusion, but when this was accomplished the sac was yet present, forming a tumor the size of a man's closed hand, so firm and unyielding as indeed to suffer no apparent reduction in size after evacuation of its contents.— The immense thickness of the walls of the sac had necessitated a quite lengthy incision before reaching its interior, which had been made by most careful dissection.

The question at once suggested itself, what shall be done to get rid of this tumor and to prevent a return of the contents of the sac? The contraction of the walls of the protruded peritoneum, usual after operation for hernia could not in this case take place; the cavity remained open and the thickened walls unyielding. The sac had what may be called a body, and a neck. The body was large and broad, at least three inches in diameter, while the neck was much smaller, perhaps one inch and a half in diameter. After reflecting a moment that the incision into the peritoneum would not be greater by making amputation of the neck than had already been made through the body of the tumor, and that by this means the walls might be approximated so as possibly to radically close the opening; and also remembering that puncture, into the peritoneal cavity, was as frequently followed by acute peritonitis, as more free incisions; with the consent of my assistant I divided the neck of the peritoneal tumor, separated it carefully from the spermatic cord and testicle and removed it entire.

It had formed extensive attachments to the surrounding parts and a few small arteries were ligated. After all hemorrhage had ceased, sutures were introduced not only through the skin, but deeply, so that in closing the external wound the divided walls of the sac would be brought in contact with each other. Water dressings were applied and full anodyne directed.

This patient recovered without unpleasant symptoms of any kind; the scrotum was largely swollen and infiltrated with serum, but there was nothing to retard the rapid recovery of the patient. The result so far, was highly satisfactory, and when we find that he not only made rapid recovery from the operation, but that he had also obtained a radical cure of his her-



nia, it is something more than satisfactory, it is an achievement, which I take pride in relating; not so much for myself as the art I am allowed to practice. Four weeks from the time of operation on visiting my former patient, I find him wheeling dirt in the garden, without *truss*, which I had advised him to wear as a protection, and upon my expressing a fear that he would re-produce the rupture, he commenced to cough violently, and assure me that it was all right. Being German he could show, better than tell it, and made immediate exhibition of the parts, demonstrating the complete and perfect cure of his hernia.

Excision of the hernial sac, was long ago practiced for the radical cure of hernia, but as a common operation for the radical cure of reducible hernia it would not now be suggested. It is quite possible that surgeons have met similar cases to the one above described, and even treated them in similar manner, but record of the fact is not easily obtained. While no surgeon would now suggest excision of the sac for radical cure of reducible hernia, still if strangulation had taken place, and an operation made necessary, we can hardly appreciate any greatly increased risk from removal of such a tumor by excision over opening it, relieving the stricture and allowing the mouth of the sac to remain unclosed, open again to receive the hernial protrusion. This case proves nothing so far as establishing the feasibility of such operation, though the result justifies the procedure in this instance. At a remote period of the profession "in scrotal hernia, the testicles were often extirpated along with the hernial sac: and so common had this practice become in the seventeenth century, that, as Dionis informs us, an itinerant operator was in the habit of feeding his dogs with the organs which he had thus removed." (Gross's Surgery.)

The most approved operations in surgery, if practiced thus barbarously, would soon fall in disrepute; yet it is by no means intended to advocate excision of the hernial sac, for radical cure of reducible hernia, or even to express the opinion that excision of the sac would ordinarily be justifiable even if strangulation had taken place, and an operation for relief of the stricture made necessary. We are influenced often by success, and led to incorrect views and improper practice by the results of a limited observation, when more prolonged experience will show the error and danger of our course. In reflecting upon this operation and estimating as accurately as possible the dangers and advantages which it offers, the conclusion is almost unavoidable that in a case similar to the one described, excision of

the sac cannot greatly, if at all, increase the danger of peritonitis, or in any way augment the risk of life. In making it a great many times, there can be no doubt of its frequent failure in effecting a radical cure, and of the operation being often followed by fatal terminations; this is true of all operations for hernia. That it would more frequently result in cure of the rupture than if treated in the usual manner, would seem probable; that it would be attended by greater danger to life is by no means certain, indeed there is no ground for belief that such would be the result.

It will be recollected that the hernial sac had, in the case described, become greatly thickened, and the structure and character of the peritoneal membrane wholly changed. It is highly probable that cutting, puncturing or excising such a morbid product as this, is much less liable to be attended by inflammation dangerous to life than removal of a recently protruded portion of peritoneal membrane. This structure partakes much more of the character of false membrane when great thickening has been produced, than of the serous membranes, and is not like them so liable to take on violent inflammatory action upon slight provocation. This is a point of great importance, and should be duly considered in connection with the dangers of peritonitis which are known to be present after wounds of all kinds of this membrane.

That this operation was a justifiable and desirable one in this instance, we have no doubt; that it would be proper in most similar cases we have no hesitation in believing; but we hope that no one will misunderstand the statements made, and conceive that a new operation is proposed, or an old one revised and advocated.

---

## EDITORIAL DEPARTMENT.

---

### FOURTEENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

From the Chicago Tribune.

#### TUESDAY MORNING SESSION.

The meeting of the American Medical Association commenced its sessions this morning at Bryan Hall, Chicago, at 11 o'clock. The attendance was large, and comprised the following gentlemen:

*Vermont*—G N Stiles, Lewis Emmons.

*Massachusetts*—Henry Cutter, Appleton Thorne, Edward Barton, Jas. P Lynde, Ebenezer Stone, P J Kendall, B F Cotting, Joshua Homans, John C Dalton, M D Southwick, E P Abbe, John Green.

*New York*—Henry G Davis, Guido Furman, Alden March, Daniel P Bissell, James S Whaley, Thomas C Brimsmade, J S Sprague, C C F Gay, Edward Hook, E S F Arnold, E W Cherry, W N Blakeman, Howard Townsend, H Nichell, E Tobie, H S Downs, C C Wyckoff, S Eastman, Alf. Underhill, J H Griseom, L B Cotes, Julius Homberger, C W Harvey, J McNaughton, D Holmes.

*Connecticut*—Stephen G Hubbard, L N Beardley, B H Catlin, A W Barrows.

*New Jersey*—Wm Pierson, jr., D M Sayre, John Blain, Isaac S Cramer.

*Delaware*—H F Askew, James Cooper.

*Pennsylvania*—Wilson Jewell, Wm Mayberry, Edward Wallace, B Richardson, John R Thomas, E H Mason, Wm L Richardson, T N Troth.

*Virginia*—J C Hupp.

*Ohio*—W S Battles, J M Taggart, W W Jones, A H Agard, K G Thomas, S O Almy, L N Lawson, W B Davis.

*Indiana*—B S Woodworth, A M Vickery, A J Erwin, A P Ferris, L D Personett, Samuel Ferris, S A Freeman, L D Glazebrook, Jas F Hibbard.

*Michigan*—A B Palmer, E A Eggerly, H O Hitchcock, S D Richardson, Lewis Davenport, E W Jenks.

*Illinois*—E L Holmes, Geo K Amerman, Edward Andrews, John Ten Broek, C R Parks, T D Fisher, Geo W Hall, David Prince, E Andrews, N Wright, W O Chamberlain, J P Rouse, E A Steele, A Fisher, M J Johnson, J H Hollister, D Pierson, M F Dewitt, S Wirkerster, J D Rose, Henry Wing, Charles Gorham, S W Noble, Ira Hatch, T F Worrell, T P Haller, H A Johnson, R Spitler, G Pasi, H Noble, D M Tarker, Orrin Smith, A J Craine, T K Edmiston, J J Lake, Hiram Nance, A L Merriam, V C Second, H W Jones, D D Breagle, T Bevan, H N Hurlbut, S Eargle, T D Fitch.

*Wisconsin*—Charles L Stoddert, H Adams, Harmon Van Dusen, E S Carr, George D Wilber, S W Bicknerd.

*Iowa*—J W H Baker, Samuel C Lay, Joseph Sprague, D L McGuggin.

*Kansas*—D W Stormont, C A Logan,

*Tennessee*—W K Boling.

*Army and Navy*—C C Cox, O Simpson, A R Terry, John R Porter, Henry Palmer, M K Taylor, Ralph Isham.

The deliberations of the session were presided over by the first Vice President, Dr. Wilson Jewell, of Pennsylvania, supported by Vice President Dr. A. B. Palmer, of Michigan. Secretaries Drs. S. G. Hubbard, of Connecticut, and H. A. Johnson, of Illinois.

Rev. R. L. Collier invoked the Divine blessing and direction of the meeting.

Dr. N. S. Davis welcomed the members to the City of Chicago. They had heretofore met in cities at the East, where years of improvement had wrought more perfection than in Chicago, but here were all things pertaining to those cities, in their incipiency. He could point to our great granaries, our great commercial interests, our schools, our universities, and our every element of civilization, where recently the Indian and untutored life was rife, with pride. New as Chicago is, she is not behind the age. The same patriotism, friendship, and harmony of interests exist, and he again welcomed them to all the hospitality which Chicago could offer.



The Committee of Arrangements then made their report, through the Chairman, Dr. N. S. Davis, explaining why no regular meeting of the Association has been held since 1860—which may be summed up in a very few words—the unsettled state of the country, owing to the rebellion, and the indisposition of the various railroads to convey members at reduced rates—the latter a difficulty which was happily removed by the arrangements entered into for the Ship Canal Convention. The details of the work during the session were then fully explained, as noted in another place, as well as for the entertainments provided for each evening. The report was accepted and adopted.

At the close of his address he read a statement of the reasons for the postponement of the regular Annual Meeting of the Association, and the unanimity of sentiment in favor of calling the present meeting in Chicago. This communication embraced, in brief, a history of the Association, and of its past deliberations to the present time.

The Chairman of the Committee of Arrangements then announced the following

#### PROGRAMME OF EXERCISES, &C.

General Session, from 9 o'clock A. M. to 1 o'clock P. M. Afternoon Session, in Sections, from 3 o'clock P. M. to 6 P. M., in rooms, as follows:

Section on Practical Medicine and Obstetrics, in Bryan Hall, No. 2.

Section on Anatomy and Physiology, in Methodist Church Block, 3d floor.

Section on Chemistry and Materia Medica, in the Methodist Church Block, 4th floor.

Section on Meteorology, Medical Topography, Epidemic Diseases, Medical Jurisprudence and Hygiene, in Methodist Church Block, 3d floor.

Seats will be reserved in the gallery for ladies during all general sessions.

A recess of ten minutes was announced by the Chair, to enable delegates to select from their number nominating delegates. After which the retiring acting President Wilson Jewell, of Pennsylvania, 1st Vice President, delivered his valedictory, which was an able, patriotic and scientific address, and which, under other circumstances, we should publish entire.

On motion of Dr. Sprague, of New York, the thanks of the Convention were tendered for the address, and a copy requested for publication.

The Chairman of the Committee of Arrangements presented the name of the following physicians, who were duly elected members of the Association:

Walter Hay, Thomas Bevan, John McAlister, John Bartlett, M. O. Heycock, N. P. Peterson, R. C. Hamill, H. N. Hurlbut, V. L. Hurlbut and H. W. Jones, of Chicago; S. E. Gardner, Vermont, Ill.; H. Durban, LaSalle, Ill.; Silas Earle, Onarga, Ill.; W. W. Sedgwick, Sandwich, —; S. W. Bickwell, Beloit, Wis.; E. W. Jerks, Mich.; Daniel B. Brengle, Winchester, Ill.; V. C. Secord, Galva, J. B. Samuel, Carrolton, James S. King, Lemont, and D. F. Crouse, Mt. Carrol, Ill.

#### AFTERNOON SESSION.

On motion, meeting adjourned to 3 o'clock P. M.,

Dr. Haswell of Delaware, read the Treasurer's Report—recommending that only papers of greatest importance should be published in the transactions, owing to increased expense of printing and publishing. Expended since last meeting, \$2,559.86. Balance on hand \$504.21. He also read the report of the Committee of Publication, which was accepted.

Dr. Driscomb of New York, read an account of a remarkable case of diarrhoea, adiposa, which has no parallel in medical records.

Dr. D. L. McGugin of Iowa, from the Committee on Prize Essays, reported an Essay entitled, "An inquiry into the Physiological and Medicinal properties of the Veratrum Viride, together with some Physiological and Chemical observations upon the Alkaloid Veratria obtained from this and other species," by Samuel R. Percy, M. D., Professor of Materia Medica and Therapeutics, New York Medical College.

After commendatory remarks from several members, the Essay was decided to be worthy of publication in the Transactions, and was entitled to the prize—\$100, and it was thus received and disposed of.

The Committee on Nominations reported that they have nominated the following, who were subsequently elected as the

#### OFFICERS FOR THE ENSUING YEAR.

*President*—Dr. Alden March, of New York.

*Vice Presidents*—Dr. James Cooper of Delaware, David Prince of Illinois, Dr. C. C. Cox of Maryland, and Dr. E. S. Carr of Wisconsin.

*Treasurer*—Dr. Cooper Wistar of Philadelphia.

The election of Secretaries was deferred till the place of the next meeting was decided upon.

The newly elected officers were conducted to their respective positions.

Reports were called for from Committees. Dr. D. L. McGugin of Iowa, Dr. C. C. Cox of Maryland, made verbal reports, and were continued on committees. Dr. Davis read a communication from Dr. Squibb of New York—of Committee on Practical Workings of the United States Law relating to the Inspection of Drugs and Medicines. He was unable to report—continued. Dr. A. K. Gardner's paper "On the Use and Abuse of Pessaries," was presented, and the reading postponed till Monday morning. Dr. C. C. Cox of Maryland, asked and was granted a few weeks to complete his report on "American Medical Nicrology," also continued on same committee for another year.

A letter from H. J. Bowditch of Boston, was read, announcing the receipt of \$356 toward the Hunter Memorial, with a list of officers and agents, and on motion the Committee were instructed to forward the amount of funds on hand, and to close the account.

On motion of Dr. Lawson of Ohio, it was

*Resolved*, That a committee of one from each State represented in this Association be appointed to inquire into a recent order issued by the Surgeon General of the United States Army, in which the further supply of calomel and antimony is prohibited, and to report at as early a period as convenient, during the session of the Association. Adopted.

Dr. Arnold of New York, submitted to the Convention his pamphlet on "Medical Provision for Railroads as a Humanitarian Measure, as well as a

source of economy to the Companies." Copies of this work (which embraces an account of all that has been accomplished by the profession to the present time,) were presented to the members, with the request that after being read, the subject be brought up for discussion at some period of this session.

Dr. C. C. Cox of Maryland, offered the following resolutions, with an appropriate introduction, which, after endorsing remarks from several members, were adopted unanimously:

*Resolved*, That a committee of five be appointed by the Chair to draft a memorial to Congress, asking the enactment of a law by which surgeons in the service of the United States army may be accorded relative rank in the same.

*Resolved*, That each medical gentleman present be urgently invited to use every proper influence with the member of Congress from his respective district, to urge the passage of a law, at the coming session of Congress, favorable to this object.

The Association adjourned to 9 A. M., Wednesday.

To be concluded in July number.

#### SEMI-ANNUAL MEETING OF THE ERIE COUNTY MEDICAL SOCIETY.

The meeting was called to order by the Secretary, and in the absence of the President and Vice President, Dr. Samo was appointed President *pro tem*.

Minutes of the last meeting were read and approved. The Secretary read a communication from the President, Dr. Winne, to the effect that Judge Davis had not yet rendered decision in the Bartlett case. Himself and Henry W. Rogers had appeared before the Judge and shown reason why Bartlett should not be admitted to the Society as member.

Drs. Winne, Boardman and Gay were appointed Committee to act in concert with a Committee which had been appointed by the City Medical Association for the purpose of obtaining assignment of permanent rooms for the Society in the new buildings proposed to be built for accommodation of the Scientific Societies, Associations, &c., &c., of the City.

*Dr. Gay* presented the subject of holding consultations with physicians who were not members of the Erie County Medical Society, specifying a case of grievance and complaining of it as unprofessional and unfair.

*Dr. Miner* said he had met the physician referred to by Gay in consultation, though he did not presume that he was the physician Dr. Gay was so friendly with, who had met him after another had refused to do so. Was glad the matter had been presented for consideration, and was quite



sure that members of the Society residing out of the City were often called and attended patients with physicians who are graduates of respectable colleges, though not members of the County Society. Had himself often held such consultations, both in his office when such physicians brought patients for his advice, and at their own places of residence.—Regretted that there should be any physicians fairly entitled to membership in the Society who should neglect to avail themselves of its advantages.

*Dr. Haunstein* said he had often met the physician referred to by *Dr. Gay*; that this physician found it so much trouble to get an examination from State censors, he had become vexed and sick of it; especially since this membership afforded little protection in any way, and so few advantages. Said he was unquestionably a capable physician—a very highly educated one. Also remarked that the physician referred to by *Dr. Gay* as having refused to consult with him on the ground that he was not a member, was himself in company with his father, who was not a member of the Society, and was equally an irregular physician.

*Dr. Gay* was mortified at the confessions of members and regarded it as exceedingly unprofessional for physicians not to become members of the Society, and a still greater disgrace for those who were, to countenance and consult with those who were not, members of the Erie County Medical Society.

*Drs. Allen, of Aurora, Barnes, Peters, Whitney* and others, participated in the discussion, and a committee was finally appointed to consider the legal bearings of the question and to report at the next meeting what action the Society should take.

AFTERNOON SESSION.—*Dr. J. R. Lothrop* gave a very interesting and instructive address upon the "Action and Uses of Alcohol," which was listened to with attention and pleasure by a large number of the members of the Society. This was the only really important feature of the meeting, and was appreciated by every member present.

Delegates to the American Medical Association were called upon for report. *Dr. Wyckoff* gave an account of the order of exercises, and the various questions which were brought before the Association. The most important reports were those of the Committee appointed to report upon the action of Surgeon-General Hammond in withholding or suppressing the use of calomel and antimony in the army, and of *Dr. Cox* of Maryland, to improve the standard of medical education.

One well marked and important feature of the meeting was the entertainment provided for members. The evening gatherings afforded opportunity for extending acquaintance with medical men, and was really the most pleasant and attractive part of the meeting, for which the members will feel under lasting obligations to the profession of Chicago.

*Drs. Gay and Nichell* also gave additional account of the Association and of the incidents of the occasion, which interested them most.

*Voted to adjourn.*

---

#### BOOKS REVIEWED.

*Obstetrics, the Science and the Art.* BY CHARLES D. MEIGS, M. D., *lately Professor of Midwifery and the Diseases of Women and Children in Jefferson Medical College at Philadelphia, and one of the Physicians to the lying-in department of the Pennsylvania Hospital; Member of the Society of Swedish Physicians; at Stockholm, corresponding member of the Hunterian Society of London; Member of the American Philosophical Society; of the Academy of Natural Sciences of Philadelphia; of the American Medical Association, &c., &c. Fourth edition, revised, WITH ONE HUNDRED AND TWENTY-NINE ILLUSTRATIONS.— Philadelphia: BLANCHARD & LEA.*

This book comes to us containing full and complete instruction for every condition of disease or accident pertaining to pregnancy and child-birth. The work is most admirably arranged, every chapter, section and paragraph being placed with great care and good taste. The book is published in the very best style of the art, and is a credit and ornament to a work of such intrinsic merit. It is hardly necessary or proper that we should speak of the essential composition and material of the book itself. The long time it has been known by the profession, and the high place it has attained as a standard work on obstetrics precludes the necessity of further comment. The world-wide reputation of the author also renders any expression of approbation of this book unnecessary. It is a full and complete treatise upon obstetrics, with numerous very fine illustrations, the whole comprising one of the best and most highly approved practical works. As for the changes and improvements of this edition we will allow the author to speak for himself.

“In this edition I have endeavored to amend the work by changes in its

form; by careful corrections of many expressions, and by a few omissions and some additions to the text. The *student* will find that I have recast the article on Placenta Praevia, which I was led to do out of my desire to notice certain new modes of treatment which I regarded as not only ill founded as to the philosophy of our department, but dangerous to the people.

In changing the form of my work by dividing it into paragraphs or sections, numbering from 1 to 959, I thought to present to the reader a common-place book of the whole volume. Such a table of contents ought to prove both convenient and useful to the student while attending public lectures, whatsoever may be the title of his text-book on midwifery, since it refers seriatim to a great variety of topics on midwifery, the mere reference to which might well serve to recall a whole—even a long train of thoughts upon the subject under his review.”

The division of the book into paragraphs is certainly a great improvement, and the Index and Table of Contents are very full indeed, and add greatly to the value of the book, especially for the actively engaged physician who uses such a work mainly as a book of reference.

Upon the point of revision of the chapter upon Placenta Previa, we desire to say a word, explaining a little more clearly the nature of the notice taken of the new modes of treatment for Placenta Previa by Drs. Radford or Thompson, at least mainly advocated by them. It consists in what is supposed to be a detaching of the placenta from its place on the womb, with a view to put an end to the unavoidable hemorrhage. “They are yet in bonds of the Hunterian dogma of the placental structure, and believe that the placenta consists of two distinct products, one called the foetal portion, and the other the uterine or maternal portion of the placenta. Now, inasmuch as the progress of discovery in these matters has made it clearly known, that the uterus furnishes no portion of the placenta, and that that body is a fleshy, vascular excrescence, formed upon the exterior surface of the chorion, any hypothesis of practice or *methodus medendi* that is based upon the exploded notion of Mr. Hunter should be considered dissipated with that very explosion.”

We are sorry we cannot copy at greater length the remarks of our author upon this subject. We must close our brief notice of a valuable book by quoting in brief his own plan for treatment of placenta praevia:

“Therefore one of the prime indications is to get her out of her trouble as soon as possible, with due regard to prudence. In any such case the



physician ought to deliver by the feet if they should present, and if the head or any other part should present, his duty is to turn and deliver by the feet. Hence when a student asks what is to be done in his case of placenta prævia, I invariably reply, turn and deliver by the feet, for if the child does not present by the pelvic pole, the indication is certainly to turn and deliver by the feet."

"However, turning cannot be attempted until the os is sufficiently (not dilated) *dilatable* to allow the hand to pass inwards to take the feet. I trust the student will never attempt to force an undilatable os, and I am equally confident that no wise and prudent man will set himself down patiently to wait for dilatation. It is not dilatation that he is to expect, but dilatability, two ideas that are widely sundered as the poles. Let him therefore touch from time to time, so that he may know when the precious moment of dilatability is come; this is a thing that no man can do who stupidly resorting to the tampon shuts out all the light of diagnosis. I was on the very point of losing a most interesting woman in such a labor by this very piece of stupidity, but I have been better educated since that early day, and at the present day we are all far better off as to our resources than our fathers were, for we are in possession of the colpeurynter and the knowledge of its uses, which enables us to make the womb dilatable, and to so dilate it in about four hours as to admit of the passing a hand in search of the feet. Let every person, therefore, who is liable to be called upon in a case of implantation be sure his colpeurynter is not only at hand, but in good order."

---

*The Institutes of Medicine.* BY MARTYN PAINE, A. M., M. D., L. L. D.  
 Professor of the Institutes of Medicine and Materia Medica in the University of the City of New York; Corresponding Member of the Royal Verein Fur Helkunde in Preussen; Corresponding Member of the Royal Medico-Chirurgical Academy of Turin; Corresponding Member of the Gessellschaft Fur Natur and Heilkunde Zu Dresden; Member of the Medical Society at Leipsic; of the Medical Society of Sweden; of the Montreal Natural History Society; and of many other learned Societies. Seventh edition. New York: HARPER & BROTHERS, Publishers, Franklin Square, 1862. London: LAMPSON, LOW, SON & Co., American and European Booksellers, 47 Ludgate Hill.

This book, upon the Institutes of Medicine, is doubtless familiar to many of our readers. It has long been regarded as a standard work upon the

philosophy of medicine and merited the high estimation in which it has always been held. It shows that great labor has been bestowed in preparing it for the profession. The views of other authors have been carefully obtained and fully given upon many points, so that the work cannot be regarded as expressing alone the opinions of one man, but as comprehending all that is valuable, together with the opinions of the distinguished author. The philosophy of medicine—that is of physiology, pathology and therapeutics, is quite too little studied, and practitioners are liable thus to become experimenters, rather than careful students of medicine. The philosophy of therapeutics has not yet been made the careful study of the general practitioner to an extent which its importance demands; physicians have looked earnestly for new weapons, and new uses for old ones, but have too little considered the objections and dangers attending the employment of all active medication in the treatment of diseases—the philosophy of therapeutics is yet to be learned. Nearly all the agents used in the treatment of disease, together with the conditions and indications for their employment should be most carefully considered, or we shall follow a blind routine and become empirics. Physiology, pathology and therapeutics are rapidly undergoing revision; a wide field is here open for cultivation. Those interested in these subjects will find a vast amount of valuable information collected and embodied in the work under consideration. It is earnestly recommended as reliable, eminently practical, and every way worthy the confidence it receives.

---

#### BOOKS RECEIVED.

*Transactions of the Medical Association of Southern Central New York, at the 12th, 13th, 14th and 15th Annual Meetings, held in 1858-59-60 and 1861.*

*Sanitary Commission No. 65—Department of Special Inspection of the General Hospitals of the Army—Second Report to the Committee, by HENRY G. CLARK, M. D., Inspector-in-Chief.*

---

ABBOTT'S HISTORY OF THE REBELLION.—We have received the first volume of this book; the second is to be published at the close of the war. We find it truthful, impartial, reliable, every way a true and faithful history of events as they have occurred. The illustrations are very fine, and the portraits of distinguished individuals are alone worth the price of the book. It contains about 500 pages, is tastily bound, and is a very desirable work for every one to possess. We are pleased with its spirit and style, and invite our readers to consider it favorably.

CALOMEL AND TARTAR EMETIC STRICKEN FROM THE SUPPLY TABLE OF THE ARMY.—I. From the reports of Medical Inspectors and the Sanitary reports to this office, it appears that the administration of calomel has so frequently been pushed to excess by military surgeons as to call for prompt steps by this office to correct this abuse; an abuse the melancholy effects of which, as officially reported, have exhibited themselves not only in innumerable cases of profuse salivation, but in the not unfrequent occurrence of mercurial gangrene.

It seeming impossible in any other manner to properly restrict the use of this powerful agent, it is directed that it be struck from the supply table, and that no further requisitions for this medicine be approved by Medical Directors. This is done with the more confidence, as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered.

II. The records of this office having conclusively proved that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith, and the fact of its remaining upon the supply table being a tacit invitation to its use, tartar emetic is also struck from the supply table of the army.

No doubt can exist that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration.

W. A. HAMMOND, Surgeon Gen'l.

Surgeon-General's Office, Washington, D. C., }  
May 4th, 1863. }

---

*Materia Medica and Hygiene in the University of Buffalo.*—We understand that Prof. Charles A. Lee, having completed his European tour and returned to this country, resumes the duties of his Professorship in the University of Buffalo, and will lecture at the approaching term upon *Materia Medica and Hygiene*.

Lectures upon *Materia Medica* during the absence of Prof. Lee have been given with unsurpassed ability by Dr. J. R. Lothrop. *Hygiene* is now added to the duties of this Professorship.

---

OBITUARY.—We are pained to hear of the death of Dr. Charles Hartman of Cleveland, Ohio, who fell upon the field of battle at Chancellorville, May 3d. Dr. Hartman was an educated, energetic and much beloved physician, and has left a family and a wide circle of friends to mourn his early and untimely death. The profession will also mourn the loss of a high-minded, intelligent, progressive physician, who was devoted to its interests and ever active in promoting its welfare.



BUFFALO

Medical and Surgical Journal

VOL. II.

JULY, 1863.

NO. 12.

ORIGINAL COMMUNICATIONS.

ART. I.—*Action and Uses of Alcohol.*—By DR. J. R. LOTHROP.—*Read before the Erie County Medical Society.*

[Published by vote of the Society.]

As a subject fraught with great interest and importance in a moral and physical sense, I propose to call attention to some considerations upon the action and uses of alcohol. This is of peculiar interest at this time from the great efforts made to prove its use in all quantities always and invariably destructive and never constructive, and because there is a fear on the part of many good men, both professional and non-professional, that in therapeutics there is at the present time a tendency to excessive alcoholism. This tendency of therapeutics to oscillate from one extreme to another, is apparent to any one who studies in the past the radically opposite directions of the medical mind of different periods. To go no further back than the period to which the memory of many now living extends, we find methods of treatment at variance with those which now all judicious medical men adopt and pursue. Reduction where now we find stimulation. By the one, disease was deprived of its pabulum that it might be under the necessity of evacuating the body, by the other, support is given to the material fabric against the wasting power of disease. Now each period would speak in no gentle terms of the practice of the other—one would stigmatize as incendiary what the other considers sustaining. Each would consider salutary, nay assential, a practice which the other would condemn as destructive. Indeed they who formerly with fear and trembling, lest

they were furnishing phlogistic material to kindle anew the smothered flame of disease, ventured upon stimulants at the decline of an acute disorder, might well be astounded at the giving of a quart or two of alcoholic liquor daily, at the very outset. The practice and theories of Dr. Todd in pneumonia and other acute diseases, we can easily imagine would startle one bred in the olden school.

It is worth while then to enter into some examination of the grounds upon which our practice rests, and ascertain if we can whether we are not tending to an extreme stimulation. At least let us make the best statement we can of the advantages of our method. If it has a rational foundation it will bear scrutiny. This involves far the better understanding of the subject—first, the consideration of the action of alcohol upon the body in health; afterwards something may be said of its uses.

In the outset I wish to avoid the moral issues connected with the subject. The benefits of teetotalism, or the deplorable mischiefs of excess as affecting the social or the spiritual good of the human race, is not properly a question to be entered into here. We know with how much hesitation as a profession we should shrink from the heavy responsibility of seeming, in the discussion of a scientific question, to advocate the use of a stimulant by allowing it to be productive of any benefit, which has been at the bottom of such deep woe to the human family. Advantages it has as well as dangers, and while reformers may and we hope will by painting the latter in broad lights, frighten those liable to excess out of its use, we are unwilling that those who need alcohol, and not reform, should by fear of the dangers be made sceptical of its advantages. If alcohol gives to man a rational pleasure without injury to his health, it might justify something urged in its favor. But if its moderate use makes man better fitted for the duties of life, if it makes him stronger, healthier, and therefore more cheerful and more useful, words of commendation are not only justified, but fitting to be spoken. For the perfection of the body has much to do with the perfection of the mind, and I think we may have much sympathy with the enjoyments of the senses in all innocent ways, if men are thereby made happier and in consequence better. Many of the moral maxims of the world are tinged with infirmities which an unsound body has imparted to the operations of the mind.

But this brings the question to the issue which we wish to consider, viz: what is the action of alcohol when taken into the body? Does it act as a

poison always, and in all quantities, as some maintain, and therefore injuriously? Is it in any sense food, as others declare, and therefore beneficial? Or, is it merely a stimulant, giving a temporary exaltation, to be followed by exhaustion; in other words acting merely as a spur upon the horse, giving temporary increased activity at the expense of power? These questions it is needless to say, it is extremely difficult to determine, as there is not an agreement among physiologists upon them. Dr. Carpenter regards it as a poison in all quantities, while Dr. Todd regards it as food to the nervous system. Dr. Carpenter would place it on the list of medicines with chloroform or opium or ether, only to be resorted to in unusual conditions, while Dr. Chambers classes it as accessory food, with salt, sugar, tea and coffee, articles of daily domestic consumption. If we examine the question as presented by experimental physiology we shall put ourselves in possession of all the facts which our present knowledge affords.

In examining the question of its action we must not lose sight of what may be called its double action in different quantities. Like many other valuable agents its action differs not only in degree, but in kind, according to the different amounts taken. We cannot assume that what is true of a large quantity is true of a smaller, in a minor degree. A large dose we know to be poisonous, it would be fallacy to argue that a small one was poisonous also in a proportionate degree. If we were to reason in this way, or to lose sight of the fact that quantitative difference often make a qualitative difference, we should be often led into error. This difference in kind and not merely in degree, in different quantities, is very familiar to us not only among medicines, but the things necessary to life, as light and heat, nay even food itself. If we were to adopt any argument from their effects in excess, as is often done in the case of alcohol, it would be worthless. Among medicines arsenic is a poison in excess and destroys life; but in small quantities it imparts vigor to the body, freshens the complexion and increases its beauty. Strychnine kills almost with the rapidity of lightning, but in small quantities it is a valuable tonic. So it is with prussic acid, and measurably so with opium. We might adduce other instances. Heat, essential to organic health, in excess is actively destructive. Oxygen in excess is as actively poisonous as prussic acid. Light which is grateful to the eye, and a necessary stimulus, causes blindness in excess. How often in nature do we find a capacity for good associated in the same agent with a capacity for evil, and the one somewhat a measure of the other.



Quantity makes the difference and determines to one or the other. With the benefits of heat, light and electricity, what destructive capacities are associated. If the effect of alcohol is injurious in a large and beneficial in a small amount, it resembles a large class of agents which do good in moderation and harm in excess. There is no denial of the great injury arising from excessive use, but the same injury may arise from over-doses of many other things in themselves essentially beneficial. The line of argument which maintains that alcohol is essentially poisonous in all quantities, because it is in large, would be equally valid against tea and coffee, and even in some degree against beef and mutton.

The first question which demands examination in connection with the action of alcohol relates to its absorption and its escape from the body. When taken into the stomach in a concentrated form it is not as rapidly taken into the blood as when diluted with water. In fact it produces pathological changes such as congestion and hyperæmia, which interfere with its rapid absorption. This is an effect partly of its abstraction of water from the membrane of the stomach, partly of its power to harden tissues by producing coagulation of albumen, and partly of its action as an irritant. When mixed with water it undergoes rapid absorption by the stomach, passes into the blood, localizes itself by a sort of elective action in certain organs and tissues, and is then eliminated in various ways, but chiefly by the kidneys and the lungs, more by the former than the latter. In its course through the body it probably penetrates all tissues, but it accumulates by a sort of affinity in certain parts of the body. These parts are the brain, liver, and blood, but little accumulating in the muscles. The nervous tissue of the brain receives the largest proportion, next in order comes the liver, next the blood. We might infer this from the well known pathological changes which take place in these organs and in the blood. We know how frequent are mania, epilepsy and paralysis, cirrhosis, and defibrinated blood in those who use alcohol in excess. The escape from the body begins very soon after alcohol is taken, and is in the main very rapid; but though the larger proportion is eliminated in a short time, yet some portion remains for a considerable time, and is apparent to processes for its detection. It probably remains in the system as long as any of its effects are apparent. The most recent experiments show that while the effects continue they are due to its presence in the body, but that they are less and less as excretion goes on, and finally disappear with the elimination

of the cause from the system. They do not continue after it has left the body, and are in direct proportion to the quantity taken.

The most striking point connected with its elimination is, that it leaves the body without having undergone chemical decomposition. Alcohol taken into the body escapes from the body as alcohol, not as carbonic acid and water, as is maintained by those who claim that it is respiratory food. And not only does it escape unchanged, but it is probable that the whole amount taken escapes, no portion being left in combination with the tissues. By careful experiments most of it can be recovered in its original form. Closely hunted in its progress through the body, and at the avenues of its escape, it yields itself up in almost undiminished quantity. In what manner then can it act as food for the tissues, or in any sense as respiratory food, offering its hydrogen to oxygen to form water, and its carbon to form carbonic acid, and thus saving the tissues from active destruction by combustion in respiration?

Whatever actions or changes it effects, they are brought about while it remains itself unchanged. This fact however does not in any manner go to disprove either the action or the beneficial agency of alcohol upon the human body, it only conflicts with theories of the manner of its action. Other substances, whose power for good is not a matter of conjecture, leave the body unchanged. Many medicinal substances are eliminated unchanged. Iodide of potash and chlorate of potash appear without change in the urine, so do mercury, and arsenic, and lead. Iron exists in the blood as iron. That all these substances exert a beneficial influence is a matter of daily experience, but it is by no means easy to state in what manner they affect it. Nay, water itself, the great promoter of metamorphosis of tissue, leaves the body as water; yet it is essential to life. If we argue that the actions which have been attributed to alcohol, predicated upon the fact of a chemical change in the body, cannot take place because it does not undergo decomposition, the reasoning is entitled to some weight. But if we assume that its action cannot be of any very great importance in the various processes of tissue formation and change which are constantly going on in the body, because it passes through it as alcohol, we should arrive at a conclusion which would overthrow what we consider well ascertained facts in regard to many efficient and useful medicines, water, and in some degree food itself.

These arguments are merely designed to meet the statement that alcohol

can have no great benefits because it is not changed in the body. We can give to them their proper value, and readily see whither they lead. But whatever its action, we cannot escape the conclusion that alcohol belongs to the class of non-assimilative bodies, not directly nutrient to the body and working its changes by presence, or as a local excitant, and not by combination.

But we may somewhat farther consider the question, is alcohol food, that is, in what sense is it food? Does it directly act as a nutrient to the tissues, or indirectly by arresting destructive changes in the body? Dr. Todd maintains that it is "the appropriate pabulum" of the nervous tissue, in other words "it is a form of aliment appropriate to the direct nourishment of the nervous system, and to its preservation; its special adaptation to this system gives it an immediate exciting power superior to any other kind of food." But still though more exciting, i. e. more rapid, it acts like other forms of food. It is as much a special aliment to the nervous tissue as albumen is to the muscular. This theory cannot be true if alcohol is a non-assimilative body, and I think, in consideration of what has been already said, we may doubt his statement, that if taken only in quantity proportionate to the wants of the system, it will not be apparent by any process of elimination, i. e. it will not even be perceptible in the breath. Alcohol invigorates the nervous system—so do tea and coffee, so do moderate study and exercise in the open air, a ride on horseback, or a mountain walk, and like it, in excess, they weary and exhaust. But there is no reason to suppose that directly they furnish one particle of nutriment to the brain. We do not doubt their benefits, but they cannot be wrought in the manner assumed by Dr. Todd. But if we admit that it is food, and that in small quantity it repairs the brain like other food, it will not hold true of large quantities, for then its action is like other causes which waste rather than nourish the nervous system, viz: over-study, mental anxiety, excessive use of tobacco. Of the two, Dr. Carpenter's theory seems more reasonable, that alcohol is a suicidal instrument to the nervous system, stimulating it to its own destruction; if we are left to the necessity of adopting either.

Alcohol in its course through the body does not act upon it like other substances which we know to be directly alimentary. These are decomposed so that they do not appear again in the same form. Starch and sugar do not appear in the excretions as starch or sugar, at least in health, nor beef, or more properly albumen, as beef or albumen. Their ultimate



elements appear in the excretions as carbon in that of the liver and lungs, nitrogen in that of the kidneys, after having performed an important part in the repair of the body. These substances undergo changes of decomposition which fit them for this important office, and we can readily understand how by these changes they replace the elements lost by the metamorphosis of tissue, and substitute new for worn out and effete material.

The fats, important substances of the class of hydro-carbons, among which alcohol is ordinarily placed, do not differ from alcohol by merely acting more slowly. They are, it is true, mostly absorbed unchanged in the body, being stored away in the interstices of the organs to favor their easy movement, and to give roundness and beauty to the human form.— They abound in the nervous tissue, and are therefore concerned in the intellectual phenomena, i. e. as matter, they perform some office in the operations of the mind. But though existing unchanged as alcohol does, they serve evidently some more ultimate purpose since they are not excreted in the same form. They have some agency in nourishing the nervous system, and do actually repair nervous waste. Though they may accumulate in a manner essentially morbid, by displacing other structures, and though their presence in the body is not always limited to a healthy amount, still in proper quantity they are nutrient, and not merely indirectly aliment, as for instance serving, as they probably do, the purpose of respiratory food. Their disappearance is not by elimination, but by being consumed in the destructive changes of the body, as when it is deprived of sufficient nourishment from disease or other circumstances.

These considerations create a presumption against the idea that alcohol is directly food. It is true, it may in some way produce nervous force, and as the motive power of the organism, i. e. force is the ultimate aim and action of food, therefore it may in this sense be called food or generator of force.

Dr. Inman of Liverpool goes further than most others in his statement of the action of alcohol. He not only asserts that it is directly food, being incorporated with the tissues, and but a small portion appearing again by elimination, but he thinks it highly probable that the body manufactures alcohol for its own use. Saccharine material is found in the blood of mammals before it enters the lungs, and there disappears. This fact suggests to him the strong probability that by a process of fermentation it is converted into alcohol and carbonic acid in the body, as it is by fermentation

out of it. In this way he would account for some of the carbonic acid which is exhaled by the lungs, the alcohol which is found at the same time being appropriated to the nourishment of the tissues. In other words, "Nature has provided in the salivary glands, the liver, and the lungs of every mammal, an apparatus for converting all food, especially farinaceous, into alcohol; and we have no evidence that such conversion does not take place." This, if true, makes alcohol far less alien to the human body than our teetotal friends would be willing to admit, and truly deals a heavy blow to their favorite theory of its poisonous action in all quantities. But fortunately they are saved from most unjust imputations, by the fact that in this case it does not obey the law of elimination by the lungs, as we have stated it. Were it so, we should be at a loss to distinguish alcohol of the body's own making, exhaled in the breath, from that taken into it through the stomach.

But alcohol, though it cannot properly be called food, in the sense of nourishing, i. e. in the building up or constructive sense, yet it replaces a certain amount of it by retarding destructive changes. Disintegration of tissue is much less rapid when alcohol is taken, and therefore less food is required. It is therefore conservative; it prevents waste if it does not contribute to repair. It is the equivalent of food, but not food. If alcohol is not taken, its place must be supplied by something else, starch in some form, either bread or pudding. Liebig states that it was found in temperance families, that the stopping of beer increased the consumption of bread. Also that the Peace Congress which met at Frankfort being made up largely of teetotalers, created daily at table, a deficiency in puddings and other starchy dishes, to the surprise of the landlord who had always accurately judged the needed quantity of such dishes, for a given number. They made up in pudding what they did not get in wine. Dr. Inman states that on inquiring into the habits of total abstainers and those who used alcohol in some of its forms, he found that the former ate much more than the latter, and he was led to the conclusion that either the former ate too much and the latter too little, or the drink of the one was equivalent to the food of the other.

In order to show that this is really the prominent action of alcohol, we will a little further on give the results of experimental researches upon the subject. Thus far we have considered the question of its passage through, and its final disappearance from the body. We have seen that it passes through

unchanged, and whatever action it exerts it must act as alcohol, i. e. by presence. We have seen in what sense it is entitled to be ranked as food. As to the question of its being a poison we must admit its poisonous effects in excess, but not when used in moderation. It is confessedly not without a risk of some deleterious influence, even in quantities which might be called moderate, which effects will be spoken of by and bye. But the main argument that it is a poison in all quantities, because it is admitted to be poisonous in large, is entirely fallacious. In moderation, it will not only not be difficult to show that it is not a poison, but we may attribute to it positive advantages.

In further consideration of the actions of alcohol we may arrange them as follows:—First, we may consider its stimulant and the succeeding and opposite, sedative action. Secondly, its opposite effects upon nutrition, namely, to increase and diminish it. Thirdly, its opposite effects on metamorphosis of tissue, viz: to promote and retard it. Even in moderate use it exhibits that double action which is so marked as the result of small and large quantities, though this is more evident in that doubtful amount which is not quite moderate, but yet is rather short of excessive. The stimulant action of alcohol is familiar to all, too familiar to need much description. All know how it increases the activity of the mind and the energy of the muscular movements. The glow upon the countenance, the brightened eye, the warmth of surface and the increase of pulse are familiar to all. All know how it causes the timid to despise danger, the taciturn to become loquacious, and the despondent cheerful. Nor does it determine itself in opposites, but makes the witty more witty, the eloquent more eloquent, and the amiable more amiable. At the same time that it multiplies virtues, it may increase defects, so that he who is disposed to quarrel shall be more quarrelsome, and he who is noisy more boisterous. It may be said in its praise that it more often disposes to cheerfulness than despondency, and therefore is productive of a happy frame of mind. This stimulation in moderation is got without much exhaustion. There is always some sedative influence which succeeds, the more the greater the stimulation. But the sedative action of a large quantity may be so great without previous excitement that it produces depression, insensibility, coma and death. Instances of speedy death from large doses of alcohol are by no means rare. If the stimulation is excessive and frequent, the nervous system becomes disordered, the mind wanders in delirium, and the muscles



are affected with spasm. Elimination sets all right again if time is given, and alcohol withheld.

The effects of alcohol on nutrition are of a double nature. It does not directly nourish, but by its invigorating influence upon digestion it produces the assimilation of a greater amount of food, and hence improves nutrition. In this way it may be said to nourish the body—it enables it to appropriate an increased amount of assimilable material to repair its waste. But its long continued use if in excess injures the stomach, thereby destroying the digestion; then the appetite is lost and the body wastes. Life may be maintained for a long time when little food, and much alcohol is taken, but it is a state of bodily decrepitude and mental imbecility. The tendency to the accumulation of fat in such cases, even when the limbs are attenuated is relied upon as a sort of evidence that alcohol is respiratory food, viz: it offers itself to be burned instead of the fat; but it is better explained by its effects to retard waste of tissue.

The third method of action of alcohol is in connection with the metamorphosis of tissue. Its double action is not as apparent here. As it stimulates secretions, so it may for a time stimulate excretion, i. e. promote waste. There are those who maintain that this is its action in disease, and that by the increased activity of waste under the stimulation of alcohol, the body supplies itself with food during sickness, i. e. feeds upon itself. But experimental facts do not confirm such a theory. They show the opposite. They show that small quantities of alcohol produce a decrease in the excretions which contain the waste of important tissues. There is a diminution of urine, of feces, and of carbonic acid exhaled by the lungs. The urine is diminished in quantity  $\frac{1}{10}$  of the average amount. Its solid constituents moreover undergo a decrease relatively to the amount of urine. Urea is decreased  $\frac{1}{10}$  in amount, uric acid  $\frac{1}{2}$ , the earthy phosphates  $\frac{1}{6}$ . Urea and uric acid represent the waste of the nitrogenous tissues, the phosphates of the nervous and bony structures. Alcohol is defensive to these important tissues, and hence a source of strength. If by a moderate amount of alcohol the muscles and the nervous system are spared waste, it is easy to perceive how with less food the body maintains itself. It becomes clear how the laborer may with a small amount of alcohol do more work and suffer less wear than without it; how the brain can be harder worked and suffer less exhaustion than without it. In fact it enables man to use his own body for a certain amount of extra work, bodily or mental, by husbanding its substance, and in the end be none the

worse for the wear. We do not mean to say that in many cases food would not do as well, i. e. that it would not do as well instead of decreasing the waste, to increase the repair. All that we claim now is, that alcohol will limit waste, therefore prevent exhaustion, therefore render man stronger and fitter for social duties and labors. Other things may do the same.

The effect of alcohol is to limit the amount of fecal matters and hence produce constipation, an effect of its habitual use often observed. This is due partly to its retarding the escape of water, and thus rendering the fecal matters dry and hard; and partly to its limiting the amount of substance arising from the destructive waste, to be got rid of that way, as the intestines are an important outlet for the escape of effete tissue.

More remarkable is the decrease of the amount of carbonic acid exhaled by the lungs. The diminution amounts to one-fifth the average amount. This gives the final blow to the theory of the combustion of alcohol by the lungs. It is not in any sense a supporter of combustion; rather, by the diminution of carbonic acid, it retards in the body the destruction of carbon by oxygen.

Thus alcohol for a time at least exerts a conservative action upon the body, not by chemical combination, not by offering itself to the destructive action of oxygen, i. e. by combustion, not as a pabulum to the tissues, but by retarding their waste. In what way except by presence as alcohol, is all that can be stated. The physical agencies by which it effects it are in obscurity.

But though muscular activity wears out the body and alcohol is protective against its wasting agency, it is not the most important nor the most interesting of its operations. Brain work not only wears out the brain, but wastes the material fabric with which it is connected. The destructive energy of the mind "frets to dust its tenement of clay." All mental operations, all emotions, care and sorrow, anxiety, as well as the nobler aspirations of the scholar or the patriot, all act with wondrous energy to destroy the bodily frame. Alcohol then protects the body against the mind, and its beneficial operation in this is most apparent and most needed in those spheres of life where mental effort and anxiety are greatest, as in cities, where many causes tend to exhaust the nervous system, and hence wear out the body.

But there is another view of the question which must not be put out of sight. As far as alcohol is protective and nothing more, it is a fact in its favor, but it must not be forgotten that this advantage is not got without

the chance of harm—therefore at the risk of too great a cost. We must admit that its use even in moderation is attended with the chance that its retarding influence on tissue change may pass the bounds within which it is salutary—and thus effete and worn out materials may be retained within the body. From this, results degeneration of tissue and disease. When the use of a substance, which is attended with positive advantages, carries with it a liability of such a bad result, there is a great difficulty in so using it, as to get only the good and run clear of the evil. This is not an imaginary danger. When any alcoholic liquor, as, for instance, brandy, is taken habitually, even in moderation, the blood is soon found to deviate in its composition from that of healthy blood. Its solid constituents are diminished. It is deficient in fibrine, has a more carbonized clot, like venous blood, and contains in excess colorless corpuscles, i. e. bodies which are supposed to have lost their power of absorbing oxygen and giving out carbonic acid; in other words, worn out blood globules. Hence the blood has less vital properties and is deficient in tissue-forming material. Abounding in worn out material, it loses its capability for healthy repair. The tissue of the organs thus being not healthily constituted, disturbance of their functions follows and the various diseased conditions which are the well known results of excessive use begin.

This is but the beginning of that pathological change of the blood, which, in its more advanced state, is thus described by Rokitansky: "In the dyscrasial condition induced by the abuse of alcoholic drinks, the blood appears dark colored, grumous, defibrinated, viscid, unctuous to the touch, often intermingled with fat in large quantity, as fat drops. In rare instances the disease occasions a chyle-like opacity of the plasma—milky blood." But this, though a true picture, is not so pertinent to our subject, viz: rather to consider the advantages and evils of alcohol in moderation, for in excess we do not deny the evils, both moral and physical which spring from its use.—We are to satisfy ourselves, if we can, that there are advantages attending its moderate use which justify its recommendation. Into the question of the morbid organic changes it causes in excess, it is not worth while to enter.

I may in conclusion speak of the moderate habitual use of alcohol in health, and its advantages in disease. It may be accepted as true that alcoholic drinks as articles of regular daily consumption are, to many persons, of great benefit; and to others, necessary. They are more needed by those whose occupations require study, or involve anxiety or excitement.



The wear and tear of brain is not so easily repaired as that of muscles. In proportion as the labor is intellectual is the necessity for an alcoholic stimulus felt, as well as varied and generous food. As Dr. Hooper expresses it, "Men whose labor resembles that of horses may and do live like horses—upon corn and water; but those who are calculating, thinking, reasoning twelve hours out of the twenty-four require a more refined sort of food and drink." It is capable of proof, that the variety and, as it is called, luxury of modern tables, used in moderation, has conduced to longevity as well as vigorous health, and in this way prevented disease. But gluttony, as well as drunkenness, is ruinous to body and mind.

As far as the moderate use of alcohol is a medical question it should not be mixed up with affairs pertaining to temperance. Its habitual use is to be recommended with a full sense of responsibility, and only to help towards that most desirable thing, the procuring for the use of the mind the soundest possible body. Apart from such a consideration, or as an indulgence, its habitual use is likely to be michievous. But in civilized life it cannot be denied that there are many persons whose functions, bodily and mental, are better performed and whose usefulness is increased by a moderate daily allowance of some alcoholic drink. The question is correctly stated by Dr. Chambers. Its benefits are to be judged of, by its effects during those hours between meals in which digestion is going on. If the body during this period is more active, more efficient for the mind's purposes when alcohol is taken than when it is not, we may feel sure that the individual, whether so-called healthy or invalid, is benefited by it.

We are not prepared to admit that in the perfectly healthy body it is ordinarily beneficial or necessary. At the same time we must admit that it is extremely difficult to define what health is, i. e. perfect regularity in the performance of the functions of the body. The necessity which our digestion imposes of careful preparation of our food, by cooking, is an indication of our departure from the perfection of bodily vigor.—Hence the need of being saved from the consequences of our deteriorated condition, debility or disease, by some artificial aid to enable the body to get the most out of the substances which restore it, to strengthen it against wear and tear. The question is simply what will give the greatest ability to man to convert food into blood and flesh; or, failing of that, to retard its wasting by its own destructive agencies. Alcoholic stimulants perform this useful part. But it certainly is desirable that for this purpose their use

should be temporary and not habitual, if the end can be so answered. And upon the whole, we believe they are more proper to extricate us from danger than to contribute to our support. For it is not to be denied that we gain our advantage from moderate use, at the peril of running into all the terrible sequences of excess. Moreover even that moderate use which is hard to define, by its effects upon the blood, endangers the object it seeks. So much for the use of alcohol, either temporary or habitual, in what is ordinarily called health. It cannot probably be claimed that alcohol increases in the healthy body the capability of enduring fatigue or cold, or of resisting disease, at least for any length of time. Temporarily it may do so, but habitual use rather diminishes than increases its endurance of prolonged and continuous exertion, whether in soldiers, explorers in warm regions, or arctic navigators.

The use of alcoholic liquors in disease is a subject of much greater importance to medical men. We are accustomed to speak of them as stimulants and to associate with their operation an idea of exaltation of vitality, or as it is often expressed vaguely, nervous power, rather than of a defensive or conservative influence under the wasting effects of disease. From what has been said of their influence to retard metamorphosis of tissue, we are prepared to find them efficacious in all cases in which waste is more active than repair. This is the case in many diseases, both acute and chronic, but there is this difference, that in acute diseases waste is usually only normal, while in many chronic cases, especially those in which active suppuration is going on, destruction is excessive. If then from the circumstances of the case the supply of nutriment is limited, as in acute disease, repair cannot make up even normal waste. Alcohol by retarding waste tends to equalize repair and destruction.

This seems to be its *modus operandi* in acute diseases, and certainly though the practice may have been carried to extremes, the results have been in the highest degree beneficial. No one doubts the efficacy of the practice in typhus or typhoid fevers, but many are sceptical of its benefits in pneumonia, pleurisy, and other acute diseases, and in surgical injuries, which have been heretofore subjected to the depleting method. Even in these last experience will yet show the superiority of the treatment by stimulants, which is, if our reasoning is correct, conservative. No doubt quantities too large are often given, so that the stupor of disease is not easily distinguished from the sedative effects of alcohol. Such liabilities should

be avoided by giving small quantities, which by rapid elimination are not likely to produce such an effect. To these cases may be added those in which from feebleness of the digestive organs nutriment enough cannot be taken to supply the ordinary waste. In such cases alcohol is of benefit, and perhaps by a double operation, exalting as well as conserving. In chronic cases in which destruction is abnormally active, and we may reckon phthisis one of the most important of them, the only rational course is to render repair as far as possible compensatory for the excessive waste. Normal repair is unequal to the work, as is often most painfully evident to us; and even such aid as we can procure in alcohol too often fails. But it is one of the agents for the procuring of such a desirable aim which we should not hesitate to call to our aid.

---

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

TUESDAY EVENING, June 2, 1863.

Dr. H. M. Congar, President, in the Chair. Minutes of the last meeting read and approved.

*Voted*, that Dr. Charles Winne be a member of the Association upon compliance with the By-Laws.

*Voted*, that more time be allowed the retiring President to prepare address.

*Dr. Lockwood* reported the following case of Aneurism, which had recently been under his observation and treatment: George Lowry, 49 years old, about four years since, while lifting upon his shoulder a quarter of beef, felt something give way, and suffered considerable pain or uneasiness in the upper portion of the chest for a few days, but soon resumed his usual occupation—wholesale butcher. Was however troubled with slight cough, and oppressed breathing, especially in the recumbent position. After a few weeks' attendance at this time, he lost sight of the case for a period of two years, during which time he was treated very attentively by a notorious Homœopathist, as Mr. Lowry informed him, for "*Neuralgic Rheumatism*," after which he again came under his care. Upon examination a tumor presented at the superior portion of the chest, a little to the right of the sternum, apparently somewhat elevating the right clavicle, and distinctly observable above the margin of that bone. Pulse was about 80 per minute and quite natural. Had an anxious countenance; appeared



and said he felt as though he had been badly frightened; said "something was wrong, yet he did not feel sick." Upon examining the chest, the heart sounds were natural; respiration was hurried and labored, hardly possible, while in the recumbent position, making it necessary to keep his head and shoulders elevated. At this time the pulsation in the tumor was not very distinct, but soon became much more so. The peculiar *bruit* of aneurism was plainly heard, and the nature of the case no longer obscure or uncertain. The tumefaction gradually increased until it stood out prominently in front and extended upwards so that before death the chin would sometimes rest upon the upper margin of it. The pulsations in the radial arteries of both arms were remarkably unchanged, which fact constitutes one striking peculiarity of the case. Death took place gradually from exhaustion, induced mainly perhaps by the injurious compression which the tumor exerted upon the neighboring organs—trachea and bronchial tubes—and not by sudden rupture of the sac, or the development of inflammation, suppuration or mortification, the more common modes of termination in aneurismal disease.

One other point in the case is worthy of note, viz: the length of time which elapsed after the commencement of the disease, or first rupture of the vessel until its termination. That aneurism of the arch of the aorta should exist for four years is quite remarkable, it being much more common for it to produce death in the space of a few weeks.

Dr. L. was assisted in the *post mortem* examination by Dr. Miner, which was made in presence of Drs. White and Bayless. Dr. Miner had also examined the case during life. Discoloration of the integuments around the tumor was noticable even some days before death, but was still more extensive after. The aneurismal sac was very large, containing by estimation two pounds of fibrinous deposit and coagulated blood. The walls of the tumor appeared to consist only of the condensed tissue which surrounded the vessel, the coats of the artery appearing wholly absent; yet possibly the external tunic of the vessel might have been greatly attenuated and spread over the tumor. The hurried examination would not settle that point; yet it appeared to be wholly absent. As is common in such cases, the pressure had produced erosion of the sternum clavicle and first rib. The tumor appeared to have nearly made its way through the integument, the skin in the most prominent part with a few lines of condensed tissue forming the only covering of the aneurismal sac.

*Dr. Congar* remarked that he had written a small treatise upon the "Laws of Hereditary Descent," and that he would like to read a portion of it for the purpose of obtaining the unbiased opinion of the Association.

*Voted*, that at a special meeting, *Dr. Congar* be invited to read his paper.

*Dr. Rochester* introduced the subject of, poison contained in articles sold for "Insect Powder," and spoke of the danger attending the use of such articles; mentioned the instance of one man who made and sold in Buffalo great quantities of arsenite of copper.

Other members of the Society spoke also of the danger, and also of the propriety of guarding the public from injury.

*Voted*, that the Secretary be requested to publish in the daily papers the composition of some of these compounds and the danger attending their use.

*Dr. White* said he had been making use of solution of persulphate of iron in chronic cystitis, and though it was difficult to tell how much was due to its influence and how much to other causes, still it seemed to have been beneficial in some cases which he related. One patient recovered rapidly and was soon well. Another gentleman who was feeble and had to be carried upon a bed from the depot to his boarding house, took 15 drops every four hours, properly diluted; had a blister applied to the perineum, and opium suppository to relieve pain. He was soon very much better; deposit in the urine much less, micturition less frequent, strength improved so that he walks out, and says he feels quite well. How much is due to the iron and how much to other causes he could not determine. That the iron was an astringent tonic, giving tone to the system there could be no doubt. Perhaps others had used it for this disease, and yet he had not heard of it, and had mentioned his success not as anything original, but thinking it was useful, and that others might like to make trial of it.

*Dr. Cronyn* related the case of a young man who was struck by a brick falling upon the top of the head near the center. There was at the time of injury evidence of depression sufficient to make it probably necessary to trephine. At the expiration of 24 hours consciousness was restored, and with a return of sensibility *thirst* commenced, which was very great with dry skin, and indications of diabetes, with loss of 24 pounds in weight in one month. He had carefully ~~tested~~ the urine for sugar, but had discovered nothing.

The patient was placed upon quinine, opium and iron, and had improved considerably. Complains still of great weakness. Did not regard the case as diabetes, but rather as a functional disease induced by injury of the nervous centre. Thought it indicated irritation of the fourth ventricle, that being supposed to have some influence over the urinary secretion, thirst, &c., &c. The case was a remarkable one, and presented many points of great interest, both pathologically and therapeutically.

*Dr. Rochester* related a case which at first he regarded as concussion, but afterwards it seemed to be marasmus, induced probably by the concussion. Related the case only as showing that concussion might produce change in the nervous system and perverted function.

*Dr. Peters* related a case seen in Emory Hospital, Washington, where a man was found who was shot at the last battle of Bull Run, the ball having passed directly through the top of the head, leaving a large opening, both at point of entrance and exit of the ball. The second day after admission to Hospital he was found sitting in a chair reading a newspaper.

*Dr. White* related a case of vesico-vulval fistula, as the result of laceration in labor. Patient was 19 years old, prima para, and delivered with forceps. The opening was above and to the right of the urethra. This was a new site for fistula, though vesico-vaginal fistula was common after severe protracted labors, and instrumental deliveries. He had made operation for the cure of it; and the next day after thought it was leaking, but since that it seems to be doing well and likely to be entirely successful.

*Drs. Lockwood, Rochester and Miner*, spoke of the prevalence of measles, and also another eruptive disease which had been regarded as *rubeola sine catarrho* by some physicians, while others called it roseola. Dr. Rochester did not regard it as rubeola at all, and related cases where it, and true measles was very nearly associated, measles occurring the fourth day after the disappearance of roseola. Knew of children who had roseola and who had previously had measles. Distinguishes the diseases by the mildness of the symptoms and by the eruption being punctate, less elevated than measles, and disappearing much sooner. Dr. Lockwood had seen a great many cases and had previously regarded it as measles, but had more recently entertained doubts about it. Dr. Miner spoke of the disease as appearing to be equally as contagious as measles, to be communicated in the same manner, and in some cases to be quite as severe as rubeola in mild form. Could only repeat what he had before said, that



roseola was universally regarded as a non-contagious, non-infectious disease, so that unless we repudiate the usual definition given of roseola, we cannot regard it as that disease, not if we admit its contagion, which seems to be conceded by all. Is this disease contagious? if so, it is not roseola. If roseola, then roseola is a contagious disease. Thought it sufficiently answered in all respects the description given of *rubeola sine catarrho* to be the disease so named by authors, which is said to often occur with true measles and not to prevent its appearance, or protect the system from its attack in the least degree.

After the transaction of some legislative and miscellaneous business.

Voted to adjourn.

J. F. MINER, *Sec'y.*

ART. III.—*Proceedings of the Genesee County Medical Society at its Semi-Annual Meeting at LeRoy.*

BATAVIA, June 13, 1863.

The Semi-Annual Meeting of the Genesee County Medical Society was held at Dr. S. Barrett's office, LeRoy, Tuesday, June 9, 1863, Dr. C. M. Smith, Vice President, in the Chair.

The session was mainly devoted to discussion of medical topics and reports of cases. Dr. Barrett, delegate to the State Society, gave a verbal report of various interesting incidents which transpired during the meeting. It was regretted by the Society that the State Transactions had not been received for distribution.

Dr. Root reported two cases of lithotomy—one a female, the other a male, which had occurred in his practice during the last three months.

*Case 1*—Mrs. Wm. Francis, aged 33 years, the mother of four children, had been suffering with symptoms of urinary calculus for about four years. During this time she had borne two children, the youngest at the time of the operation being about five weeks old. The stone was ascertained to be a large one by examination per vaginam and sounding, and hence no effort was made to extract without an incision.

March 5th, assisted by Drs. Miller and Ellenwood, the patient fully under the influence of chloroform, and in the usual position, a straight grooved staff was passed into the urethra, and this canal laid open its whole length with a probe pointed bistoury. The knife being withdrawn the left index finger was passed into the bladder over the staff, and came in contact with

the stone. The staff was then removed and a medium sized pair of forceps passed over the finger into the bladder and the stone was seized without difficulty, but in attempting to extract it the calculus was crushed, and I was obliged to remove it piece-meal. The bladder was washed out by injecting warm water, but all the small particles could not be easily removed while the patient was in the recumbent position; some were left with the expectation that they would come away while urinating on the vessel; next day this happened. There was some fever for two or three days following the operation which gradually subsided, and the patient made a good recovery. There has been slight incontinence of urine when she has been much on her feet, but this has now wholly disappeared. The *calculus* was about the size of a hen's egg—the outer part hard, forming a kind of shell; the nucleus, which was about an inch in diameter, also hard, and removed entire. The chemical composition of all, except the nucleus, was the triple phosphate of ammonia and magnesia. The nucleus was composed of phosphates of lime.

*Case 2.*—George Memsted, aged 30 years, American, has suffered from symptoms of urinary calculus for the last twelve years. He would occasionally have "attacks of stone," and afterwards be in comparatively good health, but never could ride horseback or in a wagon over a rough road. About two weeks before the operation (May 21st) he came under observation, and the presence of stone ascertained; but his symptoms were so bad that it was not thought prudent then to interpose, but to wait with the hope that he might improve. He suffered from chills and fever and profuse perspiration, scalding urine, which deposited large quantities of thick mucus and pus, urine alkaline, loss of appetite and great emaciation. Notwithstanding the means which were used with the council of Dr. Cotes of this place, the symptoms did not improve, the chills recurred with great regularity; the urine was copious and alkaline; the pulse at no time was much less than 120. Without waiting longer it was decided that the only chance for recovery was to perform the operation immediately.

May 21st, assisted by Drs. Cotes, Pampilon and Warren, the lateral operation was performed, and the stone extracted. The patient was under the influence of chloroform administered by Dr. Warren. No arteries were divided and the hemorrhage was slight. There was no difficulty in seizing the stone, which was large, measuring six inches in its greatest circumference and five in its smallest, weighing nearly three ounces. A silver

tube was introduced into the bladder and secured by tapes to the patient's waist. There was no exhaustion apparent as resulting from the operation. The patient was put to bed and a full anodyne administered. I visited him in five hours; secondary hemorrhage had come on without my being notified, but had ceased by clots forming around the silver tube. There was some prostration, resulting from the loss of blood, but he rallied well. On the third day the tube was removed. By the fifth day the wound was partially closed, and he began to have desire for his urine to pass off by the urethra. After this, for some cause not apparent, he began to lose strength; the wound ceased to heal; no food could be borne on the stomach, and he died ten days after the operation. No post mortem was allowed. No doubt there was disorganization of the bladder which was the cause of the chills and other constitutional symptoms. The chills however did not recur after the removal of the calculus. The chemical composition of the calculus was uric or lithic acid. Its internal structure was lamellated. Its external surface finely tuberculated and of a dark mahogany color. Figures 436 and 437, Gross' Surgery, finely represents the external surface and internal structure of this calculus.

Dr. Barrett reported the following cases:

*A Case of Acute Peritonitis, treated successfully by large doses of sulphate morphine.*

January 2, 1863, I was called to see Miss J. C., aged 12 years. She had been sick two days. I found her with pulse 100 per minute; furred tongue, irritable stomach; bowels tympanitic, and excessively tender over the lower portion; the slightest touch gave her acute pain; heat of skin and great thirst. She had taken a cathartic which distressed her very much, and left her bowels in an irritable state, with tenesmus; soreness increasing; urine scanty and high colored and pain in voiding. I ordered fomentations of hops to the bowels, and mustard poultices if not relieved; gave Cal. 2 grs., Dover's Powder 3 grs. every 4 hours.

3d. The tenesmus is relieved, but pain and soreness no better; continue treatment; if bowels are not relieved give ℥ss. Cast. Oil in the morning.

4th. Oil given and bowels evacuated pretty freely; symptoms about the same, except becoming more restless and the soreness extending higher; continue Dover's Powder and fomentations.

5th. Had a very restless night; abdomen very tense and exceeding tender; soreness extending to epigastrium; great pain in making effort to



void urine, with constant desire to do so; pulse 120; gave her 1 gr. sulph. morphine, and directed the dose to be repeated every 3 hours.

6th. The first dose of morphine relieved her very much; has had a very comfortable night; soreness greatly diminished; has urinated well, and the bowels have moved freely and easily; pulse 90, and soft; continue morphine.

7th. Still improving; no pain, and but very little soreness; skin soft and moist; sleep has been refreshing; pulse normal; morphine gr. ss every 6 hours.

9th. Convalescing rapidly; sat up some to-day; continue treatment.

11th. Still improving; she continued to convalesce with good appetite, until the 16th, when she over-ate, which produced vomiting and some soreness over the abdomen, with ardor urinæ. The morphine was again given every 3 hours, with prompt relief. She now convalesced rapidly, and in one week returned to Buffalo where she had been attending school.

*A Case of Fragilitas Ossium.*—Miss M. M., aged 40, has been in poor health several years; had a tumor in the left breast, which was removed by Dr. Parker of New York, some two years since; she has since been under hydropathic and other irregular treatment. For the past year and a half she has been mostly confined to her bed, suffering great pain through the back and hips, especially on making any attempt to change her position. The 15th of February last I was called to see her in consultation with Dr. Wells, of Caledonia, who was then in attendance; about two weeks previous in attempting to move or turn herself, she felt a sharp pain in the left hip joint; the toes and knee gradually turned inward, and the trochanter major projected backward upon the dorsum of the ilium. Owing to the great nervous irritability of the system, I could not make a satisfactory examination, and could only prescribe palliatives, feeling a doubt whether there was a fracture or not.

The 6th of April I was again called to see her, and found that a few hours before in attempting to raise her right leg with her hands, the femur broke instantly with loud snap. There was a transverse fracture at the junction of the middle and upper third. We placed the limb upon a double inclined plane, with the usual dressings. She had had slight pain and swelling of the periosteum at the point where the fracture took place for some days previous. At the expiration of eight weeks I removed the dressing; got her consent to take chloroform and be placed upon a stretch-

er; in doing which I brought the other limb into position, and found there was a fracture of the neck of the femur; crepitus was distinct; the right femur there was some provisional callus thrown out around the seat of fracture, but not enough to hold the fragments in coaptation; the appetite for the most part has been good. She eats beef-steak with the sparkling wine. She has some periosteal pains of the upper extremities. She is very much emaciated. The menstrual periods have ceased to recur the past year. She has some vaginal discharge, but no organic disease that I can detect. The presumption with me has been, that the tumor removed by Dr. Parker was cancerous. I am confident there is no syphilitic taint in the system, but most probable a cancerous cachexia, so affecting the system as to prevent the proper assimilation of animal matter to make good bone.

Dr. Barrett invited the Society to a bountiful and luxurious dinner.

Adjourned to the Annual Meeting in Batavia, January, 1864.

---

## EDITORIAL DEPARTMENT.

---

### COMPLETION OF SECOND VOLUME.

This number makes us just two years old. Born at a time of the greatest commercial depression and distress, and at the beginning of the most fearful civil war ever known upon the globe; yet we have been spared to the age of two years. A very large proportion of those born under the most favorable circumstances never arrive at this period; but are cut off untimely and die in what is called the infancy of existence. The causes of this mortality with the young are exceedingly numerous, and no educated physician but is familiar with the influences which are most active. We shall not therefore go into details of the dangers we have escaped, but simply say that we are ourselves astonished, that we have attained to such venerable age, considering the great mortality attending this period of life; and the unparalleled fatality which has befallen both the old and young, the high and low, rich and poor, of our community. We could with pride and pleasure, relate some of the influences by which we have been preserved, and tell how that the vital principle of our existence being centered in the very heart of us, and not in any outside or foreign body, was one of the reasons why we still live, and shall continue to live, when those who depend upon collateral support, will have been long dead.

The Buffalo Medical and Surgical Journal is for the profession, and for nothing else. It has no object, other than the "greatest good of the greatest number" of physicians, and on this account mainly, we hope it will continue to make its monthly report. Perhaps it will be well to speak of the signal blessings it has enjoyed, for which it is deeply thankful. It has received constantly increasing "rations," nourishing and stimulating its growth. It has received many pleasant compliments from its subscribers, and from others who are capable of appreciating its qualities, which for one of its age, is somewhat important. When it is older and more fully established this will not be so necessary for it, as during its period of young life. It has received also new books, and new editions of books, pamphlets, addresses, speeches, &c., &c., besides the polite literature, magazines, reviews, quarterlies, &c. It has enjoyed unsurpassed opportunities, mainly through the favor of publishers and authors of medical books, editors and publishers of medical journals and of other popular journals and magazines.

Stimulated by our success, and encouraged by our rapidly increasing subscription list, we have concluded upon an enlargement of our Journal, which will hereafter contain forty pages, and be published at the price of \$2.00 per annum. We do not double the number of our pages at first, yet we hope to, in a short time, when the expense of publication will enable us to do so. Meanwhile this increase will enable us to furnish our subscribers with a greatly improved Journal. We do not desire to make great promises for the future, but will let the Journal speak for itself.

We would say in this connection, that the subscription price of our Journal has been heretofore much too low for the present advanced prices of publication, and we have waited with some impatience for the completion of this volume, and favorable opportunity to make this change. We do this with some hesitation, and yet with the fullest confidence that our patrons and friends will at once recognize the necessity, and cheerfully aid us in our earnest endeavors to furnish an acceptable Journal, at the least possible expense.

We most cordially invite contributions for our pages, and hope we shall be supplied with the "choicest copy." We are under the deepest obligations to our contributors for the generous manner we have been served, and trust similar favors may be continued.

It will be our object to make the Buffalo Medical and Surgical Journal complete in all its arrangements, supplying the practitioner with whatever



is new and interesting in the various departments of medical knowledge. At the same time it will be most thoroughly practical; conducted by one who has little time to devote to the examination of theories and speculations, but is engaged in active professional duty, it cannot be expected that the speculations of the theorist, independent of the knowledge of careful observation would be given space which may more profitably be devoted to the record of fixed facts. We hope our friends will aid us, in making one of the most useful and valuable medical publications, and that they will also make effort to extend its influence, since there are yet a great many physicians who are "*without a knowledge of its value;*" indeed we fear that there are some, who are ignorant of the value of this or any other periodical medical publication; still this is not the direction in which we most desire to have our Journal extended.

There is something quite remarkable about this matter of subscribers for medical journals. In our own City there are three or four physicians who have never invited us to send them the Journal; and yet they are not greatly overburdened with other or better medical publications; they are not more familiar with the medical literature of their own or other countries; in a word, they as much require the knowledge they might obtain as others of the profession. When for any purpose it is desirable to learn who are the most capable, living, growing, intelligent men in the profession in the towns and cities which legitimately make Buffalo a medical centre, we have only to turn to our subscription list and we find their names; and this is much more true of Buffalo than of other towns or cities. We think it is no compliment to a physician here, if his name is not upon our subscription list, though it may in some instances be a compliment to the Journal. We have no reason to complain of the profession in Buffalo; we are rather proud of it, and proud that we receive from it an almost unexceptionable support. The profession of Buffalo and of Western New York, indeed the profession generally, have placed us under a deep sense of lasting obligation.

---

"RECOMMENDED BY PHYSICIANS."

The U. S. Recruiting Officer in Buffalo, informs us that the irregular physician, who was at one time employed by him in examining recruits, was recommended to him as a "suitable and capable person for such duty, by intelligent, regular physicians, and that these physicians regard our arti-

cle in the May number as unjust and very objectionable." We had no desire to reflect unfairly upon the Recruiting Officer, who, we understand is eminently efficient and capable in the discharge of the duties of this office. Certainly he would be regarded as using sufficient vigilance in such matter while acting under the advice and recommendation of respectable members of the profession. What we desire most of all, is to know the names of the physicians, which have thus far been withheld from us. Tell us their names, or let them tell their own names, if they are honorable men, and are not ashamed of themselves. If they were "respectable" before, they are not now, and we have no doubt they will feel under great obligations to the officer for screening them from the shame and contempt which they deserve.

#### BOOKS REVIEWED.

CHEMISTRY—BY WILLIAM THOMAS BRANDE, D. C. L., F. R. S., L. AND E. of Her Majesty's Mint, Member of the Senate of the University of London, and Honorary Professor of Chemistry in the Royal Institution of Great Britain, and ALFRED SWAIN TAYLOR, M. D., F. R. S., Fellow of the Royal College of Physicians of London, and Professor of Chemistry and Medical Jurisprudence in Guy's Hospital. Philadelphia: BLANCHARD & LEA, 1863.

We have before us one of the most plain, practical books upon Chemistry yet published. There seems to have been great attention bestowed in freeing this work from mysticism and pedantry, and of presenting the principal and important facts of the science, in language so plain and clear that the student of Chemistry will not be overwhelmed in perplexity, but at once pleased and instructed. The authors say in the preface, "Our intention in the preparation of this volume has been, not to furnish a Treatise on the Science, but to furnish the student and general reader, with a plain introduction to the subject. With ample materials at our disposal to produce two volumes in place of one, we have studiously endeavored to compress within these pages a selection of the more important facts and doctrines of Modern Chemistry. We have adopted for the explanation of these facts, that simple chemical language which has found acceptance in the schools and colleges of Great Britain, France and Germany, as well as in the best treatises on the science." "In addition to the general properties of bodies, we have attached a description of each substance, a summary of its most important characters, with an account of the special tests required for its detection. The student will thus have a manual of *Prac-*

*tical Chemistry.* As an adjunct to this branch of the science, the subject of *Practical Toxicology* has been introduced in reference to the most important *poisons* and the processes for their detection. We have also treated, as fully as our space would permit, the chemical principles on which Photography is based, and have given some practical rules for the guidance of those who wish to apply their chemical knowledge to this interesting art." We have thus far given the description of this book in the author's own words, and by what examination we have had time to make we think that all has been accomplished which was attempted. The book is a very valuable one for the student of Chemistry, and also for physicians and others who have occasion to know the chemical composition of substances which they may use or prescribe.

It is a finely bound book of about seven hundred pages, and contains a great amount of information which can no where else be found so clearly and so correctly presented.

---

FOURTEENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

From the Chicago Tribune.

SECOND DAY'S PROCEEDINGS.

WEDNESDAY MORNING SESSION.

The Minutes of the previous sessions were read and approved.

A large number of additional members from several States were announced as having arrived and registered their names as delegates, including a large number of the physicians and surgeons of this city.

The reports of committees being in order, on motion, that of the Committee on Medical Education was postponed until the afternoon session.

The Committee on Appointments made their report, which, on motion, was accepted. Pending its adoption, it proposing Baltimore, Maryland, as the next place of meeting, considerable discussion arose, various members proposing different places. The question finally resolving itself into a choice between Baltimore and New York City, the latter was unanimously voted for as the place for holding the next meeting.

On motion, a Committee consisting of one member from each State, was appointed to investigate and report upon the present, and a better ambulance system in the army of the United States.

A resolution of thanks to Dr. Wilson Jewell, late acting President, for the able and dignified manner in which he has presided over the deliberations of the Association, was unanimously adopted.

A resolution requiring the appointment of a committee to urge the compulsory vaccination of every person in the United States, was referred to the section on Hygiene.



The report of Dr. A. K. Gardner, of New York, regarding the use and abuse of pessaries, the reading of which was yesterday postponed until this morning, was called up, as next in order, and on motion, the reading of it postponed until next year.

The Committee appointed to prepare suitable resolutions appropriate to the loss of the Association by death of its late President, the late Dr. Eli Ives, of Connecticut, made their report, which, after a slight amendment, was adopted.

The Committee on Voluntary Communications presented an abstract of a paper by Dr. Andrews, of Chicago, on "Diatheses—Their Surgical Relations," which was read by the author. Approved, and referred to the Committee of Publication.

The meeting then adjourned until afternoon.

#### AFTERNOON SESSION.

According to a resolution passed this morning, Dr. D. J. Macgowan, of New York, from China and Japan, was invited to address the Association. He explained to the meeting the professional bearings of his proposed scientific and industrial expedition of the unknown parts of Eastern Asia.

Dr. C. C. Cox, from the Committee on Medical Education, read an able scientific paper on the subject, reviewing the past history of the profession in this respect, and the absence of proper attention to the subject. Many valuable suggestions as to needed improvements, were also made. After the rendering of this report, the Committee submitted the following resolutions, which, after discussion, were adopted:

*Resolved*—That a thorough preliminary education in English, Latin, mathematics and physics constitutes an essential pre-requisite to the admission of a student of medicine into the office of a medical preceptor, or as a matriculant of a respectable medical college.

*Resolved*—That the advancement of medical education demands a more extended and symmetrical course of instruction in the colleges, and a more thorough and impartial examination for the degree of doctor of medicine than at present prevail.

*Resolved*—That Medical Jurisprudence and Hygiene are highly important branches of Medical Science, deserving the careful consideration of all medical teachers and schools.

*Resolved*—That societies for medical improvement,—State, district and county,—are important auxiliaries to the advancement and promotion of science, and are therefore highly recommended by this body, as valuable levers in the cause of medical education.

The Committee appointed to make a report upon the recent order of the Surgeon General, prohibiting the use of mercurials and tartarized antimony by the army Surgical Corps, made a majority report through Dr. Lawson, of Cincinnati, and an entirely antagonistic minority report by Dr. Woodworth, of Indiana. The former strongly favored the use of these remedial agents in the army, and the latter as strongly discountenanced their use there. Each report was backed up by resolutions rigidly endorsing the language of the report, after an animated discussion.

## THIRD DAY'S PROCEEDINGS.

The Association convened at 9 o'clock. After a partial reading of the minutes, the further reading was dispensed with.

The following gentlemen were admitted permanent members by invitation:—Isaac Snyder, Mich.; R. B. Treat, Janesville, Wis.

The following were admitted as permanent members:—Granville S. Thomas, Joliet, Ill.; J. S. Pashley, Osceola, Ill.

Dr. Cox, of the army, announced the sudden departure of Dr. Wilson Jewell, of Pennsylvania, caused by receiving intelligence of the unexpected death of a son, and offered a resolution of condolence which was adopted.

Regular business being in order, the reports of Committees were taken up.

The President having announced that the order of the Surgeon-General U. S. A., debarring calomel and tartar emetic from the use of army surgeons, and which was previously referred to a Committee, was in order, by consent of the Association the Committee on the subject offered a substitute for the resolutions introduced yesterday.

Pending the discussion, previous to the vote, Dr. Cox, of the army, said substantially as follows:

While the Association had the right to protest against the order of the Surgeon General, he wished it to remember that the order referred exclusively to the corps of army surgeons under his control, and had no reference to the use of those drugs in private practice. The order originated in the abuse of calomel by a number of incompetent surgeons in the army, appointed by the Governors of the several States, who consider the *liver* the pack-horse of the human system. The Medical Bureau of the United States comprises men of science, who understand how far the evil has been perpetuated and the necessity of correcting its abuses. The fact that other mercurials have not been interfered with, shows how great the necessity that exists for an order so apparently sweeping, and which the Association deems so arbitrary.

He did not desire to protract the debate, but felt it due his position to say something before the final vote should be taken. He was not up either to defend or condemn the order. In a long practice he had seen the abuse of calomel in improper hands, as well as its benefits from its legitimate and judicious use. He wished a discrimination to be made between the propriety of the order of the Surgeon General. That gentleman's high character and motives are not to be questioned in this or any other public body. He deserved the thanks of the profession for the wholesome interest he had taken in the subject.

Dr. Cox's position called up several members in reply. Calomel had fallen under the ban of an "unwise, unnecessary, and unprofessional" order, and that order received animadversion, ridicule and unstinted opposition. The discussion became general, and while some desired to place no obstacle in the field, their opinion of the order was of a character that culminated in the following resolutions:

*Resolved.* That from evidence now in our possession, we can but entertain the conviction that the Surgeon General of the U. S. Army has been led into expressions, in order No. 6, which will convey errors respecting the abuse of calomel in the army, and we feel called upon to protect, so far as

is in our power, the reputation of the intelligent and self-sacrificing medical officers from the implied imputation of such general mal-practice.

*Resolved*, That while regarding spanaemic medicines, particularly calomel and tartar emetic, when freely administered to soldiers in the field, the camp, or the hospital, where unfavorable hygienic conditions so commonly cause depressed and asthenic conditions of the system, as being very often productive of injuries; yet that these articles, when judiciously employed, are useful, is a proposition according with the general opinion of the profession; and as abuse of an article is no just argument against its proper use, it is, in the judgment of this body, to be regretted that the object of correcting these abuses was sought to be effected by an order of caution on the subject, and by dismissing from the service those disregarding such caution, and not by the extraordinary and, as we think, unjustifiable course of attempting to prevent, entirely, the use of the articles, though liable to abuse, as are all other powerful agents, yet which are well established in professional confidence as capable of useful application.

(Signed,)

L. M. LAWSON, Chairman,

The entire report, giving a history and details on the subject, in the same spirit, was also adopted.

On motion, it was resolved that a copy of the above resolutions be forwarded to the President of the United States, the Surgeon General United States Army, and the Secretary of War.

Dr. H. G. Davis commenced reading a paper on "The American Method of Treating Joint Diseases and Deformities," which was referred to the Committee on Publication, and its further reading suspended.

Dr. Homburger read a paper upon the use of the larynscope, exhibiting the instruments, and another upon a case of disappearance of the iris behind the lens. Referred to Committee of Publication.

The paper of Dr. Griscom, on a case of diarrhea adiposa, (read Thursday afternoon,) was, on motion of Dr. Furman, referred to the Committee of Publication.

Dr. A. Fisher read a paper on the use of the sulphites of lime and soda in the treatment of hospital gangrene, phlebitis, erysipelas, and other zymotic diseases. On motion, the paper was referred to a Committee of three, of which the author is chairman, to continue his investigations, and report next year.

Dr. Cox, of the army, offered two resolutions—one of thanks to the citizens of Chicago, for the kindness and hospitality shown to the members of the Association during its sessions here, and another of thanks to the retiring Secretary, Dr. Hubbard, for his able and faithful services.

#### AFTERNOON SESSION.

A letter was read from Dr. Russell, of Mt. Vernon, Ohio, asking to be excused from further service on a special Committee. On motion he was excused. A similar communication was also read from Prof. Sage, of Michigan, and disposed of in the same manner.

Dr. N. H. Davis offered an amendment to the Constitution, providing for the appointment of one permanent Secretary. Under the rules, the amendment lays over one year.

The following resolution was offered by Dr. Arnold and passed:



*Whereas*, The railroad is fast becoming the great medium of land travel, in all parts of the world; and in spite of all regulations and care, serious accidents are continually occurring, attended with loss of life, such being greatly augmented by the total want of any local medical provision to meet such, as well as by the absence of any appliances whatever, calculated to strengthen the hands of the surgeon; therefore, be it

*Resolved*, That such medical provision shall be made by the railroads, and that by the diminution of suffering, as well as by the saving of life, while economy would accrue to the railroad companies, and the interests of humanity be greatly served.

After some further proceedings of an informal nature, the Convention adjourned.

---

#### EFFECTS OF THE PREPARATIONS OF IRON ON THE TISSUE-CHANGE.

Dr. Pakrowsky, of Petersburg, has directed particular attention to the effects of iron on the tissue-change, in patients at the hospitals at St. Petersburg, who were taking that article for different diseases. He measured daily in all the patients the temperature of the body, the amount of the food consumed, the amount of the excrements, and of the urine, with the specific gravity of the latter, and the amount of chlorides and urea it contained.

The following are his conclusions :—

1. The temperature of the body is positively heightened by the use of these preparations.

2. This increase results in some cases very soon; in one case it occurred after five hours; in others slower, and in one case a long interval and after a large dose.

3. The temperature, the morbidly lowered as well as normal one; and if it ceases to rise after reaching a certain height, having taken a certain quantity of the iron, the temperature will rise more by increase of the dose.

4. Several days after using it the pulse rises also, although not in all cases.

5. Very soon, and consequent upon the increase of the temperature, the daily amount of urea in the urine increases.

6. The use of iron increases the weight of the body.

7. Every preparation of iron produces the same effect, and a change in the different preparations in the same patient does not alter the result.

8. The diuretic effect of citrate of iron was very distinct in two cases, but was wanting in three under the same conditions.

9. In all cases where iron was used no constipation of the bowels took place, except a slight one after iodide and lactate of iron. It was borne well, and in large doses, by the digestive apparatus (nine grains pyrophosphate of iron, and fifteen grains ferrum hydrogenio reducum.)

10. Dropsical transudations in the subcutaneous cellular tissue were resorbed by the use of iron, even in patients with insufficiency of iron, even in patients with insufficiency of the mitral valve, and reappeared after stopping with the remedy.

11. The increase of the heart's impulse and the dyspnoea in patients with organic cardiac diseases disappeared even in cases in which digitalis had done nothing.

12. After the normal temperature of the body has been raised by the use of iron, it lasted a considerable time after stopping with its use before returning to its normal condition whilst the morbid lowered temperature rose quickly by the use of iron it fell just as quickly by stopping with its use—at least, where the other pathological symptoms continued, and where consequently the cause of the low temperature was not cured.

Referring to these facts, the Doctor lays down the following maxims:— Taking into consideration that the temperature of the body and the quantity of urea in the urine is increased by the use of iron, that the cedematous condition disappears and the weight of the body is augmented, we are fully justified in ascribing to the iron a nutritive power. The increase of temperature indicates a stronger tissue-change, for this is constant, and accompanied by other symptoms indicating a heightened nutrition. How this is brought about it is difficult to say. Increase of the blood quantum or of the blood corpuscles cannot be the cause; both increase very slowly, whilst the change of tissue augments very quickly. Neither can the increase of the pulse explain the elevated temperature, as the first succeeds the latter. The respiration is not altered by the iron, hence cannot have an influence upon the temperature.

According to Dr. Pakrowsky, we have, therefore, to look for the effect of iron in the finest arterial and capillary system, one of the most important places of nutrition, and the growth of the tissue and organs, and so much more, as the disappearance of dropsical transudations in the subcutaneous cellular tissue after the use of iron, points to that system. The most probable is the supposition that the iron acts upon the contractile elements of the finest arterial branches, which must have, without doubt, a high and important influence upon the capillary circulation, and, namely, upon the degree of the tonics, i. e. the degree of tension of the walls of these ramifications. The iron must consequently alter the conditions of the diffusion of the elements composing the tissue and organs. Only in this way does it seem possible to explain the quick effect of iron upon nutrition and the resorption and the cedematous transudations.—*Cincinnati Lancet and Observer*.

#### BOOKS RECEIVED.

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













